‘Falling Down’: Problematic Substance Use in Later Life

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Social Work and Social Care with older people with problematic substance use
Care is... personalised
Care is... coordinated
Care is... enabling

Person is treated with... dignity, compassion, respect
Definitions used

Early onset users (survivors) - typically have a long history of substance use which persists into later life.

Late onset users (reactors). often begin using because of stressful life events, including retirement, relationship breakdown, social isolation or bereavement

Studies show important clinical differences resulting from the age of onset in patients. (see European Monitoring Centre for Drugs and Drug Addiction)

PSU = dependent, recreational and/or prescribed use of drugs and/or alcohol, which negatively impacts on the user’s life either socially, financially, psychologically, physically or legally
The proportion of older people with PSU continues to rise more rapidly than can be explained by the rise in the proportion of older people in the UK.

The “baby boomer” population born between 1946–1964 (now aged between 53 and 71 years old) is at the highest risk of substance misuse.

Together with trends in changing use of substances and extended lifespans through harm reduction initiatives and medical advances.

Our Invisible Addicts, 2nd edition College Report 2018
Barriers to exploring PSU in later life

- Prevalence difficult to determine
- Lack of research
- ‘Nothing can be done’
- Presentation of issues can be misunderstood, misinterpreted
- Limited options for accessing support and treatment
- Using an intersectional lens/health inequalities lens to understand the impact of these contributory factors ((Thandi and Brown, 2019).
- Interrelationships of PSU in later life with structural barriers to health and issues such as cumulative loss, dependency and social isolation.
So what issues are distinctive in later life?

- Demand on services well documented (Increased use of emergency services, high rates of hospital admission (Alcohol Concern, 2016))
- Delayed transfers to care, premature transfer to long-term care
- What happens in End of Life Care? (Galvani, 2020)
- Increased vulnerability to and frequency of adult abuse.
- More likelihood of brain damage (Rao, 2020)
- Use of substances interacting with people’s health conditions and their treatments – complex co-morbidities
- Misuse of prescription and over-the-counter medication
- Pain management (Witham et al, 2019)
- Relationships between PSU and suicides which are rising in the older age groups
- Social circumstances of older people in relation to loneliness
Focus groups arising from research on identifying and responding to alcohol issues in non-clinical settings funded by Alcohol Research UK (Thom et al, 2017)

Lack of knowledge about the daily challenges faced by the social care workforce when an older person is living at home with issues associated with problematic alcohol use.

The situation can be very complex and challenging for those offering support particularly where there are co-existing poor physical and mental health (Kelfve and Ahacic, 2015).
Emergent issues for practitioners

- Defining ‘older’ and pathways for support; ‘older’ or ‘ageing’ specialist services (from age 65yrs) may mitigate against early intervention

- Professionals expressed reservations about ‘how to have the conversation’, when to raise it, how to raise it, and then what to do next?

- Several dilemmas in practice arose from the need to make decisions regarding whether an older person should be refused alcohol (i.e ‘power’)

- Lack of time, training, tools and practice guidance
• Meaningful engagement
• **Time** to develop relationships
• Advocacy
• Support accessed through the way in which they use services
• Tailored to them in the context of where they can get to
To identify community based programmes that have been used with older people with problematic substance use & To collate evidence on the range and type of interventions used in these community based programmes

To identify any methods being used to evaluate the programmes, interventions used and their effectiveness.

To synthesise the empirical findings on what programmes have been used and their effectiveness and utilisation in different care settings

Aims and objectives: To review the evidence on interventions and their impact for PSU targeted at older people (Hafford-Letchfield et al, accepted 2020)
Methodology: a systematic literature review following PRISMA guidelines

Protocol & search strategy
• The preregistered PROSPERO protocol https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=152273
• Developed search strategy
• Screened using (PICOS) eligibility criteria

Data extraction and synthesis
• Three independent researchers extracted data into excel.
• Study characteristics such as study design, participant numbers, type of intervention, age group, substances targeted, key findings and recommendations
• Quality assessment using MERSQI and
Overview of included studies

- 19 studies – of which 14 conducted in USA
- All but 1 targeted alcohol use, of which 13 looked solely at alcohol and 3 targeted alcohol in combination with the use of over the counter (OTC) medications.
- Remaining 3 targeted AoD covering a range of substances including both prescription and illegal drugs.
- 1 concerned with polypharmacy relating to over-the-counter and prescription drugs

Study designs
- 8 RCTs
- 2 cohort studies
- 1 comparison
- 6 pre and post interventions
- 2 qualitative studies

Populations
Going to where people already were
Targeting particular groups ‘at risk’

Intervention types
8 interventions utilized different types of screening, brief advice.
Education – technology and games
The remainder drew on behavioural, narrative and integrated or multi-disciplinary approaches, which aimed to meet people’s needs holistically.
Quality assessment of study design helped to review evaluation practice.

Impact measures
Besides the RCTs not all used standardised measures
Pre and post tests
Qualitative evaluation giving a more rounded picture across multiple domains
Figure 2 Mapping studies on the SPECTRUM OF PROBLEMATIC SUBSTANCE USE (adapted from: Nicholas and Roche, nd)

- **No AOD Use**: Prevention, Minimal Intervention
  - Increasing knowledge awareness of risk factors (OCD/PD)
  - Prevention bingo

- **Non problematic AoD Use**: Brief Intervention, Harm Reduction
  - Efficacy of computer based modular education programme
  - Group work

- **Problematic AOD Use**: Problematic AOD Use
  - Comparing different elements of BI
  - Administered by different professionals
  - Increased motivation to improve help seeking

- **AOD Dependency**: Intensive Treatment Maintenance Therapy, Detoxification /Withdrawal Regime, Relapse Prevention
  - Narrative therapy
  - Peer empowerment
  - Combining treatment with mental health care
  - Comparing outcomes for younger and older age groups
  - Assessing programme changes and cost –residential rehabilitation
  - ‘Wet’ care home

- Integrated /multidisciplinary holistic services
What did we learn?

• Defining and measuring outcomes difficult

• Older people are capable of reducing their risk if provided the appropriate support.

• Shame and stigma remain significant

• Focused outreach is essential reach people ‘in place’ – and address barriers to exclusion

• Screening and BI – different ways of providing and tailoring

• Sustainability – importance of continuing care

• Few focused on the wider stress factors – integrative models provided more holistic support particularly for established problems

• Better outcomes where mental health and other health problems were targeted – broader health and wellbeing outcomes associated with PSU

• Those establishing therapeutic alliances and peer support were reported well by OP.

• No economic evaluation – more financial evidence of impact needed
Messages for practice

- Screening, identification, BI – helpful honest everyday conversations
- Involvement older people themselves in the design of interventions, outcomes and evaluation
- Identifying outcomes relating to health improvement and better quality of life
- Collaborative therapeutic approaches (including trauma informed)
- Important to involve family and carers
- Taking a history that includes occupation, relationships, socio-economic, health (Rao et al, 2014)
- Challenging ageism (attend to the legal and ethical aspects)
- Strategies need to include prevention and outreach to where people are…
- Develop protocols and guidance between services and professionals working with this population ensuring effective communication and information sharing between those involved or potentially involved
- Training and support of staff to do these in their everyday practice with access to specialists
Messages for Policy

- We need to demonstrate how interventions with OP proof future care costs

- Age proof PSU services vs Targeted provision

- More evidence on excluded populations

- ‘Education, education’ – public health approach

- Provide funding opportunities for models which engage with system change and can inform future commissioning

- Co-production - with service users, carers and everyday practitioners to address the realities of practice and people’s lives
Action planning – what might you do?

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<th>Language</th>
<th>Models</th>
<th>Assessment &amp; Provision</th>
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- If you look along the horizontal axis, this refers to the language we use (A), our ability to be a role model (B) and then the practical actions that we take in providing support to older people (C).

- In the vertical axis, we have three further stages which articulate a continuum of change which starts with increasing our awareness (1), making purposeful additions to our practice (2) and finally transformational practice which is the most radical form of change (3).

This framework was originally devised to promote inclusive lesbian, gay, bisexual and transgender issues in higher education (Ward and Gale, 2016).
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<thead>
<tr>
<th><strong>A. LANGUAGE</strong></th>
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<tr>
<td><strong>1. INCREASING AWARENESS</strong></td>
<td>Challenge and promote positive language on older people and how their problematic uses of substances are being positioned as an issue in your service.</td>
<td>Make commitment towards anti-ageism activities visible within your service.</td>
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<td><strong>2. ADDITIVE APPROACHES</strong></td>
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<td>Include a positive statement in your service literature on older people with positive imagery.</td>
<td>Hold an event or activity to promote the needs of older people with problematic substance use problems and to find out how your service can do more to understand and help with the issues.</td>
<td>Actively develop partnerships between older people and problematic substance use services to join up and provide more inclusive and holistic approaches.</td>
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<td>3. <strong>TRANSFORMATIVE PRACTICE</strong></td>
<td>Work together with older people and other experts to critically engage with the issues across a range of partnerships.</td>
<td>Provide or support mentors/peer mentors, facilities and networks which have the potential to link people (both older people and practitioners working with the issues) to each other for support and to facilitate their voices.</td>
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### Action planning – what might you do?

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ONLINE COURSE

Falling Down: Problematic Substance Use in Later Life

Learn more about the issues faced by older people in relation to problematic substance use.

Join course for free
## Focus by week

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
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<td>The history of drug use; Culture and Attitudes</td>
<td>Old Problems, New Perspectives</td>
<td>Everyone has an Opinion</td>
<td>Falling Down and Getting Back Up</td>
<td>Moving Forward</td>
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Recap of week; keep on learning
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<tr>
<th>Reason</th>
<th>Percentage of total comments given (rounded to nearest %)</th>
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<tbody>
<tr>
<td>Relevant to current profession</td>
<td>57%</td>
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<tr>
<td>Related to future study or job</td>
<td>14%</td>
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<tr>
<td>Past or current personal experience of substance misuse</td>
<td>8%</td>
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<tr>
<td>Experience of substance misuse in family/close friend(s)</td>
<td>7%</td>
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<tr>
<td>General interest/curiosity</td>
<td>7%</td>
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Its not JUST them its me!

- This course has had a great impact on me. My own parents are in their 80's, like to have "happy hour" every evening and have comorbidity issues. In my work, I deal with 50% elderly people on most calls, in my rural community. Many are alone with no family; many do not go out in the community, but choose to drink alone at home. Awareness that this is a growing problem (our elderly population will double by the year 2020) needs to be addressed right now! This course has illuminated the problem and given me good ideas to discuss with my peers. I had no idea that this issue is worldwide. One small step...

- I have begun to reduce my own OTC medications and alcohol intake from 2 glasses of wine a week to virtually none, and I have reduced my caffeine.
Please get in touch

Trish.Hafford-letchfield@strath.ac.uk

On Twitter as
#ArchwayDiva

Don’t fall down!
References


• Nicholas, R., Roche, A. M. (nd) The silver tsunami: The impact of Australia’s ageing population, Grey Matters: Preventing and responding to alcohol and other drug problems among older Australians, Information Sheet no 2. Australia, NCETA.

