December

2019

At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin

Workgroup on At-Risk Substance Use in Older Adults Intervention and Treatment Committee of The State Council on Alcohol and Other Drug Abuse

Workgroup Members

Joe Muchka, LPC, NCC, CSAC
Psychotherapist, Waukesha Memorial Hospital,
Behavioral Health Services
Waukesha, Wisconsin

Lindsay Just, MBA, IDP-AT, PS-IT
Executive Director
Addiction Resource Council, Inc.
Waukesha, Wisconsin

Sheila Weix, MSN, RN, CARN
Director of Substance Abuse Services
FHC of Marshfield, Inc.
Marshfield Clinic

Norman Briggs
Director of Addiction Treatment Services
ARC Community Services, Inc.
Madison, Wisconsin

David Macmaster, CSAC, PTTS
Managing Consultant
Wisconsin Nicotine Treatment Integration Project
(WINTIP)
Madison, Wisconsin

Table of Contents

Executive Summary

This report is the Intervention and Treatment Committee's (ITC) 'Call to Action' and it's attempt to underscore the critical need to begin formulating a plan of action now for the identification, referral to treatment and provision of 'age-specific' substance use disorder treatment for our older Wisconsin adults.

The workgroup began its work in 2018 to gather relevant data and information on the growing problem of 'At Risk Substance Use in Older Adults' through a variety of public and private resources. To gain a broader perspective of the scope of the problem and other relevant programs already in place, our workgroup members attempted to conduct 'Key Informant' interviews and sought input from other treatment and service providers serving older adults in Wisconsin, whenever possible.

The complexity and unique requirements inherent in providing such treatment services to older adults in Wisconsin was not lost on the members of this workgroup. Accordingly, our workgroup membership included those working in a primary care setting, substance abuse treatment providers, nonprofit prevention and assessment agency leaders and long-time substance abuse counselors. Our charge was to 'shine an even brighter light' on both the challenges but also the opportunities available to Wisconsin to lead the nation in this effort, as it has in its response to the current opiate epidemic.

As a result of the workgroup's findings, several recommendations were made and they are noted at the end of the report. A complete list of references, both state and national resources, as well as an index of graphs, charts and other materials used in the creation of this report have been included. Finally, a list of frequently used acronyms has also been provided.

Background

Wisconsinites, like the rest of the US, are getting older. Projections for those over the age of 65 for the State, its counties and municipalities from 2010-2040 is expected to increase rapidly in every five-year interval from 777,500 in 2010 to 1,535,500 in 2040, nearly doubling in 30 years (1). Further, according to the Policy Academy State Profile for Wisconsin, "The proportion of Wisconsin's population that is 60 and older is growing more rapidly than other components of the population. The U.S. Census Bureau (2010) estimates that nearly 26% of Wisconsin's populations will be 60 and older by the year 2030…" (2) With a rapidly aging population comes a host of health care challenges – not the least of which is the potential for a significant increase in 'At Risk' substance use and prescription medication misuse.

In August of 2011, SCAODA's ITC Committee met with invited guest Jane Raymond. Jane was overseeing Wisconsin's Elder Abuse and Adult Protective Services Program. Focusing on the needs of older adults, in her presentation Ms. Raymond identified the intersection of her departments with those of Long-Term Care, Family Care and the Partnership program (Funded by the Robert Woods Johnson Foundation at the time). The state's Aging and Disability Resource Centers were also mentioned as the conduit for long term care service delivery at that time. A motion to support SBIRT training was unanimously approved by the members of the ITC at that meeting.

In her remarks to the ITC, Ms. Raymond made these observations:

> That information can be very powerful and can make a difference in the choices an older person makes, especially if that information is coming from a doctor, nurse or health care provider.
>
> Dissemination of information can be more effective if it's delivered in a setting in which a Care Manager can engage both the individual and other family members.
>
> The Partnership Program's manual on "Addressing Alcohol and Other Drug Problems" identified this important data about older adults:
>
> > Over 70% of older adults with SUD problems are overlooked by health care providers.
> >
> > The second highest rate of hospitalizations for individuals 65 and older is for alcohol-related disorders.
> >
> > Hospitalizations related to alcohol are more common than those for heart attacks among elders.
> >
> > 25-50% of nursing home residents have SUD problems.
> >
> > 21% of elderly hospital patients
> >
> > 15% of elders seen in ER (Emergency Rooms)
> >
> > 50% of elderly psychiatric inpatients
> >
> > Functional impairments correlate more strongly to a history of alcohol use than to one's age, risk of stroke, smoking, grip strength or the use of anti-anxiety medications.
> >
> > In older women, a history of alcohol use doubles ADL (Activities of Daily Living) functional impairments.

In Wisconsin:

> 15% of men and 12% of women age 65 and over regularly drink in excess of limits recommended by the (NIAA) National Institute of Alcohol Abuse and Alcoholism – for men, no more than 2 standard drinks per occasion and no more than 1 standard drink for women).
>
> Alcohol and prescription drug misuse are estimated to occur among at least 17% of older adults (3).

To put this in perspective, with 26% of our population expected to be age 60 or older by 2030 and doubling by 2040

> In 2010, there would have been 132,175 older adults misusing alcohol and prescription drugs.
>
> In 2015, an estimate would have been – 148,868
>
> In 2020, an estimate would be – 167,670
>
> In 2025 – 188,847
>
> In 2030 – 212,699
>
> In 2035 – 239,562
>
> In 2040 – 269,879

(estimates reflect a 12.63% increase in this population every five years and 17% misusing alcohol and prescription drugs)

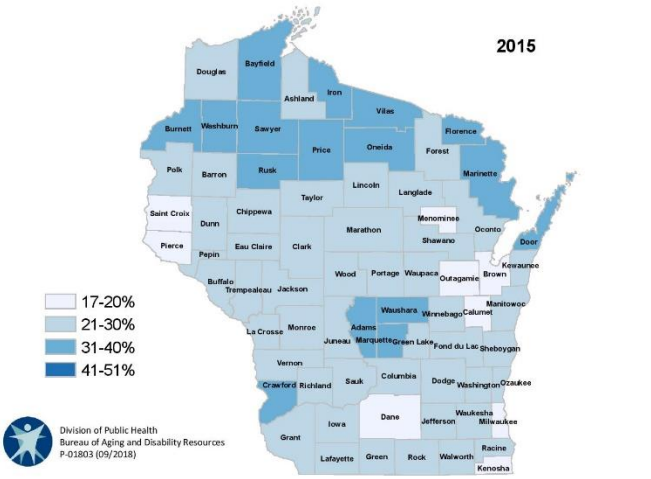
Even if only 10% of those older adults misusing alcohol and prescription drugs were assessed and referred to substance abuse treatment, the numbers are staggering!

To further complicate matters, between 2020 and 2040, most of Wisconsin's older adults ages 60 and older are projected to have migrated to its Northeastern, Central and Northwestern counties – many of which already struggle to cope with staff shortages and limited budgets to provide services to their residents. The projected need for substance abuse treatment services for the elderly as noted above, will put an enormous strain on an already overburdened system of care. (4)

In SAMHSA's 'The CBHSQ Report' (Center for Behavioral Health Statistics and Quality) for May 11, 2017 entitled, 'A Day In The Life of Older Adults: Substance Use Facts' (A composite report from several years of data), it states, in part, "Illicit drug use generally declines as individuals move through young adulthood and into middle adulthood. Although the percentage of people with substance use disorder (SUD) reflects the decline in use as people age, more than a million individuals aged 65 or older ("Older Adults") had an SUD in 2014, including 978,000 older adults with an alcohol use disorder and 161,000 with an illicit drug use disorder."

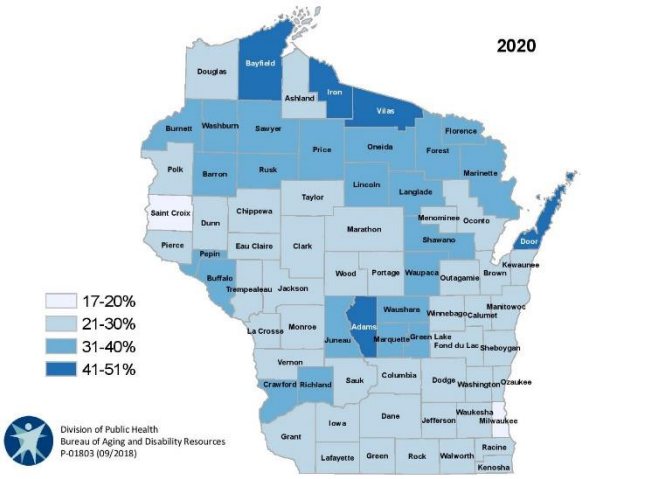
It goes on to report, "The number of older Americans with SUD is expected to rise from 2.8 million in 2002-2006 to 5.7million by 2020." Further, "The emergence of SUD as a public health concern among older adults reflects, in part, the relatively higher drug use rates of the baby boomer generation (people born between 1946 and 1964) compared with previous generations. Thus, there is a cohort of older adults who may experience the negative consequences of substance use, including physical and mental health issues, social and family problems, involvement with the criminal justice system, and death from drug overdose."

Percent of the Projected Population Ages 60 and Older, 2015-2040



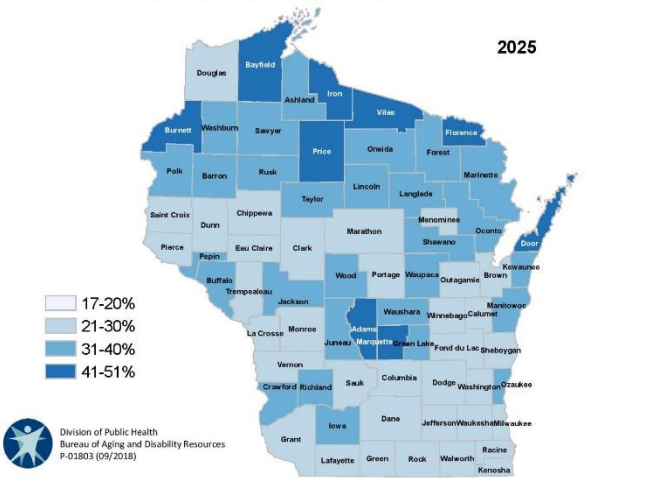
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Percent of the Projected Population Ages 60 and Older, 2015-2040



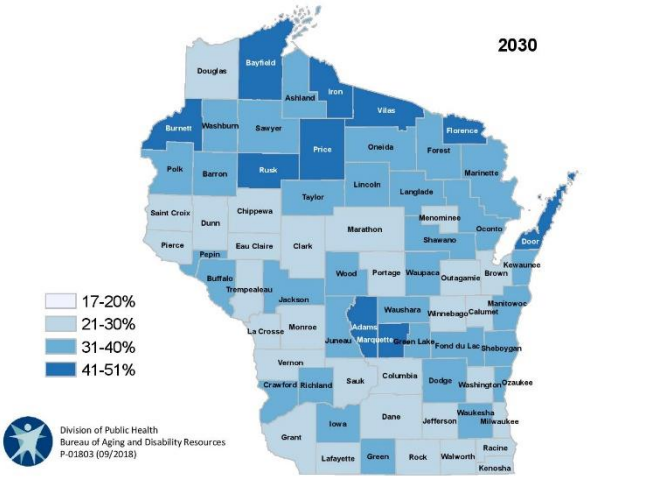
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Percent of the Projected Population Ages 60 and Older, 2015-2040



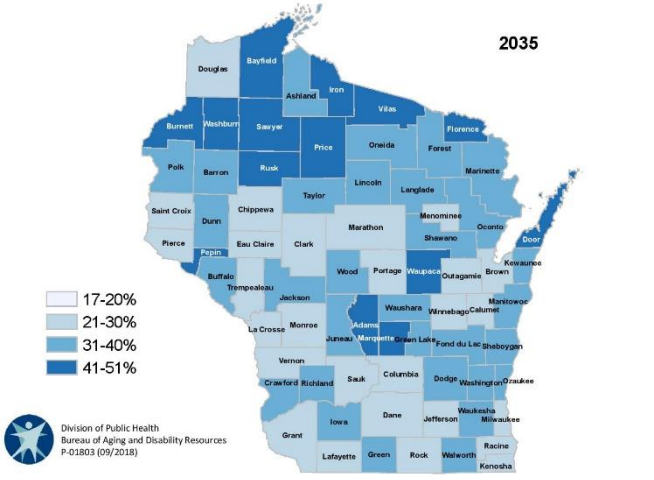
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Percent of the Projected Population Ages 60 and Older, 2015-2040



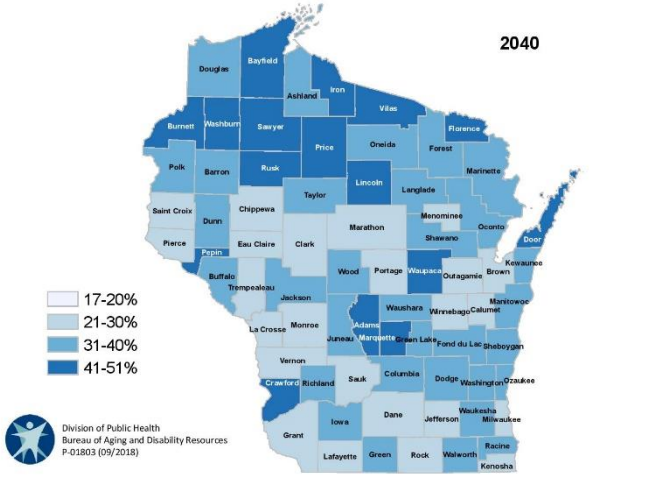
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Percent of the Projected Population Ages 60 and Older, 2015-2040



Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Percent of the Projected Population Ages 60 and Older, 2015-2040



Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

One final note from the report's 'Discussion' section, "Across all of the datasets used in this report, alcohol use emerges as a source of concern. Alcohol use by older adults is legal, however, it can also be problematic." (5) (See Appendix A for graphs)

In their brief report for the Journal of the American Geriatric Society, "Binge Drinking Among Older Adults in the United States, 2015 to 2017, investigators Benjamin H. Han, MD, MPH, et. al reported their findings affirmed concerns about alcohol use among older adults:

"Alcohol use is increasing among older adults, with concomitant increases in unhealthy alcohol use. From 2001 to 2013, there was a 22.4% increase in past – year alcohol use, a 65.2% increase in high-risk drinking, and 106.7% increase in alcohol use disorder among adults age 65 years and older. They go on to report, "Excessive alcohol use, including binge drinking, is a risk factor for a range of health problems, including injury. This is especially true for older adults due to physiological changes related to aging and increasing co-morbidity. Binge drinking, even episodically or infrequently, may negatively affect co-morbid conditions by exacerbating disease and complicating disease management." (6)

Every so often studies appear which suggest there are health benefits to the consumption of alcohol. However, in a recent study in The Journals of Gerontology (2017), which focused specifically on the effects of drinking in older adults, the results suggest there is no real connection between alcohol and good health. Even "moderate drinking" may be detrimental, especially in older adults. (7)

Tobacco – Related Use Disorders - Also a Concern for Older Adults

According to the United Health Foundation's 2019 Senior Report 'About Smoking' using data from the CDC's (Center for Disease Control) Behavior Risk Assessment and Surveillance System (2017), 8.7 % of adults ages 65 and older are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days). (8)

Smoking is the leading cause of preventable death in the United States. It's estimated that there are 4.2 million smokers aged 65 and older who smoke on a regular basis. Smoking damages nearly every organ in the body and causes diseases such as:

Respiratory Diseases – chronic bronchitis, emphysema, pneumonia and influenza

Heart Disease and Stroke

Cancers of the lung, mouth, pharynx, esophagus, stomach, liver and pancreas

Diseases of the eye – cataracts and age-related Macular Degeneration

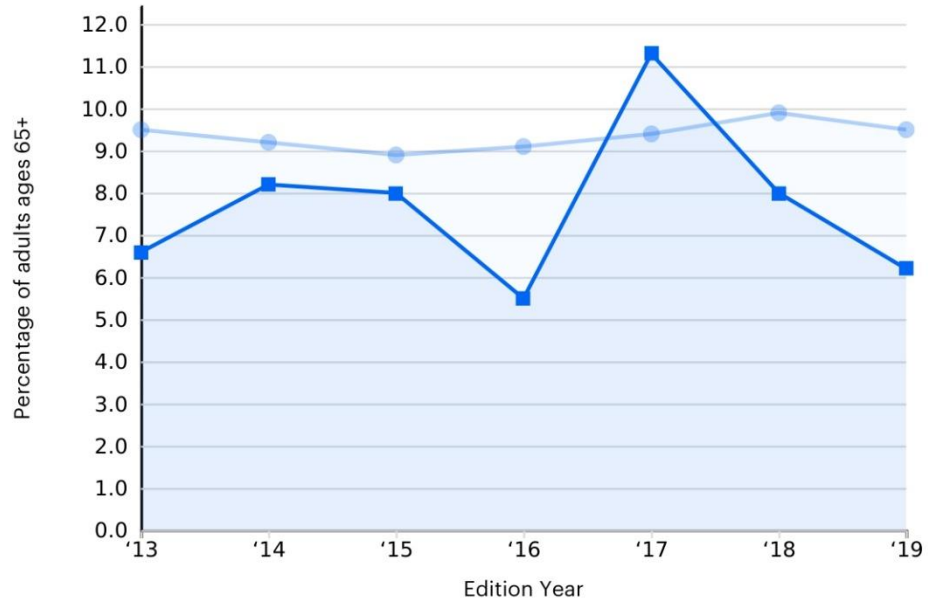
The report goes on to note that smoking cessation, even among older adults has been shown to improve health outcomes. Cardiovascular disease can be overcome within five years, heart attacks drop sharply after one year of not smoking and stroke risk falls to about the same level of nonsmokers after 2-5 years of not smoking.

Smoking is estimated to cost over $300 billion annually in direct health care expenditures and productivity losses due to premature death and secondhand smoke. Reducing cigarette smoking is a 'Healthy People 2020

Leading Health Indicator' and the target is to reduce the national prevalence of cigarette smoking among adults to 12%.

In the above report, in Wisconsin it is estimated that 7.7% of 'senior' females and 8.4% of 'senior' males are smokers (Ages 65+), which equates to 38,600 women and 35,300 men – just under 74,000 older adult smokers.

Trend: Smoking - Seniors - Rural, Wisconsin, United States, 2019 Senior Report



Percentage of adults ages 65 and older living in rural counties who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)

■ Wisconsin ● United States

SOURCE:

- CDC, Behavioral Risk Factor Surveillance System

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Subpopulations: Smoking - Seniors, Wisconsin, United States, 2019 Senior Report

Gender

Smoking - Seniors - Female

WI: 7.7%

Smoking - Seniors - Male

WI: 8.4%

Percentage of adults ages 65+

Race/Ethnicity

Smoking - Seniors - White

WI: 7.6%

Percentage of adults ages 65+

Urbanicity

Smoking - Seniors - Rural

WI: 6.2%

Smoking - Seniors - Urban

WI: 5.5%

Percentage of adults ages 65+

Education

Smoking - Seniors - High School Grad

WI: 10.3%

Smoking - Seniors - Some College

WI: 6.7%

Smoking - Seniors - College Grad

WI: 4.4%

Percentage of adults ages 65+

Income

Smoking - Seniors - Less Than $25,000

WI: 12.1%

Smoking - Seniors - $25-$49,999

WI: 9.0%

Smoking - Seniors - $50-$74,999

WI: 5.6%

Percentage of adults ages 65+

Data suppression rules are as defined by the original source.

Race and ethnicity populations are as defined by the original source.

SOURCE:

- CDC, Behavioral Risk Factor Surveillance System, 2017

In Wisconsin,

The State Journal featured a special report in March of 2019 entitled, “Fatal Flaws: Wisconsin Leads the Nation in Deadly Problem.” (9).

Excerpts from this special report noted the following:

Wisconsin has the highest rate of deadly falls in the nation according to a report last year by the CDC (Centers for Disease Control and Prevention)

Some 1,365 residents age 65 or older died from falls in 2016 – a rate more than double the national average and exceeds all deaths from breast and prostate cancer combined

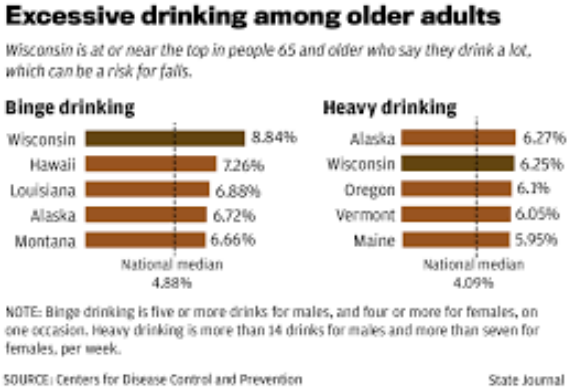
Falls resulted in approximately 129,000 emergency room visits and nearly 16,000 hospitalizations in 2017, according to the state Department of Health Services (DHS)

Charges to Medicaid and Medicare exceeded $1 billion for fall related medical charges

Excessive drinking, icy winters and better reporting of falls were cited as possible explanations for why Wisconsin leads the nation in deadly falls

The State Journal’s special report also compared Wisconsin’s excessive drinking among older adults to those older adults residing in the states of Alaska, Hawaii, Louisiana, Maine, Montana, Oregon and Vermont – their stated conclusion from data obtained from the CDC read:

“Wisconsin is at or near the top in people 65 and older who say they drink a lot, which can be a risk for falls.”



Other Relevant Data

Heavy drinking among older adults (Ages 65+) increased from 4% in 2013 to 6% in 2014 (BRFSS Behavioral Risk Factor Surveillance System).

Adults aged 65 or older reported binge drinking 12 or more days during the past year (SHOW, 2014-2015 – Survey of the Health of Wisconsin).

Adults aged 65 or older reported using an average of 4.2 prescription drugs in the past month (SHOW, 2014-2015). (10)

Deaths related to the unhealthy and life-threatening use of alcohol rose to 1,477 in 2015, the highest ever. Drug –related deaths showed a slight leveling off at 821. The average age for these substance – related deaths was mid-50's.

Wisconsin's treatment gap is estimated to be 78 percent. That is, 78 percent of individuals needing substance abuse treatment are not seeking or receiving it, totaling over 355,000 individuals statewide.

Wisconsin continued to offer less residential and intensive outpatient treatment services than the national average. (11)

Typically, programs created to treat substance use disorders do not accept Tobacco Use Disorder as a sole or primary treatment diagnosis, despite the availability of evidence-based 'Clinical Practice Guidelines for Treating Tobacco Use Disorder' as endorsed by the CDC (Center for Disease Control). (12)

To summarize the above data, Wisconsin is clearly aging rapidly and will continue to do so over the next 20 years; older adults ages 60 and older in Wisconsin binge drink and drink heavily more than the national average for this population; drinking can increase the risk of fatal falls. Wisconsin leads the nation in fatal falls and it's expensive ($1 billion); Substance use (including alcohol and tobacco) in Wisconsin's older adult population is likely to lead to a staggering need for substance use disorder treatment services at all levels and our current treatment delivery system is not adequately prepared to provide these services.

Substance Use Among Older Adults

Wisconsin
Department of Health Services
Division of Care and Treatment Services
P-01739A (07/2017)

Alcohol and Medications

Aging slows the body's ability to break down alcohol.

Older adults are more likely to take one or more medications that interact with alcohol. These can intensify the effects of alcohol.

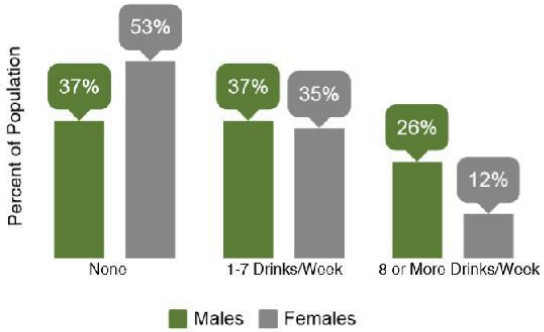
The National Institute on Alcohol Abuse and Alcoholism (NIAAA) suggests that adults over age 65 who are healthy and do not take medications should not have more than:

3 drinks on a given day
7 drinks in a week

Those with health problems or who are taking certain medications may need to drink less or not at all.

Alcohol, especially when mixed with medications, puts older adults at higher risk for falls, car crashes, and other accidents that can cause serious injury or death.

Number of Drinks per Week, Wisconsin, Aged 65+, 2014-2015*



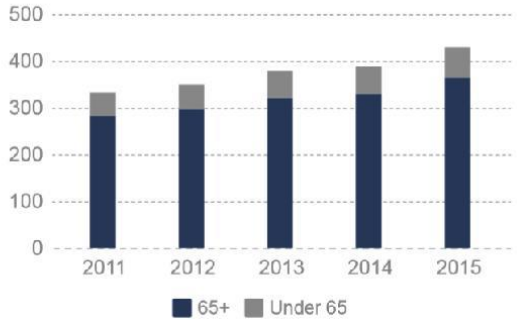
According to the Survey of the Health of Wisconsin (SHOW), 28% of males and 12% of females aged 65 or older drink 8 or more drinks per week. This is more than is recommended by NIAAA for this age group.

Know the Risks

People may become more sensitive to the effects of alcohol as they get older. This means that they can experience the same effects of alcohol with fewer drinks than when they were younger. Taking medications while drinking alcohol can intensify these effects and increase the risk of falls and other serious injuries. Many prescription medications, over-the-counter medications, and herbal remedies can be dangerous or even deadly when mixed with alcohol.

If you are taking a medication and do not know its effect, avoid drinking alcohol. Talk with your doctor, pharmacist, or other health care provider about the medications you are taking and how they may interact with alcohol. For more information about harmful interactions, visit https://pubs.niaaa.nih.gov/publications/Medicine/medicine.htm. If you know an older person showing signs of problems with alcohol or if you need help yourself, visit https://www.dhs.wisconsin.gov/adrc to find an aging and disability resource center in your area.

Estimated Alcohol-Attributable Fall Deaths, by Age, Wisconsin



Overall, approximately 85% of fall deaths occur in the age group 65 and older.** Therefore, it is likely that approximately 365 of the 429 alcohol-attributable fall deaths in Wisconsin in 2015 were 65 or older.

Fast Facts

In Wisconsin, heavy drinking among older adults (age 65+) increased from 4% in 2013 to 6% in 2014 (BRFSS).

In Wisconsin, 11% of adults aged 65 or older reported binge drinking 12 or more days during the past year (SHOW, 2014-2015).

In Wisconsin, adults aged 65 or older reported using an average of 4.2 prescription drugs in the past month (SHOW, 2014-2015).

Among current drinkers aged 65 or older in the United States, 78% report using commonly prescribed medications that interact negatively with alcoholic beverages (Breslow, Dong, & White, 2015).

The use of at least one medication increased from 84% in 2005-2006 to 88% in 2010-2011 among those aged 62-85 in the United States (Qato, et al., 2016).

Sources:
Behavioral Risk Factor Surveillance System (BRFSS). Division of Public Health, Wisconsin Department of Health Services/Centers for Disease Control and Prevention.
Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of Alcohol-Interactive Prescription Medication Use among Current Drinkers: United States, 1999–2010. Alcoholism, Clinical and Experimental Research, 39(2), 371–379. Retrieved from: http://doi.org/10.1111/acer.12633
National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. Harmful Interactions: Mixing Alcohol with Medicines (2014). Retrieved from https://pubs.niaaa.nih.gov/publications/Medicine/medicine.htm
National Institutes of Health, National Institute on Aging. NIH Senior Health. Alcohol Use and Older Adults (2015). Retrieved from https://nihseniorhealth.gov/alcoholuse/alcoholandaging/01.html
National Institutes of Health, National Institute on Aging. Older Adults and Alcohol (2011). Retrieved from https://www.nia.nih.gov/sites/default/files/older-adults-and-alcohol-v2.pdf
Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in Prescription and Over-the-Counter Medication and Dietary Supplement Use Among Older Adults in the United States, 2005 vs 2011. JAMA Internal Medicine. 176(4), 473–482. Retrieved from http://doi.org/10.1001/jamainternmed.2015.8581
Survey of the Health of Wisconsin. University of Wisconsin School of Medicine and Public Health.
Wisconsin Resident Death Certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
*These are preliminary data and have not been weighted or adjusted for the complex survey design.
**According to the Alcohol-Related Disease Impact (ARDI) software application specifications from the U.S. Centers for Disease Control and Prevention.

Important Research and Prior Recommendations

As far back as 1998, SAMHSA 'sounded the alarm' and published 'TIP 26: Substance Abuse Among Older Adults: Treatment Improvement Protocol (TIP) Series 26. In its Executive Summary it noted, "Substance abuse, particularly of alcohol and prescription drugs, among adults age 60 and older is one of the fastest growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under identified, under diagnosed and undertreated" (13).

"This TIP brings together the literature on substance abuse and gerontology to recommend best practices for identifying, screening, assessing, and treating alcohol and prescription drug abuse among people age 60 and older. The Consensus Panel, whose members include researchers, clinicians, treatment providers, and program directors, supplements this research base with its considerable experience treating and studying substance abuse among older adults. Because so much of older people's substance abuse is never identified, this TIP is aimed not only at substance abuse treatment providers but also at primary care clinicians, social workers, senior center staff, and anyone else who has regular contact with older adults." It goes on to say, "The TIP aims to advance the understanding of the relationships between aging and substance abuse and to provide practical recommendations for incorporating that understanding into practice." (14)

At the time of 'TIP 26's publication, SAMHSA estimated that as many as 17 percent of older adults were affected by alcohol and prescription drug misuse. However, little research was being done at the time or attention paid to the treatment needs of older adults. Some of the reasons were:

> Health care providers tended to overlook substance abuse and misuse, mistaking the symptoms for those of other cognitive disorders like dementia, depression or other problems common to older adults.
>
> Older adults tend to hide their substance abuse and are therefore less likely to seek professional help.
>
> Because of stigma, many adult children or relatives of older adults with substance use disorders tend to overlook the problem and choose not to address it.

Some of the key recommendations that came out of the work of the 'Consensus Panel' included:

> To differentiate older drinkers, the Panel recommended using the terms at-risk and problem drinkers only. Heavy drinkers would fall into the latter category.
>
> The Panel recommended that older men consume no more than one (1) drink per day and a maximum of two drinks on any drinking occasion. The panel recommended a somewhat lower limit for women of one (1) drink on any drinking occasion.
>
> Cautions and recommendations were offered with regard to Drug-Alcohol Interactions and Adverse Effects. An example, "Benzodiazepine use for longer than 4 months is not recommended for geriatric patients. Tolerance and dependence develop rapidly, intermittent dosing at the smallest possible dose is preferred and no more than a 30-day supply prescribed." (15)

Regarding treatment recommendations, the panel suggested that the least intensive treatment options be explored first with older substance abusers. These include brief intervention, intervention and motivational

interviewing/counseling strategies. Such strategies need to be non-confrontational and supportive because of the shame many older problem drinkers or substance abusers feel.

For some older patients, withdrawal from alcohol or prescription drugs should occur in a hospital setting for medical and safety reasons. Of major importance is to assess for a lack of social supports in the living environment or living alone with continued access to alcohol or the abused drugs.

Further treatment suggestions include:

Treat older people in age-specific settings where feasible

Create a culture of respect for older clients

Take a broad, holistic approach to treatment that emphasizes age-specific psychological, social and health problems

Keep the treatment program flexible

Adapt treatment as needed in response to client's gender

A focus on pace and content appropriate for the older person, staff members interested and skilled in working with older adults, linkages with medical and community services for the aging and case management post-treatment.

Finally, the Panel recommended that outcome measurement include abstinence or reduced consumption but also notes patterns of alcohol and substance use, related problems, physical and emotional health, quality of life and wellbeing. (16)

Moving Forward Toward a Solution – Florida's BRITE Project (2004-2011)

Research continued and the evidence-based, national initiative Screening, Brief Intervention and Referral to Treatment' (SBIRT) was applied to older adults a well as others. SBIRT emphasizes universal screening in health care settings, followed by brief interventions for patients with substance use disorders, as well as those who are at risk for developing these disorders. A large study done in Florida using SBIRT may provide a useful model for consideration here in Wisconsin. It began as a 'pilot' in four counties: Broward, Pinellas and Sarasota with Orange county added in mid-2006.

From 2004-2007 Florida's BRITE (Brief Intervention and Treatment of Elders) Project was developed as a 3-year pilot funded through Florida's general revenue allocated by the legislature (17), (20). The pilot was different from the national SBIRT initiative in several ways:

1. BRITE was conducted by 4 non-health care agencies (1 substance abuse treatment; 2 behavioral health and 1 behavioral health and aging services).
2. Elders were screened where they lived (e.g. senior housing) or received aging services at a variety of community-based and healthcare facilities.
3. Screening included depression and suicide risk.
4. Screening included prescription and over-the-counter medication misuse as well as alcohol.
5. Participants could receive several sessions based on need.

6. Health educators implemented a standardized intervention using a modified 'Health Promotion Workbook.'
7. All participants were eligible for follow-up at 3 and 6 months.

The pilot resulted in 3,497 screenings in four counties, with 10% receiving brief intervention. Significant declines in substance use and depression occurred over time. It also provided support for Florida's successful CSAT (Center for Substance Abuse Treatment) SBIRT 5-year grant (2006-2011), which included screenings for those 55 years old and older.

Over the five years of the grant, 29 agencies in 18 counties received contracts, with screening conducted within 75 different sites. All service costs were covered by the grant. The grant had been managed by the Substance Abuse Program Office of the Florida Department of Children and Families, who also selected agencies to receive contracts to implement SBIRT.

In short, over the five years, 85,001 unduplicated cases were entered into the BRITE data system that had been created. Of those, 8,169 (9.6%):

Screened positive for moderate or higher risk based on the ASSIST screening tool used (Alcohol, Smoking and Substance Involvement Screening Test V3.0)

More than half (58.7%) consumed alcohol

31.1 % reported intoxication

Other substance use was less frequent (13.1%), which included Benzodiazepines (2.9%); Marijuana (2.8%) and Cocaine (2.5%)

Irrespective of any substance use, 6,641 received the GDS-SF Screen (Geriatric Depression Scale – Short Form) and 87% of those screened at moderate or severe levels of depression.

Interestingly, most of those who were screened at 'moderate risk' received brief intervention but many did not receive services at all (19.2 % of 'moderate risk').

The anecdotal reason most often given by providers was a refusal of services offered. (SAMHSA, BRITE Project, 2017)

Key Questions to Consider for Wisconsin

Is Wisconsin ready and able to provide 'Brief Intervention and Treatment' to older adults 'at-risk' for substance misuse, abuse or for those already suffering from a substance use disorder?

Should a need for treatment be identified, are there agencies and providers available to provide age specific, evidence-based treatment services to an older population?

Is our current SUD workforce trained to successfully meet the unique needs of older adults? What about future treatment provider training? Credentialing?

What is the best way to provide the necessary training, education and clinical experience for those treating older adults with a SUD?

How do we best address the stigma for older adults and their families?

Is there funding for treatment for older adults? Access to care, especially for those older adults needing services and are living in rural areas, are disabled and living near or below poverty levels?

How is Tobacco Use Disorder treatment for older adults to be included?

How We Might Begin to Take Action

SAMHSA, the National Council on Aging (NCOA) and the Administration for Community Living (ACL) created an evidence-based education, prevention and assessment toolkit for providers of care for older adults. 'Get Connected – Linking Older Adults with Resources on Medication, Alcohol, and Mental Health' (2017) is a resource rich toolkit with:

A Program Coordinator's Guide

Program Support Materials

Fact Sheets and Handouts

Forms and Resources

"It was created to help health and aging service providers learn more about alcohol, medication misuse and mental health conditions in older adults so they can address these issues more effectively. It was designed to help health and aging service providers undertake health promotion, advance prevention messages and education, and undertake screening and referral for mental health conditions, and the misuse of alcohol and medications." (18)

With the possible adoption and utilization of the 2017 toolkit, Wisconsin has a unique opportunity to coordinate the efforts of both public and private care providers to help in the assessment of 'at-risk' older adults for substance use, medication misuse, the use of alcohol and aid in their referral to appropriate treatment.

Further, the creation of a joint state-wide initiative in cooperation with and in support of the Department of Health Service's Bureau of Aging and Disability Resource Centers, 'State of Wisconsin Aging Plan for Older People – Federal Fiscal 2019-2021' (19). This would go a long way in preparing for the current and projected treatment needs of this vulnerable population. It could include representation from the Bureau of Substance Abuse Services, Long Term Care, WINTIP, SCAODA, tribal and other elder care providers, to work toward public advocacy, trainings, public education and resources to address 'at-risk' substance use in Wisconsin's older adults.

Summary of Recommendations

Incorporate Brief Therapy Models of care to identify 'At risk' behaviors in older adults that could lead to a substance use disorder similar to the BRITE Project.
Create a public awareness campaign to inform the public, health care organizations and other agencies that provide services to older adults about the impact certain substances can have on their health and risk of accidents (Falls, driving under the influence, etc.). It's recommended that SAMHSA's 'Get Connected' evidence-based tool kit be utilized as a resource in this effort, amongst others that might also be appropriate.
Fund a statewide training and education initiative embracing SAMHSA's 'Get Connected' program, utilizing WINTIP's provider training program, consulting with the UW-Extension's counselor education faculty teaching 'best practice' in the treatment of substance use disorders in older adults and in coordination with both public and private service providers of older adults.
With state aid, form a greater consortium of health care providers, treatment and prevention professionals, members of the public, public and private sector service providers of care for older adults, etc. to continue research into 'best practices', create a 'Wisconsin Model' for identifying, referring and treating substance use disorders in older adults.
Provide financial support through competitive grants to treatment providers to develop and refine 'age-appropriate' programs for substance abuse treatment and family support services for older 'At risk' adults. This would be in keeping with the 'Older Americans Act Title III-D: Evidence-Based Health Promotion Programs as outlined in the 'State of Wisconsin Aging Plan for Older People – Federal Fiscal 2019-2021.'
Given the substance abuse prevention and treatment needs of older adults and the lack of awareness of the risks to their health and well-being, include this unmet need in grant applications to fund prevention programs utilizing the Department of Health Service's Block Grant requirement to use 20% of the grant's funding for prevention.
Work with WISAM to provide awareness to its members, brief intervention strategies and treatment options available to patients and their families in Wisconsin. (Reference BRITE Project).
Provide funding to explore 'telehealth' and other 'virtual' care options for brief intervention, treatment and the 'distribution' of information, for those older adults who are home-bound, disabled, blind, deaf or hearing-impaired, who may be 'at risk' for substance misuse.

Conclusion

The data and information in this report point to many 'At risk' behaviors involving substances that could lead to a substance use disorder, and complications in treating other critical healthcare needs of older adults. If left untreated, it's the workgroup's opinion that the health and wellbeing for many of Wisconsin's older adults will be compromised, families will continue to struggle with stigma and medical costs will likely rise for all concerned. There is evidence that age-specific substance use disorder treatment works, and recovery is possible, when evidence-based strategies are utilized to inform and educate older adults about the risks of alcohol and substance misuse and engaging them in healthcare decisions that can lead to a healthier lifestyle.

It is the Intervention and Treatment Committee's responsibility to bring forth information and recommendations about unmet needs and relevant trends regarding the treatment of substance use disorders to the attention of SCAODA for its consideration in service to the Governor, the state legislature and the people of Wisconsin. It is our sincere hope that this report will aid in drawing attention to the critical need for 'age-specific' substance use disorder services throughout Wisconsin and the opportunity to create a model of care that will restore the dignity, hope, health and wellbeing of older adults and their families.

References

1. Wisconsin's Future Population: Projection for the State, Its Counties and Municipalities, 2010-2040, December 2013. David Egan-Robertson, UW-Madison Applied Population Laboratory; Prepared for the Wisconsin Department of Administration and Demographic Services Center.
2. Wisconsin Profile, December 2012. Developed by the Substance Abuse and Mental Health Services Administration in partnership with the U.S. Administration on Aging.
3. SCAODA Intervention and Treatment Committee meeting minutes – August 9, 2011
4. Division of Public Health – Bureau of Aging and Disability Resources; P-01803 (09/2018); Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013
5. Mattson, M., Lipari, R.N., Hays, C. and Van Horn, S. L. A day in the life of older adults: Substance Use Facts. The CBHSQ Report: Month 05, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.
6. Binge Drinking Among Older Adults in the United States, 2015 to 2017; Benjamin H. Hahn, MD, MPH, Alison A. Moore, MD, MPH, Rosie Ferris, MPH and Joseph J. Palamar, PhD, MPH; Journal of The American Geriatric Society, 00:1-6, 2019.
7. The "Health Benefits" of Moderate Drinking in Older Adults may be better explained by Socioeconomic Status; Towers A, Phillipp M, Dulin P, Allen J. The Journals of Gerontology, 2017. (From the National Council on Alcoholism and Drug Dependence Blog – NCADD, 2/16/2017.
8. America's Health Rankings analysis of CDC, Behavior Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2019.
9. State Journal, Sunday, March 3, 2019, Special Report: Fatal Flaws – Wisconsin Leads Nation in Deadly Problem; pps. A1 and A6 – A7.
10. Substance Use Among Older Adults, 'Fast Facts', Wisconsin Department of Health Services, Division of Care and Treatment Services, P-01739A, 07/2017.
11. 2017 Wisconsin Mental Health and Substance Use Needs Assessment. Wisconsin Department of Health Services, Division of Care and Treatment Services. P-00613 (07/2018)
12. Treating Tobacco Use Disorders In Behavioral Health, David 'Mac' Macmaster, CSAC, PTTS, Managing Consultant – Wisconsin Nicotine Treatment Integration Project (WINTIP)
13. Substance Abuse Among older Adults: Treatment Improvement Protocol (TIP) Series 26, printed 1998. From the 'Executive Summary and Recommendations', page 1.
14. Ibid, pps, 10,11.
15. Ibid, pps, 19-22
16. Ibid, p.22
17. 'Screening, Brief Intervention, and Referral to Treatment for Older Adults With Substance Misuse', (Schonfeld, Hazlett, et al.) January 2015, Vol. 105 No.1 American Journal of Public Health
18. 'Get Connected – Linking Older Adults with Resources on Medication, Alcohol, and Mental Health.' SAMHSA, NCOA, ACL ; 2017 edition; Executive Summary.
19. 'State of Wisconsin Aging Plan for Older People – Federal Fiscal 2019-2021'; State of Wisconsin, Department of Health Services.
20. 'Screening and Brief Intervention for Substance Misuse Among Older Adults: The Florida BRITE Project', Lawrence Schonfeld, PhD, Belinda L. King-Kellimanis, MS, Darren M. Duchene, MSW, MPA, Roy L. Etheridge, PhD, Julio R. Herrera, MA, Kristen L. Barry, PhD, and Nancy Lynn, MSPH, American Journal of Public Health, January 2010, Vol. 100. No.1

Appendices

Appendix A

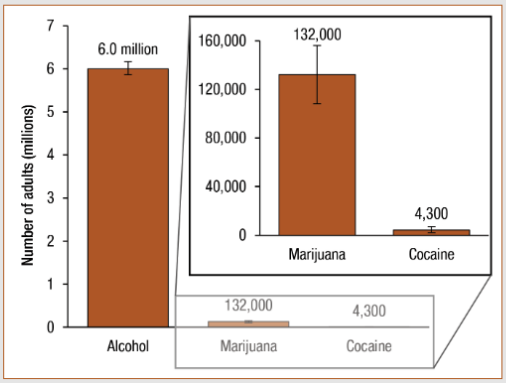
ALCOHOL USE AND ILLICIT DRUG USE AMONG OLDER ADULTS

According to combined 2007 to 2014 NSDUH data, nearly 16.2 million adults aged 65 or older drank alcohol in the past month, with 3.4 million reporting binge alcohol use and 772,000 reporting heavy alcohol use (data not shown). In the 2007 to 2014 NSDUHs, binge alcohol use was defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other), and heavy alcohol use was defined as binge drinking on 5 or more days in the past 30 days. This threshold for binge drinking is higher than the threshold that is sometimes used for older adults—having more than two drinks for women and three drinks for men on a single occasion.[4]

Combined 2007 to 2014 NSDUH data indicate that, on an average day, 6.0 million older adults used alcohol (Figure 1).[5] Older adults who used alcohol in the past month drank an average of 1.8 drinks per day on the days they drank. NSDUH data indicate that older adults who used alcohol in the past month drank on an average of 11.1 days per month.

The combined 2007 to 2014 NSDUH data indicate that nearly 469,000 older adults used an illicit drug in the past month (data not shown). NSDUH includes nine illicit drug categories: marijuana, cocaine (including crack), heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives.[10] Although the laws regarding marijuana use have changed in several states over the past decade, marijuana is categorized as an illicit drug because marijuana use remains illegal under federal laws in all states (under the Controlled Substances Act: http://www.fda.gov/regulatoryinformation/legislation/ucm148726.htm).

Figure 1. Number of adults aged 65 or older who used alcohol, marijuana, or cocaine on an average day: annual averages, 2007 to 2014 NSDUHs



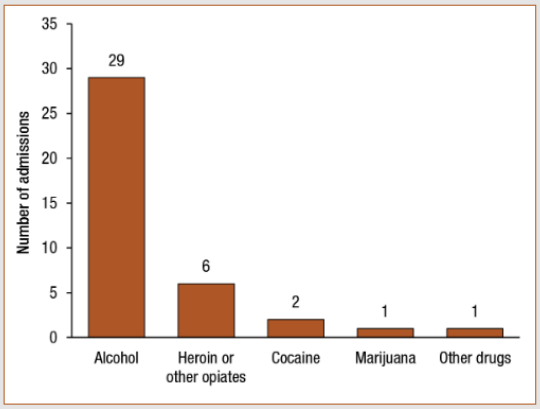
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2007 to 2014.

On an average day during the past month, 132,000 older adults used marijuana and 4,300 used cocaine (Figure 1). In this report, the "average day" estimates are presented for only marijuana and cocaine. Because of small sample sizes, "average day" estimates of crack, heroin, hallucinogens, and inhalants could not be produced. The data used in the "average day" estimates are not collected for the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives; therefore, those estimates are also not presented.

Appendix A Continued

SUBSTANCE ABUSE TREATMENT

Figure 2. Number of admissions aged 65 or older admitted substance abuse treatment, by primary substance of abuse: 2012 TEDS



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2012.

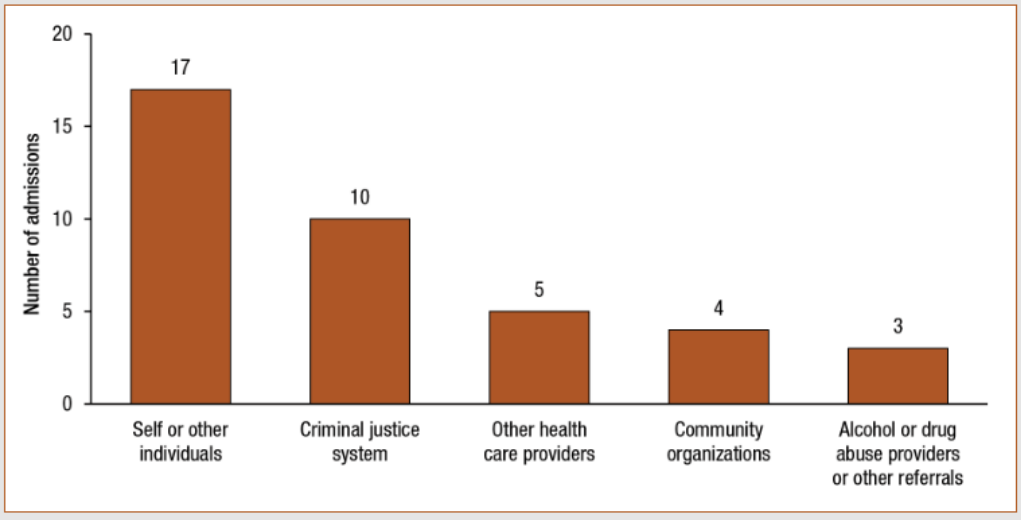
TEDS reported that there were 14,230 admissions aged 65 or older to substance abuse treatment programs in 2012 (data not shown). TEDS indicates that, on an average day[5] in 2012, admissions to substance use treatment aged 65 or older reported the following substances as the primary substances of abuse (Figure 2):[11]

- 29 reported alcohol
- 6 reported heroin or other opiates,
- 2 reported cocaine,
- 1 reported marijuana, and
- 1 reported other drugs.

TEDS indicates that, on an average day in 2012, admissions to substance abuse treatment aged 65 or older were referred primarily by the following sources (Figure 3):[12]

- 17 by self-referral or referral from other individuals,
- 10 by the criminal justice system,
- 5 by other health care providers,
- 4 by community organizations, and
- 3 by alcohol or drug abuse care providers or other referrals.

Figure 3. Number of admissions aged 65 or older admitted to substance abuse treatment, by principal source of referral: 2012 TEDS



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2012.

National Agencies and Resources

About A.A. - A Newsletter For Professionals; 'A.A. and the Older Alcoholic'; Fall 2018

Get In Touch: cpc@aa.org - 212-870-3400 – Box 459, Grand Central Station, New York, NY 10163 – www.aa.org

AA for the Older Alcoholic – Never Too Late (Booklet)

General Service Conference-approved literature
Alcoholics Anonymous World Services, Inc. – Box 459 Grand Central Station, New York, NY 10163

AARP Brain Health & Longevity – www.aarp.org/health/brain-health

AARP is a nonprofit, nonpartisan organization with a membership of more than 37 million that helps people 50 and older have independence, choice, and control in ways that are beneficial to them and society as a whole.

Administration for Community Living – www.aoa.gov

The Administration for Community Living (AoA), part of the Department of Health and Human Services (HHS), is the federal agency responsible for advancing the concerns and interests of older people and their caregivers.

Agency for Health Research and Quality (AHRQ) – www.ahrq.gov

AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

American Association for Geriatric Psychiatric (AAGP) – www.aagponline.org

AAGP is a national association representing and serving its members and the field of geriatric psychiatry.

American Psychiatric Association (APA) – www.psych.org

The APA is a medical specialty society recognized worldwide. It's 38,000 US and international member physicians work together to ensure humane care and effective treatment for all people with mental health disorders, including mental retardation and substance-related disorders.

American Psychological Association (APA) Office on Aging – www.apa.org/pi/aging

The American Psychological Association is the largest scientific and professional organization representing psychology in the United States.

American Society on Aging (ASA) – www.asaging.org

The ASA is a large and dynamic network of professionals in the field of aging.

Centers for Disease Control and Prevention (CDC) – www.cdc.gov/aging

The CDC Healthy Aging Program (HAP) serves as the focal point for older adult health at CDC and establishes programs, develops innovative tools, and provides a comprehensive approach to helping older adults live longer, high quality, productive, and independent lives.

Food and Drug Administration (FDA) – www.fda.gov
The Food and Drug Administration (FDA) is scientific, regulatory, and public health agency.

Mental Health America (MHA) – www.mentalhealthamerica.net
MHA is dedicated to promoting mental health, preventing mental health and substance use conditions, and addressing mental illnesses and addictions through advocacy, education, research, and service.

National Alliance on Mental Illness (NAMI) – www.nami.org
NAMI is the nations largest grassroots mental health organization dedicated to building better lives for millions of Americans affected by mental illness.

National Association of Area Agencies on Aging (N4A) – www.n4a.org
N4A is the umbrella organization for the 629 area agencies on aging and 246 Title VI Native American aging programs in the United States.

National Association of State Alcohol and Drug Abuse Directors (NASADAD) – www.nasadad.org
The purpose of National Association of State Alcohol and Drug Abuse Directors (NASADAD) is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every state.

National Association of State Mental Health Program Directors (NASMHPD) – www.nasmhpd.org
The National Association of State Mental Health Program Directors (NASMHPD) organizes to reflect and advocate for the collective interests of State Mental Health Authorities and their directors at the national level.

National Association of States United for Aging and Disabilities (NASUAD) – www.nasuad.org
NASUAD represents the nations 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state system innovation, and the articulation of national policies that support home and community based services for older adults and individuals with disabilities.

National Council on Aging (NCOA) – www.ncoa.org
The National Council on Aging (NCOA) is the nations first association of professionals dedicated to promoting the dignity, self-determination, well-being, and contributions of older persons.

National Institutes of Health (NIH) – www.nih.gov
The National Institutes of Health (NIH) is one of the world's foremost medical research centers and the federal focal point for medical research in the U.S.

National Institutes on Aging (NIA) – www.nia.nih.gov
The National Institutes on Aging (NIA) conducts and supports biomedical, social, and behavioral research; provides research training; and disseminates research findings and health information on aging processes, diseases, and other special problems and needs of older people.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) – www.niaaa.nih.gov
The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems.

National Institute on Drug Abuse (NIDA) – www.nida.nih.gov

The National Institute on Drug Abuse (NIDA) mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction.

National Institute of Mental Health (NIMH) – www.nimh.nih.gov

The mission of the National Institute of Mental Health (NIMH) is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure.

NIH Senior Health – www.nihseniorhealth.gov

NIHSeniorHealth.gov is a website that makes aging-related health information easily accessible to older adults and their families.

Substance Abuse and Mental Health Services Administration (SAMHSA) – www.samhsa.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA) works to strengthen the nation's health care capacity to provide prevention, diagnosis, and treatment services for substance abuse and mental illnesses.

SAMHSA Behavioral Health Treatment Services Locator – www.findtreatment.samhsa.gov

This locator allows users to find alcohol and drug abuse treatment or mental health treatment facilities around the country through the use of two unique tools – the Substance Abuse Treatment Services Locator and the Mental Health Treatment Services Locator.

SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ) – www.samhsa.gov/data

The Center for Behavioral Health Statistics and Quality (CBHSQ) is an office within SAMHSA and is the primary source of national data on the prevalence, treatment, and consequences of substance abuse in the United States.

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) – www.nrepp.samhsa.gov

NREPP is a searchable online registry of mental health and substance misuse and abuse interventions that have been reviewed and rated by independent reviewers.

SAMHSA Store – www.store.samhsa.gov

The SAMHSA Store is a clearinghouse of behavioral health resources and provides the latest information on the prevention and treatment of mental health and substance use disorders.

State Agencies and Resources

Wisconsin Department of Health Services
1 Wilson Street, Madison, WI 53703
www.dhs.gov - (608) 266 – 1865

Bureau of Aging and Disability Resources
1 Wilson Street, Room 551, Madison WI 53703
www.dhs.gov/dph/badr.htm - (608) 266 – 1865

Wisconsin Institute for Health Aging
1414 Mac Arthur Road, Suite B
Madison, WI 53714
www.wihealthyaging.org - (608) 243-5690

Community – Academic Aging Research Network
310 Midvale Boulevard, Suite 205
Madison, WI 53705

For additional information:

Institute for Clinical and Transitional Research
4240 Health Sciences Learning Center
750 Highland Avenue
Madison, WI 53705
(608) 263 – 1018

Wisconsin Nicotine Treatment Integration Program (WINTIP)
www.wisconsinwintip.com
www.helpusquit.org
CDC Quit Line – 1-800-784-8669

University of Wisconsin
Population Health Institute
School of Medicine and Public Health
610 Walnut Street, Suite 575
Madison, WI 53726
(608) 263-6294

Frequently Used Acronyms

A.A. – Alcoholics Anonymous

ACL – Administration for Community Living

AODA – Alcohol and Other Drug Abuse

ASSIST – Alcohol, Smoking and Substance Involvement Screening Test

AUD – Alcohol Use Disorder

BADR – Bureau of Aging and Disability Resources

BRITE – Brief Intervention and Treatment of Elders

BRFSS – Behavioral Risk Factor Surveillance System

CBHSQ – Center for Behavioral Health Statistics and Quality

CDC – Center for Disease Control and Prevention

CSAT – Center for Substance Abuse Treatment

DHS – Wisconsin Department of Health Services

GDS–SF – Geriatric Depression Scale Short Form

ITC – Intervention and Treatment Committee

NCOA – National Council on Aging

OAA – Older Americans Act

SAMHSA – Substance Abuse and Mental Health Services Administration

SBIRT – Screening, Brief Intervention, Referral to Treatment

SCAODA – Wisconsin State Council on Alcohol and Other Drug Abuse

SHOW – Survey of the Health of Wisconsin

SUD – Substance Use Disorder