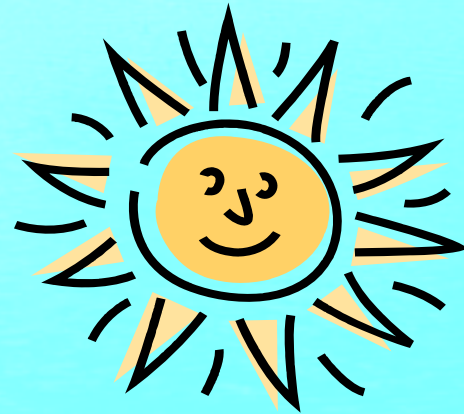


The Use and Abuse of Alcohol, Drugs and Prescription Medication in Vulnerable Adults

BRITE



Presenters:



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One Key to Successful Aging

The ability to enjoy ourselves but
mostly to be able to laugh at
ourselves!

Training Objectives

- Have an understanding of how the use of alcohol, illegal drugs, prescription and over the counter (OTC) medications can effect the older adult population
- What signs and symptoms professionals should be aware of that can indicate a potential abuse of alcohol, illegal drugs, prescription and OTC medications in older adults
- What services are provided to older adults with substance misuse or abuse problems
- What you can do to assist older adults in receiving appropriate services for possible substance misuse & abuse

What Is An Older Adult?

*Definition Of Seniors By Age
(Social Security Administration)*

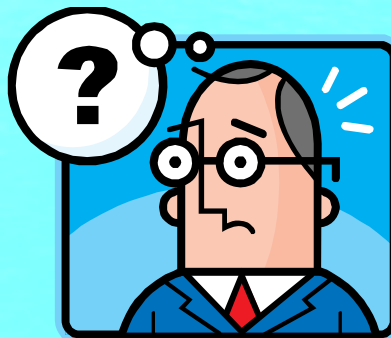
- OLD – 55-64
- ELDERLY – 65-74
- AGED – 75-84
- VERY OLD – 85+

What Is An Older Adult?

(Not Age Defined)

- Young-Old:
 - Relatively healthy and active
 - May not be retired
- Old:
 - Some disability and decline in functioning
 - May need assistance to “grow old in peace”
- Old-Old:
 - Increased incidence of chronic illness and disabilities
 - Requires multiple cost services
 - Also referred to as a “frail elderly”

*But,
in today's world, is this reasonable?*



You're only as old as you feel!

Every Day for Life!

Be Active, Your Way,



Age is no barrier

National Trends of Seniors

- Americans 65 and older will double in next 25 years
- By 2030, over 72 million people will be 65 yrs. or older *(close to one out of every five Americans)*
- By 2050 seniors will approach 90 million
- 65 and older, 85 and older, and 100 and older, will increase over the next 40 years at an alarming rate.

Racial Make-up of Seniors: A 25-Year Projection

(Source: Census 2010)

- In 2005 US population consisted of:
 - 3% Asian
 - 6% Hispanic
 - 8% African American
 - 83% Non-Hispanic White
- In 2030 there will be:
 - 5% Asian
 - 11% Hispanic
 - 10% African American
 - 74% Non-Hispanic White

Gender Make-up Of Seniors

(65 and older)

- 2010
 - 42.9% Males
 - 57.1% Females
- 2030
 - 44.7% Males
 - 55.3% Females
- 2050
 - 45% Males
 - 55% Females

General Incidence and Prevalence

- More patients 60 & older are admitted to hospitals for alcohol connected problems than for heart attacks!!!
- About $\frac{1}{4}$ of nursing home admissions occur because the patient is unable to manage their medications.
- Psychoactive drug uses indirectly causes up to 14% of hip fractures in seniors 60+

Barriers To Identifying Older Adults With Substance use Problems

- Ageism
 - society's negative stereotypes
 - often internalized by older adults
- Lack of awareness (by professional, society, family & older adult)
 - training of clinicians in addiction
 - training of clinicians in gerontology
 - application of younger standards to older adults

Barriers To Identifying Older Adults With Substance use Problems, (continued)

- Clinician behavior
 - amount of time spent with patients, and older adult patients in particular
 - discomfort about raising issues
 - seeing no benefit
 - the clinician's parent's peers
- Comorbidity
 - Substance use problems mistaken for other problems

Why Is It Difficult to Identify Alcohol and Drug Problems in Older Adults?

- Decreased instead of increased tolerance with age
- Feelings of shame and stigma on the part of the older adult
- Effects of alcohol and other medications mimic other medical, neurological, emotional or psychiatric problems
- Living alone – there is no one to observe the older adult
- Difficulty providing an accurate history
- Significant others' (particularly adult children) reactions to the older adult's alcohol or drug use

Common Reasons for Not Helping

- “He’s been drinking all his life. He’s too old to change.”
- “Drinking is the only pleasure she has left. Why deprive her of the one thing that makes her happy?”
- “The doctor says that a glass of wine in the evening is good for her heart.”
- “A drink is better than a sleeping pill.”
- “He drinks to relieve his pain.”
- “The doctor would have said something if it was that bad.”

General Incidence And Prevalence

- In this population of approximately 35 million people 65+, there are at least 3 million with alcohol and drug disorders (federal government estimate)
- However, the Center for Alcoholism & Substance Abuse (CASA) at Columbia University estimated that in the population of women 60+ alone, there are 2.8 million psychoactive substance use abusers

Alcohol & Substance Abuse Estimates

Older adults who need addiction
treatment is estimated to
TRIPLE by 2020.

Jim

- Worked hard for 45 years-looked forward to retirement
- Wife deceased
- Depressed
- Children live 1000 miles away
- Numerous aches and pains, indigestion, HBP, medication for nervousness
- Can't sleep at night-naps during the day
- Watches TV and drinks in afternoon
- Drinks more in PM
- Hates getting up in the morning



Mary

- 82 years old
- Husband deceased
- Lives in senior, subsidized high rise
- Social Security check barely provides enough to live on
- Takes numerous medications
- Children call each week long distance
- Nervous and depressed
- Gets relief by getting together with the girls for cocktails

THESE YEARS SHOULD BE GOLDEN



ALL YOU SEE IS GRAY

Characteristics of Alcoholism In Older Adults (AMA & ASAM)

- General
 - Impaired control over drinking
 - Preoccupation with the drug alcohol
 - Continued use in spite of adverse consequences
- Addiction for Older Adults
 - Onset or continuation of alcohol-related problem behavior because of physiological and psychosocial changes including increased sensitivity to alcohol effects

OLDER ADULTS AND MEDICATION USE

- 85% of elderly take a prescription drug
- 76% use more than one drug daily
- Seniors constitute 12% of the population & use 1/3 of the prescriptions
- 20% use tranquilizers daily
- Seniors are the largest consumers of psychoactive drugs
- Older women consume 60% of all Rx & OTC Medications
- 70% use OTC drugs daily

OLDER ADULTS & MEDICATION USE (CONTINUED)

- Those over 65 use three times as much medication as the rest of the population
- Older patients average 2-3 serious medication errors per month
- Even patients who understand and agree with treatment are only 75% compliant
- At least 40% do not follow prescription directions (one study indicated this was true for 90%)

REASONS WHY SENIORS OFTEN DO NOT TAKE THEIR MEDICATIONS AS PRESCRIBED

- Forgetfulness which may result in:
 - Doubling up after missing a dose
 - Taking all medications in the morning so not to have to worry about remembering
- Sharing medications with others
- Saving medications “in case they have the problem again”

Factors Increasing Risk of Medication Errors

- Multiple diseases
- Sensory impairments
- Language barriers
- Multiple drugs and complex medical regimes
- Types of drugs taken
- Decreased tolerance

Problems of Intervention with Older Adults

- Sense of shame about having negative, personal information shared with others
- Living alone
- Significant others may have little information
- Geographical distances for significant others
- Sense of shame by adult children about parents drinking or drug use

Problems of Intervention with Older Adults

- Unwillingness of significant others to participate
- Lack of adequate reimbursement for treatment
- Lack of appropriate treatment resources
- Taking financial care of children and also parents
- Issues of possible inheritance

Possible Symptoms of Depression

- Persistent sad mood
- Loss of pleasure and interest in activities once enjoyed
- Sleep disturbance (too much/little, waking)
- Appetite/weight change (more or less)
- Irritability, restlessness
- Difficulty concentrating, remembering or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless or worthless
- Thoughts of death or suicide

Depression and Suicide Risk

- Clinically depressed mood is associated with 83% of elderly suicides
- Patients who have had multiple episodes of depression are at greater risk for suicide than those who have had a single episode
- Lifetime risk of suicide for individuals with untreated depressive symptoms is approximately 15%

Suicide in Older Adults

- One of the leading causes of suicide among the elderly is depression, often undiagnosed and/or untreated
- The act of completing suicide is rarely preceded by only one cause or one reason. In the elderly, common risk factors include
 - The recent death of a loved one
 - Physical illness, uncontrollable pain or the fear of a prolonged illness
 - Perceived poor health
 - Social isolation and loneliness;
 - Major changes in social roles (e.g. retirement).

From American Association of Suicidology

<http://www.suicidology.org>

Depression in Medical Patients

- In older hospital patients, 6% to 44% diagnosed with major depression, with an average of 12%
- Higher among those with severe illnesses
- Other depressive diagnoses among older hospital patients ranges from 18% to 26%

Scales for Screening Older Adults

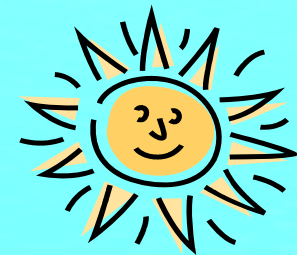
- In cognitively intact patients ages 60+ use the Geriatric Depression Scale – the best validated screening measure for older adults
- Other scales – have mixed results:
 - Beck Depression Inventory
 - CES-D (Center for Epidemiologic Studies)
 - Zung Depression Scale
- Patients who have cognitive deficits – the Cornell Scale or the informant version of the Short-Geriatric Depression Scale

Conclusions

- Depression is common in older adults with serious medical problems
- Most older adults are not screened routinely; family do not recognize signs
- Most depression goes untreated
- Those who do receive treatment are more likely to be treated by their physician than a mental health professional

What Does SBIRT Stand For?

- Screening
- Brief Intervention
- Referral
- Treatment



Florida BRITE Project

What Does BRITE Stand For?

- Brief Intervention
- Treatment
- Elders



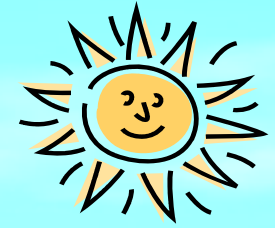
What is BRITE?

A federally funded model program for:

- Identifying persons at ALL levels of alcohol and drug use through dependence;
- Providing brief intervention and brief treatment to patients who are misusing alcohol and other drugs;
- Assessing patients who are probably alcohol and/or drug dependent to determine if they would be eligible for treatment; and
- Referring patients who are probably alcohol and/or other drug dependent to addictions treatment.



What is BRITE?



Florida BRITE Project



- Focuses on “problematic use”;
- Involves a multi-site demonstration in Department of Children and Families Circuits throughout the state of Florida and involves older adults 55 years old and above;
- Implemented in generalist sites and community programs servicing older adults;
- Employs standardized screening and assessment instruments;
- Involves an automated performance measurement system; and
- Includes care coordination/facilitation.

Pre-Screening Questions



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ASK	IF YOU RECEIVE THESE ANSWERS	THEN
<p>Weekly Average Multiply the answers to the following two questions:</p> <p>A. How often? On average, how many days a week do you drink alcohol? <input type="checkbox"/></p> <p>B. How much? On a typical day when you drink how many drinks do you have? X <input type="checkbox"/></p>	<p>From Men and Women Age 60 and Older</p>  <p>score then</p>	
<p>= <input type="checkbox"/></p>	<p>7</p>	<p>Your patient may be at risk for developing alcohol-related problems.</p>
<p>Daily Maximum How much? <input type="checkbox"/> What is the maximum number of drinks you had on any given day in the past month?</p>	<p>or</p>  <p>score then</p> <p>3</p>	<p>Now complete ASSIST and SGDS</p>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Pre-Screening Questions



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ASK

**IF YOU RECEIVE
A YES ANSWER**

**THEN
Complete ASSIST AND/OR SGDS**

In the last year have you tried to cut down on the drugs (including tobacco) or medication that you use?

Yes ___
No ___

In the last year have you used prescription or other drugs more than you meant to?

Yes ___
No ___

During the past month, have you often been bothered by feeling down, depressed, or hopeless?

Yes ___
No ___

During the past month, have you ever been bothered by little interest or pleasure doing things?

Yes ___
No ___

* Negative predictive factor of 93% means that this screen will miss only 7% of patients with substance use disorders (SUD)

Prescreening for Depression: The PHQ-2

- Adapted from the PRIME-MD questionnaire used by physicians
- Excellent sensitivity and specificity for identifying major depression
- There are two versions: YES/NO format and how often in the past two weeks you've experienced symptoms:
 - 0 Not at all:
 - 1 Several days
 - 2 More than half the days
 - 3 Nearly every day

Prescreening for Depression

Depression Screening Tool Patient Health Questionnaire (PHQ-2)

Over the past 2 weeks, have you often been bothered by:

1. Little interest or pleasure in doing things? Yes No
2. Feeling down, depressed, or hopeless? Yes No

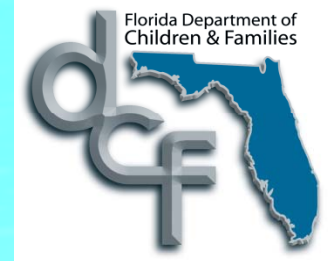
If the patient responded “yes” to either question, follow-up using the PHQ-9, a nine-item, self-administered questionnaire.

Short Version Geriatric Depression Scale (SGDS)

- First State to add depression screening to SBIRT
- Approximately 75% of patients/clients that screened positive for substance misuse/abuse experienced mild to moderate depression.
- If yes to alcohol and/or substances and yes to depression questions on pre-screen, complete ASSIST and SGDS.
- If no to all drug/alcohol questions and yes to depression question, SGDS is completed.

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

- *Brief screening questionnaire to find out about people's use of psychoactive substances.*
- *It was developed by the World Health Organization (WHO) and an international team of substance abuse researchers as a simple method of screening for hazardous, harmful and dependent use of alcohol, tobacco and other psychoactive substances.*



Settings, groups and personnel suitable for an ASSIST screening program

Box 2: Settings, groups and personnel suitable for an ASSIST screening programmes

<u>Setting</u>	<u>Target Group</u>	<u>Screening Personnel</u>
Primary Care Clinic	Medical Patients	Nurse, social worker community health worker
Emergency department	Accident victims Intoxicated patients Trauma patients Medical Patients	Physician, nurse, other staff
Doctors Rooms Surgery General hospital wards Outpatient clinics	Patients with disorders possibly related to substance use	General Practitioner Physician, other staff Physician, nurse, other staff
Psychiatric clinic Psychiatric hospital	Psychiatric patients particularly those who are suicidal	Psychiatrist, nurse other staff
Antenatal clinic Postnatal ward	Pregnant women New mothers	Midwife, General Practitioner, Obstetrician
Court, jail, prison	Offenders	Officers, counsellors Corrections health workers
Other health / welfare Facilities	People with impaired social or occupational Functioning	Health and welfare workers

What is Brief Intervention (BI)

- Brief Intervention (Brief Advice)
 - Usually a single session immediately following a positive screen (Scores in “moderate risk range” on ASSIST)
 - Consists of a motivational discussion with the patient
 - Discussion focused on increasing insight and awareness regarding the impact of substance use
 - Referral to specialized substance use treatment when indicated

Important Considerations for Intervention with Older Adults

- Avoid labels
- Avoid confrontation or anger
- Create a safe environment
- Avoid shaming which includes avoiding attempts to get older adult to “express feelings”
- Be non-judgmental
- Connect use and symptoms
- Connect behaviors and participants’ emotional responses
- Relate alcohol and drug use-abuse issues to how it can effect health

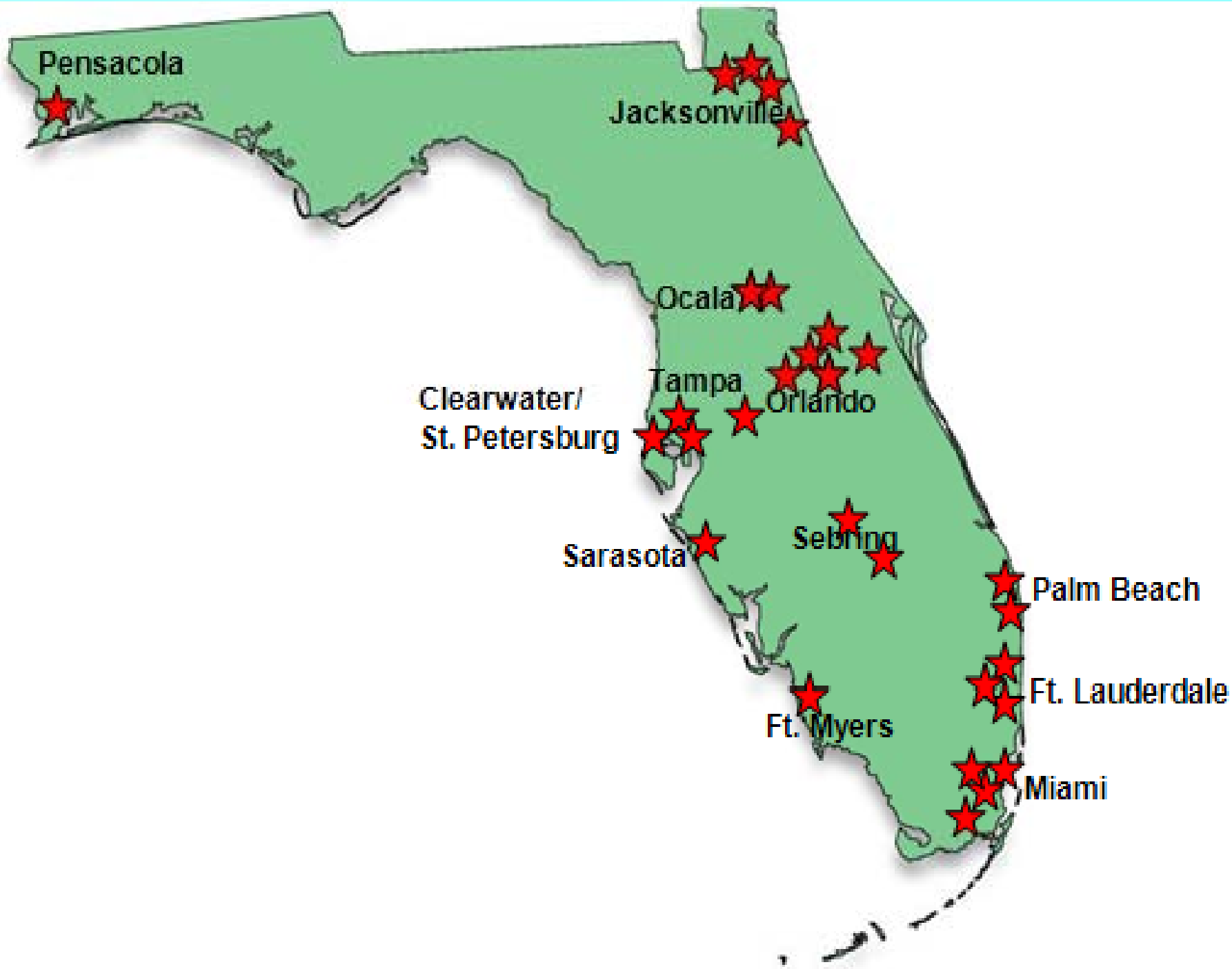
Brief Treatment (BT)

Following a screening score on the ASSIST of 20-26, brief treatment is provided.

Much like BI, this involves motivational discussion and client empowerment. BT, however is more comprehensive and includes assessment, education, problem solving, coping mechanisms, and building a supportive social environment.

Referrals to Treatment

- Scores of 27+ on ASSIST automatic referral for complete substance abuse assessment.
- Scores of 27+ on ASSIST and high range on SGDS automatic referral for assessment at Co-Occurring D/O program.



BRITE Target Populations

- **Older Adults (55+)** remain the primary target population for BRITE
- **Younger adults (<55)** mostly by those screened at Federally Qualified Health Centers (FQHCs) in Broward 2010-11
- **Veterans:** In 2009, we began tracking how many of BRITE screenings involved veterans, and in 2010 two VA sites (Miami VA Hospital & Ft. Lauderdale Center) were added to BRITE

Florida BRITE Project

- 83,517 screenings since the SBIRT grant awarded to the state of Florida.
 - 78,190 adults ages 55+ screened
 - 5,327 (6.4% of all screenings) were adults younger than age 55 (39.3 years) based on separate target group from Federally Qualified Health Centers and through funding from DCF

Goals set by SAMHSA for BRITE:

- Total of 66,074 screenings over five years. Of these:
 - 80% expected to show no risk of substance misuse. They only receive screening & feedback (SF) about the results.
 - 20% positive screenings expected, such that:
 - 16% are at MODERATE risk and offered a brief intervention (BI) session immediately
 - < 2% are at MODERATE TO HIGH risk and require brief treatment (BT)
 - 2% demonstrate HIGH risk and require a referral to treatment (RT) from a substance abuse program

Demographic Characteristics

- 55% women, 45% men
- 21% Latino/Hispanic
- Diverse in race: 51% white, 25% African American, 21% multiple ethnicities
- Average age = 69 years

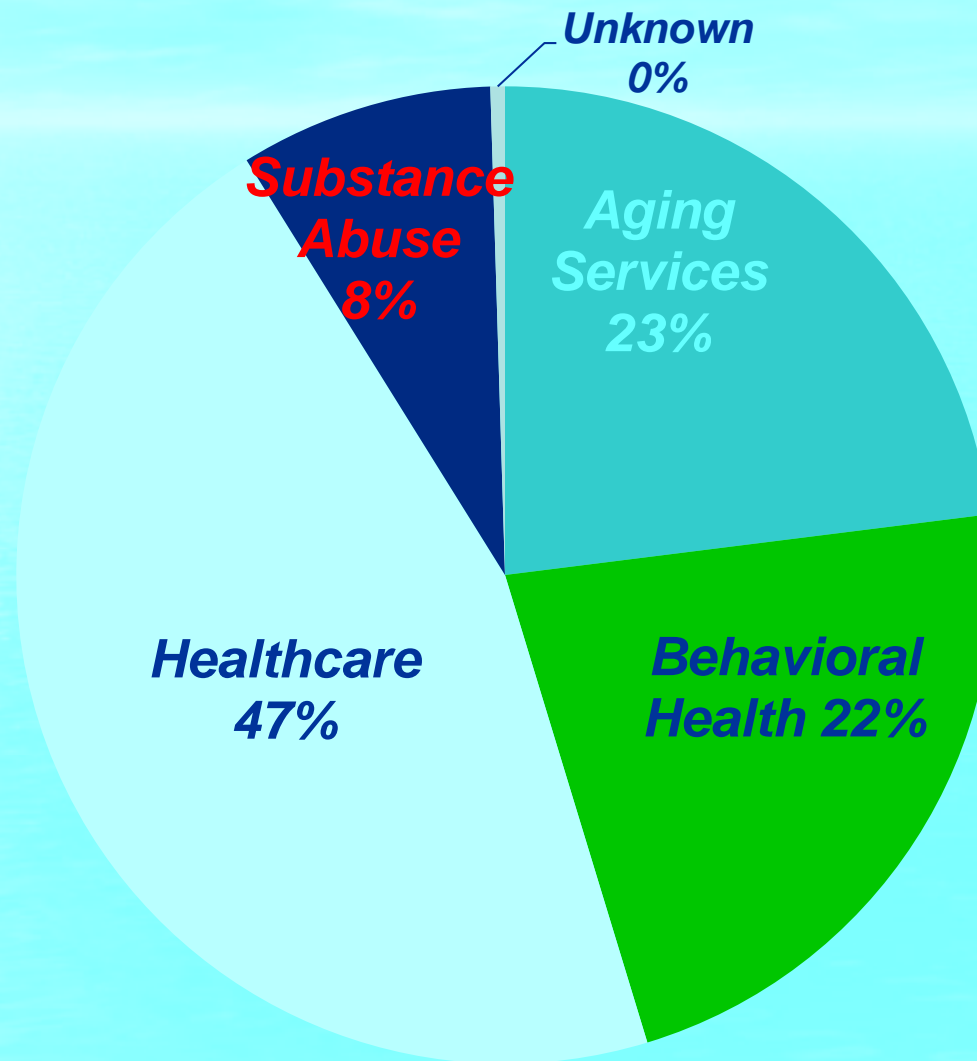
Table 1a. <55 Services Administered
January 1, 2007 - July 8, 2010

Services for Younger Adults

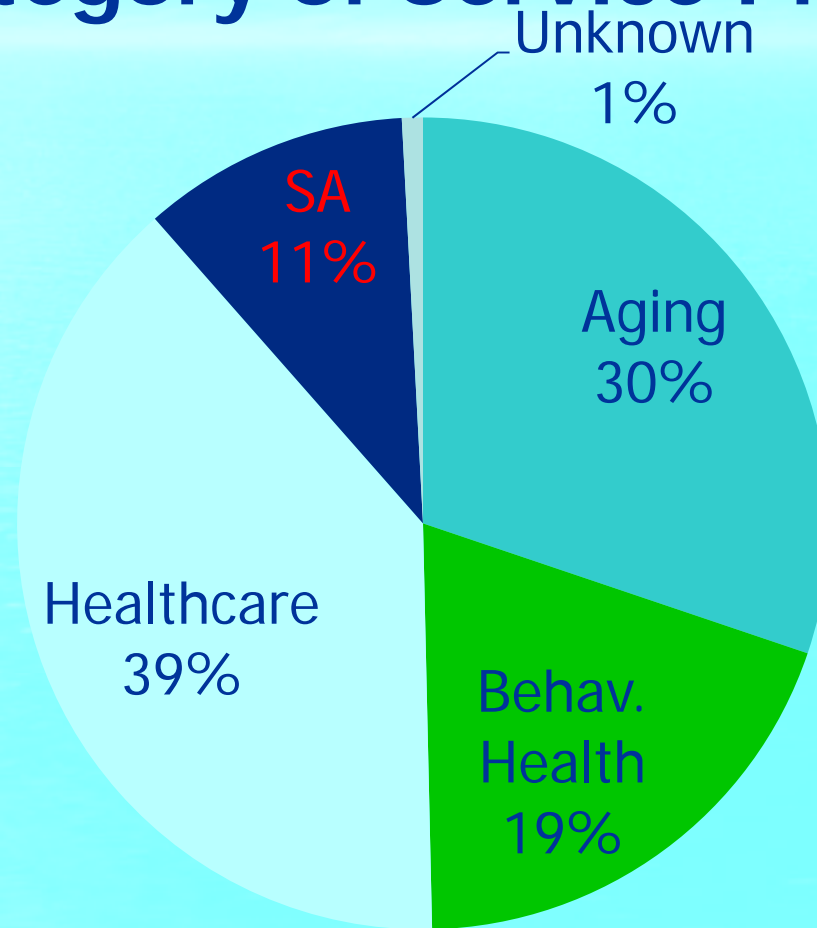
January 1, 2007 – July 29, 2011

SF	BI	BT	RT	Total Services
5,146	157	11	36	204

Where are most screenings taking place?



Clients Receiving Either BI, BT, or RT by Category of Service Provider



Risk Level - ASSIST Scores for Alcohol and Other Substances
 January 1, 2007 - July 29, 2011

	Low Risk (Education) (SF)	Moderate Risk (BI)	Moderate to High Risk (BT)	High Risk (RT)	Total Clients	Mean Score
Alcohol	73,253	3,066	811	731	77,861	1.3
Other Subst	1,765	2,224	842	507	5,338	11.6

Six Month Follow-ups

Follow-ups are a 10% Sample
January 1, 2007 – July 8, 2011

	Most Recent Year of Service				
1/1/07 – 07/08/11	2007	2008	2009	2010	2011
N	N	N	N	N	N
173	4	48	62	39	20

Significant Improvement at Follow-up

Changes in Alcohol & Drug Use Days Based on Follow-up Data

	Initial Interview		Follow-up Interview		%	Significance (<i>p</i>)
	<i>N</i>	Days	<i>N</i>	Days		
ASSIST Questions					Decrease	
Q1 Any alcohol	132	8.76	132	2.36	73.1	<.001
Q2 5+ drinks	30	5.27	30	2.77	47.4	<.001
Q3 4 or fewer drinks	31	4.58	31	2.68	41.5	.016
Q4 Illegal drugs	130	7.68	130	1.92	75.0	<.001
Q5 Both alcohol and drugs	14	8.29	14	2.86	65.5	NS

What Your Agency Can Do

- Add pre-screening questions to intake documents.
- Look for signs and symptoms of possible substance abuse in home.
- Learn motivational techniques in order to provide brief interventions to assist clients in making important life changes
- Using information gained to make appropriate referrals

What Signs & Symptoms of Substance Abuse To Look For in the Homes When Performing In-Home Investigations

- Check waste baskets for empty alcohol containers and medicine bottles
- When checking to see if they have enough food look for beer and other alcoholic beverages that are being stored in refrigerator or cupboards & closets
- Look for signs of depression
- Impaired functional status
- Ask about types of drugs taken and ask to check medicine cabinets
- If your assessment of situation add screening questions to your health assessment. (ASSIST) or (Pre-Screen)

CSAT Treatment Improvement Protocol (TIP) #26, "Substance Abuse Among Older Adults"

Available free from the National
Clearinghouse on Alcohol and Drug
Information (NCADI)

Contact them at (800) 729-6686 or at
www.health.org to order

Florida BRITE Project

Web Site:

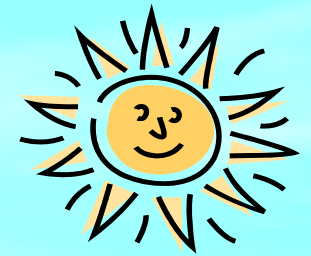
<http://brite.fmhi.usf.edu/brite.htm>

- Overview
- Sites
- Screening Tools
- Brochures

Questions



We Thank You for your time!



Florida BRITE Project

