

The use of psychoactive substances among residents of long-term care facilities for the elderly :

Perspectives of residents, providers and administrators on the current situation, challenges and improvement of practices.

New realities and upcoming practices

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What we know so far

- Significant prevalence of substance use disorders (SUDs) in adults aged 65 and over (e.g., 10% in the case of alcohol consumption) (Blazer & Wu, 2009; Choi et al., 2015)
- Public residential and long-term care facilities for older people struggle with complex and interacting issues in relation to aging, substance use, and social precariousness.
- At present, knowledge gaps exist on :
 - Trajectories of older residents who use psychoactive substances, and their needs.
 - Current intervention practices that tackle complex issues with and surrounding substance use by older residents.

Why conduct this research ?

- ✓ To gain a better understanding of individual trajectories of long-term care residents who use psychoactive substances.
- ✓ To document the perspectives of health and social care workers, as well as managers, on their practices and the needs for improvement in intervention.



What we did



What ? Qualitative research

Who ? Residential and long-term care residents

- Semi-structured interviews, socio-demographic data.
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
- n=28. Men: 74.07%, Women: 25.93%. Aged between 50 and 86 (average= 64.5).

Health and social care staff and managers

- Semi-structured interviews, socio-professional data
- n=47. Women: 76.6%, Men: 23.40%
- 72.34% care staff (nurses, care attendants, social workers, special educators, etc.)
- 27.66% managers (chief nurses, program coordinators, directors, etc.)

Where ? 3 areas (Montreal, Quebec City and surrounding areas, south shore of Quebec City).

How ? Thematic analysis (symbolic interactionism).

(A few) findings

Residents' profiles, trajectories and substance use

According to data collected with residents and personnel working with them:

- **Diversity** and **complexity** of profiles (ill health, social problems, etc.)
- **Heterogeneity** in residential, health and social service use trajectories (e.g., episodes of homelessness, hospital stays).

Quick overview of psychoactive substance use by residents



Substance use before admission

- Long histories of substance use, in cases inclusive of numerous experiments with an array of substances.
- Diversity of experiences, counting substance abuse and negative life consequences.

Substance use once in long-term care

- Most widely used substances : tobacco, alcohol and cannabis.
- Relationship with substance use: few wish for cessation, as consumption remains an integral part of daily life and a pleasure.

Substance use in LTC : Issues and challenges

For substance users

- Health problems as result of substance use.
- Falls and injuries (when intoxicated).
- Resistance to care and treatment.

For other residents: Noise, threats, conflicts.

For care staff

- Difficulties with complex cases and behavioral problems.
- Threats to the therapeutic alliance.

For managers and facilities

- Management of residents' financial problems.
- Fire hazard due to indoors smoking.



Suggestions for improvement to care and support

According to care staff and managers, suggestions to improve the quality of life in residential settings, as well as practices include:

- Relevant patient education on substance use and health.
- Leisure and other interesting, rewarding activities.
- Clear guidelines and protocols that address complex cases.
- Strong bridges between LTC staff and addiction specialists, other collaborators and partners (police, community organizations, other facilities, etc.)
- Substance use and addiction training tailored to LTC workforce.
- Sufficient levels of dedicated human resources.



Discussion and conclusion

Other promising avenues

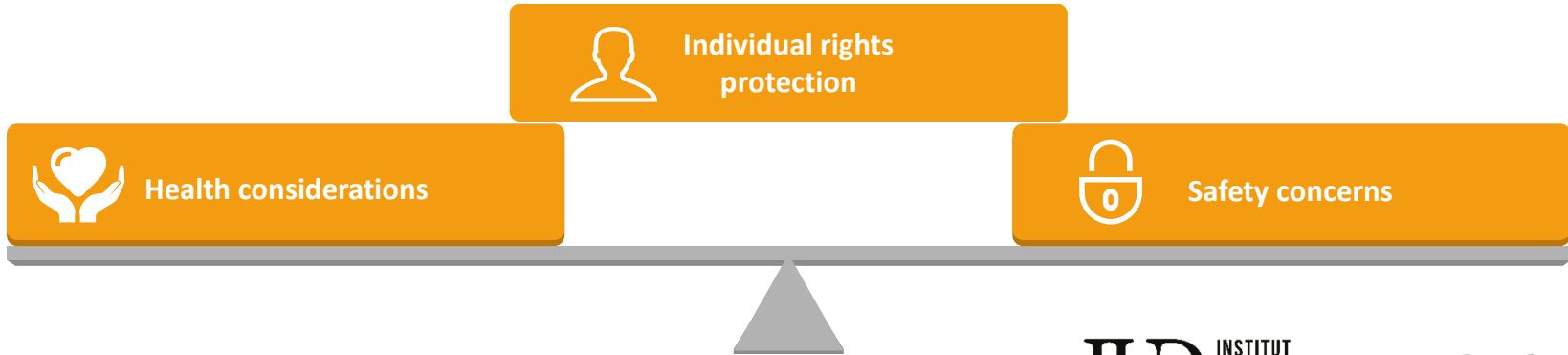
Observations from a scoping review of the literature conducted in parallel of the qualitative study:

- ‘Wet’ facilities for older adults: *wet eldercare facilities* (Harnett & Jönson, 2020; Jönson et al., 2021).
- Adaptations of programs for implementation in LTC, for instance:
 - BRITE (BRief Intervention and Treatment for Elders) (Schonfeld et al., 2010), derived from the SBIRT (Screening, Brief Intervention and Referral to Treatment).

A delicate balance...

A crucial question arises in the design of interventions and regulations regarding substance use in long-term care :

How to strike a balance between...



Study limitations

Impact of the COVID-19 pandemic :

- Considerable constraints and pressures on clinical settings.
- Numerous delays and uncertainty faced by the research team.



Lack of access to the most complex of cases (especially, severe neurocognitive conditions, ill health, massive loss of autonomy).



Conclusion



Aging of the population:

- In Québec,
 - in 2022 : 20% of the population is aged 65+ ;
 - in 2030, projections point to 27% (Institut de la statistique du Québec, 2022).
- As a consequence, we can expect a significant increase in numbers of older adults in need of services, and among them individuals with complex profiles (e.g., precariousness, SUDs).
- With such a growing pressure on health and social services in the near future, we need to rethink as of now services for this population.



References

- Blazer, D. G., & Wu, L.-T. (2009). The epidemiology of substance use and disorders among middle aged and elderly community adults: National survey on drug use and health. *The American Journal of Geriatric Psychiatry*, 17(3), 237-245. <https://doi.org/10.1097/JGP.0b013e318190b8ef>
- Choi, N. G., DiNitto, D. M., & Marti, C. N. (2015). Alcohol and other substance use, mental health treatment use, and perceived unmet treatment need: Comparison between baby boomers and older adults: Substance use, mental health treatment, and age cohort comparison. *The American Journal on Addictions*, 24(4), 299-307. <https://doi.org/10.1111/ajad.12225>
- Harnett T, & Jönson, H. (2020). 'Wet' eldercare facilities: Three strategies on the use of alcohol and illicit substances. *Nordic Social Work Research*, 0(0):1-14. <https://doi.org/10.1080/2156857X.2020.1742195>
- Institut de la statistique du Québec. (2022). Mise à jour 2021 des perspectives démographiques du Québec et des régions, 2020-2066. *Bulletin sociodémographique*, 25(5). <https://statistique.quebec.ca/fr/fichier/mise-a-jour-2021-perspectives-demographiques-quebec-regions-2020-2066.pdf>
- Jönson, H., Hojgaard-Boytler, J., & Harnett, T. (2021). Finding a fair deal: Policies on alcohol and drugs at « wet » eldercare facilities. *Journal of Substance Abuse Treatment*, 108515. <https://doi.org/10.1016/j.jsat.2021.108515>
- Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE Project. *American Journal of Public Health*, 100(1):108-114. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2008.149534>

Thank you !

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