

Ageing, psychoactive substances and long-term residential care

BeSPA project synthesis: How can we improve the support provided to people who use psychoactive substances?



In this context, psychoactive substances may refer to alcohol, tobacco, cannabis, illegal substances (e.g., cocaine, heroin), certain prescribed medications (e.g., benzodiazepines) or over-the-counter medications.

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The acronym **BeSPA** refers to the project's French title, which translates as "The complex needs of the users of resources for the elderly who present with problems linked to psychoactive substance use: improving understanding to better adapt the response."

The research project: an overview

Why the project?



- The use of psychoactive substances among the elderly is **on the rise**. Older adults are more at risk of experiencing issues related to their substance use, which can worsen the effects of ageing and loss of autonomy. Among those with loss of autonomy who live in long-term residential care settings, it can also have **various negative consequences**, including for their own health and safety and that of other residents, as well as for staff and for the services offered. In Quebec, there is currently **a lack of clear guidelines** as to how to support this population.

Our aims



- Better understand the **needs** of older adults with loss of autonomy who use substances and examine both **current and proposed intervention strategies** within long-term residential care settings in Quebec.

Progress to date



- 76 **interviews** with older adults living in long-term residential care who have loss of autonomy and use substances, as well as with practitioners and staff in these settings and in addiction services.
- **A review of the scientific and grey literature** (65 scientific articles and clinical/organizational documents).

Foreword

This document summarizes the key avenues for improvement that emerged from the interviews and from findings on equivalent settings elsewhere. We have grouped them into three components: training, collaboration and intervention.

Component 1 : Training

What does it involves?

- **Theoretical** and **hands-on** training to improve knowledge, skills and expertise regarding substance use:
 - ✓ Basic training for all staff ;
 - ✓ Advanced training to develop expertise among certain staff members

Some of the topics

- The **combination** of recurring issues:
 - ✓ Substance use, ageing, loss of autonomy, neurocognitive disorders, behavioural disorders, mental health, interactions with pharmacological prescriptions, experiences of precarity and of stigmatization, etc.
- The **differing levels of substance use** (low risk, problematic, addiction, etc.).
- The different kinds of substances used and their **effects**.
- **Behaviour management** and **harm reduction** for people who use substances (PWUS) (e.g., in the event of intoxication or withdrawal).
- **Addiction resources**, including how they are organized and operate.
- Various **legal aspects** related to substance use.
- **Building trust** without passing judgment; listening to what PWUS have to say.



Who is it for?



- **All individuals** (public, private and community health personnel) who work with PWUS.

Component 2 : Collaboration

With PWUS and their families/friends



- **Raise awareness** about the specific issues related to substance use.
- **Involve** PWUS in developing the intervention plan in consideration of their personal aims (e.g., abstinence, partial reduction, maintenance, harm reduction). Family and friends can also become involved.
- Inform them about the **roles** of staff in managing substance use.
- Form a **committee** to represent PWUS in the establishment.

Within the teams



- Develop a **clearly articulated, shared vision** regarding substance use and support for long-term care residents who use them, taking into account empowerment and human rights.
- Encourage planned and impromptu group “time outs” to help staff handle the **mental load** of the job and discuss complex cases.

With addiction services



- Formalize **service agreements**.
- Facilitate communication, referrals and access to addiction resources (e.g., public health, Alcoholics Anonymous).
- Form **multidisciplinary teams** and support the presence of **on-site** addiction experts by involving them in the development and application of support schemes and follow-up plans.
- Develop adapted intervention plans, drawing on abstinence- or harm reduction-based models like the **BRITE project** or the **Wicking Project**.
- Create **communities** for co-developing and sharing knowledge and practices.

With different fields



- Geriatrics
- Geriatric psychiatry, mental health
- Neuropsychology
- Behavioural and psychological symptoms of dementia
- Community resources
- First responders

Component 3 : Intervention

Welcome, assess, plan



- Upon entry into the facility, present PWUS with the **regulations** governing different aspects of substance use in the establishment. Make sure they understand these regulations and provide any needed reminders.
- Plan for a **transition period** with a dedicated support worker or peer helper.
- Regularly **screen** for substance use with standardized/validated tools such as **ASSIST**, and consider the risks of relapse.
- Develop a **support scheme** adapted to the person's aims, needs and abilities. Adjust as needed and determine the actions to take in the event of non-compliance.

Overall approach to substance use



- Supervise substance use practices through **procedures adapted** to each setting/resident: supply, storage, distribution, management of the effects of substance use, methods of substance use (e.g., time, appropriate location).
- Determine the strategies to deploy to manage **complex cases**.
- Agree on a procedure for the identification/safe disposal of unknown substances.

Know the individual



- Take an interest in each person's journey and social environment to gain an **in-depth understanding** of what promotes their substance use. Set aside time to chat with them outside of the care interventions.

Improve the range of activities to ward off boredom



- Adjust the offer of **recreational and volunteer activities** to each person's abilities and interests.



MORE INFORMATION

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FURTHER READING

[Institut universitaire sur les dépendances \(IUD\)](#)
website



Mentions

The BeSPA project has been made possible through financial support from Health Canada and the Quebec Ministère de la Santé et des Services sociaux (MSSS). The views expressed here do not necessarily reflect those of Health Canada, the MSSS or the CIUSSS du Centre-Sud-de-l'Île-de-Montréal.