



Matua Raki

National Addiction Workforce Development

The Art of Engagement

Older People and AOD

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Why are we here?

- Due to our aging population, more people aged 65 and older will be presenting at Addiction and Mental Health Services
- Matua Raki is the National Addiction Workforce Development Centre funded by Health Workforce NZ (Ministry of Health).
- Matua Raki's mission is the development of the addiction-related workforces that contribute to the minimisation of addiction-related harm.
- This is realised by supporting the development and delivery of workshops such as this

Introductions

- Your name
- Your role and agency
- What brings you here today?
- What would you like to receive from this teaching day?

Learning outcomes

- To reflect on personal and professional values and attitudes towards older people
- To understand the similarities and the differences when working with older people
- To learn some key engagement skills to support older people with problematic AOD use

This Workshop

- AOD and Older People in context (Invisible?)
- Loss and grief – decline of physical/cognitive and social functioning
- Engagement
- Impact on those in close proximity
- Interventions – Talking Therapies
- Reflection – discussion – where to from here?

Why AOD and Older People

“Because of the pre-conception that alcohol and drug use are problems of the young, there is a generation of older people for whom these problems have gone undetected. This is a wake-up call for healthcare professionals and a reminder that older people have particular risks for substance misuse. Our challenge is to improve the detection of these invisible addicts and offer the treatments which we know can transform people's lives.”

(Dr Owen Bowden-Jones)

When are we an “Older Person”?

- The WHO’s proposed working definition - developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person in western society
- United Nations agreed cutoff is 60+ years to refer to the older population.
- In many instances the age at which a person became eligible for statutory and occupational retirement pensions has become the default definition. The ages of 60 and 65 years are commonly used
- Retirement age (currently) in NZ is 65 years

How many of us are there?

- According to Statistics NZ, NZ Population projections: 1999 Base – 2051, approximately 14% of the NZ population are aged 65 years and older. This is projected to increase to 18% by 2021
- In the 2010 Te Pou publication, Talking Therapies For Older Adults, by 2031 almost one quarter of New Zealanders will be aged 65 and over.

Prevalence of AOD use

- Studies were undertaken in Christchurch re prevalence of alcohol problems and hazardous drinking among people 65 years and older.
- In a sample of 141 participants, almost 10% engaged in 'risky drinking' and 25% of the participants reported lifelong alcohol dependence. (Khan et al, 2001)

Values and Attitudes

- Values comprise the moral principles and beliefs of a person or group in which they have an emotional investment (either for or against something)
- An attitude is a complex mental state involving beliefs, feelings, values and dispositions to act in certain ways. E.g. – “she had the attitude that learning was fun”
(*Lets Get Real 2012*)

Self reflection - Values

- Values are inescapable and influential
- Self awareness of our own values (personal and professional) is important
- How do my values impact on my work with people?
- Value differences? - clients; colleagues: teams; other services

Exploring Values

- In pairs – discuss values which are important to you
- How could your values enhance or hinder your conversations about AOD with older people?

Stigma and Discrimination

- External (Societal - younger people often assign different quality of life standards to older people).
- Internal (clinician and clients own stigma about ageing)
- Internalised and externalized ageism and/or generational values, on the part of the clinician and the client, and society in general, can be a barrier to a positive therapeutic outcome.

Identifying the losses

- Loss of youth in a youth oriented society
- Loss of partners and friends
- Declining physical, cognitive, social and family functioning
- Reduced ability to self care
- Age related illnesses
- Retirement - loss of status and income

Taking into account...

- OP face similar and unique challenges - ageism; generational values; bereavement; loss of independence; loss of status; loss of mobility; multiple prescription meds; cognitive impairments; over the counter meds
- Usual methods of assessment may need to be adapted to meet their needs - DSMV may not apply
- More time for orientation and engagement
- Shorter, more frequent sessions

Cont...

- Including others (family, whanau, other stakeholders) in the assessment and/or treatment process
- Sessions may need to take place where the OP lives
- An expectation of hospitality - this needs to be included in time management
- Self disclosure - more personal questions may be asked and out of respect for age, answered

So what are OP using?

- Alcohol
- Tobacco
- Prescription medications
- Over the counter medications
- Cannabis
- Opioid substitution medication

“Safer” alcohol limits

- Current recommended safer limits are based on work in younger adults. Since there are physiological and metabolic changes associated with aging, these limits are too high for older people.
- Evidence suggests the upper safer limit for older men is 1.5 units per day or 11 units per week, and for women 1 unit per day or 7 units per week (Royal College of Psychiatrists UK 2011)
- The ALAC publication “Alcohol and Older people” (2008) recommends that people 65 years of age and over drink no more than one or two standard drinks a day and a safety tip of “at least two alcohol free days each week”.

Physiological differences

Physiological changes that contribute to older people becoming less tolerant to substances include;

- A fall in ratio of body water to fat
- Decreased hepatic blood flow
- Inefficiency of liver enzymes
- Altered responsiveness of the brain

Screening

- Early onset?
- Late onset?
- AUDIT - harmful and hazardous drinking?

Suggested reading - *Screening for alcohol misuse in elderly primary care patients: a systematic literature review* (Berks and McCormick, 2008).

Engagement practice

In groups of three

Choose who will be:

1. Peter
2. Observer
3. Clinician

Self reflection

- How was the practice process?
- Method of engagement?
- Were there noticeable differences engaging an older person?
- Any values and/or attitudes noticed?
- Any internalised and/or societal stigma and discrimination noticed?

Engagement and support

In groups of four
Choose who is to be

1. Peter
2. Kay
3. Clinician
4. Observer

Reflection

- How did the Peter and Kay respond?
- What worked well?
- Were the screening tools useful at this point in time?
- How did I feel?
- Values and attitudes?
- Stigma
- Assumptions?

Engaging Affected Others

- Impact on those in close proximity to addiction?
- How might others be affected?
- How can others be included?
- Does your agency offer support for AO's
- Orford and Copello (2001) - 5 step model
- Kina Trust - Living Well - Intro to FIP workshops
- *ALAC Concerned about someone's drinking?*

Support

- CADS
- CareNZ
- Supporting Families
- Alcoholics Anonymous
- Tranx
- Alcohol and Drug Helpline
- Al-anon Family Groups
- Age Concern
- Alcohol and Drug Act

Alcoholism and Drug Addiction Act 1966 – Still under review

Several changes are proposed in the draft “Compulsory Alcohol and Other Drug Treatment Bill’ to increase protections of those under compulsory addiction treatment and align with the NZ Bill of Rights (1990):


- Reducing the period of committal from 2 yrs to 8 wks
- Inclusion of AOD assessment prior to committal
- Inclusion of capacity to consent to treatment test
- Removal of section 8 option (self committal) – refer above
- Inclusion of other treatment options including long term care where deemed necessary
- Alignment with other Acts (MHCAT Act, IDCCR Act) – new roles and guidelines

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Words

“The hardest thing for me as an older woman is that it is as if I am invisible. Alcohol helps” (Jean 66 years)

“There is just as much hope for a healthy recovery at age 80 as there is at 40 (Ross 70 years)



“For age is opportunity no less
Than youth itself, though in another
dress,
And as the evening twilight fades away
The sky is filled with stars, invisible by
day.”

HENRY WADSWORTH LONGFELLOW, "*Morituri Salutamus*"

Check-in

- Have your needs been met?
- Goals on the board?

Closing round

Name one new thing you have learned today
and can take away and put into your
practice?

In Gratitude

- Jean and Ross
- Dr John Berks; Chris Hutchinson and Frances Chisholm. CADS 65+ Auckland
- Chris Sinclair 65 Alive in Christchurch
- Kina Families and Addictions Trust
- Matua Raki

References

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