

Substance Use Disorders (SUD) and Addictions among Older Adults in Health Centers

Learning Collaborative (LC) #4: SUD Treatment and Referral

Part 1



NATIONAL CENTER
FOR EQUITABLE CARE FOR ELDERERS

National Center for Equitable Care for Elders (NCECE)

www.ece.hsdm.harvard.edu

Who We Are- Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults

Our Mission is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and FQHCs to provide quality, and inclusive care for older adults



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Health Center Resources Clearinghouse

- This comprehensive website provides easy access to a broad framework of resources, tools, and information developed by the National Cooperative Agreement (NCA) organizations, and additional partners soon! Check it out at www.healthcenterinfo.org.



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IHR

INSTITUTE FOR
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SBIRT for Older Adults

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A Brief Overview...

SBIRT: Screening

S**B**I**R**T: Brief Intervention

The Short Michigan Alcoholism Screening Test- Geriatric Version (SMAST-G)

- Designed by the University of Michigan Alcohol Research Center (1991)
- First (& possibly ONLY) Screening Tool for Older adults
- Alcohol only



SBIRT Goals



With SUD

- Refer for specialty assessment/treatment



At Risk

- Educate about risks
- Decrease risk for consequences or progression of disease



Not at Risk

- Educate about risks, promote healthy norms



SBIRT =

SCREENING



Screen ALL patients, not just those whom you think may have a problem.

Suggested Introduction to SBIRT Screening, Using Trauma-Informed Approaches

- Using alcohol and other drug can affect one's health and safety, as well as how one makes decisions. Therefore, we ask all patients questions about their use of these substances. By alcohol, we mean beer, wine, wine coolers, or liquor.
- By drugs we mean medications such as prescription pain pills, prescription sleeping pills, or other prescription medication, marijuana, or illegal drugs
- All of your answers are strictly confidential, unless you or someone else is in immediate danger.

Is it OK to ask you these questions?

Adapted SMAST-G

Please answer Yes or No to the following questions:	Yes	No
1. When talking with others, do you ever underestimate how much you drink or use drugs?		
2. After a few drinks or using drugs, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks or using drugs affect your balance or make you unsteady?		
4. Does alcohol or drug use sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink or use drugs to calm your nerves?		
6. Do you drink or use drugs to take your mind off your problems?		
7. Have you ever increased your drinking or drug use after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking or drug use?		
9. Have you ever made rules to manage your drinking or drug use?		
10. When you feel lonely, does having a drink or using drugs help?		
<i>SCORING: Score 1 point for each 'yes' answer. Any score of 1 or more is indicative of risky use and a BI should be conducted.</i>		

Follow Up Screening Question for Opioid Use

- “Do you take prescription medications for pain management?” Yes No
- “In the past year, have you taken a prescription pain medication other than as directed by your provider?” Yes No
- *SCORING: Any prescription pain medication use AND 1 or more positive responses to the adapted SMAST-G or the second opioid screening question is indicative of risky use and a BI should be conducted.*

- ...that the more comfortable YOU are about talking with patients about their alcohol, tobacco, and other drug use, the more comfortable THEY will be responding to your questions.
- SBIRT protocols allows you to normalize the conversation about substance use by asking everyone the same questions at the same time in care.

SBIRT Goals



With SUD

- Refer for specialty assessment/treatment



At Risk

- Educate about risks
- Decrease risk for consequences or progression of disease



Not at Risk

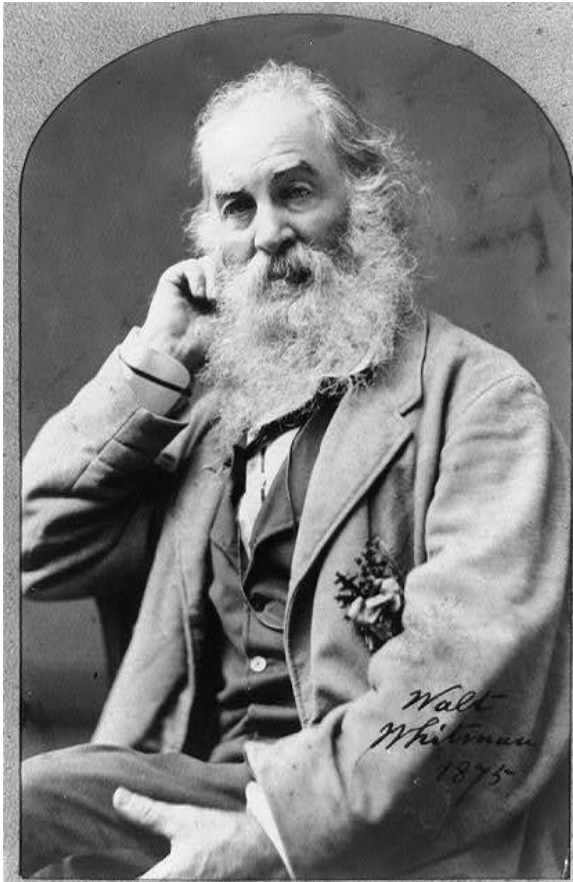
- Educate about risks, promote healthy norms



SBIRT =
BRIEF
INTERVENTION

Brief Intervention

- A non-judgmental, non-confrontational collaborative conversation to enhance a patient's motivation to change an unhealthy behavior.
- Use Motivational interviewing with patients to address their ambivalence about change.
- Interviews are designed to help patients recognize and act on problems



“Be curious, not judgmental.”

-Walt Whitman

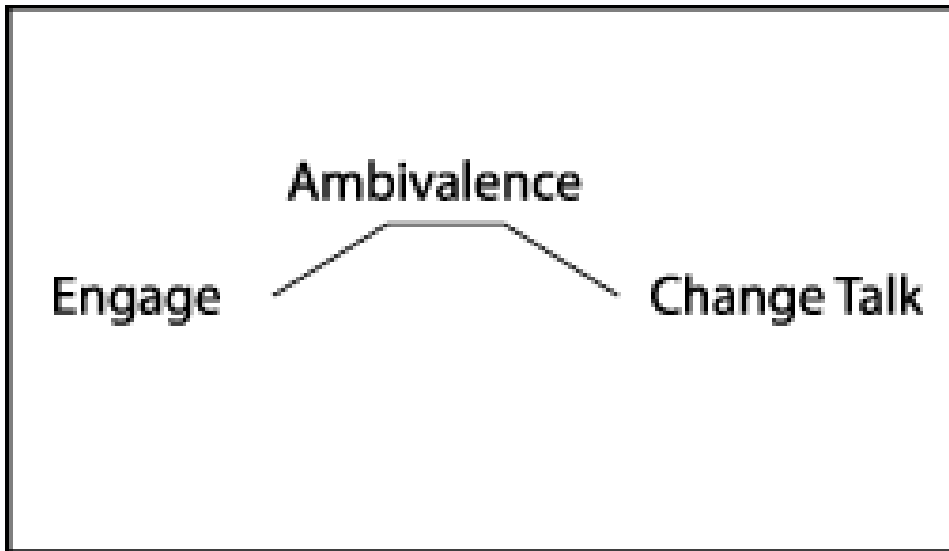
How Do People Change?

- People change voluntarily only when they become **interested in or concerned** about the need for change
- They become **convinced** that the change is in their best interests or will benefit them more than cost them
- They organize a **plan of action** that they are **committed** to implementing
- They **take the actions** that are necessary

Ambivalence Precedes Change



Steps to Change



→ Behavior
Change







What do you know about the effects of...?

Ask permission

“Is it OK if I share with you what is considered high risk [behavior] according to research studies?”

Give information or feedback

Ask for response

“What do you make of that?”

Brief Negotiated Interview (BNI)

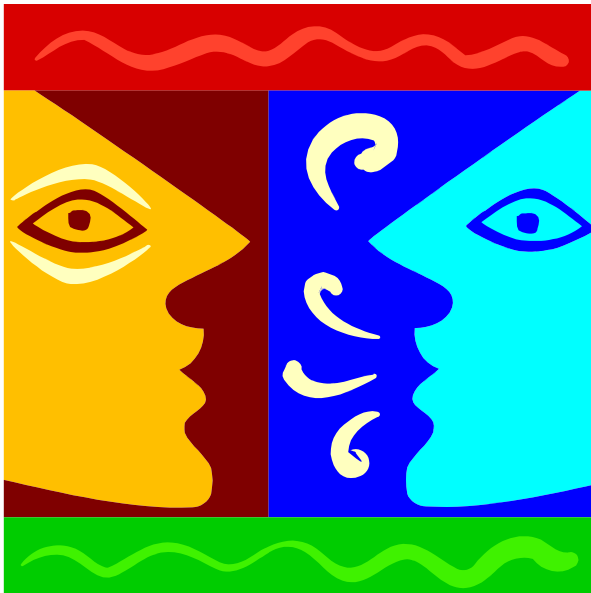


1. Like and Like Less of Changing
2. MI Sandwich
3. Importance or Readiness Ruler



4. Sealing the Deal: Negotiate Plan

Take Home Message: Change Comes From Within



When people can voice their own reasons for change aloud, they are more likely to make the change.