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Abstract

Background. Alcohol use is a common phenomenon within Australian culture. While there has been significant focus on alcohol use among young Australians, there has been little on health promotion or early interventions focussing on older Australians.

Methods. This paper presents the findings of an explorative study that used four interactive focus group workshops to ask the question: Is an existing World Health Organisation alcohol and drug screening tool called the Alcohol, Smoking and Substance Involvement Screening Test (originally developed for young people) acceptable and suitable for older people? The data was analysed based on the question using thematic coding.

Results Participants generally considered that they would be more comfortable talking with their health providers about their alcohol and drug use rather than filling out the Alcohol, Smoking and Substance Involvement Screening Test themselves. This suggests that the tool should be modified to accommodate the differences in health status that reflect life events of the different older age groups.

Conclusion. Due to potential complex medical and diverse range of pharmacotherapies common among this age group, it is recommended that, if the tool is used, it be administered by health practitioners such as nurses.

Impact Statement. People over 65 are not a homogenous group. Screening tools should capture differences in health, social circumstances and substances used.

Key words: older people, alcohol, drugs, community nursing, public health, screening.

Introduction

In recognition that use of alcohol or other drugs (AOD) may lead to diverse physical, psychological and social problems, a range of screening and diagnostic instruments have been developed internationally to identify individuals whose substance use may be potentially harmful. However, as many of these tools were originally developed for use with younger people or for the general adult population, concerns have been raised about their appropriateness for older people (Blow & Barry, 2002; Bright, Fink, Beck, Gabriel, & Singh, 2014; Schofield & Tolson, 2001; Taylor, Jones, & Denning, 2014). These concerns have primarily centred on questions of recall impairment for older people; that older people may not exhibit the same adverse social, legal and occupational consequences of AOD use as younger age groups; and that lower levels of use may be required to accurately screen for “at-risk” consumption (Berks & McCormick, 2008; Blow & Barry, 2002; Fink, Morton, Beck, Hayes, Spritzer, Oishi, & Moore, 2002). The Alcohol, Smoking, Substance Involvement Screening Test (ASSIST) was developed by the World Health Organisation (WHO) (WHO ASSIST Working Group, 2002) to screen for a range of substances within one tool, mainly for the younger population. The ASSIST includes eight questions for each substance covering tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, inhalants, sedatives, hallucinogens opiates and ‘other drugs’ and takes about 10 to 20 minutes to complete and can be administered by a range of health and welfare workers or can be self-completed. A risk score is part of the screening tool and can be calculated for each identified substance. The scores are then categorised into low risk (no intervention), moderate risk (a brief intervention) or high risk (referral to specialist treatment) (Humeniuk et al. 2008).

It is noted that there are other screening and assessment tools available such as CAGE, which is a brief four-item questionnaire used widely to screen alcohol problems in adults (Ewing

1984). Michigan Alcoholism Screening Test (MAST-G) (Blow et al 1992). The Alcohol Use Disorders Identification Test (AUDIT) (Babor, Higgins-Biddle, Saunders & Monteiro 2001) and more recently Alcohol-Related Problems Survey (ARPS) (Fink et al 2002). It is not the intent of this article to comment on these tools. The ASSIST tool was chosen for this study because it is a screening tool that covers a range of substances and not just alcohol. In addition, while the ASSIST has been used with older Australians in both geriatric hospital and community health settings (Draper, Ridley, Johnco, Withall, et al., 2015), and internationally in day centres and geriatric psychiatric settings (Khan, Chatton, Thorens, Achebe, Nallet, 2012) there has been little research investigating older people's views on the items included in the screening tool and how appropriate the tool may be for this age group.

As the ASSIST was developed originally for younger people the research team explored, with older people, the acceptability and suitability of the ASSIST as a screening tool for the older population. In this paper 'older people' are defined as individuals aged sixty-five years and over (Broe, 2004; Australian Bureau of Statistic, 2013).

Methods

Four interactive focus group workshops with older people, were conducted to answer the question: Is an existing World Health Organisation alcohol and drug screening tool called the Alcohol, Smoking and Substance Involvement Screening Test (originally developed for young people) acceptable and suitable for older people? This explorative approach was chosen, because it was considered important to engage with older people to seek their views on the use of the tool. A small sample of participants from a range of geographic areas was decided upon, because the researchers wanted to also ascertain if older people are willing to engage in discussing alcohol and drug screening before any further studies were planned. Ethics approval

was gained through the Principal Investigator's University Human Research Ethics Committee (Number H-2014-272).

Participant inclusion criteria was people over sixty-five years of age, living independently and having no physical or cognitive issues that would prevent them providing informed consent. Personal use of alcohol or other drugs was not part of the criteria to participate in this study, because the ASSIST tool is a population health screening tool that should be able to be applied to a range of community members to assess if there is any risk and not just to those who use substances.

Community service groups were approached by members of the research team across two different jurisdictions within Australia. Through the use of a Participant Information Sheet potential participants were invited to attend small interactive focus group workshops, to discuss the ASSIST tool. Participants self-selected to attend a focus group at the date and time that suited them at the location of the community service centre. Four focus group workshops (Barbour 2007) were held, three in South Australia and one in New South Wales. A total of 18 older people participated; 11 females and 7 males (Table 1). The duration of each focus group workshop was approximately one hour.

Table 1 here

Following consent being obtained, the participants were provided with a copy of the ASSIST tool by the researcher leading the focus group workshop. Once the participants had read through the tool, they were invited to comment on the relevance and acceptability of the tool for older people, in particular the type of substances covered and the acceptability and suitability of the question content and wording. The participants were also asked to identify

any challenges they could foresee for older people using the ASSIST tool and to assess the acceptability of the brief intervention attached to this screening tool for their age group. The same core questions were used at each focus group workshop by a researcher/facilitator who wrote down key points discussed. The researchers chose not to audio record the focus group session, but to take notes only. This decision was based on the uncertainty about the level of engagement there would be during the focus group, by older people, if their comments were audio recorded when discussing substance use. Once the focus group workshop was completed the researcher reviewed their notes and any written comments on the ASSIST forms that were collected at the end of the focus group workshop.

Written data from the focus group workshop discussions and researchers notes were collated and analysed separately by two researchers (Cusack and Gronkjaer). The data was analysed using thematic coding based on the research question (Schneider, Whitehead, Elliot, 2007), and then reviewed by the research team. The results were written into a report and the community members who had requested to review the findings were given a copy to comment on.

Results

A range of questions and suggestions regarding the use of the ASSIST screening tool and the suitability for the sixty-five years and over age group arose during each focus group discussion. Overall most of the participants in this study were open to discussing alcohol and drug use. As one participant reminded researchers '*we did live in the 60's you know*' (FG1). However in talking through the screening tool which has been designed for people to self-complete, before meeting with trained personnel to discuss their results, participants held different perspectives on being screened for alcohol and other drug use in this way.

Responses ranged from being positive to being hesitant about completing a screening tool such as the ASSIST form. From one participant saying;

Happy to be asked the questions (FG4)

To another stating that;

Hate filling out forms – hesitant to be interested (FG1)

In support of this hesitance, others questioned the value of a self-administered screening tool on such a personal topic, which they assumed they would be asked to complete while sitting in a doctors waiting room.. Some stated:

I don't think anyone would just pick it up and do it (FG 2)

The whole thing is a bit confusing (FG2)

The participants indicated that they would rather have a confidential conversation than be given a form to complete. This suggested that handing out the ASSIST form for self-completion would not necessarily encourage older people to undertake a self-assessment of their alcohol and other drug use.

Feeling comfortable with the person conducting the screening.

The majority of participants wanted to know who would use the ASSIST form, in what capacity and in what setting. As previously mentioned these participants did not perceive that the tool would be used by someone of their age independently and that it would require some assistance to walk them through the questions. Participants generally indicated they would be more comfortable talking with a health practitioner they had come to know and had a longer-term relationship with, such as a practice nurse or General Practitioner (GP). However one

participant suggested they would be more comfortable talking to a nurse due to the nature of the relationship.

You may not want to tell your doctor what you are doing, so the nurse would be better to ask the questions – as it is a different relationship with the nurse (FG4)

Depends on the person asking the questions and how they go about it – nurses are often more approachable (FG3)

While another participant indicated that they

Wouldn't mind the doctor asking, but not a podiatrist (FG4)

This indicates that it does matter what type of health professional conducts the screening and that they are seen to be supportive and approachable. For others it is their longer-term relationship with the health practitioner that was important for them to feel comfortable talking about their alcohol and other drug consumption.

Participants were also interested to know what would happen with their information, how it would be stored and who would have access to the answers or scores if they completed the screening tool. Some concern was expressed about being negatively judged if they disclosed their drinking habits to their GP, because this might impact on the way they were treated and how their ongoing medical care would be managed. The participants also explored whether or not the information, if given to a GP, could potentially impact on their independence. For example, whether there could be implications for their drivers licence renewal.

Using the ASSIST

There were suggestions from the participants on how health practitioners could best approach older people to commence the discussion using the tool, such as asking about the use of prescribed medications and complementary therapies first and then moving onto what non-prescription drugs they were also taking, including alcohol.

*Need to ask about herbal remedies as they are used a lot by
over 65's (FG4)*

Some participants indicated that the form page-layout was quite acceptable and understandable; whereas others suggested enlarging the print, modifying and simplifying the format. As this participant comments:

Looks clinical and unfriendly – nothing friendly about it (FG1).

There was also discussion about wording and terminology regarding alcohol and drug 'use', with suggestions that this be change to 'the amounts consumed or taken'. The word 'use' implied to some participants that they were a 'drug user' which had a negative and judgemental overtone rather than a 'consumer' of substances.

Terminology "to use" is judgemental – slightly overpowering (FG2).

Due to the terminology used within the ASSIST form there was some confusion about who this tool was designed for. This made the participants wonder if the tool was primarily designed for those who already had a problem with alcohol or other substances.

It seems like it is more for someone who is using or is hooked (FG3)

The participants reported that some of the questions and examples were not relevant for the older age groups:

Life is very different for a 65 year old compared to an 80 year old, so questions need to be different (FG1)

Noted some people are working until 70, so only relevant for some (FG4)

Need to focus questions on lifestyle of the over 65 (not work) (FG2)

Feedback form is not relevant for over 65. It says Smoking may cause wrinkly skin, premature aging and problems related to pregnancy..., Need relevant examples (FG4)

Including the suggestions in the brief intervention

Interventions to include activities related to over 65's- it is a different world (FG4)

This highlights the importance of ensuring that the design and language used for a screening tool and the brief intervention is appropriate for the target group and indicates that one format will not be suitable for all age groups.

Perceptions of their drinking

The discussion about the ASSIST within the focus group initiated reflection about participant's own alcohol use, their prescribed or complementary medication and the effect on their use (mainly of alcohol) if they were screened using a tool like ASSIST. Use of illicit substances were not discussed as being relevant by the participant groups, as alcohol was their main substance of choice. Some older people stated they were not interested in stopping their consumption of alcohol and did not believe that drinking small amounts of alcohol daily

was problematic, however they were interested in learning about health effects, impact on their medications and exploring any benefits of reducing the amount of alcohol taken.

In discussion with the researchers, who have worked in alcohol and other drug services, participants were surprised about the actual size of a standard drink and possible health effects with ageing and medications. There was significant interest regarding the actual size and amount of a standard drink, with suggestions that pictures clearly showing a standard drink size, with explanation, be included in the accompanying brief intervention with the ASSIST tool.

Discussion

This study explored the suitability and acceptability of the internationally available ASSIST for use in screening alcohol and other drug use for individuals aged sixty-five years and over that live independently in the community. A number of authors have concluded that alcohol use amongst current and future generations of older people will increase with the improved longevity of more recent generations of older people (Gilhooly, 2005; Smith & Foxcroft, 2009; Wilkinson, Lintzeris, & Haber, 2009). This view is supported by recent Australian population data which found that while older people appear to drink less in general, the 65-74 years group are the highest proportion of the population reported to be consuming alcohol daily, followed by the 75+ age group (Australian National Preventive Health Agency 2013). It has also been suggested that this risk is often unrecognised by older people and difficult to assess by health care professionals (Rehm & Manthey 2017; Royal College of Psychiatrists, 2011). As such, the availability of effective and easy to use screening measures for drug and alcohol use in older populations, paired with brief targeted interventions, would be highly beneficial, especially for nurses working in health promotion, general practice or public health settings.

This study found that the ASSIST tool could be an appropriate screening tool for the over 65 year age group in Australia if adjustments were made to some aspects of the language, design of the tool and reflected the common life events of this older age group. There may be some reticence by staff in primary/community care to ask older people about alcohol and drug use. However, older people who participated in the discussion indicated that their age group would not mind being asked questions about alcohol and drug use as long as it was done sensitively, with explanations, by someone that they trust such as a practice nurse. The questions in the ASSIST would have to be considered in the context of their age range and life style. This is in line with existing research on the normality and acceptance of alcohol used among older people (Grønkjær, Curtis, de Crespigny & Delmar, 2011; Wilkinson & Dare, 2014). In fact, some participants were particularly interested in receiving updated information on ageing and alcohol consumption and in particular on drink sizes, which is significant given that the literature identifies underestimation of the amounts older people drink to be common (Wilkinson, Allsop & Chickritz, 2011). Community education and screening about alcohol use was supported in a study by Vafeas, Graham, de Jong, Sharp, Ngune and Maes (2017), in a regional town in Australia, who following a community screening intervention, using AUDIT, advocated for health practitioners and policy makers, to be aware of the silent epidemic and to get involved in screening older people for alcohol misuse.

The information gathered from the focus groups highlighted that people 'aged 65 years and over' are not a homogenous group. This makes it difficult to develop one screening tool that will reflect the varied differences in health, medications, social circumstances and substances used across the range of ages from 65 and above. The physical, cognitive and social

circumstances of the 65-75 age group may be very different from the 80-95 age group.

Subsequently, in any screening with an older person, it is critical that issues such as their age, chronic diseases and comorbidities, use of prescribed and complementary medications are considered by the nurse or other health practitioners. This raises the issue as to who should undertake the screening with these age groups. Given that the ASSIST tool was developed for a range of health and community care personnel to use in a wide range of community settings, this may not be the best approach for the over sixty-five age group due to the additional complexities related to health, medications and behaviours. To inform future revision of the ASSIST tool, a report of this study was provided to the Drug and Alcohol Service South Australia (DASSA)-WHO Collaborating Centre, The University of Adelaide, who has carriage of the ASSIST for the WHO,

Limitations. This study involved a small number of participants, which does not make it possible to generalise the findings. The participants however provided some insight into the suitability and acceptability of the ASSIST tool for use with an older age group. To our knowledge, older people have not been asked for their opinions about alcohol and other drug screening tools for use with this population.

Participants' recommendations

There were some suggested changes to the current format and potential use of the ASSIST tool that these older people identified, summarised in Table 2.

Table 2 here

Table 2 Summary pitfalls and changes to ASSIST tool for more effective use in older age group

Conclusion

This study found that the ASSIST tool could be adapted as an appropriate and effective alcohol and drug use screening tool for the over 65 year age group. Due to the potential complex medical and pharmacotherapies of this age group the tool should be administered by health practitioners such as nurses. Nurses should be aware that some adjustments need to be made when using the current ASSIST to accommodate the social and physiological differences in age groups and health status that reflect the life events of older people. Assumptions must not be made that once over 65 years of age they become a homogenous group. Any AOD brief intervention provided by a nurse should consider the context of other factors/behaviours in older people's lives such as cognition, all types of medications, increasing falls and social connectedness.

It would be preferable to have a tool that is also linked to a brief targeted intervention so that the outcome of the screening can be recognised, explained and explored at the time it is introduced to the older person. In many countries the population is ageing and alcohol use has been part of their culture therefore nurses are well placed to undertake this important intervention due to their range of practice settings, understanding of the physiology of ageing, use of prescribed medications and chronic disease.

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Table 1 Participant Details

Groups	Location	Participant details
Group1 :	SA	4 members: 2 male 2 female
Group 2:	SA	2 members: 1 male 1 female
Group 3	SA	2 members: 1 male 1 female
Group 4	NSW	10 participants 4 male 6 female:
		18 participants

Table 2 Participants Recommendation

Current Potential Pitfalls	Suggested changes
It may be too confusing for some older patients to use the paper based tool independently without explanation or support of a health care professional.	The tool should be introduced and used by a health care practitioner sitting with the person.
The terminology 'use' may be off-putting. Current terminology suggests people have problematic substance use.	The terminology could be changed from 'use' to consumption
Some current examples in the brief intervention may be age inappropriate, such as the references to work, 'smoking causes wrinkles', and impacts on pregnancy.	Change the examples so that they are age appropriate
Older people's physical health, range of medical diagnosis and medications and social contexts may be very complex	The ASSIST should only be administered by a health professional as there is a need to understand the complex relationship and

	risks between medical conditions, medications and substances that are commonly used by older people
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