Panel Discussion: Community Outreach for Seniors with Addictions Issues

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Faculty/Presenter Disclosure

• **Faculty:** Tammy Matthews, Leanne Oke, Clara Parra, Bonnie Purcell

• **Relationships with commercial interests:**
  - Bonnie Purcell has received a small honorarium as a committee member to develop Prevention, Assessment, and Treatment Guidelines for Alcohol Use Disorders in Older Adults, commissioned by the Canadian Coalition for Seniors’ Mental Health and the Canadian Academy of Geriatric Psychiatry.
  - No other conflicts
Outline

• Background information on alcohol and substance-related behaviour
• Unique issues with seniors
• Community organizations
• Complex case reviews
• Discussion
• Q&A period
Change in the Prevalence of Past-Year Drinkers

<table>
<thead>
<tr>
<th>Age group</th>
<th>1994/5</th>
<th>2003</th>
<th>2004</th>
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</thead>
<tbody>
<tr>
<td>55-64</td>
<td>50</td>
<td>60</td>
<td>70</td>
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<tr>
<td>65-74</td>
<td>40</td>
<td>50</td>
<td>60</td>
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<tr>
<td>75+</td>
<td>30</td>
<td>40</td>
<td>50</td>
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*Project Seagull (2007), Canadian Addiction Survey (2008)*
Percentage of Respondents who “Almost Always” Drank with Meals among Past-Year Drinkers (by Age Group)

Canadian Addiction Survey (2008)
Spectrum of Alcohol-Related Behaviour

- **DSM-V: Alcohol Use Disorder (AUD)**
  - No longer differentiates abuse and dependence
- **ICD-10 and WHO**
  - Hazardous and harmful drinking
- **Oslin (2004)**
  - Heavy drinking
  - At-risk or problem drinking
  - Low-risk/abstinence
Canadian Addiction Survey (2004)

- 13% people 65-74 have used marijuana in their lifetime, 1% used in past year
- 3% 75+ used in lifetime, 0.3% in past year
- Rates much higher for “near seniors,” 55-64
  - 28.4% have used illicit drugs at least once
  - 4.5% hallucinogens
  - 3.7% cocaine
  - 3.2% methamphetamine
Expanding Problem

- As baby boomers enter old age, increased prevalence of lifetime/recent use of drugs
  - The prevalence of 50-59 year olds reporting past month abuse of illicit drugs increased from 2.7 to 5.8% *(CADCA, 2012)*

- Previous stereotypes may fit not
  - Many variations in types and degrees of use
    - Regular vs. occasional/social

- Behavioural addictions: Gambling
  - 73.5% participated in some type of gambling activity in past 12 months (lottery, raffle, electronic machines, scratch tickets)
    - 27.8% buy lottery tickets at least weekly
  - 2.1% have moderate-severe gambling problem
    - More likely to be 60-65 years old with lower income
    - 30% of bus tour patrons to casinos *(CCSA, 2004; van der Maas et al., 2017)*
Unique Issues with Seniors

• Medication: Interactions, misuse
• Ageism
• Stigma
  – Clients and families
  – Health care providers,
  – Use of language, labels
• Cultural context
  – Expectations, beliefs, values
• Co-morbidities: Medical and psychiatric
• Cognitive impairment
  – Nonspecific, MCI, dementia
• Biological and psychological risk factors
Agencies
London Health Sciences Centre

- Geriatric Mental Health Program
  - Mental Health Team
  - Behavioural Response Team

- Services:
  - Assessment, treatment, consultation, education
  - Psychiatry, nursing, psychology, SW, OT, TRS

- Diagnoses:
  - Depression, anxiety, MCI/dementia, other neurological disorders, grief/trauma/addictions

- Referral through GAAT (519) 685-4046
  - MHT: Physician referral
  - BRT: Community
Programs & Services

- Primary Health Care Services
- Anonymous HIV Testing (Options Clinic) - HIV Care
- Diabetes Education Program
- Chronic Disease Self-Management
- Hepatitis C Care Team

- Seniors’ WrapAround
- Senior’s Drop-in Program - Senior’s Tai Chi
- Women of the World
- Youth Outreach Program
- Physiotherapy
- Other community programs
Addiction Services of Thames Valley

- ADSTV London: 55 to 64 years 10%; 65+ years 3%
- Middlesex, Elgin & Oxford Counties: 55 to 64 9-11%; 65+ 1-5%
- Substance Use Outreach Program: on average, 60% 55+; 65+ 3%

Common barriers to attending office:
- Mobility challenges
- Mental health concerns including anxiety and agoraphobia
- Social barriers such as risk for violence
- Potential conflicts of interest or confidentiality concerns

www.adstv.ca

Harm reduction values life, choice, respect and compassion over judgment, stigma, discrimination and punishment
Making a referral:
- Self or health care provider referral can be completed online [www.cmhamiddlesex.ca](http://www.cmhamiddlesex.ca)

Walk in support is available:
- 534 Queens Ave, London, Monday – Friday 9am until 4 pm  519-668-0624
- 648 Huron St, London, Monday – Friday 9am until 9pm  519-434-9191

Crisis Centre
- 648 Huron St, London – 24/7 access for mental health and addiction crisis support

Reach Out Crisis Line operating 24/7
- 519 433-2023 or 1-866-933-2023

Some Services offered include: Information & Brief Support, Transitional Case Management, Family Support, Community Wellness, Rural area programs, Housing, Outreach Services, Peer Support, Youth programs, Justice and Court Support, as well as various other programs
Complex Cases
Complex Case #1: Mr. Rogers

- 62 yo man living alone in subsidized housing
- On basic ODSP and CPP disability following car accident, lost job, no family doctor
- Divorced and estranged with one adult child, who lives out of province
- Medical history: depression, anxiety, brain injury and cognitive impairment (MoCA: 21/30), mobility issues
- Noncompliant with medication
- Uses ParaTransit to go gambling at the casino at the end of the month (when $$ comes in)
  - Gambles every two days until money is gone
Complex Case #1: Mr. Rogers

- Not maintaining home
  - Poor hygiene, nutrition (eats microwave meals or nothing)
    - Sometimes will access community meals with ParaTransit (i.e., Centre of Hope)
  - Squalor, bed bugs, mold, piles of garbage
  - Smoking history, fire hazard

- Agitated, physically and verbally aggressive with concerned neighbours
  - Described as having gruff demeanor
  - Neighbours have called police on him for behaviour, safety issues in home

- Complex Care Plan (CCP) brought referral to community organization
Complex Case #2: Mr. and Mrs. Roper

- Mrs. Roper is 73 yo woman living with her 78 yo husband, Mr. Roper in their own home
- Mrs. Roper drinks excessively
- 2 adult children live in the city, but are unaware of the severity of the situation because the couple have isolated themselves
- No social support as Mrs. Roper has isolated the couple from their friends with her “nasty” behaviour, refusal to go out and she won’t allow people into their home
Complex Case #2: Mrs. Roper

- Medical: alcohol abuse, mild-moderate dementia, uncontrolled diabetes, high blood pressure, reduced mobility, osteoarthritis, chronic pain, anxiety
- Has family physician, but refuses to go
- Refuses to let adult children and grandchildren visit
- Refuses all community support (SW LHIN, PSW, ASLM)
- Will only let her husband go out for 30 minutes maximum for errands
- Frequent visitor to ED due to falls, uses emergency services to get her up (husband too frail to help)
- Was recently hospitalized for a significant fall resulting in broken ankle (while intoxicated), psychiatric assessment done in hospital, which precipitated referral
Complex Case #2: Mr. Roper

- Medical issues: frail, COPD, mild dementia, depression
  - Especially loneliness from children, grandchildren, and friends

- Does “everything for wife” (i.e., buys groceries, including her alcohol, assists with all IADLs and some ADLs)
  - Fear of wife because of temper (which has worsened with her dementia)
  - Significant caregiver burnout

- Financially dependent on wife
  - Was a farmer, while Mrs. Roper has teacher’s pension