

## Questions Asked During the Live Webinar Broadcast on 2/9/12

***Question: Is SAMHSA's projection due to expected increase use or to the anticipated increase in the elderly population?***

**Answer from Presenter:** SAMHSA's projection does take into account rising drug and alcohol use trends as well as increases in older adult population. So, it is two-fold. But, the increase is not only from the increase in that population.

***Question: For the employed 55+ employee, what is the evidence that BRITE is more effective than the regular SBIRT?***

**Answer from Presenter:** I want to first point out that SBIRT and BRITE are not two different programs or two different ideologies. The BRITE program is supplemental to SBIRT for several reasons. The low-risk drinking guidelines change across the age groups so different protocols for screening are obviously necessary. And other topics pertain more to this population, such as medication interaction (due to the fact that 90% of older adults are medicated), medication abuse and depression. These topics are not specifically targeted or discussed in SBIRT. Therefore, the BRITE program was created to help adjust the SBIRT program to accommodate this age group. So, the best way to look at it is that the BRITE program falls under the umbrella of SBIRT and that BRITE is just SBIRT for older adults and specific to older adult situations and problems. So, its not a matter of is the BRITE better for older adults or is SBIRT better. They are in essence the same program.