Older patients in opioid agonist treatment in Norway: challenges and opportunities

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Contents

AgeSUD - Promoting healthy longevity among people with substance use disorders

Background

In 2020, just under 40% of Norwegian OAT patients were older than 50.

Objective

The overall goal for the AgeSUD project is to improve knowledge about the characteristics and needs of older OAT patients.

Our ambition is to provide a knowledge base that enables improvement of both treatment quality and life quality for this multiply marginalised group of people.

Funding

South-Eastern Norway Regional Health Authority and SERAF-UiO

"data to support clinical care of older PWUD are still lacking, with few studies reporting on adapted treatment services for this population and none on primary care models or chronic disease care models." Zolopa et al. 2022

Project Team	
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Interviews

- Semi-structured interviews with questions about:
  - Treatment
    - Practicalities around collection/dose
    - Positive/negative experiences
    - Relationship with treatment personnel/patients
    - Unmet needs
  - Physical health
  - Mental health
  - Needs in the future
  - Finances and housing
  - Social network
  - Impact of pandemic
  - Reactions to new treatment guidelines

Informants

- 10 OAT personnel (roles: social worker, senior consultant, clinical psychologist, learning disability nurse/social educator, nurse)
- 13 patients over 50 years old (10 women, 3 men…)

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Opportunities

Stability – less drug use, calmer lifestyle

Yes, those who are 50+ are, at least - now I can only speak from the perspective of my patients, but they, the older they are, the more stable - or stable, but anyway, they can't bear to live that drug-life anymore. So that there is less side-use and more stability...

I don't even smoke weed anymore, even though it can be a pain reliever and helps me sleep [...] I can't stand it because then I have to go out and be around people I don't want to be around. Yeah, that's my life today, it's a life where I just want peace and quiet

Opportunities II

Housing*

The vast majority have their own home, or they all have their own home, but there are two who live in what we would call a housing community. So for most people it has been a home they have had for a long time

There are very few of those who do not have a home and it seems that for most people things have settled a bit

See also Gaulen et al. 2017 on lack of supported housing in high demand areas.

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Challenges

Problems with short term memory and cognitive decline

If you are an OAT patient who has been in relatively active intoxication on and off, and are maybe **starting to forget**, not quite remembering - there aren't that many places we have available where these patients could be placed - so I would perhaps like a little more options out there in relation to both first-line services and treatment centers or care homes.

*I have **terribly poor short-term memory**. I kind of have to sit and really work to remember everything that happened the same day.*

*I'm terrified that one day, in not too long, I might have to move into a care home because I'm **starting to get quite forgetful**, I mess up a lot, I have to write down what I'm going to do and stuff like that [...] So I write little notes then, just to try to remember. [...] But I think it's gotten better after I started training, now I've only been training for three months, but I notice a big difference.*

Challenges II

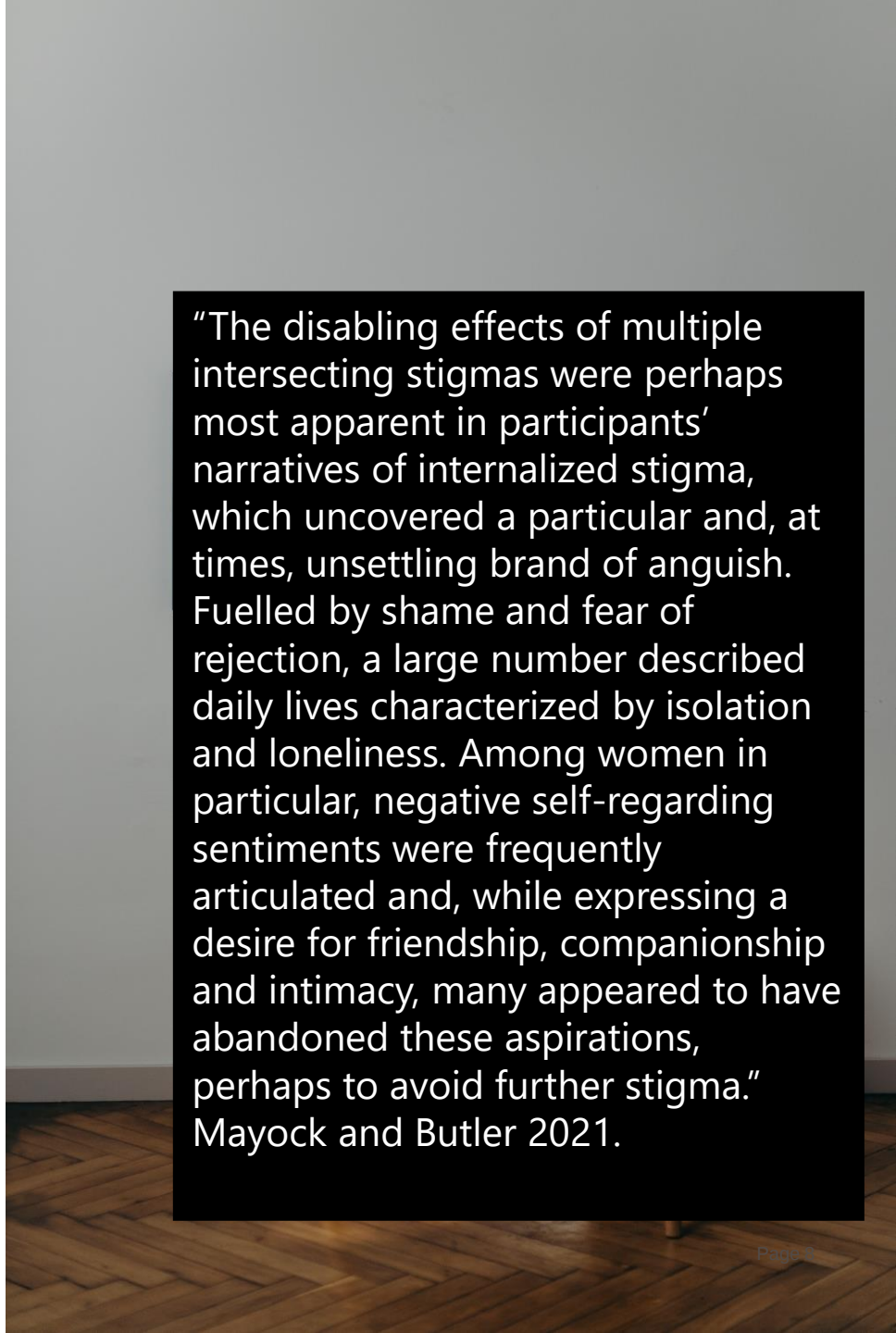
Loneliness/isolation

I think perhaps the most common obstacles are that they leave themselves a bit to themselves, they become socially handicapped in a way, then they sit at home and think "that's what my life is now", eh their loneliness, they break a little too rarely out of that loneliness.

*Why are you so unstable then? Well, because you may not have anyone to trust, and after my husband died, **I have become so alone**. And I don't have anyone - it's not easy to build a network when you're over 50.*

*There are so many who have **died**, right, all my close contacts.*

*To become so lonely - it's **the worst loneliness I've ever had** - I have many acquaintances, and friends, but I have pulled myself away completely.*



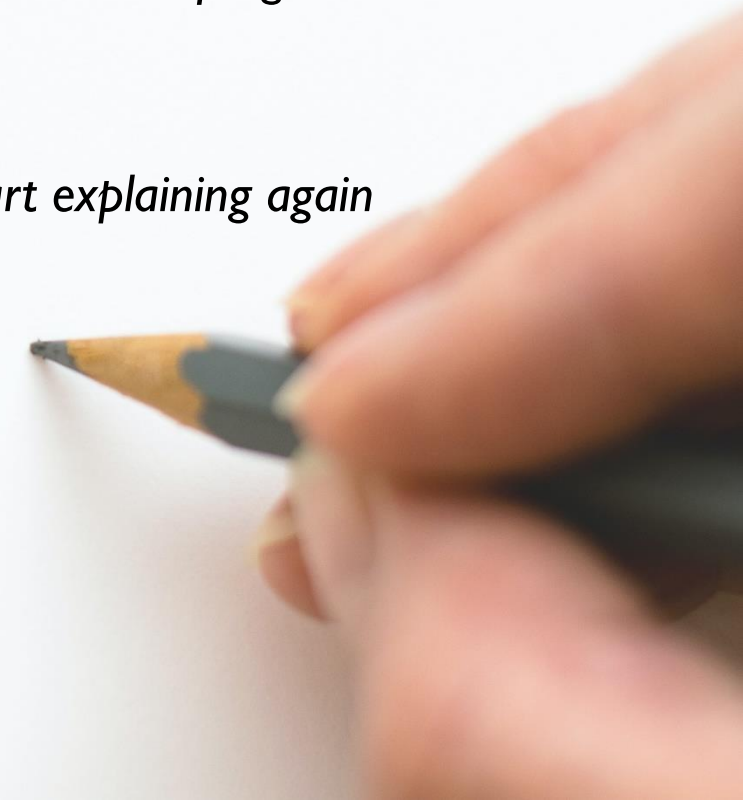
"The disabling effects of multiple intersecting stigmas were perhaps most apparent in participants' narratives of internalized stigma, which uncovered a particular and, at times, unsettling brand of anguish. Fuelled by shame and fear of rejection, a large number described daily lives characterized by isolation and loneliness. Among women in particular, negative self-regarding sentiments were frequently articulated and, while expressing a desire for friendship, companionship and intimacy, many appeared to have abandoned these aspirations, perhaps to avoid further stigma." Mayock and Butler 2021.

Challenges III

Staff turnover

After describing two breakdowns in relationships with psychologists who changed jobs: *Twice I have been left alone with my history, in a way, without getting any help to resolve it or to move on. To finish certain chapters. Do you understand what I mean? That - because they quit, I have never got anything - it's just something that has been stirred up again and again, it's like standing and stomping in molasses.*

Like for me you have your story that you can't bear to start explaining again and again. […] I can't stand ripping all that up again.



Challenges IV

Comorbidities

When I asked about dosage with increasing age: *I think so, that I don't need so much because I've gotten so old - but also because I get so many other medicines: beta blockers, for high blood pressure, blood thinners, so I take* ***13 different medications*** *every day. So they cancel each other out, you know, […] lots of statins and stuff like that.*

But another thing is that we have little experience with the elderly and drug use, we have little - in other words, the knowledge base for that group is a bit poor, so we have a little less knowledge about how the drugs work pharmacokinetically, pharmacodynamically then. And I also think it's difficult, in light of that, to discuss with them about tapering down the dose, for example, or comorbidity or increased overdose - they have an increasing risk of overdose the older they get.

Opportunities/challenges

Relationships with OAT/other healthcare workers

Home nursing care provides "calmness and **predictability"**

Treatment personnel also emphasized **continuity** and **dignity**

*I have to say that everything is so personal within OAT, if you're you get someone who likes you and who understands what you can do [...] but **you must not try and criticize them** at all [...] it's clear that you should not criticize them, because then it comes back on you.*

*But I was hoping to get a pat on the back [...] it would help us immensely. Because I see what happens to me when I am **trusted** by the home nurse. How good it is to have her.*

See also: Larsen and Sagvaag 2018

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Opportunities/challenges II

Cooperation

We have examples of very sick OAT patients, who receive help for everything other than their OAT medication, which they must collect themselves. We have rather **grotesque examples** from some municipalities, where things have been very, very difficult.

*When my partner and I came to OAT and we got a lot of good help and support, but I don't know if it was the OAT system or if it was the [municipality's] substance abuse team or if it was the GP, it was the totality, but I have to say **it saved us**, it did.*

See also: Carlsen et al. 2019

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Conclusion

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Referances/further reading

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