Substance use and SBIRT implementation in NYC

Louis F. Cuoco, DSW, LCSW-R, ACSW

Director of Program Initiatives and Community Liaison; Behavioral Health and Social Services Director-NYC DOHMH STD Clinics

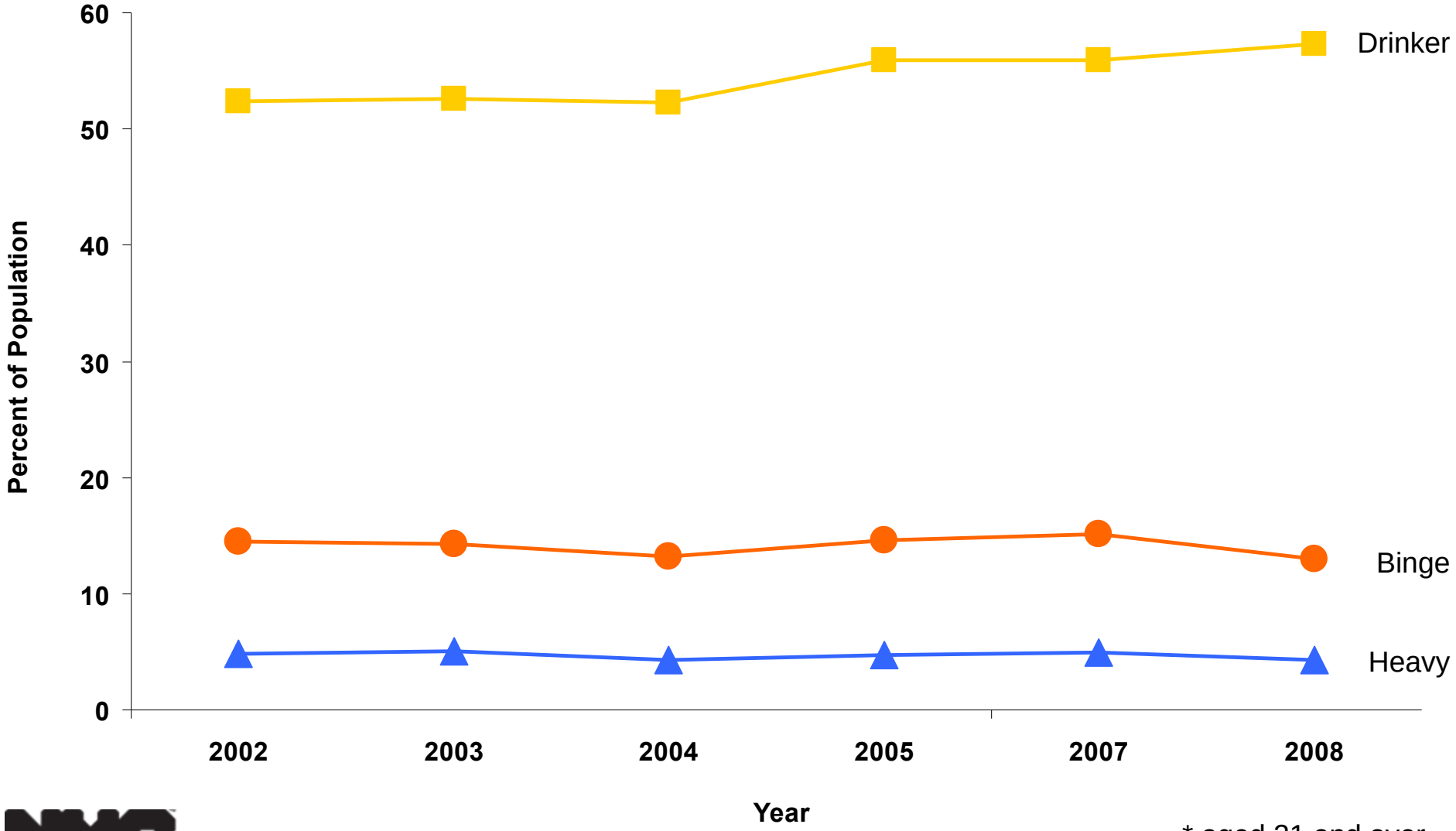
Bureau of Alcohol and Drug Use Prevention, Care, and Treatment

NYC Health

Overview

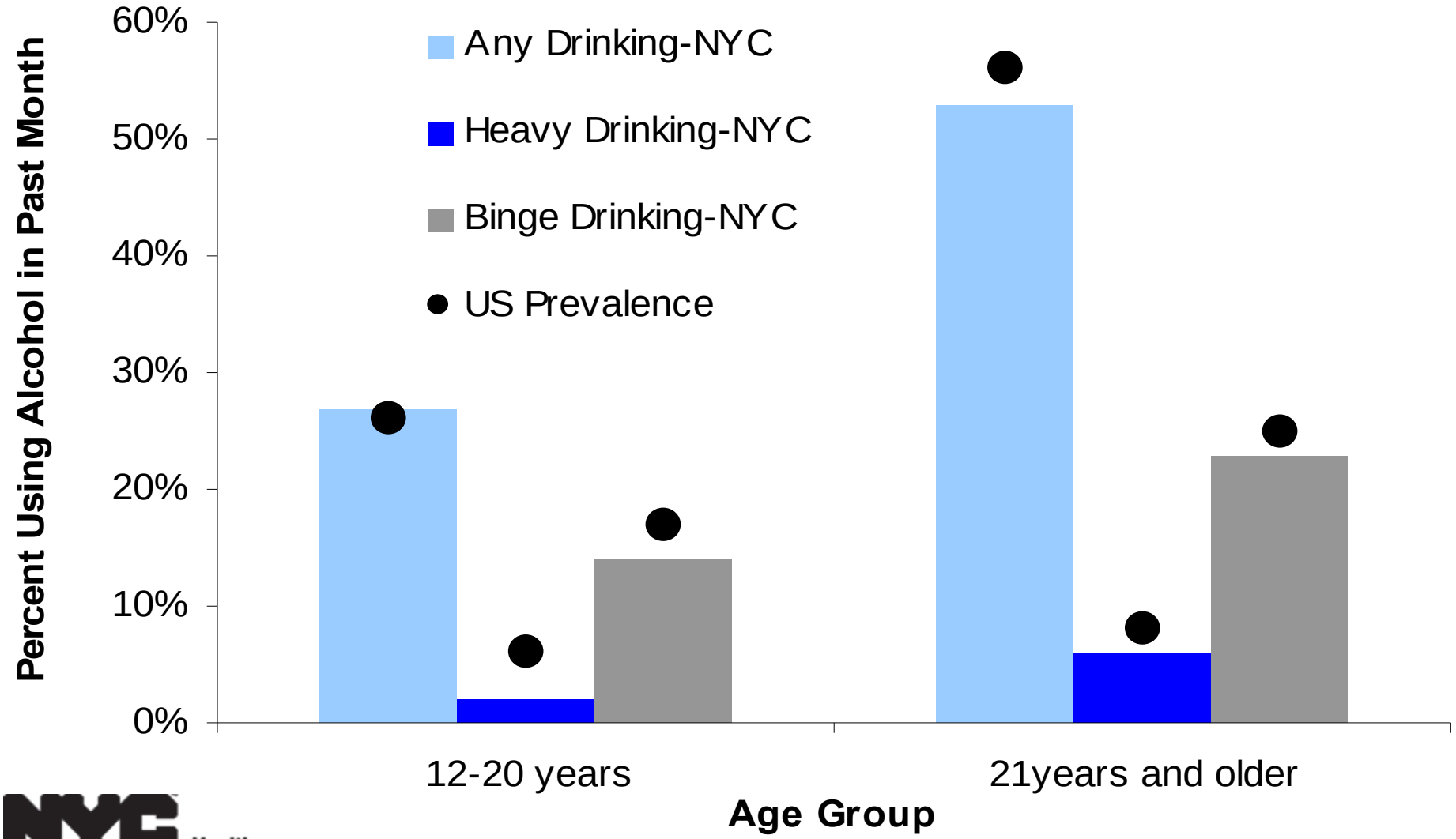
1. Alcohol-related morbidity among underage individuals in NYC
2. Drug-related prevalence, morbidity, mortality in NYC
3. Testing SBIRT in diverse venues in NYC
4. Challenges and next steps

Binge drinking is common among New Yorkers* who drink



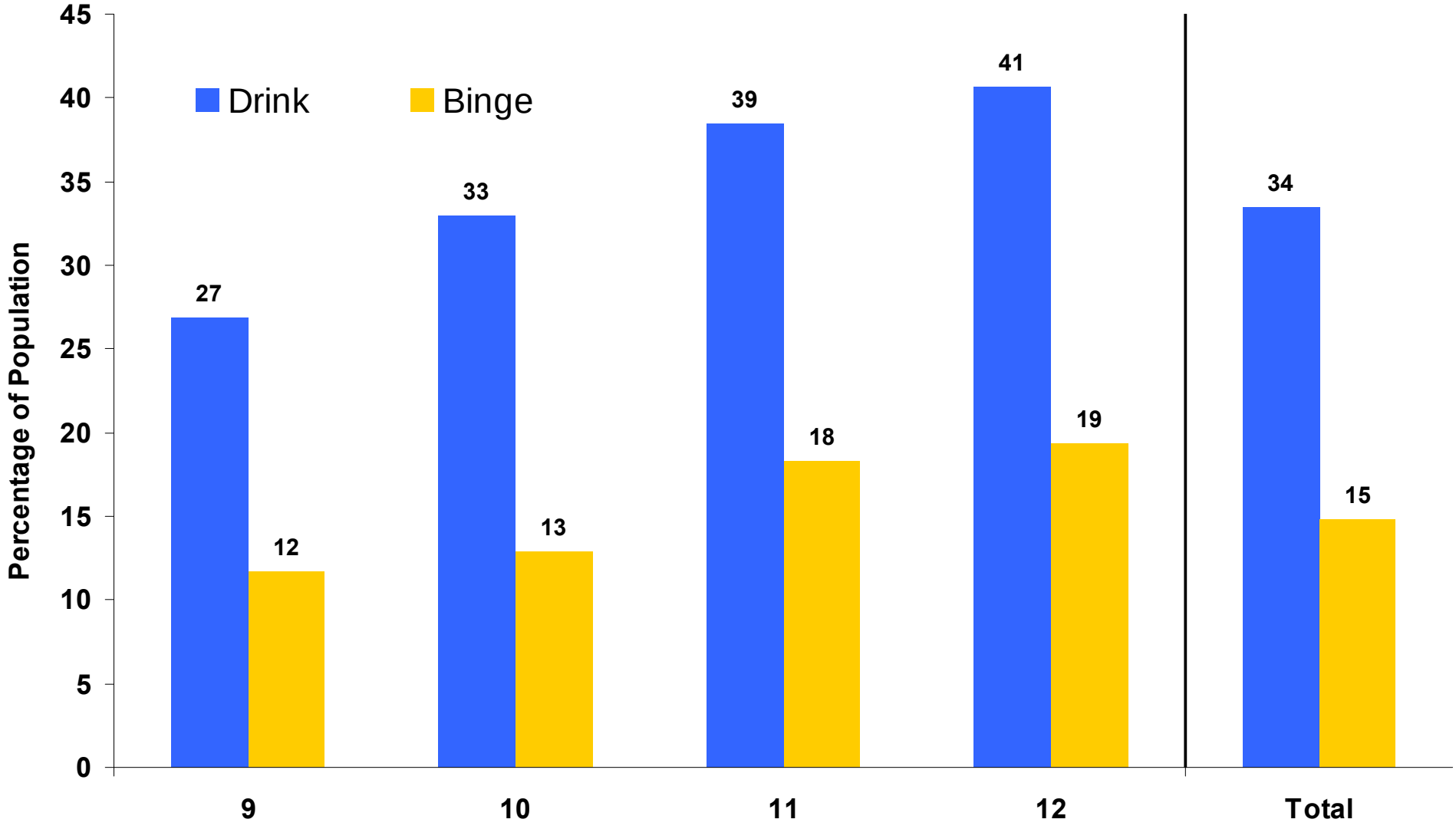
* aged 21 and over

The drinking patterns of New Yorkers are similar to Americans overall



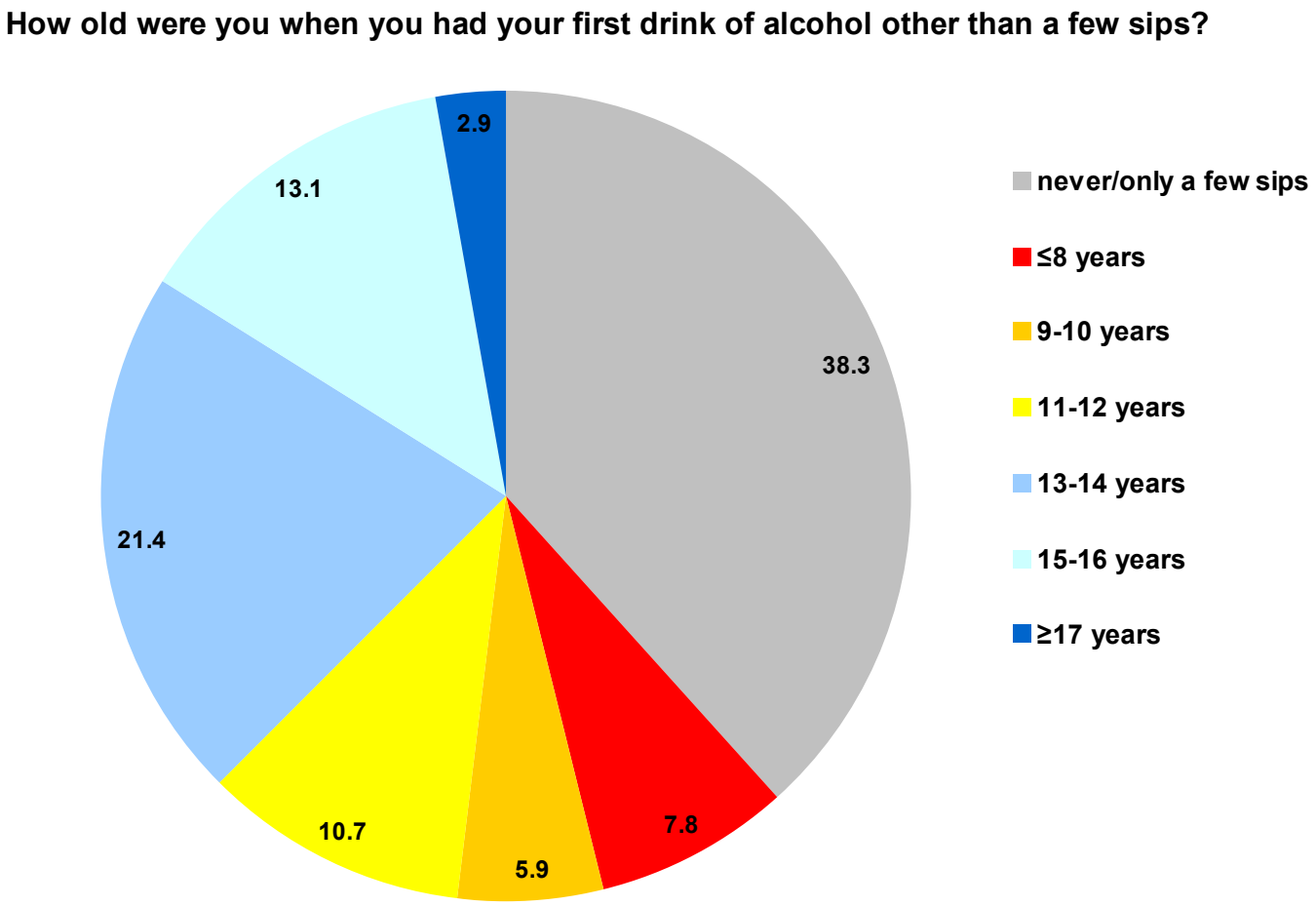
*Source: National Survey of Drug Use and Health, - NYC 2007-2008 averaged; US 2008 only

One-third of NYC teens drink, and binge drinking is common



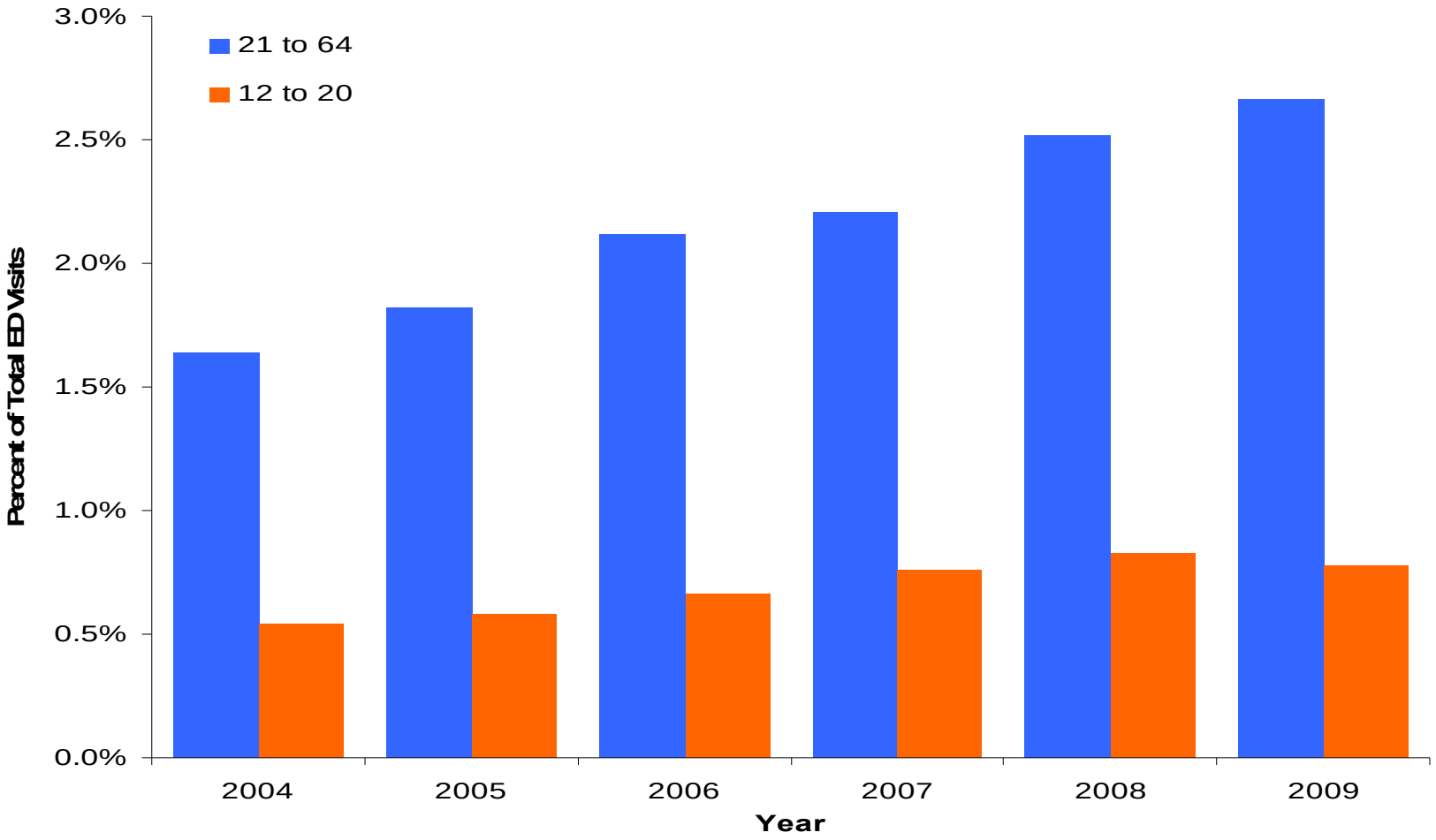
Data Source: 2007 NYC Youth Risk Behavior

Among NYC teens who drink, most began drinking at age 14 or younger



Data Source: 2007 NYC Youth Risk Behavior Survey

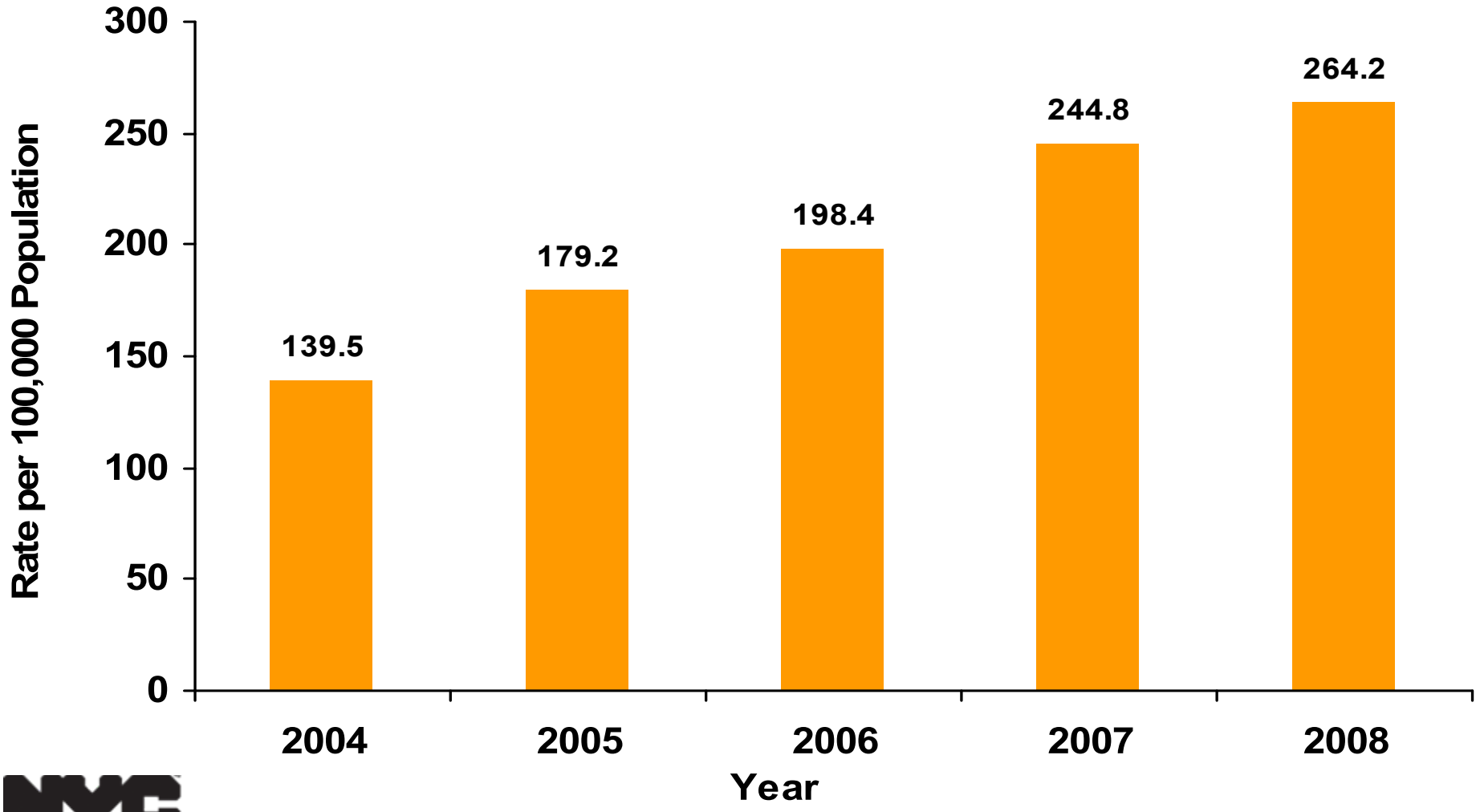
Alcohol-related ED visits are increasing in NYC



NYC Health

Source: NYC DOHMH Syndromic

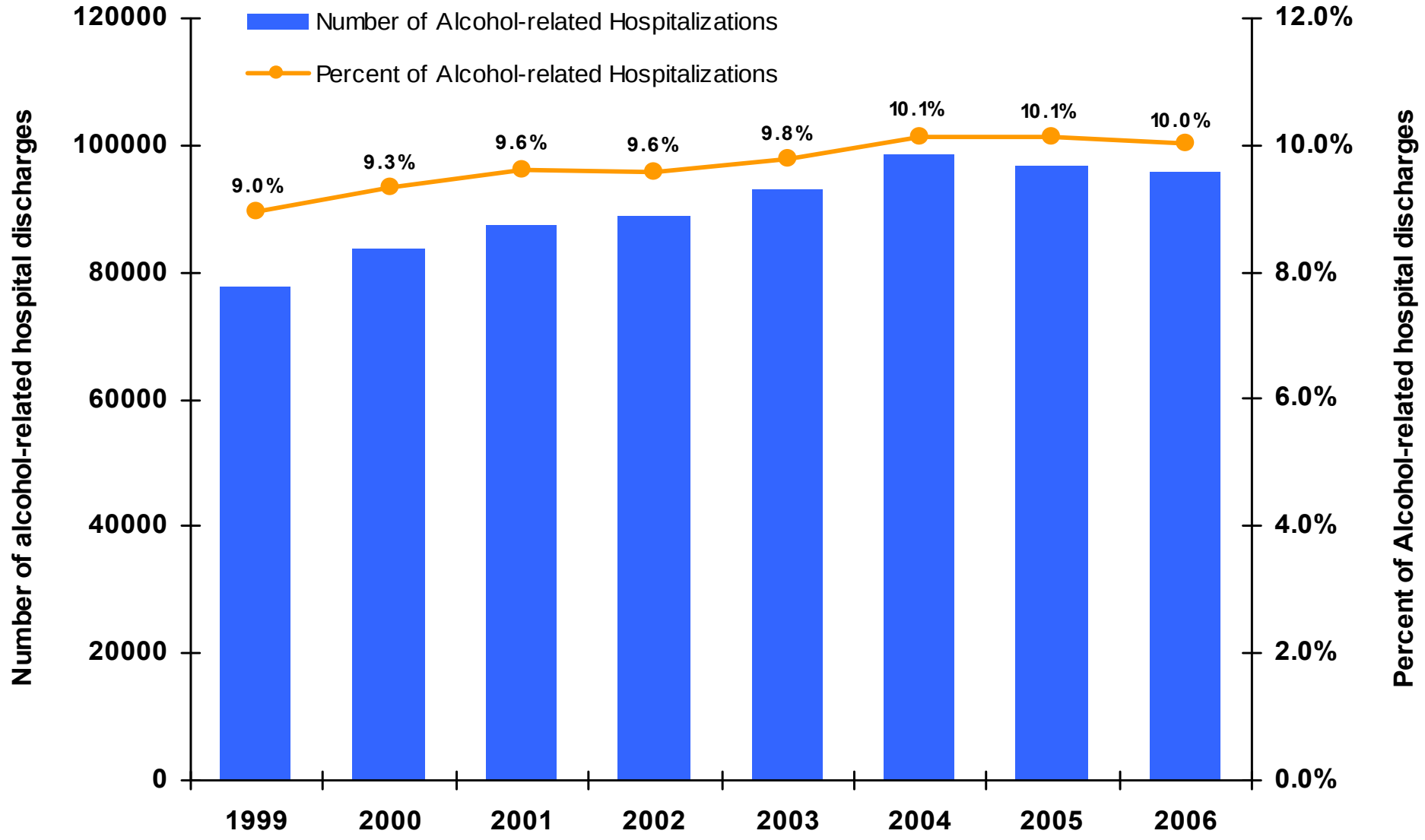
The Rate of ED visits related to alcohol use among underage drinkers has nearly doubled in recent years



NYC Health

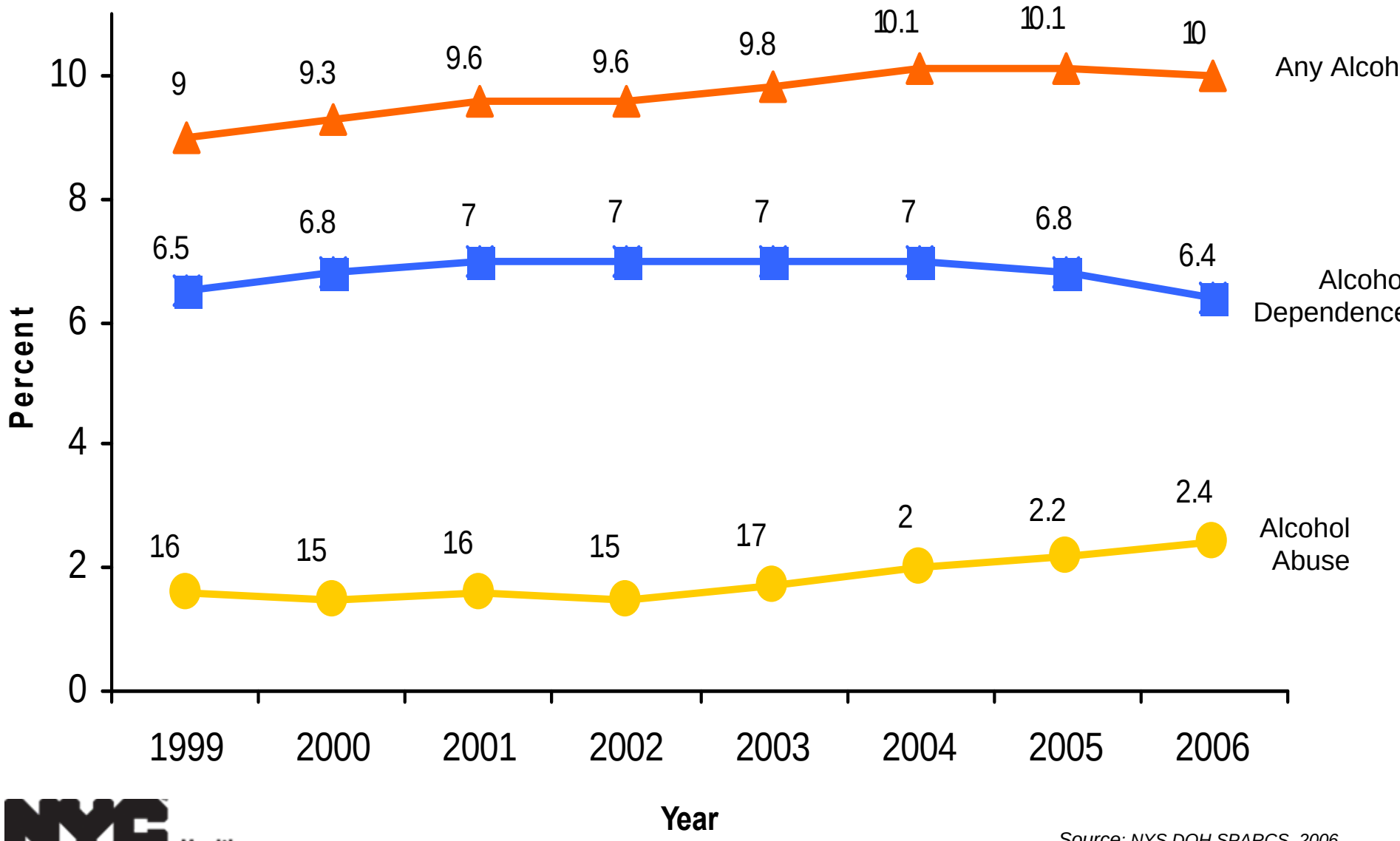
Source: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2008 (11/2009 update).

Alcohol Related Hospitalizations are Increasing, 1999-2006



Source: NYSDOH SPARCS, 1999-2006

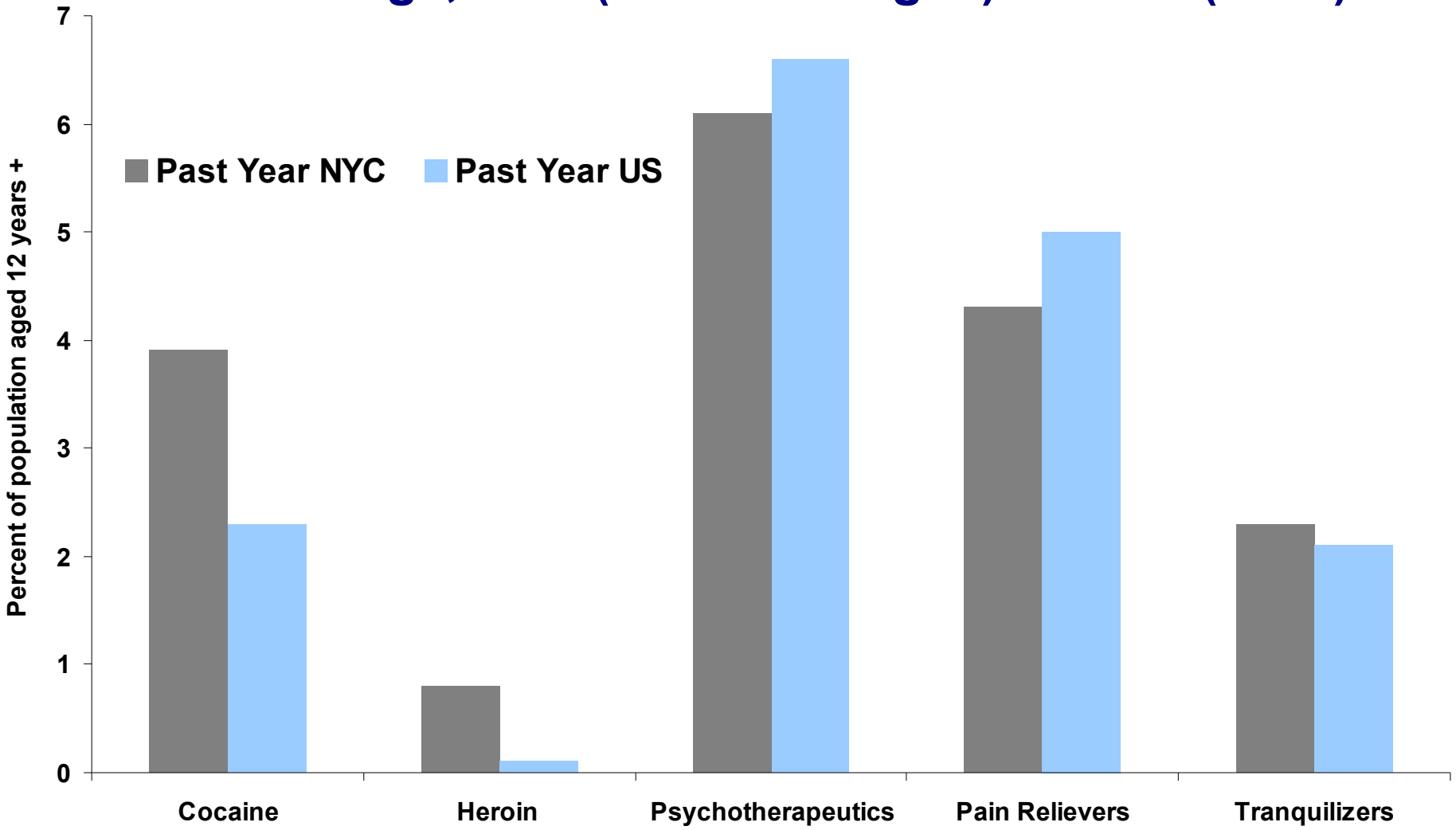
1 in 10 of all hospitalizations in New York City are alcohol-related



NYC Health

Source: NYS DOH SPARCS, 2006

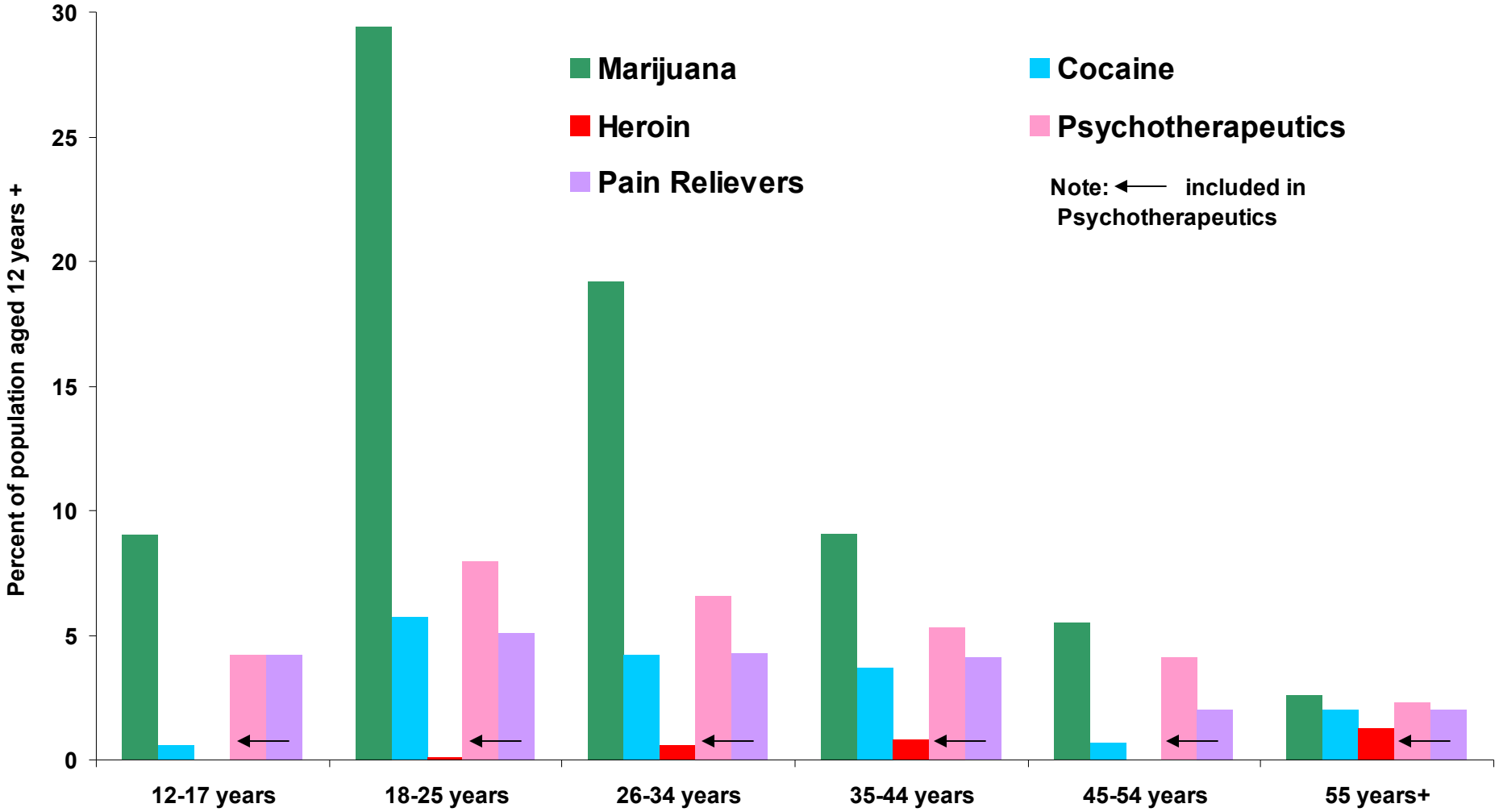
Overall prevalence past year use selected drugs, NYC (06-07 averaged) and US (2007)



NYC Health

Source: SAMHSA NSDUH

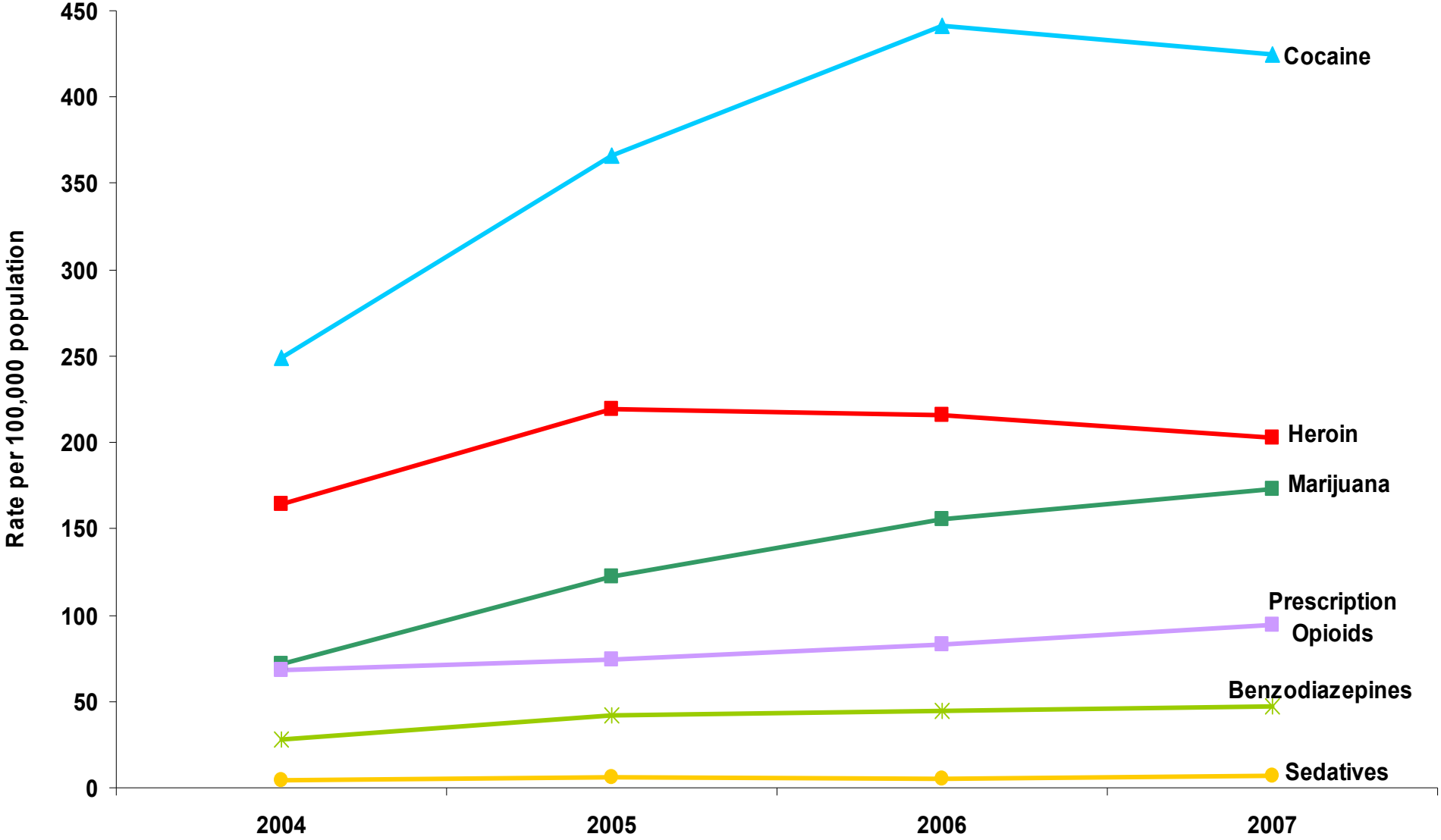
Past year drug use by age group, NYC (2005-07 averaged)



NYC Health

Source: SAMHSA NSDUH

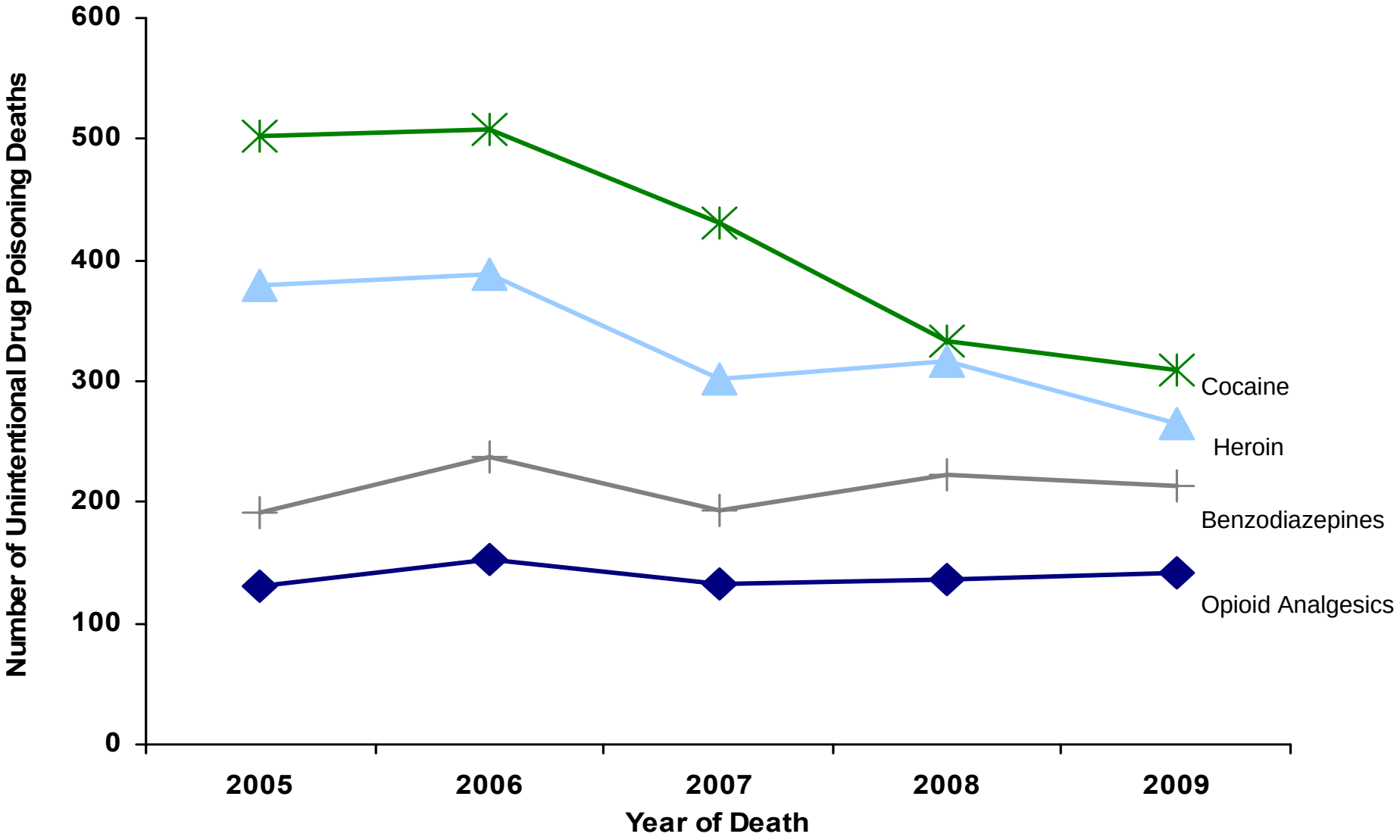
Drug-related ED visits, NYC (2004-07)



NYC Health

Source: SAMHSA DAWN

Accidental overdose deaths involving prescription drugs are not declining in NYC



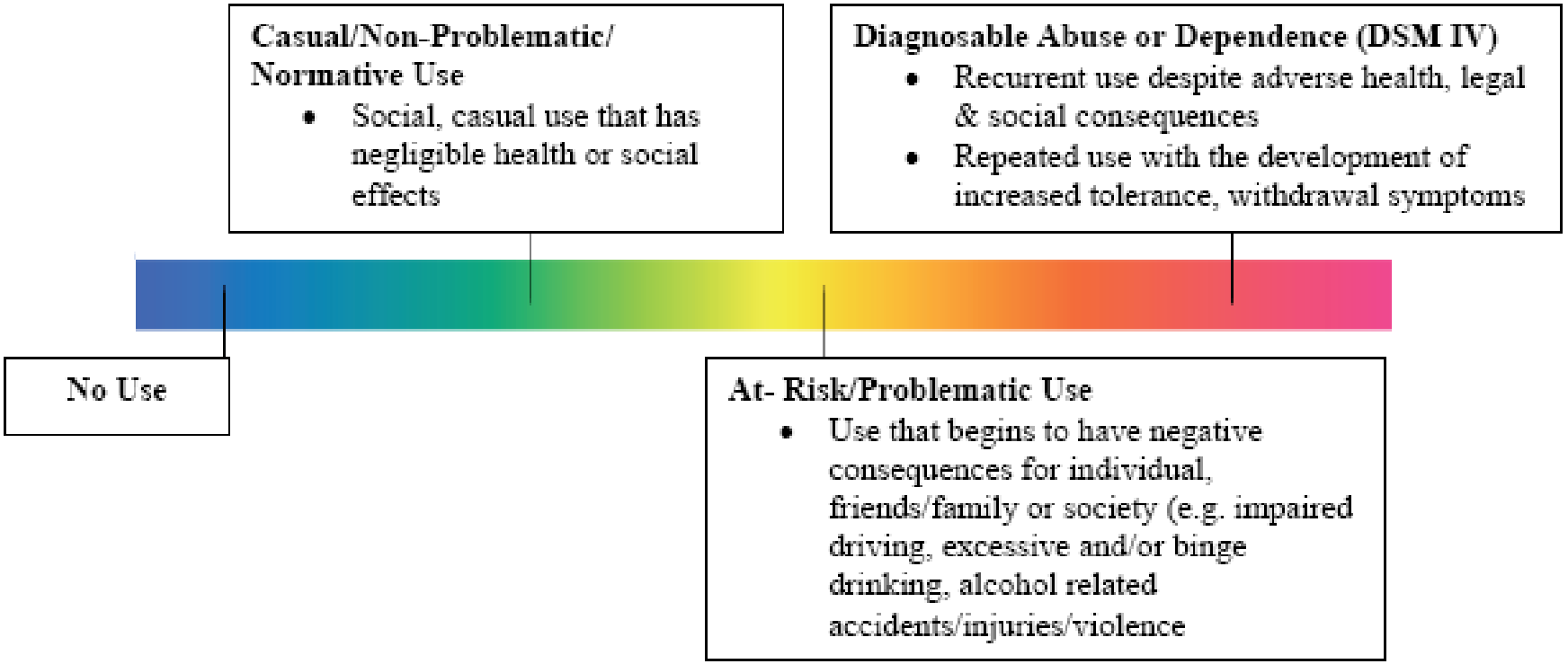
NYC Health

Source: NYC DOHMH ADUPCT (OCME)

Summary: Alcohol and Drug Use in NYC

- Harmful drinking behaviors – binge and heavy drinking – are common among New Yorkers who drink
- Many teens in NYC begin drinking at a young age, increasing their risk for lifetime problems with alcohol- Binge drinking is common
- Alcohol-related morbidity appears to be increasing in NYC
- Marijuana, Cocaine, and pain reliever use is highest among 18-24 year olds

Substance use occurs along a continuum.



NYC Health

What is *S*creening *B*rief *I*ntervention & *R*eferral to *T*reatment (SBIRT)?

An *Evidence-based Model Program* :

- Identifying persons at *ALL* levels of alcohol and drug use through to dependence
- Providing brief intervention to patients who are misusing alcohol and other drugs

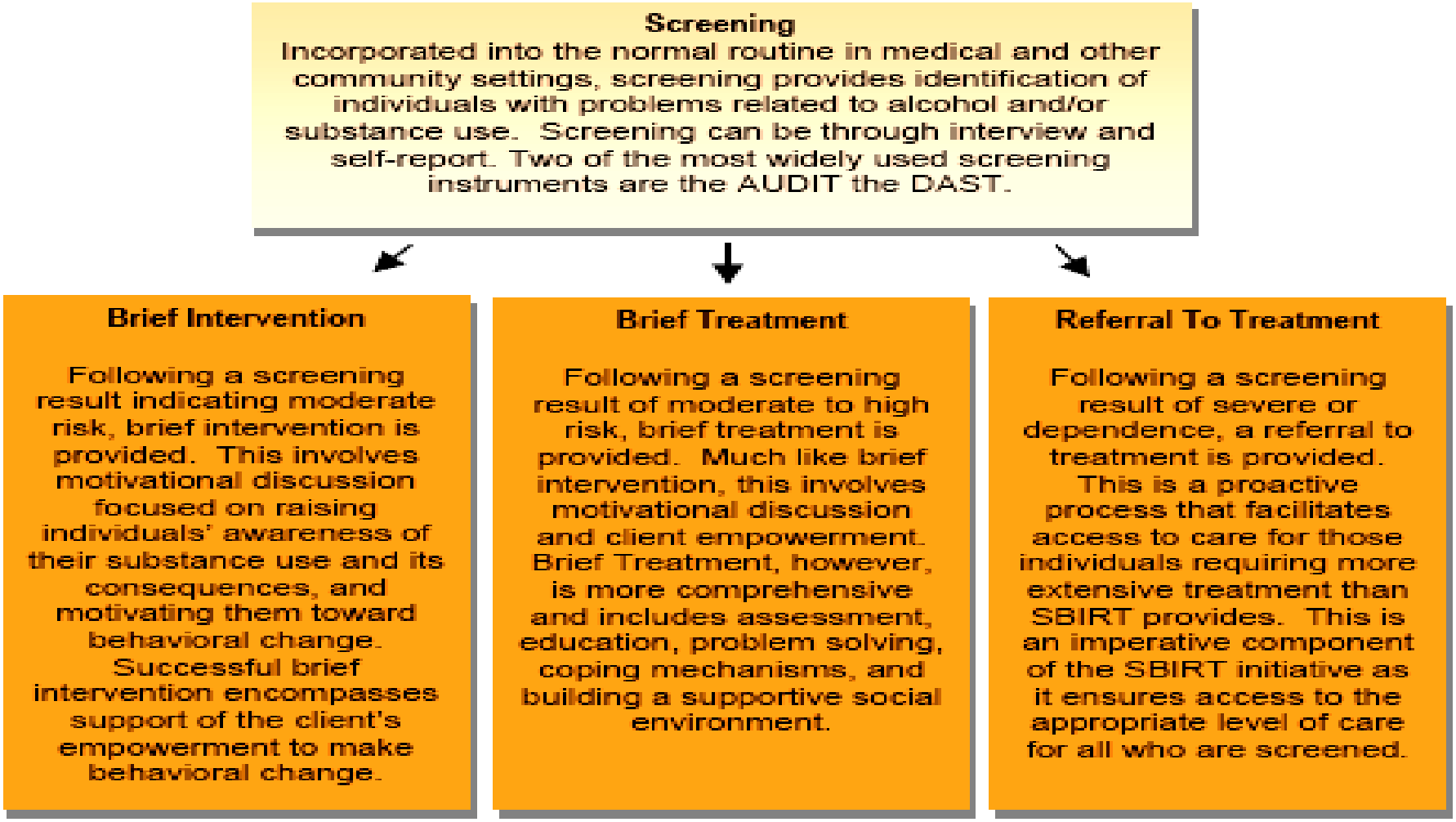
What is *S*creening *B*rief *I*ntervention & *R*eferral to *T*reatment (SBIRT)?

- **Assessing patients who may be using alcohol and/or drugs to determine if they would be eligible for treatment**
- **Referring patients who are probably alcohol and/or other drug dependent to addiction treatment.**

SBIRT is a Paradigm Shift from the traditional model of service provision to one that is more inclusive, focusing on the "at-risk" individual for prevention and early intervention.

SBIRT: Core Components

Source: SAMSHA/CSAT, 2005



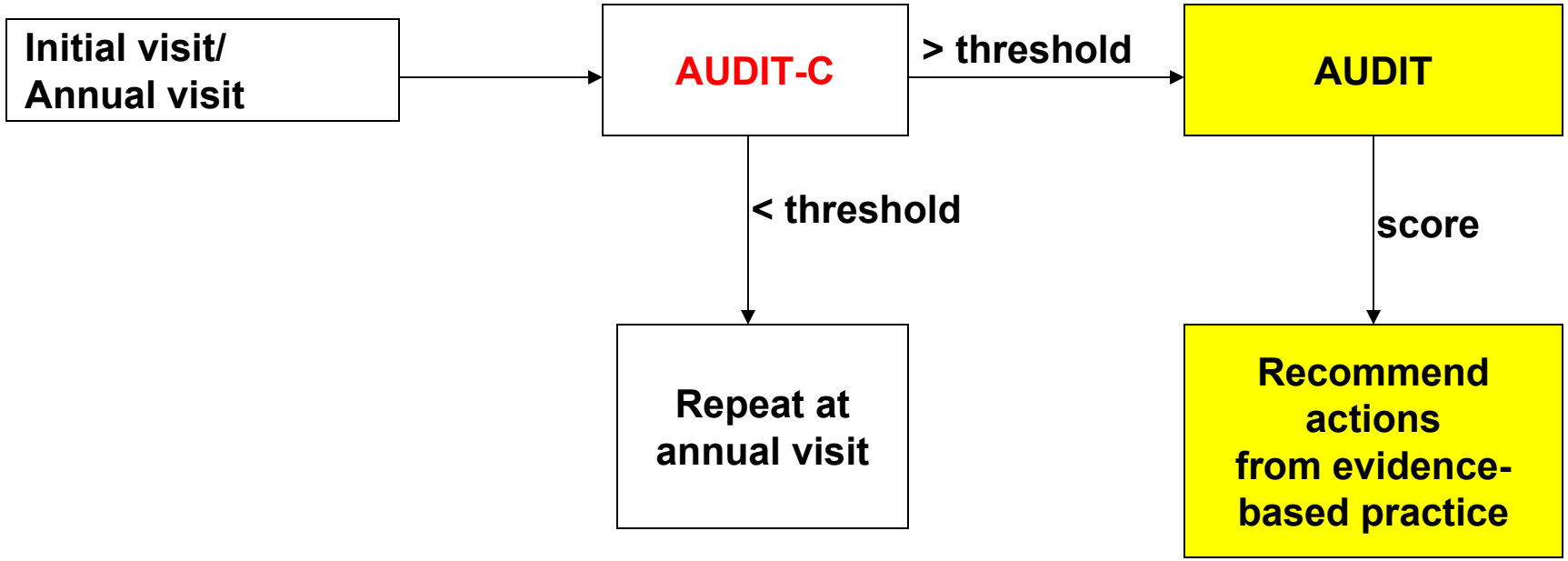
EFFICACY OF SBIRT in Primary Care Settings

- **Summary**: Randomized controlled trials, from literature utilizing studies[1] from seven databases from 1962-2006, was used to identify patients presenting to primary care for alcohol treatment with, and without, brief intervention.
- **Methodology**: Meta-analysis of 22 RCTs (N=7619)
- **Findings**:
  - Participants receiving BI had lower consumption than those in control group s/p 12 months or longer (mean difference: -38 grams/week, 95% CI: -54to-23).
  - Little evidence of greater reduction in alcohol consumption with longer treatment exposure, or among trials which were less clinically representative, were found
  - Extended intervention was associated with a non-significantly greater reduction in alcohol consumption than brief intervention (mean difference=-28, 95%CI: -62 to 6 grams /week, I2=0%
- **Summary**: Controlled trials, from reviewed literature[2] from 1992-2004, was used to estimate alcohol cost effectiveness to society and the healthcare system.
- **Methodology**: Clinically preventable burden (CPB) was calculated as the product of effectiveness times the alcohol- attributable fraction of both mortality and morbidity (measured in quality –adjusted life years or QALYs), for all relevant conditions.
- **Findings**:
  - Over the lifetime of a birth cohort of 4,000,000, the CPB was found to be 176,000 QALYs saved, with a range in sensitivity analysis from -43% to +94%.
  - Screening and brief counseling was cost-saving from the societal perspective and a cost-effectiveness ration of $1755/QALY saved.
  - Sensitivity analysis indicates that from both perspectives the service is very cost-effective and may be cost saving.

[1]Kaner EFS, Dickenson HO, Beyer FR, Campbell F, Heather N, Saunders JB, Burnand B, Poenaar D. Effectiveness of brief alcohol interventions in primary care populations. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.:CD004148.DOI: 10.1002/14651858.CD004148.pub3. John Wiley & Sons, LTD. (2009).

[2]Solberg LI, Maciosek MV, Edwards NM. Primary Care Intervention to reduce Alcohol Misuse, Ranking Its Health Impact and Cost Effectiveness. American Journal of Preventive Medicine 2008; 34(2) 143-152.e3

SBIRT in diverse venues: Community health centers

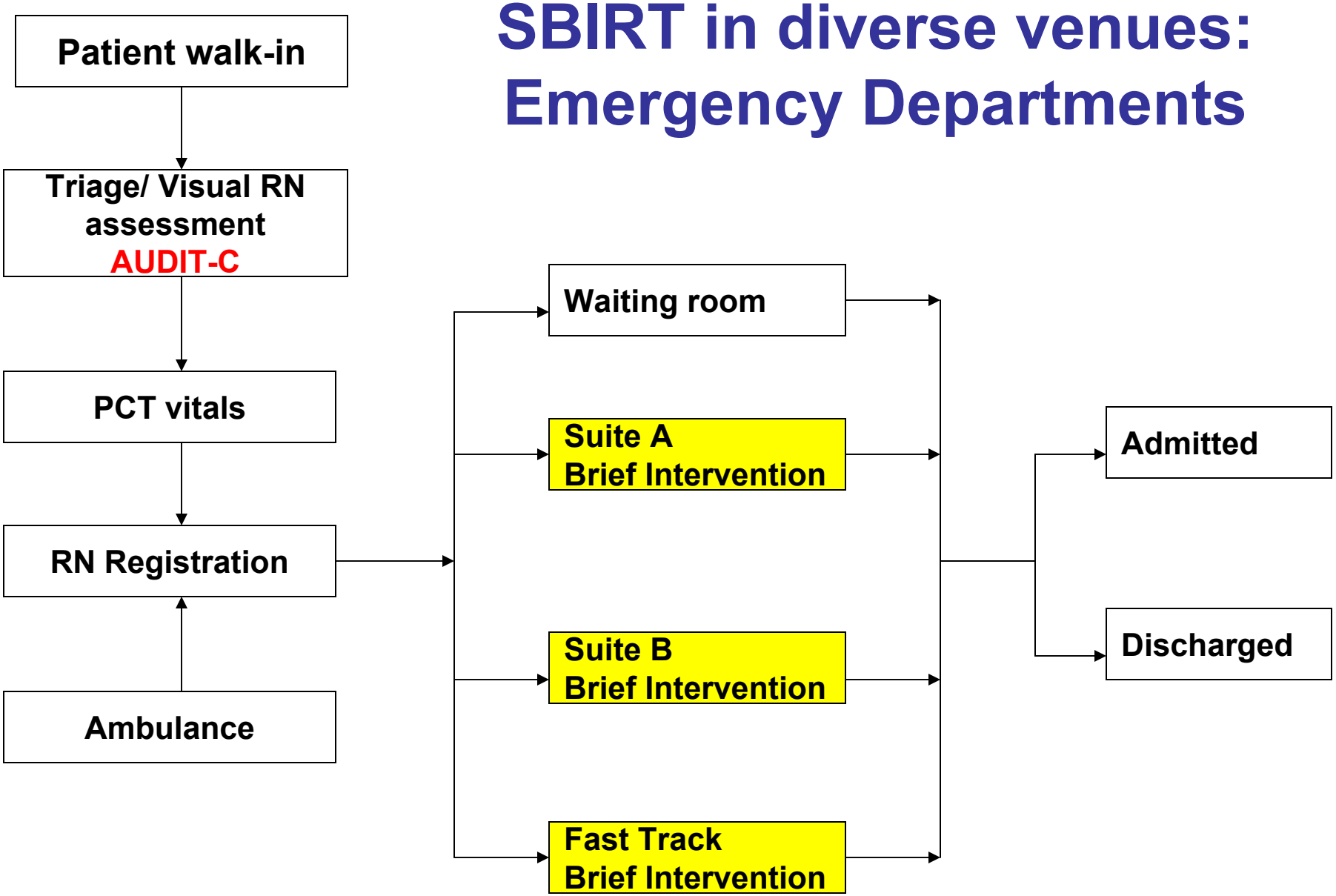


Key feature:

- Electronic medical record = opportunity for universal screening
- Equipped with AUDIT-C → AUDIT → Evidence-based practice

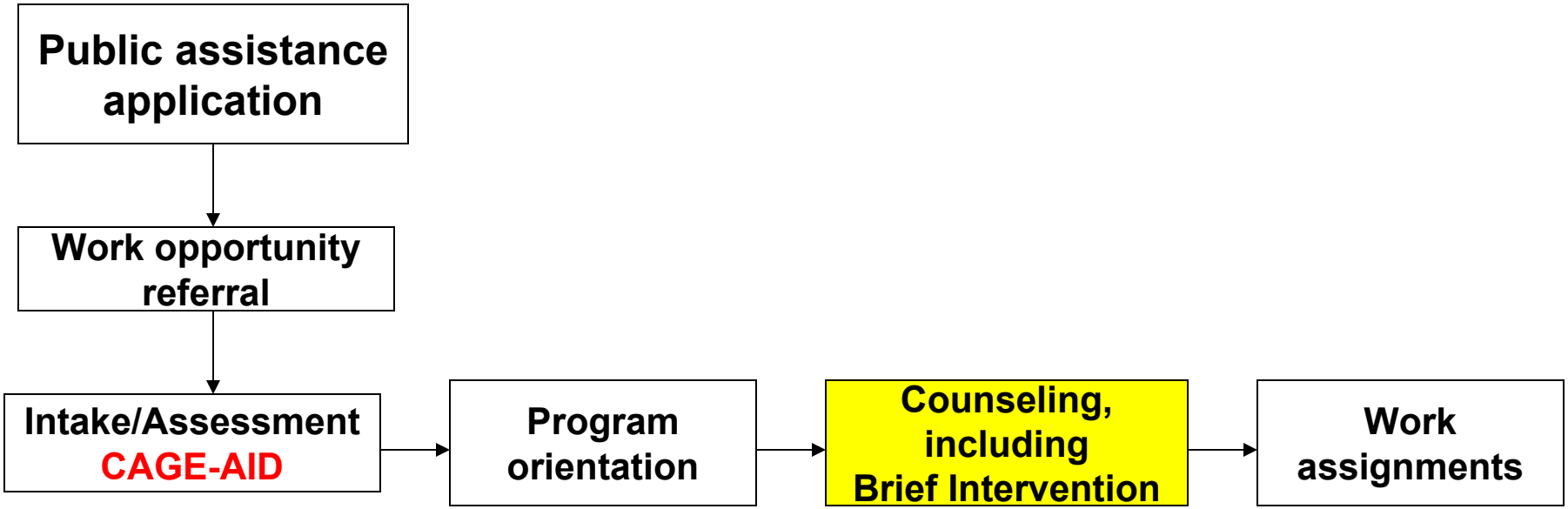
NYC Health

SBIRT in diverse venues: Emergency Departments



NYC Health

SBIRT in diverse venues: Work readiness programs

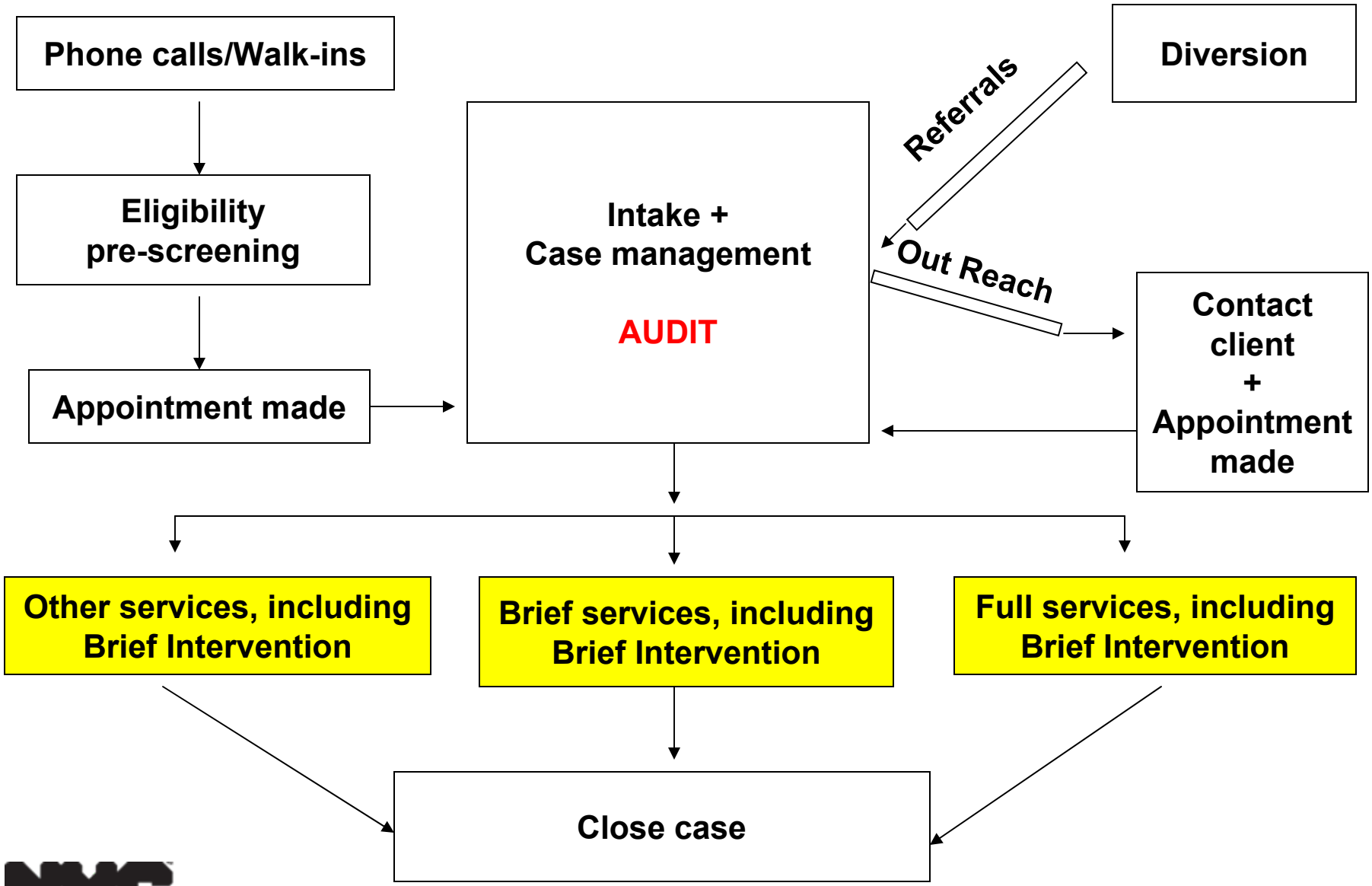


Key feature:

- **Universal Screening using CAGE-AID at Intake (self-administered)**

NYC Health

SBIRT in diverse venues: Eviction prevention programs



NYC Health

SBIRT in NYC

- General Social Services Agencies
- Primary Care Settings
- Medical Emergency Rooms
- Licensed Mental Health Clinics
- Licensed Substance Abuse Clinics
- School based health clinics
- NYC High School Substance Abuse Prevention and Intervention Service Workers

General Challenges to SBIRT implementation

- Many screening tools
  - CAGE-AID vs AUDIT/DAST
  - Fitting intervention to staffing and workflow
  - Who screens?
  - Who intervenes?
  - Clinical training to support the intervention

Thank you!

Questions, comments, requests for SDOH/OASAS required SBIRT training in NYC: Please contact

Dr. Louis F. Cuoco

lcuoco@health.nyc.gov

Or

John McAteer, LCSW-R

jmcateer@health.nyc.gov

NYC Health