

Aging, psychoactive substances and long-term residential care

What improvements can be made to better support older adults who use psychoactive substances?



BeSPA project synthesis

The research project: an overview

The use of psychoactive substances among older adults is on the rise. Older adults are more at risk of experiencing issues related to their substance use, which can worsen the effects of aging 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.

Definitions

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

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.

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: **collaboration**, **training**, and **intervention**.

Objectives

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

What we did

76 interviews with older adults who use substances while experiencing a loss of autonomy and living in residential and long-term care settings, as well as with practitioners and staff in these settings and in addiction services.

Scoping review of the international scientific and grey literature, comprising a total of **65 scientific articles**, clinical documents, and organizational documents.



Collaboration

1
With people who use substances (PWUS) and their families/friends

2
Within teams



3
Within addiction services

4
Within different fields

- 1**
- Raise awareness about the specific issues related to substance use.
 - Involve PWUS in developing the intervention plan and **take into account their personal goals** (e.g., abstinence, partial reduction, maintenance, harm reduction). Include family or close supports if desired by the individual.
 - Inform them about the roles of staff in managing substance use.
 - Form a committee to represent PWUS in the facility.

- 2**
- 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 “time outs” to help staff handle the mental load of the job and discuss complex cases.

Collaboration

3

- Formalize service agreements.
- Facilitate communication, referrals and access to addiction resources (e.g., health and social services, Alcoholics Anonymous).
- **Build multidisciplinary teams with a stronger on-site presence of addiction specialists**, and engage them in both intervention planning and ongoing follow-up with residents.
- 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.

4

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



Training

What does it involve?



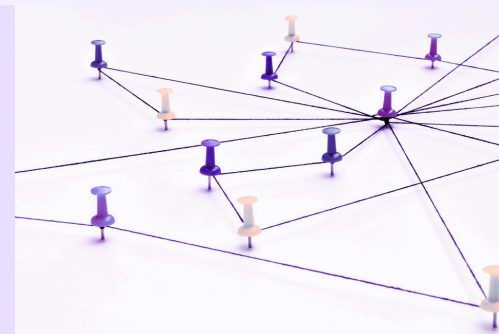
Theoretical and hands-on training to **improve knowledge, practical and interpersonal skills regarding substance use.**

Basic training for all staff.

Advanced training to **develop expertise** among certain staff members.



Who is it for?



Health and social services personnel.

All individuals working with older adults who use substances.

Private and community partners.

Training



Some of the topics



The **combination** of recurring issues: Substance use, aging, loss of autonomy, neurocognitive disorders, behavioural disorders, mental health, interactions with pharmacological prescriptions, experiences of precarity and of stigmatization, etc.

The **different kinds of substances** used and their effects.



The differing levels of substance use (low risk, problematic, addiction, etc.).



Behaviour management and harm reduction for PWUS (e.g., in the event of intoxication or withdrawal).



Addiction support resources, including how they are organized and operate. Various legal aspects related to substance use.

Building a **trusting, non-judgmental relationship** and actively listening to the PWUS.



Intervention

Welcome, assess, plan

- Upon entry into the facility, present PWUS with the regulations governing different aspects of substance use in the facility.
- **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 the ASSIST.
- 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*

Intervention

Overall approach to substance use

- Determine the strategies to deploy to manage complex cases.
- Agree on a procedure for the identification and safe disposal of unknown substances.

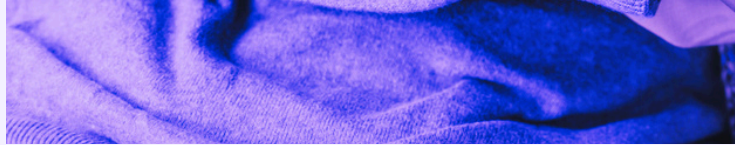
Know the individual, their life trajectories, and their substance use patterns

Take an interest in each person's journey and social environment to gain a deeper understanding of the factors driving their substance use.

Set aside time to chat with them outside of the care interventions.

Improve the range of activities

Adapt recreational and volunteer activity to each resident's capacities and interests in order to foster their social participation.



BeSPA Research Team



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Mentions



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More information



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Further reading



[Institut universitaire sur les dépendances](#)

