Peninsula Health

Older Wiser Lifestyles Program

Building a **Healthy Community**, in Partnership

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AGENDA

- Sunaina – Introduction to OWL
- Melissa: FaMDAS, harm minimisation, techniques for working with older adults with substance use disorders
- Sunaina: Differences between older and other adults. Further therapeutic techniques and barriers to treatment

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WHAT IS OWL?

The Older Wiser Lifestyles Program (OWL) is a non-residential AOD treatment program for adults aged 65 and over. OWL is Australia's first Alcohol and Other Drug (AOD) service designed specifically for older adults

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Older Wiser Lifestyles (OWL) Program

- The OWL program offers an individually-tailored treatment service comprised of early intervention, intensive or long-term counselling depending on the needs of the client.
- OWL offer outreach across the Mornington Peninsula, phone consults and telehealth options to increase flexibility and accessibility

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REFERRAL PATHWAYS

- Self referral (intake number & walk-in)
- GP referral
- Mental health services
- Allied health professionals
- Emergency department crisis hub (Frankston Hospital)
- Aged care services and support services

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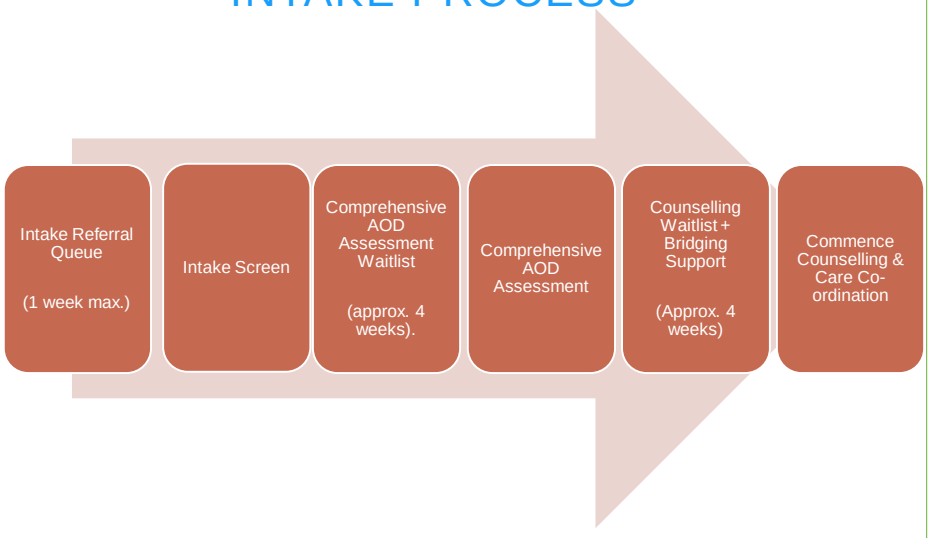
INTAKE PROCESS



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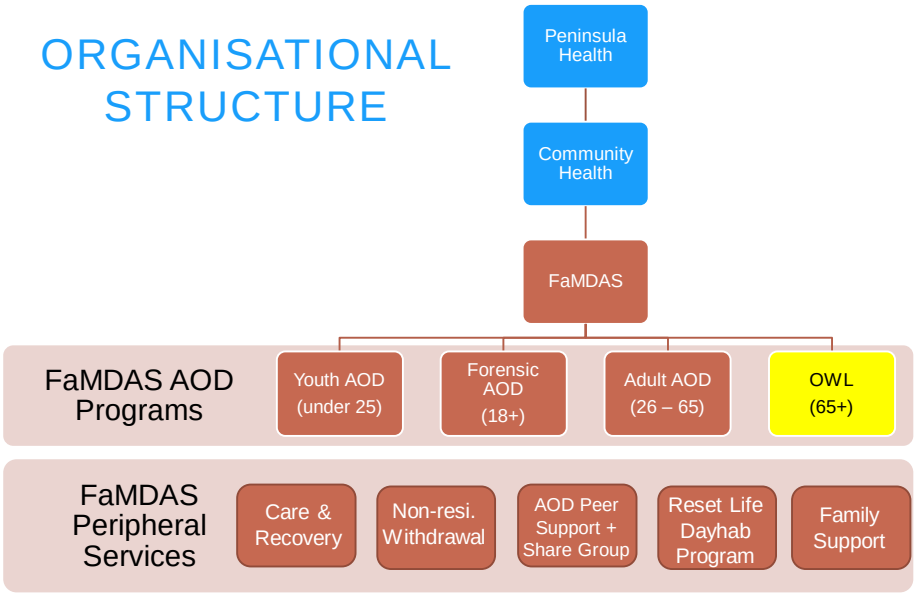
ORGANISATIONAL STRUCTURE



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WHAT TREATMENT LOOKS LIKE

- Biopsychosocial model
- Treatment approach is person-centred
- Lead by client's identified goals
- Dynamic and may change according to clients needs and circumstances
- Integrated and collaborative

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WHAT TREATMENT LOOKS LIKE

- Counselling
- Care-coordination
- Outreach work
- Family/group therapy
- Non-residential withdrawal
- Inpatient withdrawal / rehabilitation

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AOD COUNSELLING

- Motivational interviewing
- Goal setting
- Harm reduction
- Education
- Coping skills and therapeutic interventions
- Relapse prevention
- Exploring spirituality, purpose and meaning
- Involving families and significant others (with consent).

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HOW TO TALK ABOUT DRUGS AND ALCOHOL

- Gain their consent for discussion
- Be curious and non-judgemental
- Don't use stigmatising language
  – avoid words like "alcoholic", "junkie", "drug addict", "alcohol abuser".
  Instead, use language such as "abstinent", "person with a substance use disorder", "unprescribed use", "person who is alcohol-dependent/substance dependent".
- Ask about their drinking or drug use habits

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HOW TO TALK ABOUT DRUGS AND ALCOHOL

- Ask about the impact and harms

4L's (Liver, Lover, Livelihood, Law)

- Liver – do you have any health problems or signs of liver disease?

- Lover – has AOD use affected your relationships?

- Livelihood – has AOD use affected your work, hobbies, housing, finances?

- Law – are you currently involved in any legal matters? Do these relate to AOD use?

Source: Roizen, R., & Weisner, C. (1979). Fragmentation in Alcoholism Treatment Services: An Exploratory Analysis. Berkeley, CA, United States: Alcohol Research Group, University of California.

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HOW TO TALK ABOUT DRUGS AND ALCOHOL

- Determine their level of motivation with questions like:

  - Have you ever thought about ceasing or reducing your use?

  - On a scale of 1-10, how important for you is it that you make a change?

  - On a scale of 1-10, how ready are you to make these changes?

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HOW TO TALK ABOUT DRUGS AND ALCOHOL

- Boost motivation:
  - What do you think the impact would be if you don't make any changes to your drug/alcohol use? (In 6 months, 1 year, 5 years, 10 years)
  - How would ceasing/reducing your use impact your life?

- Hope
- Ask if they would like a referral for support
- Explain the process
- Encourage

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HARM MINIMISATION - EXAMPLES

- Encourage setting limits
- Warn against polysubstance use
- Consider switching from cask wine to bottled wine, spirits to beer, full strength to mid strength.
- Advise them to never cease or reduce suddenly without support and advice. Ceasing or reducing suddenly can lead to complicated withdrawals including hallucinations and seizures.

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HARM MINIMISATION - EXAMPLES

- Encourage them to increase their water intake and to eat before drinking alcohol
- To decrease the risk of falls get them to consider trip hazards, furniture arrangements and having a duress alarm for emergencies
- Encourage them to catch a taxi or public transport
- Help to reduce psychosocial stressors that may trigger further AOD use and place appropriate referrals for services/supports
- Provide resources

Resource: Harm Reduction Victoria: https://www.hrvic.org.au/resources

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8D'S FOR CRAVING MANAGEMENT

- Delay
- Distract
- Dispute
- Deep breathing
- Drink water
- Discuss
- Depart/Detour
- Describe your experience

Source: https://www.counsellingonline.org.au/making-a-change/understanding-and-managing-cravings

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PHYSIOLOGICAL & PHYSICAL DIFFERENCES

- ETOH: As we age, muscle mass is replaced by fat tissue. The amount of water in our body also decreases with age, contributing to higher BAC. This means that an older person will have a higher BAC than a younger person who drinks the same amount

-ETOH: The older you are the longer alcohol stays in your liver before it moves into the general bloodstream or is metabolised – increasing the risk of damage to your liver

-Apart from ETOH, liver enzymes that metabolize other drugs are less efficient as we age. Central nervous system also becomes more sensitive to alcohol and other drugs.

Source: https://adf.org.au/insights/aod-older-australians/

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- Physical and mental functions (including vision, coordination, hearing and reflexes) deteriorate as you age, putting you at higher risks of accidents such as falls, injuries or car accidents
- AOD use can contribute to the onset of health problems or make pre-existing conditions worse. For example, alcohol can contribute to high blood pressure, ulcers, liver disease, anxiety, sleep problems, and depression.
- Interaction effects with prescription medication

Source: https://adf.org.au/insights/aod-older-australians/

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DEMENTIA

- Dementia is the loss of cognitive functioning- thinking, remembering and reasoning. Some people with dementia are not able to regulate their emotions, and their personalities may change. Dementia ranges in severity from the mildest stage to stages where ongoing and significant assistance is required.
- The 2022 Dementia Australia Prevalence Data shows that there are approx. 487,500 people living with some form of dementia. Without significant medical advancements, this figure is projected to increase to 1,076,000 people by 2058

Source:https://www.dementia.org.au/information/statistics/prevalence-data

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RELATIONSHIP BETWEEN AOD AND DEMENTIA

-Some studies suggest mild (low-level) use in middle to late adulthood can lower risk of dementia (Rehm et al., 2019). However, research also suggests that excessive alcohol consumption can increase the risk of developing alcohol-induced dementia, Wernicke-Korsakoff Syndrome, alcoholic neuropathy, alcoholic cerebellar degeneration etc (Ridley et al., 2013).

-Apart from ETOH, cannabis, benzodiazepine and other drugs are known to have negative effects on the brain/brain damage (Ridley et al., 2013)

-Harder to provide treatment to people with dementia – may not remember details of AOD use, difficult to follow treatment, assessment difficult

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COMMON PSYCHOLOGICAL ISSUES

- Grief and loss – loss of role, loved ones/spouse, identity, functionality etc
- Adjustment disorder- adjusting to changes such as retirement, health concerns/difference in physical ability, process of aging, relocation (i.e. aged care facility), loss of friend/partner/acquaintances.
- Mental health issues – anxiety and depression are common
- Lack of purpose.
- Loneliness

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HELPFUL TECHNIQUES

- Empathy, acknowledgement of difficulty
- Strategies to increase sense of purpose- activity scheduling
- Community engagement, increasing social + personal supports
- Linking with other organizations and supports – mental health, aged care assessments (home help), neuropsychology etc.
- Holistic and flexible approach

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MOTIVATIONAL INTERVIEWING

There are 4 primary processes to Motivational Interviewing

- Engagement – establishing a working alliance, ongoing process. Focus on the person, not the problem.
- Focusing – Focus on what needs to be changed "change target"
- Evoking – Elicit the client's motivation to change.

Change vs Sustain talk. Using **OARS** to elicit change talk (open questions, affirmations, reflections and summarizing)

- Planning – increase in change talk, spontaneous planning for change. Collaborative, SMART goals.

Source: Rollnick, S., & Miller,W. (2009). What is Motivational Interviewing? *Behavioral and Cognitive Psychotherapy, 23(4)*, 325 - 334

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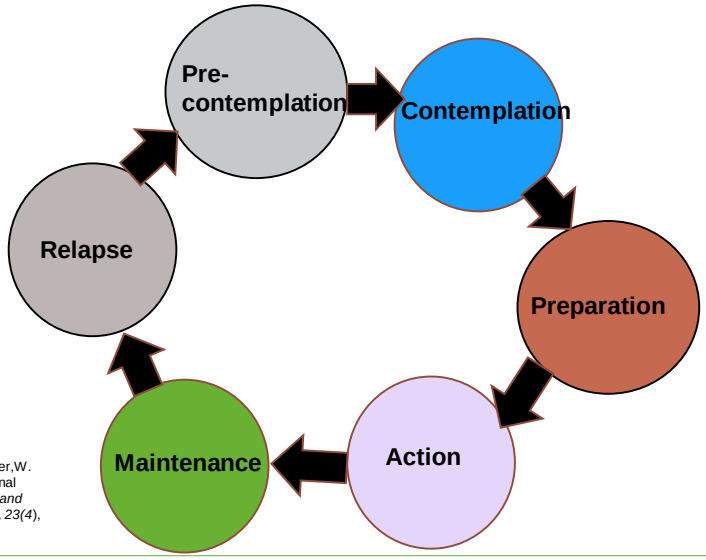
MOTIVATIONAL INTERVIEWING



Source: Rollnick, S & Miller,W. (2009). What is Motivational Interviewing? *Behavioral and Cognitive Psychotherapy, 23(4)*, 325 - 334

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BARRIERS TO TREATMENT

What are some of the barriers to AOD treatment for older adults?

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COMMON BARRIERS

- Beliefs about own ability to cease or reduce AOD use – "I've been drinking for so many years, I can't stop now"
- Not addressing or recognizing underlying MH concerns or triggers
- Using alcohol or/and other drugs as a stress management technique
- Lack of purpose/boredom
- Unhelpful thinking styles – catastrophizing, black/white thinking, filtering etc
- Fear

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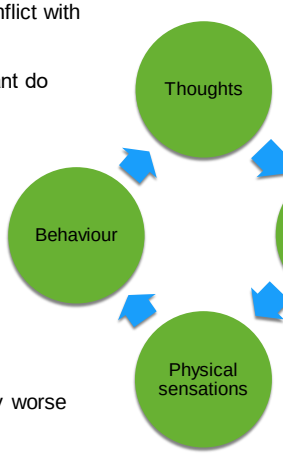
Cognitive Behavioral Therapy

UNHELPFUL CYCLE

Example
Stressed because of conflict with adult children

"I've done it again, I cant do anything right"



"they don't understand me, or care about me"

"I've had enough, I need a drink"

Anger
Sadness
Overwhelmed
Anxious

Accelerated heart rate, headaches etc

Consume alcohol or take other drugs

May temporarily feel less emotional pain – less awareness
Long-term – can make depression and anxiety worse

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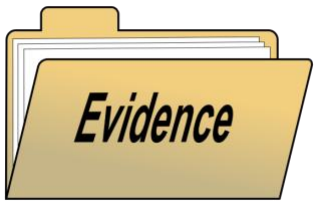
CHALLENGING UNHELPFUL THOUGHTS

- Write down the thought
- Write down the evidence for/against thought
- Develop a new more helpful thought
  - What would I tell a friend who had this concern?
  - What is a more helpful way to view this situation



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Cognitive Behavioral Therapy

HELPFUL CYCLE

Example
Stressed because of conflict with adult children

"We have had an argument, we will sort it out with time"

May have some emotional pain but not as intense

Calm
Long term- sx of anxiety and depression better.

Use other techniques to help self
Less likely to use AOD

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RESOURCES

- **FaMDAS (Frankston and Mornington Drug and Alcohol Service)**
  Phone: 03 9784 8326
  Central intake for the Frankston and Mornington Peninsula area. FaMDAS provides AOD treatment that is tailored to suit a person's individual needs

- **Directline**
  Phone: 1800 888 236
  24/7 Confidential drug and alcohol counselling service that can provide after-hours support and refer to specialist AOD services in a person's area.

- **DACAS (Drug and Alcohol Clinical Advisory Service)**
  Phone: 1800 812 804
  Addiction medicine specialist telephone consultancy services available free for clinicians 24/7.

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RESOURCES

- **SHARC(Self Help Addiction Resource Centre)**
  Website: www.sharc.org.au
  Provides practical help, information and support for families, communities and individuals affected by addiction through a model of self-help, professional and a peer based services.

- **Family Drug & Gambling Helpline**
  Phone: 1300 660 068

- **VAADA (Victorian Alcohol and Drug Association)**
  Website: www.vaada.org.au
  The peak body representing alcohol and other drug services in Victoria. It aims to prevent and reduce AOD-related harms. Training opportunities are available through VAADA.

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REFERENCES

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