

A Cross Canada Look at Helping Seniors Who Are Experiencing Alcohol Problems



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Introduction

- There are an estimated 138,000-220,000 seniors in Canada who have alcohol problems
- Problem alcohol use is a significant challenge for seniors throughout Canada in being able to maintain their health and independence
- May be a recent or longstanding problems





Introduction

- With rapidly changing demographics in Canada (many more seniors, people living much longer), alcohol will become a pressing issue for many service providers working with older adults
- With appropriate assistance and support, alcohol misuse and abuse can be reduced as a problem in many seniors' lives.



Seeking Solutions

- A three year National Population Health Fund aimed at creating networking opportunities, identifying best practices in helping older adults, and community development.



Overview

- What is happening in different programs or regions of Canada
- Pressing issues service providers inside and outside of addictions are currently facing in reaching and meeting older adults' needs in this area

Canadian Service Trends



- Slowly growing recognition of need for special approaches with seniors
- Some cross discipline work
- Systems in change (loss of provincial bodies, regionalization; amalgamation)
- Desire to identify good practices in helping seniors and in community development

Atlantic Provinces



- Atlantic Canada is growing older, faster
- A lot more middle aged and older people in this region than other parts of Canada
- In Atlantic Canada, by 2036, 30% will be 65 and over

Newfoundland



- 'Out-migration': Young people moving to the cities and out of province, and older members remaining behind
- This can heighten some senior's isolation-alcohol perceived to lessen the loneliness?
 - Very high rural and small town population (56%, compared to 15% for B.C. for example)
 - A lot of family shame around alcohol problems



New Brunswick, Nova Scotia, and Prince Edward Island:

- Do not have specific alcohol-related services for seniors.
- Instead, integrated into the addictions treatment available to adults of any age. As a result, tend to see very few seniors in the addiction services.
- Often the main community resource is Alcoholic Anonymous.

Nova Scotia



- Has also focussed largely on seniors' medications issues.
- Have found that alcohol initiatives dependent on the presence of key community person willing to take things further
- Partly because Nova Scotia has video lotteries, the province has an interest in seniors and gambling.

New Brunswick



- Second lowest level of overall alcohol consumption across Canada according to liquor sales (Saskatchewan has the lowest).
- Has both a large English and a large French speaking population, which is a service challenge for a small province
- “*Vieillir en santé*” (1988-91) a peer-preventive education program on drugs and alcohol

Prince Edward Island



- Again, community focus has been on medications, not alcohol
- *Seniors and Medication - A Peer Support Program* developed an innovative community- based model aimed at increasing medication compliance with high risk seniors living in a rural, isolated area.
- Seniors trained as Peer Educators, to offer Medication Awareness sessions to community groups.

Why These Directions In Atlantic Canada?



First trend:

- Social attitudes & strong social stigma in many parts around acknowledging that some seniors can have an alcohol problem
- Can make it hard at policy & community level to have people consider alcohol as a problem area needing attention



Why These Directions

- In 1995 care facility study on alcohol policies, we found that Atlantic provinces very restrictive in this area (social attitudes?)
- Also video terminal lotteries, problem gambling, is where the government program money is right now.



Quebec



- More “liberal” attitude toward alcohol consumption as a part of life. (E.g. will see wine as part of meals in grocery store ads; ease of access)
- Does that affect whether people will see drinking as a potential problem among seniors?



Quebec

- Currently looking at how can they adapt their policies and programs to better meet seniors' needs

Quebec Experience



Need to look at alcohol consumption within

- the concept of different kinds of aging (not all seniors age the same),
- a social context where seniors have been “prescribed” alcohol by physicians, and
- health context where alcohol is considered as having a generally positive place in the health of many seniors



Groupe Harmonie (GH)

- One of the oldest alcohol treatment and support programs in Canada offered specifically to people aged 55 and over.
- Located in Montréal, Québec
- Serves 50/50 English and Francophone clientele



Groupe Harmonie

- GH has two staff. They work with and coordinate more than 10 bénévoles (very specialized volunteers). Some have been volunteering with GH for up to 10 years.
- Strong emphasis on reducing isolation, re-integrating seniors. Helping connect back into community.



Groupe Harmonie

GH describes their approach this way:

- “We do not focus on the substance, but on the individual. We offer the person support all the way through the process of behavioural change. We encourage them to reduce or stop consumption, according to their needs. We do not aim at abstinence at all costs. ... (And) we have confidence that anyone can improve their situation at any age.”



Native Communities in Québec

- In a recent community needs assessments by in community home care in Kanawahke, Quebec alcohol was rated in the top three problems facing First Nations seniors.
- First Nations seniors experience special challenges. Much higher rate of diabetes and other health problems among First Nation seniors. The physical impairment often associated with diabetes can make helping with alcohol problems much harder.



Other Native Communities

- Fewer seniors - on average, many First Nations people do not live to be “old”. The average lifespan (67 years for native women, 65 years for native men, 12- 13 years less, on average than other Canadians)
- Many with alcohol problems not living into old age
- On the positive side - Healthy Elders as healers: In some communities, elders as support for younger persons with alcohol or substance abuse problems



Trends in Quebec

- Growing awareness
- Learning from “what works”, evaluating their programs
- Increasingly complex problems (new types of drug use among seniors)
- Stress the need to reach out to seniors (GH)
- Urban resources very stretched

Ontario



- Community Older Persons Alcohol Program – COPA (Toronto)
- OPUS 55 (Toronto)
- LESA (Ottawa and outlying area) = service area of 1500 sq.miles
- New program in Thunder Bay- St. Joseph's Care

COPA



- Been providing addictions treatment, using a home visiting harm reduction approach to older residents in West Toronto since 1983.
- Program evaluation - notes precarious health, some have significant cognitive deficits. That significantly affects how people can help.
- *Project Cares* produced by COPA provides support, education and workshops to caregivers.

LESA



- Lifestyle Enrichment for Senior Adults (1981)
- Quickly recognized the critical importance of harm reduction, outreach counselling and senior- specific support groups
- Dual clientele- 15% of clients are francophones
- Development of resources kits (geared to health care professionals who aren't in the addiction area)

OPUS 55



Older Persons' Unique Solutions

- Developed by CAM-H since April 1999 by the people who first started COPA (outreach)
- They have 1.5 staff dedicated to address the needs of older persons.



OPUS

- Reaches those well enough and able to come to their service (not outreach)
- However, have mental health and addiction services working together

Northern Ontario

Northern communities like Thunder Bay find:



- People work hard, play hard, drink hard
- Boom and bust industries
 - Older people retiring or forced out of these industries



Northern Ontario

- Seniors make up 15 –17% of the population of Northwestern Ontario, but make up less than 5% of the program admissions.



Northern Ontario Issues

- Local programs that work with seniors estimated that 25% of their clients had difficulties related to the use of medications and/or alcohol yet very few of these clients were seeking treatment.



Thunder Bay

- Developing new approaches with no extra funding
- The Addiction Services at St. Joseph's Care Group work with an Interagency Network, and recognizing that not likely in foreseeable future to be able to develop a a dedicated program for seniors.



Thunder Bay

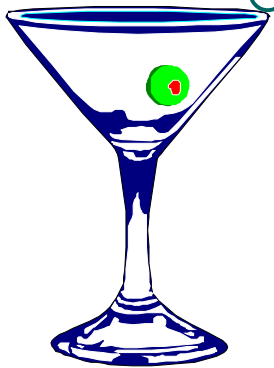
- So, they are considering what work can be done in the community.
- Focus on learning as a community on how to work more effectively with what they have.



Some Ontario Trends

On one hand,

- Recognition in the community that alcohol is a significant issue for many seniors
- Proven value in providing outreach, individual counselling, and use of support groups.





More Ontario Trends

- Stress the importance of identifying good practices
 - Important for the program development and
 - As evidence in the community - so that others understand why the agencies do what they do, and how they they do it.



Other Ontario Trends

On the other hand,

- Resources are stretched
- Working within major restructuring and political agendas
- Trying to hold on to what have (not lose your program).



Ontario Trends (cont'd)

- Because resources very thinly spread, it's very hard to do any professional or community education. Status quo.
- Some urban areas also dealing with special problems of seniors' homelessness.

Manitoba



- Manitoba and Saskatchewan have the highest percentages of seniors of any province in Canada.
- Yet lack senior specific programs, with notable exception of S.U.M.I.T (informal program developed at Seven Oaks Hospital)



Manitoba

- AFM (Addiction Foundation of Manitoba) has been focussing its efforts on prescription drug use and gambling issues among seniors
- Loss of a major hospital based, seniors' alcohol program aimed at seniors in the mid 1990s.



Manitoba (cont'd)

AFM notes

- Many seniors do not access the mainstream alcohol or addiction service organizations in Manitoba.
- Need to be proactive in addressing the issues of seniors and alcohol abuse.



Manitoba (cont'd)

- Frequently valuable information about alcohol risks is unknown to seniors, or is misunderstood due to ineffective information delivery.
- Suitable service delivery mechanisms need to be developed.



Manitoba (cont'd)

- Need the input of seniors themselves into finding and providing solutions.
- Need for community collaborations (e.g. local pharmacists can be helpful in asking and raising seniors' awareness of the interactions between alcohol and medications)

Saskatchewan



- Low alcohol consumption generally in Saskatchewan according to purchase statistics.
- Late 1980s, early 1990s, had Saskatchewan Alcohol and Drug Addiction Commission (SADAC).
- Major alcohol education work done at that time.



Saskatchewan

- Today, the alcohol and drug responsibilities are spread across 32 districts in the province. Addictions services are now part of community services.
- Makes coordination and consensus harder to achieve. It also creates challenges in developing networks and resources.



Saskatchewan

- Searching how to share the work, share the responsibilities, and share the knowledge.

Alberta



- Substance Abuse in Later Life (SAILL) operates out of the Healthy Seniors Program at Rockyview Hospital in Calgary.
- Started in the community, moved to the hospital.
- Has recently started a pilot project to provide outreach services to seniors in addition to the hospital program.

Alberta (cont'd)



- Currently AADAC (Calgary) has one counsellor designated “for seniors”, but a growing older clientele.
- AADAC recently been conducting a review of their program to see how they might be better suited to meet the needs of seniors.
- How to meet the needs of rural Alberta seniors?



Alberta (cont'd)

Other approaches:

Operation Friendship (Edmonton)

- A multipurpose service centre designed to combat the social isolation, alcoholism and poor nutrition experienced by many seniors living in the northwest inner city core of Edmonton. They developed a lunch program and an information and referral service. This is one form of harm reduction approach.



Alberta (cont'd)

- Safe Haven (Edmonton) - special unit of a care facility, specifically for older adults who have had long term alcohol problem; specially trained staff; residents are permitted to drink at leisure



Alberta (Cont'd)

- Calgary: Alexandra Health Clinic-seniors in the urban core
- Helping seniors who have alcohol problems avoid high risk situations (abuse, sexually transmitted diseases (including HIV, AIDs), eviction from rental housing)



Northern Canada

(Yukon, North West Territories and Nunavut)

- In any rural or remote area, the geographic spread of people makes service delivery extremely difficult.
- The incredible size of and distances involved up North. For example, Nunavut covers 1,900,000 sq km. and the whole of Canada is only 9,970,610 sq km.

Northern Canada



- Addictions work focuses on young people.
- Major social upheaval among native peoples.
- Hard life and often reliance on primary industries; in some towns, large government base.
- Yukon has recently undergone a review of service delivery and structure of their alcohol programs (not touch on seniors though).

Northern Canada cont'd

- In 1996, the Northwest Territories had 45% of its population living in remote/rural areas.
- That makes service delivery to any age and for any health or social problem extremely hard.



British Columbia



- Has the largest number of senior specific alcohol treatment programs in Canada
- However, still only serve about 500 - 700 seniors in total annually
- And many communities have not recognized the potential or actual extent of problem (stereotypes about who might have alcohol problem).



Some of British Columbia's Senior Specific Addiction Resources

- Victoria Innovative Seniors' Treatment Agency (VISTA)
- Seniors Well Aware Program (SWAP) - Vancouver, Burnaby, New Westminister
- STRIVE (West Vancouver)



More B.C. Resources

Special resources for seniors in

- White Rock, Abbotsford (part time staff, e.g. one or two days a week),
- Prince George
- Other communities such as Vernon looking at how to reach seniors when very limited resources.



British Columbia Innovations

Major innovations, including

- Major successes with developing support groups
- VISTA provided the first Canadian “home detox” for seniors.



More British Columbia Innovations

- SWAP – helping older adults safely withdraw from alcohol or medications- Vancouver and Burnaby- wider range of seniors; strong client oriented approach; and dealing with complex drugs
- First written resources on alcohol in care facilities



Major Service Trends In Canada

- At community level, more willingness to deal with the socially safe topics (medications) and not the tougher ones (seniors and alcohol, seniors and street drugs).



Canadian Trends

- Some work done in educating seniors (health promotion) about safe use.
- Less consideration (in terms of information, or community resources) for when alcohol actually becomes a problem.



More Canadian Trends

- Recognizing at national level that seniors are an “at risk” population because of changes with aging, health and interaction with prescribed medications
- Struggle for provincial funding
- Causes for the discrepancy?
Ageism? Seniors seen as not worth the \$\$\$ outlay?



Service Trends

- Resources for seniors with substance abuse problems are almost exclusively in urban areas
- Agencies forced to do more with less-- advantages (creative community development efforts) and disadvantages (stretched too far, can't do prevention work).



Major Service Trends

- In most of Canada, a trend towards harm reduction (a holistic approach not requiring abstinence for engagement)
- Growing recognition that seniors are not simply 35 year olds with grey hair.
- Recognizing that issues and needed approaches will be different for seniors.

Major Trends with Senior Specific Programs

- Programs recognizing the special needs of older adults are busy
- Are tackling alcohol not as 'the problem' but often only one of several that the person is experiencing





Trends (cont'd)

- Typically use a harm reduction approach (recognizing that advantages to being able to offer help without requiring abstinence first; dealing with diverse alcohol related harms senior is experiencing- health, finances, housing)
- Respecting diversity, personal decisions of older adults. Making sure there are options for them.



Major Client Trends

- Different types of situations leading to alcohol problems for seniors.
- Alcohol as one of several integrated problems in the senior's life (can't only tackle the alcohol problem, so also help with isolation, housing, adequate money).



Major Gaps Across Canada

- Lack of senior specific approaches- with the exception of these programs. In total, they are serving just over 1200 –1500 seniors annually (<1% of those affected)
- Major gap between need and resources.



Major Gaps Across Canada

○ **Need for Cross Training**

- Lack of training for those in the addiction field on aging issues, and lack of training on addictions issues for those in health care services. Usually not lack of interest. More a lack of time.

What the Future Holds



- Major changes in the demographics may force the issue of addressing substance abuse.
- More complex problems, as we have many more seniors living into their 80 and beyond.
- A growing recognition that we cannot simply turn a blind eye to the problem.
- Identification and consensus on approaches that work well with seniors.



For More Information...

on these programs or the Seeking
Solutions Initiative, contact

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