Specialized Addictions Treatment for Older Adults

Presentation for the GMOT Team Exchange, Toronto, June 2nd, 2011



Acknowledgements:

This presentation was prepared by the SHRTN Geriatric Mental Health & Addictions Learning Collaborative, Geriatric Addictions Community of Interest which includes:

- LESA Program, Centretown CHC, Ottawa
- Older Wiser Lifestyles (OWL), Hamilton
- Sister Margaret Smith, St Joseph's Care Group, Thunder Bay
- Peel Addictions Assessment and Referral Centre (PAARC), Mississauga
- Homewood Geriatric Inpatient Services, Guelph
- St. Joseph's Healthcare Hamilton, Geriatric Mental Health Outreach Programs and Halton ADAPT (Alcohol & Drug Addiction Program)
- Community Outreach Programs in Addictions (COPA) College Psycho Educational Group Sessions, Toronto
- SHRTN, Geriatric MH&A Community of Practice
- Centre for Addiction and Mental Health, Provincial Services



Older Adults and Addictions – An Overview



Demographics

- Canada's population is aging, and the proportion of those aged 65 years and older has almost doubled in the last fifty years
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- Population projections indicate that by 2036 almost a quarter (24.5%) of the Canadian population will be 65 years or older (Statistics Canada, 2007)
- The aging population will increase over the next thirty years increasing from 4.2 million in 2005 to 9.8 million in 2036 (Stats Can, Portrait of Seniors, 2007).
- The baby boomer generation, represent nearly one out of three Canadians, the largest age cohort in Canada and the oldest baby boomers are now entering their retirement years (Statistics Canada, 2007)

Access to Substance Use Treatment

- Many older adults are successfully accessing and participating in treatment through mainstream programs.
- There is a smaller sub group of the older adult population that require a specialized approach because they are unable to access or participate in mainstream programs.



Older Adults and Specialized Addictions Services:

Inability to access services:

- Mobility issues that require outreach services
- Some older adults do not feel their issues are adequately addressed (e.g., aging, loss of independence)
- Cognitive impairment related to neurological conditions (e.g., dementia, acquired brain injuries, organic brain disease, or Korsakoff 's syndrome)



Older Adults and Substance Use

Onset of Substance Use Issues:

- Many older adults begin to have problems with their substance use during times of transition or loss (e.g. forced retirement, bereavement, new or escalating health concerns, loss of independence)
- Late onset vs early onset
- Their relationship to the substance is based on an emotional need to feel better or deal with loss

Health and Aging

- Older adults, due to complex and/or chronic health conditions require pharmaceutical medications that can interact with each other and non prescribed substances (e.g. alcohol, marijuana)
- Older adults metabolize substances in a different way
- Substance use needs often go unrecognized so help and hope is not offered
- Older adults are often marginalized and isolated so they have little or no positive social connections
- Older people with chronic substance misuse may have had multiple head injuries resulting in symptoms of acquired brain injury
- Older adults with some degree of cognitive impairment and/or functional losses are often misdiagnosed with dementia when in fact there may be a substance misuse or addictions issue.



Withdrawal

Withdrawal is often only possible in a medical setting and takes longer than in younger people:

- The elderly have more prolonged and severe withdrawal than younger patients, and are more likely to develop complications such as delirium (Kahan, 2005).
- On average older adults need 5 to 10 days to complete the withdrawal process, are more likely to have comorbid conditions and require assistance with activities of daily living. These factors increase the likelihood that withdrawal will be managed either in the ER or result in admission(Kahan, 2005).



Best and Promising Practices

- Research shows older adults are as successful in addiction treatment as their younger counterparts.
- Health Canada (2002) states best practices identified through research demonstrates that treatment of high need older adults include:
 - a harm reduction and holistic problem solving approach,
 - home visiting known as "outreach",
 - intensive case management and
 - social and recreational programs
 - Clinical experts have added to these principles the need to educate and support those who form the "circle of care" for the older person



Goals in an older adult specific approach

- The end goal of abstinence is not necessary or realistic instead a harm reduction goal that is related to quality of life improvement as defined by the older person is the aim
- Treatment/counseling should be focused on what would make life better, more comfortable and happier not on the substance use



Geriatric Mental Health, Addictions and Behaviours Community of Practice

- The three objectives of this CoP, supported by the SHRTN Collaborative, are the following:
 - Mental health and addictions knowledge flow~ To enable two-way flow of information within the field by identifying, sharing, and evaluating mental health and addictions information and processes
 - Behavioural Support Systems: To encourage, support and connect local BSS change champions in conjunction with the activities associated with the Ontario BSS project and the National BSS project
 - Geriatric Addictions Sub-Group



Geriatric Addictions Subgroup

The objectives:

- Promote evidence based/informed practice for specialized addictions treatment and service for older persons to community agencies, researchers and policy makers.
- Facilitate knowledge transfer between the addiction sector and the larger seniors' health, mental health and social service system.
- Raise awareness of the issues related to addictions treatment for older persons to ensure inclusion in service delivery planning, policy discussions and initiatives.



Regional Experiences



Specialized Geriatric Addictions in Ontario:

- LESA Program, Centretown CHC, Ottawa
- Older Wiser Lifestyles (OWL), Hamilton
- Sister Margaret Smith, St Joseph's Care Group, Thunder Bay
- Peel Addictions Assessment and Referral Centre (PAARC), Mississauga
- Homewood Geriatric Inpatient Services, Guelph
- St. Joseph's Healthcare Hamilton, Halton Geriatric Mental Health Outreach Program and Halton ADAPT
- Community Outreach Programs in Addictions (COPA), Toronto



LESA, Centretown CHC - Ottawa

- LESA is an alcohol, drug, and gambling treatment program for adults 55+.
- The community based treatment program supports older adults in their efforts to stop or reduce their misuse or abuse of alcohol, drugs, medications and gambling that negatively affects the physical or mental health, finances, social, family or work life.
- Services include individual counselling at home or in the office; case management; educational/support groups; support and coaching for family; recreational activities and outings; community education and workshops for professionals.
- LESA is an active member of the Champlain Addiction Coordinating Body



Older Wiser Lifestyles (OWL) -Hamilton

- A program for adults 55 +, to address alcohol, drug, medication or gambling concerns.
- We offer:
 - ✓ An opportunity to meet with a social worker to discuss your concerns
 - \checkmark Individual counselling... help to reduce, moderate or abstain
 - An Education Series offering you useful information plus the opportunity to meet others who are making positive changes in their lives
 - ✓ Ongoing support groups
 - ✓ Outreach visits (for those who qualify)
 - \checkmark Presentations to professional and community groups



Sister Margaret Smith, St Joseph's Care Group - Thunder Bay

- Serving Older Adults (55 yrs and over)
- Structured assessments covering areas of substance abuse, problem gambling and related issues; treatment planning
- Individual counselling & case management
- Couples or family counselling
- Residential support through individual sessions offered for clients participating in our residential treatment programs
- Men's Breakfast Club:
 - a weekly group for older men offering social networking, mutual support and new skills for those who are implementing & maintaining changes.
- Stepping Stones Older Women's Support Group:
 - is a weekly group for older women which offers lunch, activities, discussion and mutual support.
- Education/ Training:
 - Education sessions are offered for clients, general public & professionals on topics related to addictions/problem gambling and older adults. Consultation also provided as requested.



Peel Addictions Assessment and Referral Centre (PAARC) - Mississauga

- Services established prior to the formation of the LHINs; therefore, services currently remain in the Peel Region catchment area.
- Substance use and problem gambling programs serve persons 55+, with a focus on serving those who have difficulty accessing mainstream services.
- Clients are visited in their homes or other community locations.
- Philosophy is based on reducing harm and improving quality of life. Services include assessment, treatment planning, case management, supportive counseling, with a high level of family or other caregiver involvement.
- Problem gambling program includes community development, presentations and education/training to community at large.



Homewood Geriatric Inpatient Services - Guelph

- Homewood Health Centre has 5 beds on the Alzheimer ward available for older adults with concurrent disorders.
- There are a two physicians working in addiction medicine providing education.
- Three groups per week focusing on:
 - education
 - emotional intelligence
 - process (i.e. grieving)



St. Joseph's Healthcare Hamilton, Halton Geriatric Mental Health Outreach Program and Halton ADAPT – a great partnership!

- Each organization was seeing complex older adults with addiction and mental health issues however not feeling skilled or confident in concurrent disorder service
- Jointly submitted proposal and received funding for a FT geriatric addiction counsellor and strengthening of overall concurrent disorder service
- Joint organizational partnership agreement developed to:
 - Enhance continuum of local services and promote coordination
 - Explore, develop, implement mechanisms to better serve older adults and their families experiencing concurrent disorders
 - Create opportunities to enhance and/or augment skills of others
 - Development of family support and education options

- Halton GMHO & ADAPT developed 5 step process to better screen and work collaboratively with each other
 - 1. All referrals asked screening questions
 - 2. Enhanced assessment for clients
 - 3. Internal peer consultation *mandatory*
 - 4. Joint visit option with MH and Addiction
 - 5. Addiction is primary issue and direct assignment with MH back-up
- Program commitment to enhanced skills development to better serve clients/families affected by concurrent disorders
 - Motivational interviewing, matching stage of change to intervention and **very practical** harm reduction interventions are our key focuses

Partner to locally deliver CAMH's "Improving Our Response to Older Adults with Substance Use ..."



Community Outreach Programs in Addictions (COPA) - Toronto

- COPA provides case management and treatment services to older adults (55 yrs and up) with addictions/concurrent disorder and problem gambling issues
- The Geriatric Mental Health Crisis Outreach Team (GMOT) Geriatric Addictions Services in Long Term Care Homes
- COPA College Psycho- Educational Group
- COPA Main Program Polish Services, Spanish Services, Multi Lingual Problem Gambling Service and Volunteer Services
- COPA Consulting Psychiatrist
- Partnerships Programs:
 - First Step to Home
 - Crisis Outreach Service for Seniors (COSS)
 - Outreach Service in North Toronto
 - Addiction Supportive Housing (ASH) in Scarborough
 - Research



SHRTN Resources:

 Information about Specialized Geriatric Addictions, the members of the Geriatric Addictions Subgroup and this presentation can be found by going to:

http://www.akeresourcecentre.org/MentalHealth



Questions & Discussion

