2015 Governors Institute on Substance Abuse

Substance Use and Aging: SBIRT and Integrated Health Care

Michael A. Leone MSW, LCSW, LCASA, SBIRT Clinician: Partnership for a Drug Free NC/ Wake Forest Baptist Health Family and Community Medicine
Substance Use and Aging: SBIRT and Integrated Health Care

❖ "I grow old.... I grow old... I shall wear my the bottom of my trousers rolled."

❖ T.S. Eliot, The Love Song of J. Alfred Prufrock and Other Poems
"Michael darling, alcohol abuse isn’t drinking more than three cocktails in an evening, it’s a Brandy Alexander - who would want to add all those dreadful things to perfectly good brandy!" - Claire Chastain - Metz
Substance Use and Aging: SBIRT and Integrated Health Care

- This presentation will seek to provide you basic statistical information on North Carolina's aging population in regard to substance use and co-occurring mental health disorders and review some common barriers to treatment for aging adults.

- Explain SBIRT as an evidence based screening, intervention, and treatment tool.

- Review, and practice the use of, effective screening tools used to alert care providers to substance use and mental health issues among aging adults.

- Understand Brief Interventions and their role in the educating, increasing awareness, and motivation to change in older adults.
Substance Use and Aging: SBIRT and Integrated Health Care

- Review Brief Treatment strategies as effective interventions for those at higher risk of developing substance use disorders or mild dependence.

- Learn to develop Referral to Treatment resources and other treatment options to address addiction and dependence in older adults.

- Review Motivational Interviewing strategies, Brief Negotiated Interview, and other techniques, and how they can you in identifying substance use problems in older adults and their care providers.
What is an “Older Adult”?
Definition Of Seniors By Age - Social Security Administration

- Old - 55-4
- Elderly - 65 - 74
- Aged - 75 - 84
- Very Old - 85 and older
What is an Older Adult?
(Not Defined By Age)

❖ Young Old: Relatively healthy and active - may not be retired
❖ Old: Some disability and decline in functioning, may need assistance in aging process
❖ Old-Old: Increased incidence of chronic illness and disabilities, requires multiple cost services, also referred to as the "frail elderly"
North Carolina is home to more than 9.6 million people.*

Of these, more than 31.9 percent are over age 50; nearly 1.8 million are over 60; more than 830,000 are over age 70; and 313,000 are over age 80.*

The proportion of North Carolina's population that is 60 and older is growing more rapidly than other components of the population.*

U.S. Census Bureau estimates that 23% of North Carolina's population will be 60 and older by 2030.*

U.S. Census Bureau estimates 1/3 of this population resides in a rural area or in a setting where access to adequate health care is restricted or barriers to treatment exist that substantially affect the overall mental and physical health of the North Carolina aging population.
Statistics - Profiles - Barriers to Treatment for Aging Adults

- http://www.ncdhhs.gov/aging/demo.htm#A
- North Carolina Aging and Adult Services
Clinicians behavior: not able to or not spending enough time with older adults.

Discomfort with raising the subject of substance use.

See no benefit: older adults have no responsibilities etc.

Clinician bias.

Comorbidity - as we will see in later slides, substance use can often present as other aging issues and disease.
Older adults are grossly underserved.

Less services are available throughout the US for older adults 55+ resulting in approximately 5 persons receiving services per every 100 who is in need of services.

Older adults do not seek services in traditional service settings.

The barriers older adults face are unique to their population.
Statistics - Profiles - Barriers to Treatment for Aging Adults

❖ Wake Forest School of Medicine studies show that the average age difference between older adults and their primary care providers is 22.4 years or more.

❖ Changes in mobility, death of a spouse, loss of social supports, and loss of family support are some of the primary barriers older adults have to receiving appropriate care for maintaining health and receiving appropriate care as they age.

❖ Ageism and societies negative stereotypes about aging and aging adults.

❖ Lack of awareness by professionals, society, family, and older adults.

❖ Training of clinicians in addiction.

❖ Training of clinicians in gerontology.

❖ Applications of younger standards to older adults.

Dr. W. Hazlet PHD Research Fellow Behavioral Health Management Consult
A report issued by SAMHSA has warned that the aging of the baby-boom generation is leading to huge increases in the levels of addiction among adults over 50 - SAMHSA noted this will require double the availability of treatment services by 2020.

Aging adults of this generation may have less hesitation about using substances recreationally and for coping with the aging process.
Substance Use and Aging: SBIRT and Integrated Health Care

- More patients 65+ are admitted to hospitals for alcohol connected problems than for heart attacks.
- About 1/4 of nursing home admissions occur because the patient is unable to manage their medications.
- Psychoactive drug use indirectly causes up to 14% of hip fractures in seniors 60+
Older Adults and Medication Use

- 85% are currently taking at least one prescription drug.
- 76% use more than one drug daily.
- 20% use tranquilizers daily.
- Largest consumers of psychoactive drugs.
- 70% use OTC medications daily.
- Adults 65+ use 3 times as many meds as those under 65.
- Older patients average 2 - 3 serious med errors per month.
- Even patients who understand and agree with treatment are only 75% compliant.
- At least 40% don't follow prescription directions (Yale study indicated 90%)
Dr. Max Schneider in conclusion of one of his longitudinal studies while at Chapman Medical Center as Director of Education in the Chemical Dependency Unit stated, "the combination of prescription medication, non-prescription medication, alcohol & tobacco frequently lead to mental states that are confused with senility, dementia, and Alzheimer's."
Why is it difficult to discuss substance use issues with older adults?

❖ The Minnesota Model: Also known as the abstinence model of addiction treatment was created in a state mental hospital in the 1950's by a psychologist and psychiatrist - neither of whom had any previous experience treating addiction.

❖ The MM has been the primary model of treating addiction since the 1950's and is the basis for AA/NA.

❖ The primary goal of the MM is total lifetime abstinence. The often confrontational approach of the MM that also includes components of shame, guilt, and lo
Identification and Interventions

❖ SBIRT was noted by the Yale Journal of Humanities in Medicine as one of the most effective interventions available to educate and increase awareness of the negative effects of alcohol and other substance use in a medical setting.

❖ SBIRT is a fast and creative way to screen and intervene older adults for substance use problems.

Substance Use and Aging: SBIRT and Integrated Health Care

- Alcohol is the drug of choice for most older adults. One of the most damaging drugs to the human body, alcohol's affects on physical health and cognitive functioning can be devastating to a body already facing changes in mobility and cognition as a part of the aging process.

- People age 50 and older have lower tolerance for alcohol and a heightened response to over the counter and prescription medication. Liver enzymes that metabolize alcohol and certain other drugs are less efficient with age, and central nervous system sensitivity increases with age. For some older adults any alcohol use combined with prescription or over the counter medication can become problematic.

- A study by the Behavioral Risk Factor Surveillance System (BRFSS is a division of the CDC) of older North Carolinians during 2011 noted 12% of men over 50 and 6.5% of women average at least one binge drinking episode per thirty day period in 2012.

- The CDC Vital Statistics division noted the suicide rate for North Carolinians age 65 and older during 2011 persons age 55 and older at 15.6%.
Substance Use and Aging: SBIRT and Integrated Health Care

- Journal of Rural Health noted in a research study (2012) article conducted on 12 rural North Carolina counties that people in households where at least one member with drivers license and/or access to transportation had 2.29 more visits for regular health care in a 12 month period and 4 more visits to address chronic health care problems than those who did not.*

- This study also related for those 65 years and older, loss or limited transportation caused diminishing access to other resources, including loss of social supports and access to secondary health treatment services such as medication and diabetic education groups provided by community health clinics.

- The decrease in visits to primary care providers for older adults increase the importance of effective screening to address issues of substance use and mental health issues that contribute to decrease in quality of life for older adults.

Challenges in Diagnosing Substance Use Disorders in Older Adults: Applying DSM Criteria

- TIP 26 from SAMSHA effectively shows the challenges of effectively diagnosing substance use disorders in older adults.
- Living alone - no one to observe behaviors.
- Difficulty in providing accurate history.
- Significant others or adult children's reaction to older adults alcohol or substance use.
- Decreased instead of increased tolerance with age.
- Feelings of shame and stigma on the part of the older adult.

  (Blow, Walton, Chermack, Mudd, Brower, & Comstock et al. 2009)
Challenges in Diagnosing Substance Use Disorders in Older Adults: Applying DSM Criteria

- Often older adults with substance use disorders are experiencing depression and are at risk for suicide.
- 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%.

SAMHSA Aging and Addiction PROFILE, American Association of Suicidology
Challenges in Diagnosing Substance Use Disorders in Older Adults: Applying DSM Criteria

❖ In cognitively intact patients ages 60+ use the Short-Version Geriatric Depression Scale - the best validated screening tool for older adults - also the PHQ-9 or PHQ-2 as preliminary screening tool.

❖ Patients with cognitive deficits - the Cornell Scale or the informant version of the Short-Geriatric Depression Scale.

❖ Depression is common in older adults with serious medical problems.

❖ Those who do receive treatment are more likely to be treated by their physician than a mental health professional.
Identification and Interventions

- https://m.youtube.com/watch?v=1JO6mN_QBIk
SAMHSA Estimates Older Adults who need addiction treatment is estimated to TRIPLE by 2020
What is SBIRT?

❖ The SBIRT Initiative is an evidence-based, federally funded model.
❖ It is designed to identify persons at all levels of alcohol and drug use from use - dependence.
❖ Providing brief intervention and brief treatment to patients who are misusing alcohol and other drugs;
❖ Screening patients who are probably alcohol/drug dependent to determine if they would be eligible for a complete substance use and mental health assessment;
❖ Referring patients who screen at high risk for possible alcohol and/or other drug dependency and/or depression to specialist treatment programs for assessment.

SAMHSA 2013
What is SBIRT?

❖ SBIRT: Screening, Brief Intervention, and Referral to Treatment

❖ SCREENING: with the assistance of a proven screening tool, quickly assess the severity of substance use and identify the appropriate level of treatment.

❖ BRIEF INTERVENTION: focus on increasing insight and awareness regarding substance use and increasing motivation to change. (When a substance use clinician is available - brief treatment can be provided.)

❖ REFERRAL TO TREATMENT: provide patients needing more extensive treatment with access to, or information about, specialized treatment services to meet their specific needs.
Integration of SBIRT in Primary Care Setting

- SBIRT in increasingly being integrated into many medical settings and is already being used in emergency and critical care settings as well as primary care practices in Forsyth and surrounding counties.

- To begin, patients answer a few questions about their substance use within the past year. These questions are usually integrated into a self-report inventory provided prior to their annual physical exam.

- The example currently being used is "How many times in the past year have you had 5 or more drinks containing alcohol in a day?" Number of drinks per day lowers to 4 drinks for women and men over 65. This lowering is due to lowered ability to process alcohol in women and older adults. *SAMSHA has determined these numbers indicate binge drinking episodes and incidents of alcohol abuse.

- Secondary questions are usually directed at illicit and other substance use and can read, "how many times in the past year have you used a recreational drug or prescription medication for non-medical reasons?"
Integration of SBIRT in Primary Care Setting

- SBIRT clinician, other health care staff, or physicians review the answers (any answer other than "0" or "none" is considered a positive screen) and alert the clinician, physician, health educator, or nursing staff who then use a screening tool (commonly the AUDIT and/or DAST) to indicate level of intervention.

- Brief intervention, brief treatment, or referral to treatment is offered.

- Screening takes place annually during physical exam and patient can be reassessed as often as needed.
Integration of SBIRT in Primary Care Setting

❖ When a mental health or addictions clinician has been integrated into the health care setting (LCSW, LPC, LCAS), brief treatment can be offered. At Wake Forest Family and Community Medicine we offer brief treatment sessions based on *Group Treatment for Substance Abuse: a Stages of Change Therapy Manual*. This MI based brief treatment allows patients to attend 4 half-hour sessions designed to assist in gaining insight, increasing motivation to change, identifying triggers, and formulate a personal reduction plan for their substance use.

❖ When scoring indicates "Referral to Treatment" access to resources available in your community and specialized substance use and mental health services for older adults is crucial to providing further treatment.
Screening Tools

❖ AUDIT: Alcohol Use Disorders Identification Tool - ten question screening tool to identifying level of alcohol use over past year.

❖ DAST-10: Drug Abuse Screening Test - ten question yes/no self report screen to assist in identifying illicit substance and level of use.

❖ PHQ-9: Patient Health Questionnaire - frequently used screening tool to of nine self report questions used to assess depressive and anxiety symptoms.
**AUDIT: Alcohol Use Disorders Identification Tool**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Monthly or less</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2-4 times a month</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2-3 times a week</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4 or more times a week</td>
<td>4</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3 or 4</td>
<td>1</td>
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<tr>
<td></td>
<td>5 or 6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7 to 9</td>
<td>3</td>
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<tr>
<td></td>
<td>10 or more</td>
<td>4</td>
</tr>
<tr>
<td>3. How often do you have 4 or more drinks on one occasion?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>2</td>
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<td></td>
<td>Weekly</td>
<td>3</td>
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<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>2</td>
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<tr>
<td></td>
<td>Weekly</td>
<td>3</td>
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<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>0</td>
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<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
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<td></td>
<td>Monthly</td>
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<td>Weekly</td>
<td>3</td>
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<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
<tr>
<td>9. Have you or someone else been injured as a result of your drinking?</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yes, but not in the past year</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Yes, during the past year</td>
<td>2</td>
</tr>
<tr>
<td>10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yes, but not in the past year</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Yes, during the past year</td>
<td>2</td>
</tr>
</tbody>
</table>

**DO NOT SCAN THIS AUDIT INTO MEDICAL RECORDS**

| Patient Name: ____________________________________________________________________________ |
| Patient ID: ____________________________________________________________________________  |
| Date: __________________________________________________________________________________ |

0-7 = Low Risk Drinking  8-15=Risky Drinking  16-19=Harmful Drinking  20 or above=Dependent
# DAST: Drug Abuse Screening Test

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring</th>
<th>0</th>
<th>1</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3. Are you always able to stop using drugs when you want to?</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DO NOT SCAN THIS DAST INTO MEDICAL RECORDS**

Total Score

Patient Name: ____________________________________________________

Patient ID: ______________________________________________________

Date: ___________________________________________________________

1-2=Risky Use  3-5=Harmful Use  6 or above= Dependent
Screening Tools

- MAST - G
- [http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf](http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf)
- 20 question screen to further assist with assessing substance use in older adults.
Screening Tools

- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).
- Brief screening questionnaire to find out about people's use of psychoactive substances.
- Developed by the World Health Order 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.
Important Considerations for Interventions with Older Adults

❖ Ask permission to raise the subject.
❖ Avoid labels
❖ Create a safe environment
❖ Avoid shaming which includes avoiding attempts to get older adults to talk beyond what they are comfortable with.
❖ Be non-judgmental
❖ Connect use with symptoms
❖ Connect behaviors and participants emotional responses.
❖ Relate alcohol and drug use-abuse issues to how it can effect health.
❖ Use "Miracle Question"
Using the Screening Tools: Practice with Partner
The Brief Negotiated Interview:
Based on Motivational Interviewing, the BNI is a key factor in opening a conversation about substance use in a clinical setting.

Raising the Subject: Approaching the patient with genuine warmth and with non-judgment was noted by older adults at Wake Family Medicine as the key factor in engaging them in the BNI.

Provide Feedback: "I am a part of your healthcare team" as opposed to doctor - SBIRT can be provided by many members of healthcare staff.

Enhance Motivation: Using scaling question can assist in increasing insight and motivation to change.

Negotiate Plan: Allows the individual the opportunity to formulate a personal plan of change increasing the possibilities for change in their substance use based on personal goals established during the negotiated plan.
SBIRT in use video

- http://youtu.be/sCpTrellt9g
- http://youtu.be/jbN1-LoFa7k
- http://youtu.be/jNSVVbPNc9I
SBIRT and the BNI : video clip

http://m.youtube.com/playlist?list=PLA37F3A53EABC07C0

http://youtu.be/sCpTrellt9g

http://youtu.be/m

http://youtu.be/jbN1-LoFa7k

http://youtu.be/jNSVVbPNc9I
Motivational Interviewing

- Strategies to help you in the interviewing and diagnostic process.
- [http://www.motivationalinterviewing.org/](http://www.motivationalinterviewing.org/)
- Review of Motivational Interviewing Strategies
- MI Handouts.
- Review / Practice OARS
Referral to Treatment

- Aging/Specialty services in your area.
- Know your community.
- Adult Protective Services.
- Senior Day Care Centers.
- Visiting Nurses Associations.
- Mental Health Programs and Providers.
- Senior and Veterans Services.
ROLE PLAY

PRACTICE

CHOOSE A PARTNER - VIGNETTES WILL BE PROVIDED. USE THE SKILLS WE HAVE BEEN DISCUSSING TO PRACTICE SBIRT WITH YOUR PARTNER.
Resources

❖ This Yale. Edu site has excellent instruction videos with role play examples of SBIRT techniques including how to "roll with resistance" and using the BNI effectively: http://medicine.yale.edu/sbirt/curriculum/video/index.aspx

❖ Excellent guide to effective administration of the AUDIT screening tool including guides on brief interventions: www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

❖ Institute of Medicine website search engine is an excellent source for research data on specific populations including substance use in our aging population: www.iom.edu

❖ World Health Organization offers comprehensive information available online and in publication on many topics covering most world populations including information on screening tools, substance specific and population based interventions, outcome reports available in many different languages: www.who.int/eng