

# Screening, Brief Intervention, and Referral to Treatment

*An Evidence-Based Approach*

## OLDER ADULTS

The following information has been adapted from the SAMHSA Core Curriculum: *Screening Patients for Substance Use in Your Practice* Setting, and slides by the National Screening, Brief Intervention & Referral to Treatment (SBIRT) Addiction Technology Transfer Center (ATTC) Network.

This project was a collaboration with the National ATTC, the Institute for Research, Education & Training in Addictions (IRETA) and the University of Pittsburgh School of Nursing.

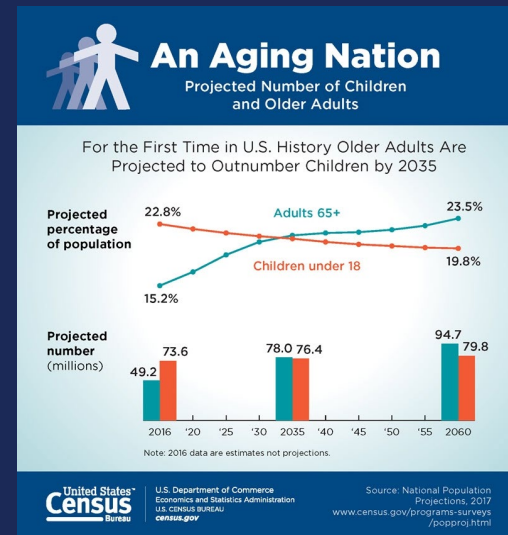
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# Older Adults

- The number of adults 65 and older will double in the next 25 years
- By 2030, over 72 million (one out of every 5) will 65 yrs. or older
- By 2050 there will be 90 million older adults



# Older Adults and Medication Use

- SAMHSA recommends specific methods that include measuring functional and cognitive impairments through specific tests and questionnaires, as well as visual and auditory problems
- 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%)

(National Council on Aging, 2015; Dean, 2017)

# Substance Use and Older Adults

- More patients 65 yrs. or older are admitted to hospitals for substance-related problems than for heart attacks
- The inability of older patients to manage their medications accounts for approximately 25% of nursing home admissions
- Psychoactive drug use indirectly causes up to 14% of hip fractures in seniors 60 and older

# Prescription Drug Misuse In Older Adults

Characteristics relevant to this population:

- Female gender
- Social isolation
- History of a substance use
- History of or mental health disorder – older adults with prescription drug use are more likely than younger adults to have a dual diagnosis
- Medical exposure to prescription meds with potential for at-risk use

# Prescription Drug Misuse In Older Adults

- Reduced ability to absorb & metabolize meds with age
- Increased chance of toxicity or adverse effects
- Med-related delirium or dementia wrongly labeled as Alzheimer's disease



# Factors That Increase the Risk of Medication Errors

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

(National Council on Aging, 2015)

# Warning Signs of Possible Medication Misuse

- Confusion
- Depression
- Delirium
- Insomnia
- Parkinson's-like symptoms
- Incontinence
- Weakness or lethargy
- Loss of appetite
- Falls

(National Council on Aging, 2015)

# Warning Signs of Possible Medication Misuse

- Changes in speech
- Loss of motivation
- Memory loss
- Family or marital discord
- New difficulty with activities of daily living (ADL)
- Difficulty sleeping
- Drug seeking behavior
- Doctor shopping

(National Council on Aging, 2015)

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# Florida BRITE Project

- 5 year CSAT SBIRT grant to Florida
- Primary focus upon problematic drug use in adults 55 and older
- Only SBIRT grant specific to older adults
- Offered in medical, behavioral health, substance abuse services, and aging services
- BRITE expanded from 4 sites (4 counties) to 75 sites in 19 counties

# BRITE Assessed For

- Risky or at-risk use of
  - Alcohol
  - Illicit drugs
  - Prescription medications
- Symptoms of depression

# Screening Tools Used

All participants were administered

- A brief evidenced-based pre-screen tool
  - 6 questions
  - Assessed current alcohol and drug consumption
  - Possible symptoms of depression

# Screening

- For any of the following, further screening was conducted if participants reported that they had
  - Consumed more than 7 drinks a week or more than 3 drinks on one occasion
  - Tried to cut down on the amount of drugs or prescription medication they were taking
  - Used drugs or prescription medication more than what they had wanted to take
  - Felt depressed or a had a lack of interest or pleasure in life

# Assessment Tools Utilized

- The Alcohol, Smoking, Substance Abuse Involvement Test (ASSIST) was administered to assess possible problematic substance use
- The Geriatric Depression Scale (S-GDS) was used to assess possible depression



# ASSIST

- Developed by the World Health Organization (WHO) and an international team of substance abuse researchers
- Simple method of screening for at-risk or use disorders of alcohol, tobacco and other psychoactive substances.
- Assesses low, moderate and high risk levels of drug consumption in the last three months

(WHO, 2018)

# ASSIST

## ASSIST screening tool

Patient name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

*The ASSIST is designed to be administered by a health professional as part of a verbal interview with an adult patient. Alternatively, it can be self-administered electronically, applying automatic skip patterns based on patient answers.*

*The ASSIST can be modified based on which substances are screened for and what language is used to describe these substances. This version screens for non-medical drug use only, and uses language that defines misuse of three types of prescription drugs.*

*Sample introductory text: "Thank you for taking part in this brief interview about recreational drug use. I'm going to ask some questions about your experience using these substances in your life and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills."*

### Question 1

In your life, which of the following substances have you <u>ever used</u> ?	No	Yes
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (coke, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high. Specify: _____	0	3

*Patients who answer "no" to all questions, or who do not provide any answers, are done. Patients who answer "yes" to any question should proceed to Question 2.*

### Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
(FIRST DRUG)	0	2	3	4	5
(SECOND DRUG)	0	2	3	4	5
(THIRD DRUG)	0	2	3	4	5
(ETC.)	0	2	3	4	5

*Patients who answer "never" for all drugs on question 2, or who do not provide any answers, should skip to Question 6. All other patients proceed to Question 3.*

### Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
(FIRST DRUG)	0	3	4	5	6
(SECOND DRUG)	0	3	4	5	6
(THIRD DRUG)	0	3	4	5	6
(ETC.)	0	3	4	5	6

### Question 4

During the <u>past three months</u> , how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
(FIRST DRUG)	0	4	5	6	7
(SECOND DRUG)	0	4	5	6	7
(THIRD DRUG)	0	4	5	6	7
(ETC.)	0	4	5	6	7

### Question 5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
(FIRST DRUG)	0	5	6	7	8
(SECOND DRUG)	0	5	6	7	8
(THIRD DRUG)	0	5	6	7	8
(ETC.)	0	5	6	7	8

(WHO, 2018; SBIRT Oregon)

# ASSIST

## Question 6

Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
(FIRST DRUG)	0	6	3
(SECOND DRUG)	0	6	3
(THIRD DRUG)	0	6	3
(ETC.)	0	6	3

## Question 7

Have you ever tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
(FIRST DRUG)	0	6	3
(SECOND DRUG)	0	6	3
(THIRD DRUG)	0	6	3
(ETC.)	0	6	3

## Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months

Patients who answer "Yes, in the past 3 months" for Question 8 should be asked the two extra drug injection questions below. All other patients are finished.

### Extra drug injection questions

During the past three months, how often have you injected drugs?	Once per week or less	More than once per week
During the past three months, have you ever injected drugs three or more days in a row?	Yes	No

## Score sheet and indicated responses

	Total score for questions #2-7 for each substance	Score	Indicated response*
Cannabis		0-3 (0-4 for cannabis)	No intervention
Cocaine		4-26 (0-26 for cannabis)	Brief intervention
Prescription stimulants		27+	Referral to specialized treatment
Methamphetamine			
Inhalants			
Sedatives			
Hallucinogens			
Street opioids			
Prescription opioids			
Other drugs			

Note: Patients who have injected drugs (non-medical use) in the last three months, but no more than once per week or fewer than three days in a row, should receive a brief intervention. All other patients who have injected drugs in the last three months should receive a referral to specialized treatment.

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of their substance use and enhances their motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from recreational drug use.

Patients with numerous or serious negative consequences from their substance use (who likely have a substance use disorder) and cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up (sometimes called brief treatment).

**Referral to treatment:** A proactive process that facilitates access to specialized care for individuals who likely have a moderate or severe substance use disorder. These patients are referred to experts for more definitive, in-depth assessment and, if warranted, specialized treatment. The recommended behavior change is to abstain from use and accept treatment.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

\* Based on: Humenick RL, Henry-Edwards L, All RL, Pionczyk V and Monteiro M (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Manual for Use in Primary Care. Geneva, World Health Organization.

(WHO, 2018; SBIRT Oregon)

# Drugs Screened by the ASSIST

- Tobacco
- Alcohol
- Cannabis
- Cocaine
- Amphetamines
- Inhalants
- Sedatives and Sleeping Pills
- Hallucinogens
- Opioids
- Other drugs

(WHO, 2018)

# ASSIST

**For each substance listed, participants were asked:**

1. Which, if ever, of the substances they had used non-medically

**For each substance used in the last three months, participants were asked:**

2. How often had they used each substance
3. How often had they had a strong desire or urge to use those substances

(WHO, 2018)

# ASSIST

4. How often did their use lead to health, social, legal or financial problems
5. How often did they fail to do what was normally expected of them
6. Did a friend or relative or anyone else ever express concern about their use

(Dean, 2017)

# ASSIST

7. Did they ever try and fail to control, cut down or stop using any of those substances
8. Have they ever non-medically injected a drug and what were their patterns of injection drug use in the last 3 months

(WHO, 2018)

# ASSIST

- Participants received a score for each substance assessed
- Score of 0-3: no intervention
- Score of 4-26: brief intervention
- Score of 26+: more intensive treatment

(WHO, 2018)



# S-GDS

- 15 item scale
- Y/N answers
- Depression categories:
  - None
  - Mild
  - Moderate

SGDS

Short Geriatric Depression Scale (SGDS)

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please choose the answer that best describes how you have felt over the past week.*

1.	Are you basically satisfied with your life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you dropped many of your activities and interests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do you feel that your life is empty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you often get bored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Are you in good spirits most of the time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Are you afraid that something bad is going to happen to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Do you feel happy most of the time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Do you often feel helpless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Do you prefer to stay at home, rather than going out and doing new things?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Do you feel you have more problems with memory than most?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Do you feel it is wonderful to be alive now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Do you feel pretty worthless the way you are now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Do you feel full of energy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Do you feel your situation is hopeless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Do you think that most people are better off than you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(The Florida BRITE Project, 2015)



# Results of the BRITE Grant

- Prescription medication misuse was the most prevalent substance use problem, followed by alcohol, over-the-counter and illicit substances
- Depression was common among those with at-risk use of alcohol and prescription medications
- Those who received the “brief intervention” had improvement across all measures.

(The Florida BRITE Project, 2015)

# Important Considerations for Interventions 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 issues to how it can effect health

(National Council on Aging, 2015; The Florida BRITE Project, 2015)

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