A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

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Alcohol and Psychoactive Medication Misuse and Abuse Prevention

Older Americans Behavioral Health Technical Assistance Center

Funded by SAMHSA in collaboration with AoA

Department of Health & Human Services · USA

Speakers

Welcome & Introductions

- Shannon Skowronski , MPH, MSW – Administration for Community Living, Administration on Aging

Alcohol and Psychoactive Medication Misuse/Abuse: Overview

- Frederic Blow, PhD—University of Michigan
- Kathy Cameron, MPH—JBS International, Inc.

Screening, Brief Interventions, and Referral to Treatment

- Kristen Barry, PhD—University of Michigan

State and Local Implementation of SBIRT: FL BRITE

- Stephen Ferrante, MSW—Group Victory, LLC

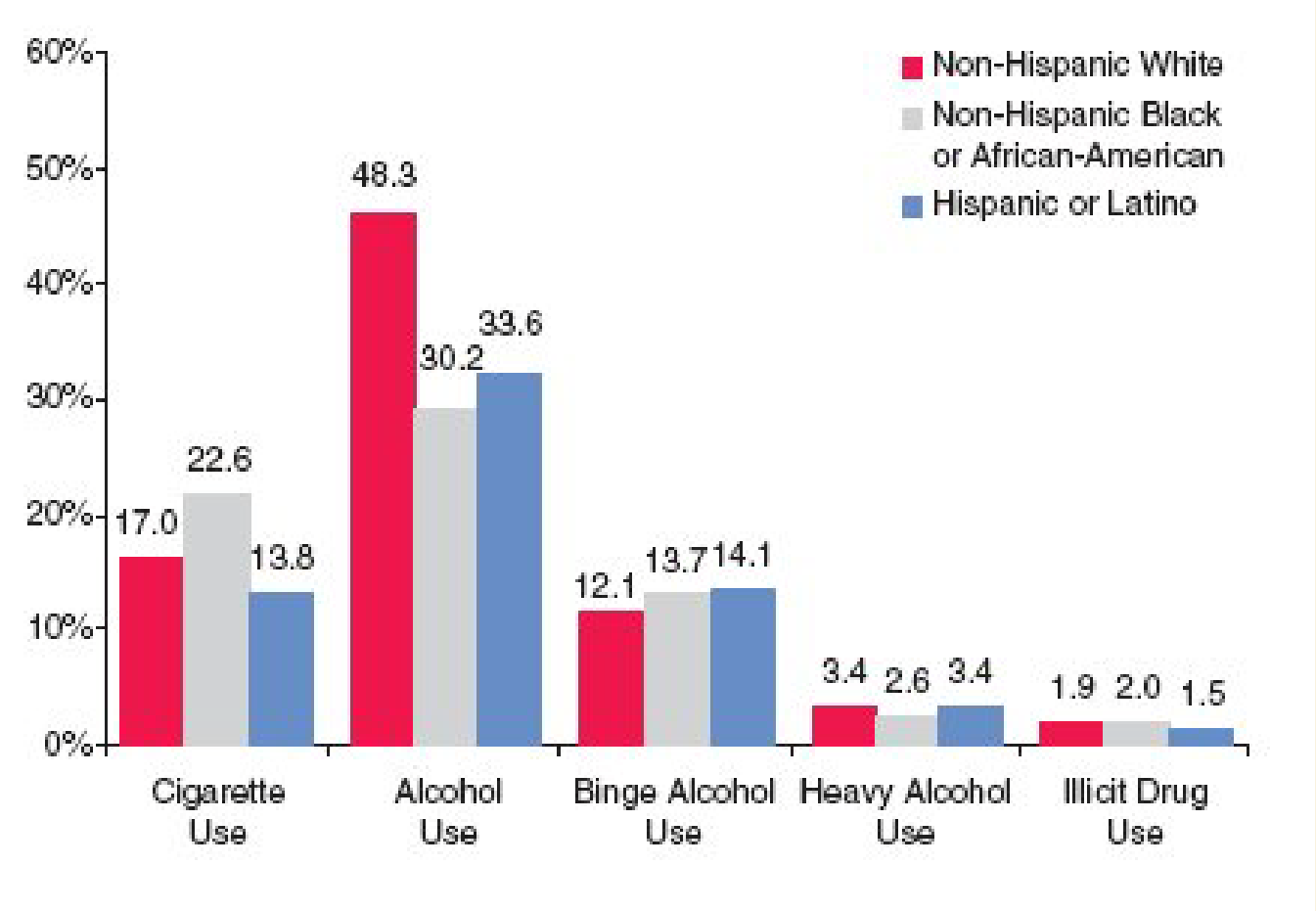
Webinar Overview

- Brief overview of substance use/abuse in later life
- Screening and identification methods
- Brief interventions
- Tools and strategies for implementing screening and brief interventions in 'real world' health care and social services agencies
- Questions and Answers

Prevalence

- At-Risk Drinking (under age 60)
  - 15-20% of primary care patients
- Illicit drug use
  - 1-5% (nationally);
- Alcohol Abuse/Dependence (under age 60)
  - 5-10%
- General population studies – slightly lower percentages

Percentages of Past Month Cigarette, Alcohol, and Illicit Drug Use among Older Adults, by Race/Ethnicity: 2002 and 2003



(SAMHSA, 2005)

Substance Abuse Among Older Adults

An estimated one in five older Americans (19%) may be affected by combined difficulties with alcohol and medication misuse.

Pain and Alcohol Misuse

- Older problem drinkers reported
  - more severe pain
  - more disruption of daily activities due to pain
  - more frequent use of alcohol to manage pain compared to older non-problem drinkers
- More pain associated with more use of alcohol to manage pain
  - Relationship stronger among older adults with drinking problems than those without

(Brennan et al., 2005)

NIAAA Alcohol Consumption Recommendations

➔ Age 60+

Quantity/frequency

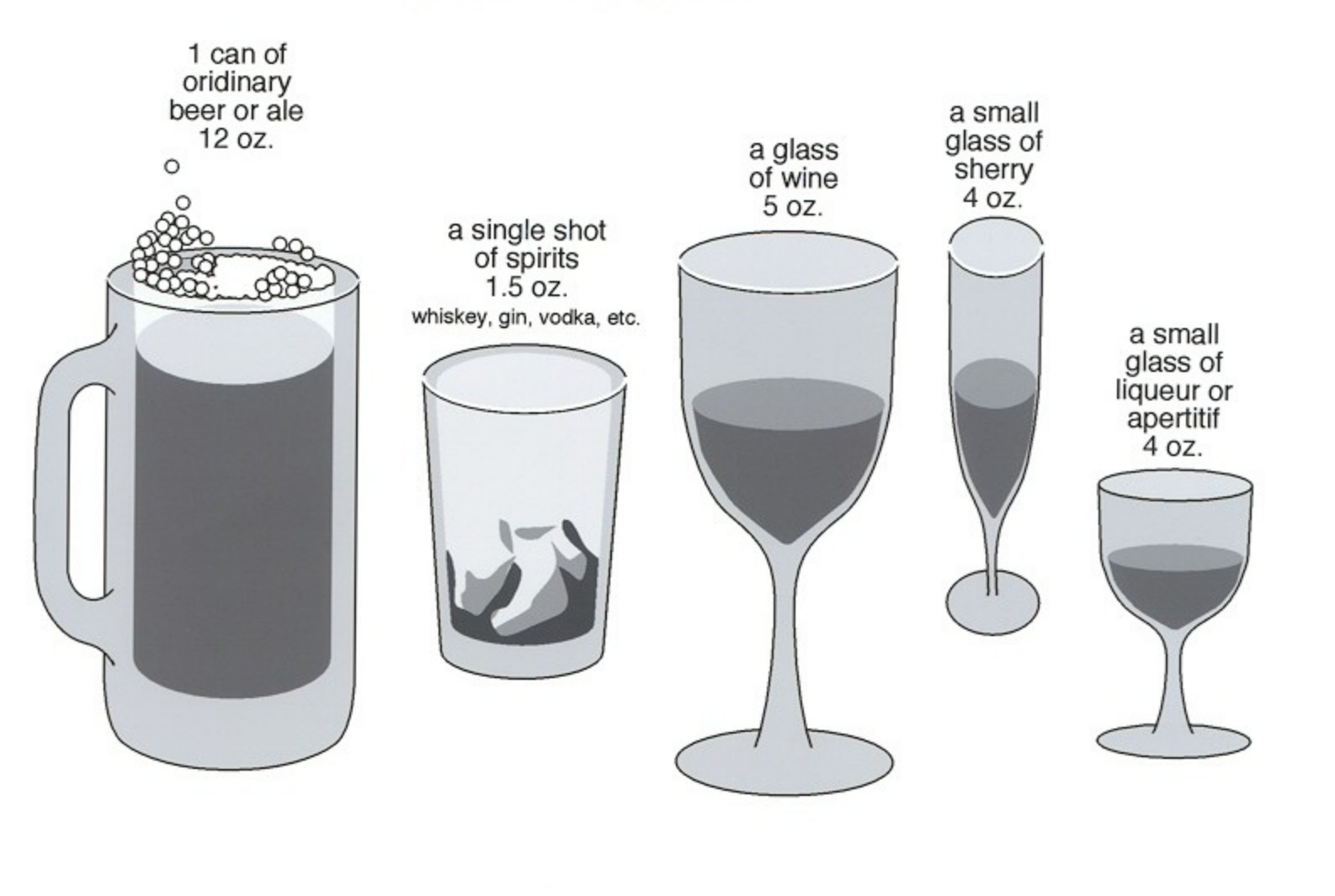
- No more than 1 drink/day for men and women

Binge Drinking

- Men: nor more than 3 drinks on drinking day;
- Women: no more than 2 drinks on a drinking day

➔ Never use alcohol and psychoactive medications together

What is a standard drink?



Prevalence of Use and Misuse of Psychoactive Medications

- At least one in four older adults use psychoactive medications with abuse potential

- 11% of women > 60 years old misuse prescription medication
- 300,000 older adults misused a prescription medication each month
- 26% of older adults misused a prescription medication

(Sources: Simoni-Wastila, Yang, 2006; Office of Applied Statistics, 2004; Schonfeld et al, 2010)

Growing Problem

- By 2020, non-medical use of psychoactive prescription medications among adults aged >=50 years will increase from 1.2% to 2.4% (Colliver et al, 2006)
- From 2004-2008, there was a 121% increase in emergency department (ED) visits involving medication misuse and abuse by adults aged 50 or older (SAMHSA, DAWN Report, 2010)
- Non-medical use of prescription meds and med-related treatment admissions are higher for persons 50 to 64 years of age compared with adults 65+ years of age (Wu, Blazer, 2011)

Emergency Department (ED) Use Related to Misuse/Abuse

- One fifth of ED visits involving prescription medication misuse/abuse among older adults were made by persons aged 70 or older
- Medications involved in ED visits made by older adults:
  - Pain relievers (43.5%)
  - Medications for anxiety or insomnia (31.8%)
  - Antidepressants (8.6%)
- What happened after ED visit?
  - 52.3% were treated and released
  - 37.5% were admitted to the hospital

(SAMHSA, DAWN Report, 2010)

What Is Medication Misuse?

Misuse by Patient

- Dose level more than prescribed
- Longer duration than prescribed
- Used for purposes other than prescribed
- Used in conjunction with other medication/alcohol
- Skipping/hoarding doses

Misuse by Practitioner

- Prescription for inappropriate indication
- Unnecessary high dose
- Failure to monitor/fully explain appropriate use

What Are Medication Abuse and Dependence?

Abuse by Patient

- Use resulting in declining physical/social function
- Use in risky situations
- Continued use despite adverse social or personal consequences

Dependence

- Use resulting in tolerance or withdrawal symptoms
- Unsuccessful attempts to stop or control use
- Preoccupation with attaining or using the drug

Who is at greatest risk for medication misuse/abuse?

- Factors associated with prescription medication misuse/abuse in older adults
  - Female gender
  - Social isolation
  - History of a substance abuse
  - History of or mental health disorder – older adults with prescription medication dependence are more likely than younger adults to have a dual diagnosis
  - Medical exposure to prescription medications with abuse potential

(Source: Simoni-Wastila, Yang, 2006)

Signs and Symptoms of Medication Misuse/Abuse

- Confusion
- Memory loss
- Depression
- Delirium
- Difficulty sleeping/insomnia
- Parkinson’s-like symptoms
- Incontinence
- Weakness or lethargy

Signs and Symptoms of Medication Misuse/Abuse

- Loss of appetite
- New difficulty with Activities of Daily Living (ADLs)
- Falls
- Changes in speech
- Loss of motivation
- Family or marital discord
- Drug seeking behavior, such as doctor shopping

Psychoactive Medications of Concern

- **Central Nervous System (CNS) Depressants** – Antianxiety medications, tranquilizers, sedatives and hynotics
  - Benzodiazepines
  - Barbiturates
- **Opioids and Morphine Derivatives**— Narcotic analgesics/pain relievers
  - Codeine, hydrocodone, oxycodone, morphine, fentanyl, meperidine, tramadol

Benzodiazepine Misuse/Abuse

- Self-medicate hurts, losses, affect changes
- Older patients prescribed more benzodiazepines than any other age group
- Recommended for short-term use, many taken long-term
- May cause hazardous confusion and falls

Examples:

- Alprazolam (Xanax®)
- Clorazepate (Tranxene®)
- Diazepam (Valium)
- Estazolam (ProSom®)
- Flurazepam (Dalmane®)
- Lorazepam (Ativan®)
- Oxazepam (Serax®)
- Quazepam (Doral®)
- Temazepam (Restoril®)
- Triazolam (Halcion®)

Prescribing and Use Patterns for Benzodiazepines

- Older primary care patients (aged >/= 60) who received new benzodiazepine prescriptions from primary care physicians for insomnia (42%) and anxiety (36%)
- After 2 months, 30% used benzodiazepines at least daily
- **Both those continuing and those not continuing daily use** reported significant improvements in sleep quality and depression, with **no difference** between groups in rates of improvement
- A significant minority developed a pattern of long-term use

(Source: Simon & Ludman, 2006)

Opioid Misuse/Abuse

- Use pain med to sleep, relax, soften negative affect
- Dose requirement reduced with age
  - Reduced GI absorption
  - Reduced liver metabolism
  - Change in receptor sensitivity
- Short-acting are the most easily & widely available
- Defeat extended-release mechanism
- Problems
  - Sedation, confusion
  - Respiratory depression

Examples:

- Codeine (Tylenol #3)
- Oxycodone (OxyContin®, Percocet®, Percodan®)
- Hydrocodone (Vicodin®, Lortab®
- Morphine (MS Contin®, Roxanol®)
- Meperidine (Demerol®)
- Hydromorphone (Dilaudid®)
- Fentanyl (Duragesic® transdermal patch)
- Methadone
- Tramadol (Ultram®)

Medication and Alcohol Interactions

- Medications with significant alcohol interactions
  - Benzodiazepines
  - Other sedatives
  - Opioid/Narcotic Analgesics
  - Some anticonvulsants
  - Some psychotropics
  - Some antidepressants
  - Some barbiturates

(Source: Bucholz et al., 1995; NIAAA, 1998)

Alcohol-Medication Interactions

- Short term use - Increases the availability of medications causing an increase in harmful side effects
- Chronic use – Decreases the availability of medications causing a decease in effectiveness
- Enzymes activated by alcohol can transform medications into toxic metabolites and damage the liver, e.g., acetaminophen (Tylenol)
- **Magnify the central nervous system effects of psychoactive medications**

SBIRT MODEL

- Screening
- Brief Intervention
- Referral to Treatment

Screening Approaches

Goal and Rationale for Alcohol Screening

➔ ***Goal of Screening:*** 1) To identify at-risk drinkers, problem drinkers and/or persons with alcoholism; 2) To determine need for further assessment

➔ ***Rationale of Screening for Alcohol***

- High enough incidence to justify cost
- Adverse effects on quality/quantity of life
- Effective treatments available
- Presence of valid and cost-effective screening techniques

Screening Instruments and Assessment Tools

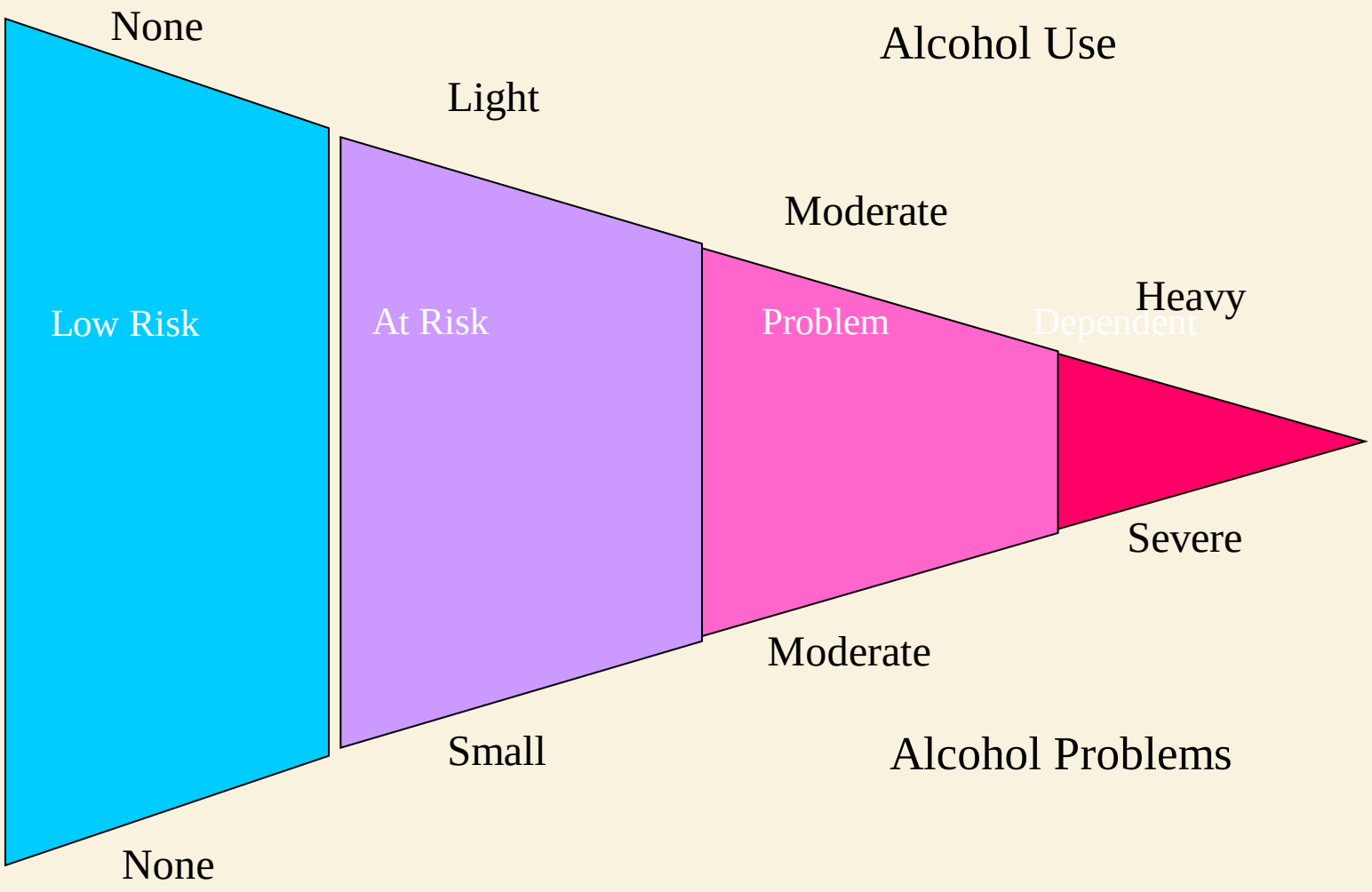
- Alcohol Consumption
  - Quantity, Frequency, Binge Drinking
  - AUDIT-C; AUDIT
- Alcohol Consequences
  - AUDIT
- Health Screening Survey
  - includes other health behaviors
    - nutrition, exercise, smoking, depression
- ASSIST (drug use/psychoactive medication use/misuse)

Motivational Brief Prevention and Intervention Methods

Brief Intervention Definitions

- ***Definition:*** Time-limited (5 minutes to 5 brief sessions) and targets a specific health behavior
- ***Goals:*** a) reduce alcohol consumption
  b) facilitate treatment entry
- Relies on use of screening techniques
- Empirical support of effectiveness for younger and older drinkers

Relationship between Alcohol Use and Alcohol Problems



Overworked

Key Components of Alcohol Brief Interventions

- Screening
- Feedback
- Motivation to change
- Strategies for change
- Behavioral contract
- Follow-up

- Uses a Workbook

Project Initiation: The Context

- County Governmental Agency
- Lead Aging & Veteran Support Services Provider
- Primary Service: *Case Management*
- Community Care for the Elderly
- Specialized Older Adult Behavioral Health
- Veterans Assistance
- Health Promotion / Evidence-Based

Project Initiation: The Challenge

- Increased Substance Abuse Incidence Among Referrals & Active Service Recipients
- Difficulty with Accessing Local Substance Abuse Services
  - Elders not engaging with existing provider
  - Services primarily facility-based
  - Services not “elder friendly”
  - Link to Primary Care: “de facto” system

Project Initiation: The Advocacy

- Data Collection: Existing & New
- Education
- Active in Community Committees & Forums
- FL Coalition of Optimal Mental Health & Aging
- Start a Local Coalition Chapter
- Meetings with Potential Funders
- Alliance with Funders: Part of the Solution
- State Priority
- State Funding
- SAMHSA Grant

Florida BRITE Project

- **Brief Screening, Intervention, Treatment & Referral Initiative**
- **Early Identification & Response to Elder Substance Misuse & Related Problems**
- **Evidence-Based SBIRT Model Approach**

- State Funding: *3 to 4 Pilot Sites*
- SAMHSA Funding: *Up to 20 Sites*
- Statewide Standardized Protocols & Training

Florida BRITE Project

- **Agency Staffing & Training**
  - Program Coordinator (*At least Masters level*)
  - Substance Abuse Counselors (*At least Bachelors Level*)
  - Certified Addictions Professional
  - Aging & Behavioral Health Specialization
  - Cultural Diversity & Linguistics

FL BRITE Project Goals

- Improve Provider Linkages & Integration
  - Embed into Existing Services & Processes
- Improve Substance Misuse Identification
- Expand Timely Screening & Referral Services
- Help "At Risk" Individuals Avoid Addiction & Dependence Through Early Assessment & Brief Intervention
- Enhance Treatment Access
- Decrease Alcohol & Drug Misuse
- Improve Consumer Health Outcomes

FL BRITE Project Components

- Outreach / Referral
- Engagement
- Pre-Screening: *Risk Identification*
- Screening & Assessment: *Risk Intensity*
- Appropriate Intervention: *Brief Intervention / Brief Treatment / Outpatient Treatment / Inpatient Care / Referral Ancillary Services*
- Discharge with Outcome Screening
- Follow-up Screens

FL BRITE Screening Sites

- Outreach Where Elders Congregate or Reside
- Clinic, Community & In-Home Delivery
  - Primary Health Clinics / Hospitals
  - Senior & Public Housing / Retirement Communities
  - Senior Centers & Meal Sites
- Couple with Wellness Presentations & Health Promotion
- Extension of Agency Intake & Services
- Internal & External Referral Process
- Interagency Agency Collaboration
- Formalized Memorandum of Understanding

Consumer Outcomes: Lessons Learned

- **Start Where the Person Is / Wants**
  - Consumer Readiness
  - Patience & Perseverance
  - Role of Denial & Resistance
  - Stigma & Service Barriers
  - Motivate by Areas of Concern
- **Adopt Elder Friendly Philosophy and Values**
  - Older Adult as Decision Maker
- **Establish a Therapeutic Alliance**
  - Be Supportive & Avoid Confrontation
- **Assess Comprehensively / Deliver Holistically**
  - Address Co-occurring & Environmental issues

Consumer Outcomes: More Lessons Learned

- **Utilize Self Management Approaches**
  - Build & Enhance Natural Support Systems
- **Establish Partnerships and Alliances**
  - Other Providers
  - Family & Significant Others as Appropriate
- **Be Proactive**
  - Seek to Provide Prevention First Rather Than Intervention Later
  - Early intervention vs. Crisis Management & Intensive Services
- **Be Flexible**
  - Individualize Care

Community & Funding: Lessons Learned

- "How Does This Apply to Me / Our Clients?"
- Becoming A Resource to the Community
- Formalized Collaboration
- Incentives & Returns
- Value Added & Cost Benefit
- Use of Coalitions & Champions
- Partnership & Solution Approach

FL BRITE Sustainability

- Medicaid Reimbursement
- Medicare Reimbursement
- Consumer Co-payment
- Aged/Disabled Adult Medicaid Waivers
- Older Americans Act Funding
- Grants & Foundations
- United Way
- Universities
- Partner with Florida Council on Compulsive Gambling
- Resource Maximization: Service Integration & Collaboration

Other Interventions

- Chronic Pain Management Disease Self-Management
  - Based on the Stanford Chronic Disease Self-Management Program
  - http://patienteducation.stanford.edu/programs/cpsmp.html
- Depression Management Programs
  - Healthy IDEAS
  - PEARLS
  - IMPACT

Conclusion

- Screen for alcohol and drug use/misuse/abuse in the context of health issues
- Brief interventions are effective
- Brief interventions are one of a spectrum of approaches to reduce or stop alcohol consumption, and reduce consequences
- Older individuals benefit from a nonjudgmental, motivational, supportive approach
- Manuals, screening instruments, brief intervention workbooks, and evaluation instruments are available
- Training in screening, brief interventions, and implementing the program are available

Resources

- Substance Abuse Among Older Adults: A Guide for Social Service Providers (SAMHSA TIP#26)
- SAMHSA Screening and Brief Interventions for Alcohol and Medication Misuse/Abuse Manual
- SAMHSA “Get Connected” Tool Kit
- NIDA report of psychoactive medication misuse/abuse
- SAMHSA and NIA consumer brochures and pamphlets
  - A full resource list with links with be provided with the PowerPoint presentation

Questions and Answers

Contact Information

Kristen Barry
barry@umich.edu

Frederic C. Blow
fredblow@umich.edu

Kathy Cameron
kcameron@jbsinternational.com

Stephen Ferrante
ferrante@fau.edu