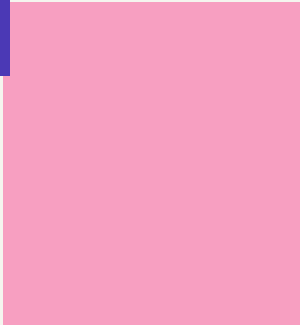


Aging, psychoactive substances and residential instability



Improving support for older adults
who use substances

InstaPA

The name refers to the intersecting challenges of psychoactive substance use, residential **insta**bility and aging, and how addiction care can be enhanced through a deeper understanding of the trajectories and needs of older adults (personnes âgées, **PA**) who access community-based housing stabilization programs.

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Foreword

This document summarizes the main avenues for improvement identified through the interviews and the international literature. Any such improvements must be adapted to the resources and specific contexts of settings that serve older adults who use substances; they do not take account of any measures already in place.

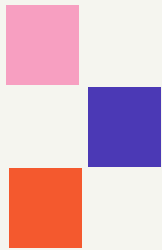




Key concepts

Housing stabilization programs

As part of a Housing First approach — known in Quebec as stabilité résidentielle avec accompagnement — these programs support the recovery of individuals at risk of or experiencing homelessness by prioritizing access to permanent housing, followed by services tailored to their individual health and social needs.

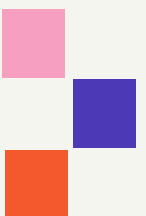


Residential instability

Referring to the lack of a stable, safe and permanent place to live, residential instability encompasses the processes of identity erosion, social disaffiliation and the breakdown of social ties.

Psychoactive substances

Whether of natural or synthetic origin, psychoactive substances alter the brain's chemical balance and are therefore capable of modifying bodily and central nervous system functions. They include alcohol, tobacco, cannabis, illegal substances (e.g., cocaine, heroin), and certain prescription (e.g., benzodiazepines) or over-the-counter medications.



The research project at a glance

Why this project?

Problematic substance use is on the rise among older adults — a trend compounded by challenges inherent to aging (e.g., physical health problems, loss of functional autonomy, cognitive deficits) as well as those associated with residential instability. Homelessness among older adults is a growing concern, and the absence of adequate support for this population puts significant strain on community resources and health and social services that are already ill-equipped to respond.

Objectives

To gain a deeper understanding of the needs and trajectories of older adults who use substances and are experiencing loss of autonomy and residential instability, in order to enhance intervention practices.

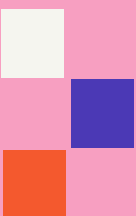
What we did

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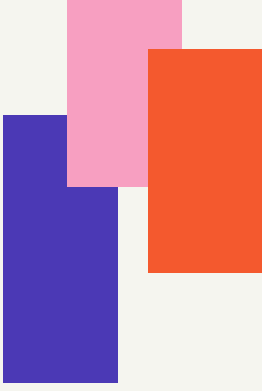
Interviews were conducted with older adults who use psychoactive substances, are experiencing loss of autonomy, and are connected to community-based residential stabilization resources; as well as practitioners and administrators working in these settings and in addiction services.

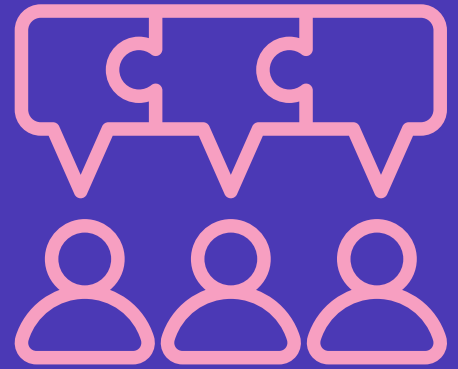
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scientific articles, clinical notes and organizational documents were examined in a **review of literature**.



Collaboration and partnerships

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- Strengthen and formalize **collaboration** between community organizations and the health and social services network (RSSS) to avoid siloed approaches.



- 
- Create **communities of practice** focusing on recurring themes related to the realities of this population (e.g., substance use, loss of autonomy, homelessness) and on the complex situations encountered daily.



Training and development



- **Raise awareness** among community and RSSS practitioners and administrators about the realities of psychoactive substance use among older adults experiencing residential instability, with a view to reducing any reluctance to serve this population.



- Provide practical training grounded in real-world scenarios, including case studies, to **strengthen the skills needed to support older adults** who use substances. Training should cover such topics as:

 The consequences of substance use and substance use disorders (e.g., substance-induced psychotic disorders, Korsakoff's syndrome, relapse), and how to address them.

 How aging manifests and the associated challenges (e.g., loss of physical autonomy, cognitive impairment, behavioural problems).

 Mental health, and the management of co-occurring disorders.

 The realities experienced by different cultural communities, along with their beliefs and family structures.

Service organization

Adapting residential stabilization settings

- Develop specialized long-term **housing options** for different populations of older adults who use substances (e.g., for older women), and that could foster reduced exposure to street culture and substance use environments for those who desire it.
- Create **safe consumption facilities** for older adults.
- Adapt intake procedures and housing spaces to better accommodate older adults experiencing loss of autonomy (e.g., reduced or adapted wait times, adapted dormitory layouts, elevators, accessible bathrooms).
- Ensure the presence of dedicated support staff with expertise in the needs of this population (e.g., nurses, personal support workers).

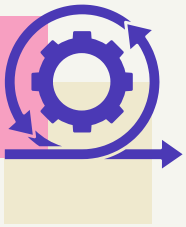


Service organization

Service access

- Create or strengthen **mobile teams** that can travel to the settings frequented by older adults who use substances.
- Develop **dedicated pathways** to the health and social services system (RSSS) to facilitate access to:

Long-term residential care (e.g., intermediate resources, long-term care centres), specifically for older adults residing in community-based resources.



Any service that meets the social and health needs of this population within their living environment, thus avoiding the demotivation associated with wait times.

Implement **one-stop service points** to offer assistance with administrative procedures (e.g., health insurance cards).

Offer **temporary beds** (e.g., a “pre-residential” unit) within facilities serving older adults experiencing loss of autonomy as they await assessment, placement into long-term care, or transfer to a medium- or long-term care setting.

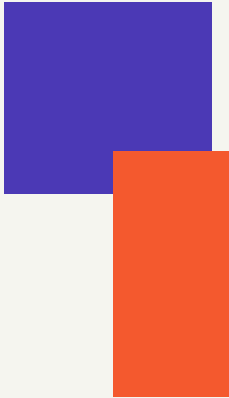
Designate a **key worker** within the living environment to support each older adult and ensure continuity of care.





Intervention practices

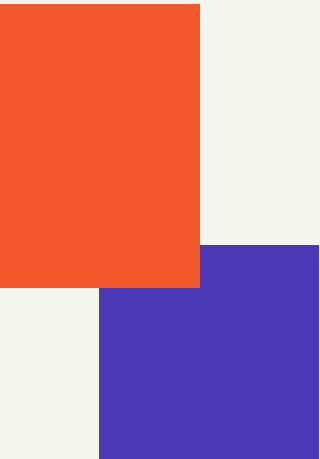
Attitudes and practices



Promote the **early and ongoing involvement of older adults** in shaping their own care, taking into account their specific challenges (e.g., cognitive impairment, trauma), goals, personal history and pace.

Value the **lived experience, skills, aspirations, sense of belonging and autonomy** of older adults rather than limiting intervention to simply managing behaviours.

Promote a **non-stigmatizing attitude**, e.g., by addressing substance use directly and non-judgmentally, thereby helping to lift the taboo that surrounds substance use among older adults.





Intervention Practices

Assessment and support for older adults

- Ensure that the overall health, cognitive function and substance use of older adults are assessed early on by a range of professionals (e.g., social workers, geriatric psychiatrists, nurses, occupational therapists, addiction specialists), with a view to rapidly identifying needs and providing referrals to the appropriate services.
- Implement preventive rather than reactive interventions, moving away from simply responding to substance use crises as they arise.
- Offer appropriate support for substance use from a harm reduction perspective.
- Facilitate awareness and prevention workshops, discussion groups and peer support groups that also foster a sense of community and mutual support among older adults.
- Develop flexible programs, including permanent housing focused on a life plan (e.g., alcohol management program), that stabilize older adults and enable them to envision a more secure and independent future — for example, by furnishing their own homes or purchasing personal belongings.
- Implement activities (e.g., volunteering, paid work, outings) tailored to the realities, abilities and interests of older adults, fostering supportive relationships and social connection.



Disclosures

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