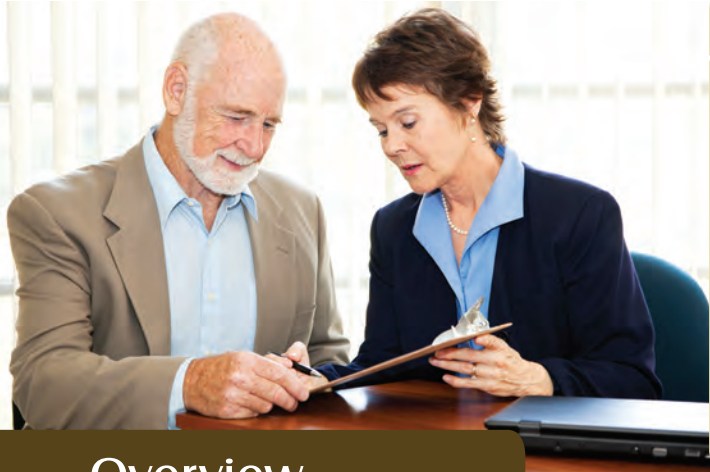


OLDER AMERICANS BEHAVIORAL HEALTH

Issue Brief 3: Screening and Preventive Brief Interventions for Alcohol and Psychoactive Medication Misuse/Abuse



Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA provides technical expertise and tools, particularly in the areas of addressing suicide, anxiety, depression, and alcohol and psychoactive medication misuse and abuse among older adults, and partners with AoA to get these resources into the hands of aging and behavioral health professionals.

Overview

Alcohol and psychoactive medication (e.g., prescription medications for pain, sleep, and anxiety) misuse and abuse are growing problems for the aging U.S. population. Both the average amount of alcohol used and binge drinking are increasing among adults ages 60 and older. Several recent community surveys have estimated that as much as 16 percent of older adults are at-risk or problem drinkers.^{1,2,3,4,5,6} More than 25 percent of older adults use prescription psychoactive medications that have abuse potential.⁷ More background information on alcohol misuse and abuse and psychoactive prescription medication misuse and abuse is available in other Issue Briefs (see Resources).

The good news is that well-validated, easy-to-use screening and preventive brief intervention practices and materials are available to help older adults who are at risk for serious consequences because of their use of alcohol and/or psychoactive prescription medications. Methods have been developed to guide organizations through forming partnerships and developing the infrastructure to provide these

services. However, there are real-world challenges to implementing this model in community settings. These challenges include shame felt by older adults and the lack of health care and other professionals who are trained in screening and brief intervention techniques.

This Issue Brief is intended to help health care and social service organizations develop strategies to provide screening and brief interventions for older adults who misuse alcohol and/or psychoactive prescription medications, by providing:

- Information on the prevalence and risk factors for older adults;
- Recommendations on screening and brief intervention strategies;
- Guidance for health and human service professionals on how to screen for alcohol and psychoactive medication misuse, provide brief interventions and referral to treatment, if needed.
- Resources to help aging services, behavioral health, and primary care providers develop and adopt screening and brief intervention programs.

Exhibit 1. The Basic Steps in Conducting SBIRT

STEP 1

Screening

- Identify use of alcohol or psychoactive prescription drugs

STEP 2

Brief Interventions

- Use motivational interviewing techniques
- Use brief intervention workbook
- Negotiate next steps
- Follow up, if needed

STEP 3

Referral to Treatment

- Refer to professional for treatment, if needed

Screening and Brief Interventions

A large body of evidence shows that screening and preventive motivational brief interventions can effectively reduce drinking, particularly for at-risk and problem users. Over the last 20 years, more than 100 preventive interventions in a variety of medical and social service care settings have proved to be efficacious in reducing alcohol misuse among younger and older adults. See reviews,^{8,9} randomized controlled trials with older adults,^{10,11,12} and a rigorous evaluation of implementation in an aging network that included alcohol, prescription medications, and illicit drugs.¹³ The Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach (Exhibit 1) is a well-established evidence-based model some organizations use to address alcohol and medication misuse and abuse among older adults.

Screening: Alcohol

An older adult can be asked simple questions about heavy alcohol-use days during an interview or in a paper-and-pencil or computerized format that addresses other health-related questions. If he or she answers “yes” to the following prescreening question, then the health professional should ask more in-depth screening questions:

- *Prescreening question:* Do you drink beer, wine, or other alcoholic beverages?
- *Follow-up question:* If yes, how many times in the [past year, past 3 months, or past 6 months] have you had five or more drinks in a day (for men)/four or more drinks in a day (for women)?
- *Follow-up question:* On average, how many days per week do you drink alcoholic beverages?
- *Follow-up question:* If the person drinks alcohol weekly or more often: On a day when you drink alcohol, how many drinks do you have?

A useful validated screening instrument is the Alcohol Use Disorders Identification Test (AUDIT), which was developed by the World Health Organization as a brief screening tool for excessive drinking.^{14,15,16,17}

Use of a Brief Intervention Workbook

Brief intervention protocols often use a workbook containing the steps listed in Exhibit 2. Workbooks provide opportunities for the older adult and the health professional to discuss cues to use, reasons for use, and reasons to cut down or quit. Workbooks include negotiated agreements for next steps, as well as daily diary cards for self-monitoring. Using a workbook to conduct a brief intervention should take no more than 30 minutes, on average. The approach follows principles of motivational interviewing.

Screening: Psychoactive Medication

To screen for psychoactive medication misuse, health care professionals can ask the older adult to complete a structured screening questionnaire (either self-administered or staff-administered). The ASSIST drug use questionnaire has been adapted to target psychoactive prescription medications and is useful in determining both the level of use and potential consequences (<http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>).

Screening: Need for Treatment

If the prescreening assessment indicates a possible problem, the older adult should be asked additional questions to assess for the need for treatment:

- *Screening questions:*
 1. Have you used any medications for problems like back pain, muscle pain, headaches, arthritis, fibromyalgia, and so forth?
 2. Have you used any medications to help you fall asleep, to help you deal with anxiety or nerves, or to help you when you feel agitated?
- *Follow-up questions:* If yes, what medications are you taking for [pain, sleep, anxiety, nerves]? If the medications taken are prescription psychoactive medications, additional screening questions should be asked to determine amounts taken and consequences.

Universal screening for use of alcohol, psychoactive prescription medications, and illicit drugs is recommended. The combined use of alcohol and psychoactive prescription medications can be particularly dangerous. Older adults need to know the dangers of mixing these substances.



Exhibit 2. Steps in a Brief Preventive Intervention

1. **Identification of future goals** for health, work, activities, hobbies, relationships, and financial stability.
2. **Summary of health habits.** Customized feedback on screening questions relating to drinking and/or psychoactive medication use patterns and other health habits (may also include smoking, nutrition, tobacco use, seat belt use, safe sex, and so forth).
3. **Discussion of standard drinks.** A standard drink equals 12 grams of alcohol, which is roughly the equivalent of 12 ounces of beer or ale, 1.5 ounces of distilled spirits, 4–5 ounces of wine, and 4 ounces of sherry or liqueur.
4. **Discussion of the norms for alcohol/psychoactive medication use in the population,** and where the older adult's use fits into the population norms for his/her age group.
5. **Consequences of at-risk use.** This discussion relates consequences of alcohol and/or psychoactive medication misuse to a potential or ongoing health problem of the older adult (e.g., high blood pressure, pain management, anxiety, gastrointestinal problems).
6. **Reasons to quit or cut down on use.** This is a very brief discussion of how changing an individual's use could have important benefits.
7. **Negotiated agreement.** Drinking limits or actions needed to address psychoactive medication use are negotiated. Actions for medication use might include reviewing medications with the prescribing doctor or a pharmacist and using medications as prescribed.
8. **Coping with risky situations.** Social isolation, boredom, pain, and negative family interactions can present special problems for people trying to change their behavior. It helps if the older adult can identify situations and moods that can be risky, as well as some positive ways to cope with them.
9. **Summary of the session.** The summary should include a review of the session, including a discussion of the drinking and/or use, a review of the agreed-on drinking and/or psychoactive medication goals, and information on completing the alcohol/psychoactive medication diary cards (calendar). The older adult is given the workbook at the end of the session.

Implementing Screening and Brief Interventions

An important issue for aging services providers is having methods available to help them set up an evidence-based screening and intervention program in their agencies. The RE-AIM model of program implementation¹⁸ offers a useful framework for evaluating the introduction and implementation of evidence-based screening and preventive interventions. The goal of RE-AIM is to encourage program planners, administrators, funders, evaluators, and policymakers to focus on the essential program elements that improve the sustainable adoption and implementation of effective evidence-based health promotion programs. Paying attention to these key program elements increases the likelihood of improving the health of the entire population at risk for alcohol and/or psychoactive medication misuse. The RE-AIM model is described on the National Council on Aging's (NCOA's) website (<http://www.healthyagingprograms.org>), where the Issue Brief RE-AIM for *Program Planning: Overview and Applications* is available.¹⁹

The steps in the RE-AIM model include Reach, Effectiveness, Adaption, and Implementation and Maintenance, NCOA, working with AoA and others, has added Planning and Partnerships to the model and now refers to the model as (P)RE-AIM. The implementation model's guidelines, workbooks, and surveys are available to help agencies and the professionals more easily provide these services.

Key Actions for Aging Services Networks

- Implement SBIRT programs in your organization. A potential source of funding is Title IIID of the Older Americans Act, which supports education and implementation of evidence-based programs that promote healthful lifestyles and behaviors. The Florida BRITE (Brief Interventions and Treatment for Elders) Project, based on the SBIRT model, is an example of a program that can be supported with Title IIID funds.

Key Actions for the Behavioral Health Networks

- Reach out and engage older adults in your community by partnering with the aging network and providing SBIRT to older adults when appropriate. SAMHSA Block Grant funding can be used for this purpose.

Key Actions for Physical Health Services

- Integrate routine screening for alcohol and medication misuse into regular medical visits with older adults. Provide brief interventions/counseling for those who screen positive for alcohol or medication misuse or abuse. Medicare reimburses physicians in primary care settings for screening and behavioral health counseling to reduce alcohol misuse. For more information, visit <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249>.

Resources



SAMHSA's SBIRT website provides information on grants and reimbursement. Visit <http://www.samhsa.gov/prevention/SBIRT/index.aspx>.

The SAMHSA Substance Abuse Prevention Older Americans Technical Assistance Center has developed Guide to Preventing Older Adult Alcohol and Psychoactive Medication Misuse/Abuse: Screening and Brief Interventions. The guide is for health care and social service organizations that are interested in implementing an early prevention intervention program focused on older adults who are at risk for alcohol and/or psychoactive

medication misuse or abuse. The hands-on manual that includes brief intervention workbooks will be available through SAMHSA and will contain materials that guide the process to successfully implement SBIRT.

More background information on alcohol misuse and abuse and psychoactive prescription medication misuse and abuse is available in Issue Brief 2 and Issue Brief 3 in this series. See http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/index.aspx for Issue Briefs)

Conclusion

The implementation of short, effective brief interventions to address substance use issues specific to the growing population of older adults is a current and future focus for the substance abuse treatment field. Evidence-based practices are available to screen older adults who may be using alcohol and/or psychoactive medications or drugs in a way that is risky to their health. If successfully implemented, screening, intervention, and treatment methods for alcohol and drug misuse among older adults are important steps in the process of ensuring that older adults have the opportunity for improved physical and emotional quality in their lives.

Works Cited

1. Adams WL, Barry KL, Fleming MF (1996) Screening for problem drinking in older primary care patients. *JAMA* 276(24):1964-1967.
2. Fleming MF, Manwell LB, Barry KL, et al (1999) Brief physician advice for alcohol problems in older adults: A randomized community-based trial. *J Fam Pract* 48(5):378-384.
3. Menninger JA (2002) Assessment and treatment of alcoholism and substance-related disorders in the elderly. *Bull Menninger Clin* 66(2): 166-83.
4. Moore AA, Morton SC, Beck JC, Hays RD, Oishi SM, Partridge JM, Genovese BJ, Fink A (1999). A new paradigm for alcohol use in older persons. *Medical Care* 37(2): 165-179.
5. Office of Applied Studies (2002) Summary of Findings From the 2002 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration, Department of Health & Human Services.
6. Office of Applied Studies (2004) Results From the 2003 National Survey on Drug Use and Health: National Findings. DHHS Publication No. (SMA) 04-3964. NSDUH Series H-25, Rockville, MD: Substance Abuse and Mental Health Services Administration.
7. Simoni-Wastila L, Yang HK (2006). Psychoactive drug abuse in older adults. *Am J Geriatr Pharmacother*, 4: 380-394.
8. Substance Abuse and Mental Health Services Administration (SAMHSA) (2007). Committee on Trauma Quick Guide. *Alcohol screening and brief interventions (SBI) for trauma patients*. <http://www.samhsa.gov/csatsdisasterrecovery/featuredReports/01-alcohol%20SBI%20for%20Trauma%20Patients.pdf>
9. Havard A, Shakeshaft A, Sanson-Fisher R (2008) Systematic review and meta-analyses of strategies targeting alcohol problems in emergency departments: interventions reduce alcohol-related injuries. *Addiction* 103(3):368-76; discussion 377-8.
10. Whitlock EP, et al (2004) Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: a summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med* 140(7):557-68.
11. Lin JC, Karno MP, Barry KL, Blow FC, Davis JW, Tang L, Moore AA (2010). Determinants of early reductions in drinking in older at-risk drinkers participating in the intervention arm of a trial to reduce at-risk drinking in Primary Care. *J Am Geriatr Soc*. 58; 227-233.
12. Moore AA, Blow FC, Hoffing M, Welgreen S, Davis JW, Lin JC, Ramirez KD, Liao DH, Tang L, Gould R, Gill M, Chen O, Barry KL. (2011) Primary care-based intervention to reduce at-risk drinking in older adults: a randomized controlled trial. *Addiction* 106(1):111-120.
13. Schonfeld L, King-Kallimanis B, Duchene D, Etheridge R, Herrera J, Barry KL, Lynn N. (2010) Screening and brief intervention for substance misuse among older adults: the Florida BRITE project. *Am J Public Health*. Jan;100 (1):108-14. PMID: 1944382.
14. Barry KL, Fleming MF. (1993) The Alcohol Use Disorders Identification Test (AUDIT) and the SMAST-13: Predictive validity in a rural primary care sample. *Alcohol and Alcoholism*, 2(1):33-42,
15. Fiellin DA, Reid MC, O'Connor PG (2000) Screening for alcohol problems in primary care: a systematic review. *Archives of internal Medicine* 160, 1977-1989.
16. Fleming MF, Barry KL. (1991). The effectiveness of alcoholism screening in an ambulatory care setting. *Journal of Studies on Alcohol* 52(1):33-36.
17. Schmidt A, Barry KL, Fleming MF (1995) Detection of problem drinkers: The Alcohol Use Disorders Identification Test (AUDIT). *South Med J* 88(1):52-59.
18. Glasgow RE, Vogt TM, Boles SM. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health*; 89 (9): 1322-1327.
19. Belza B, Toobert DJ, Glasgow RE. (2007) RE-AIM for Program Planning: Overview and Applications, a 2007 Issue Brief of the Center for Healthy Aging, National Council on Aging, PDF available at www.healthyagingprograms.org.



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