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



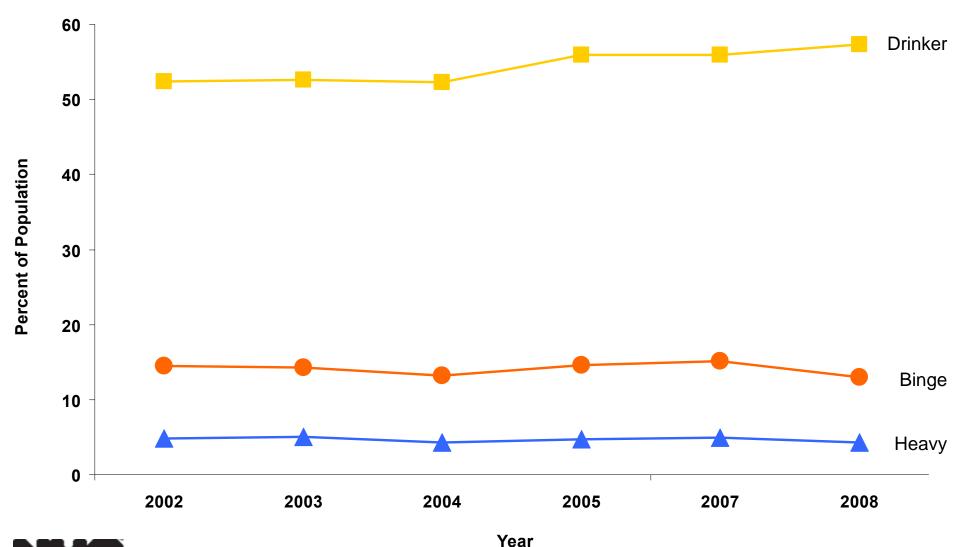
Overview

- 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





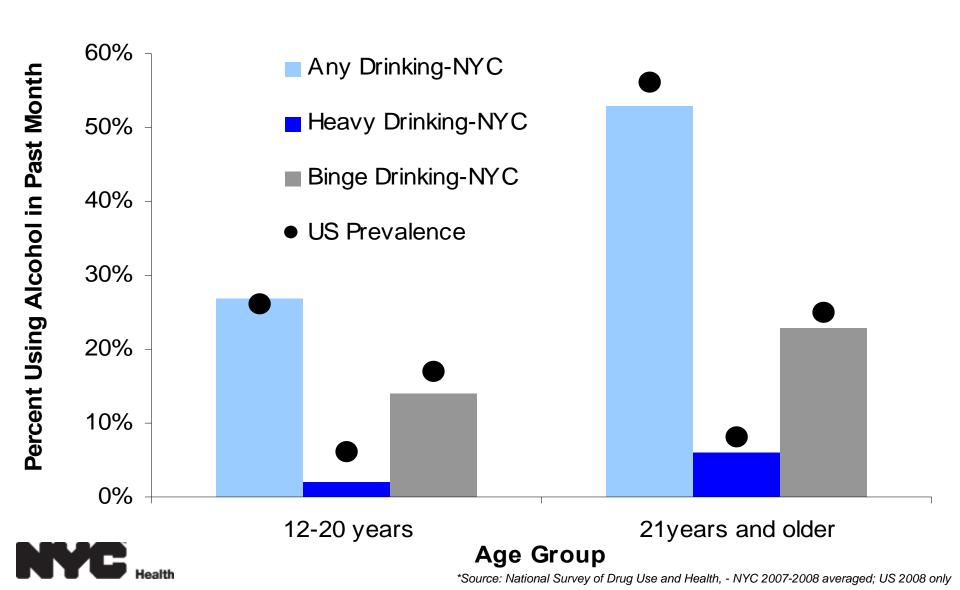
Binge drinking is common among New Yorkers* who drink



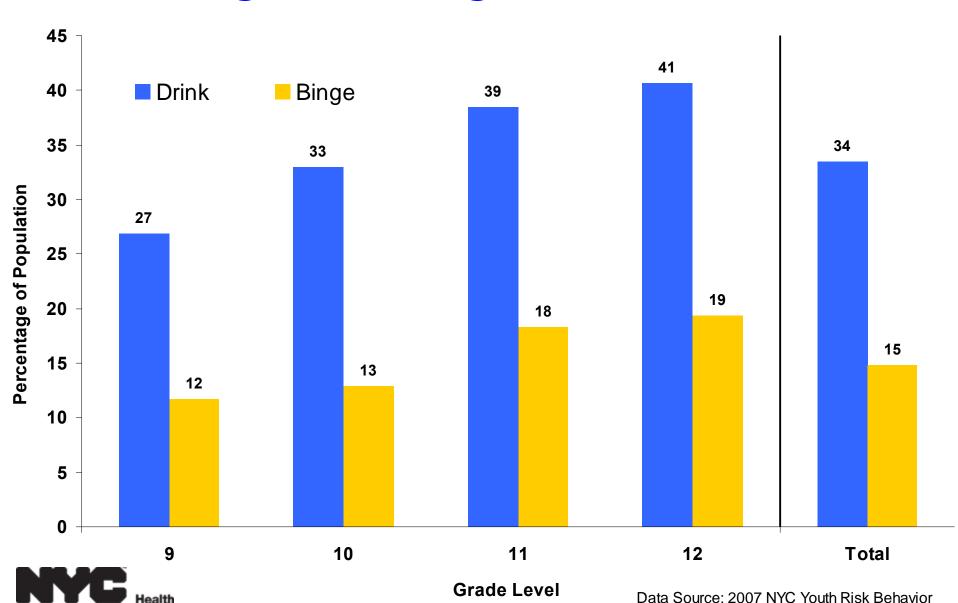


* aged 21 and over

The drinking patterns of New Yorkers are similar to Americans overall

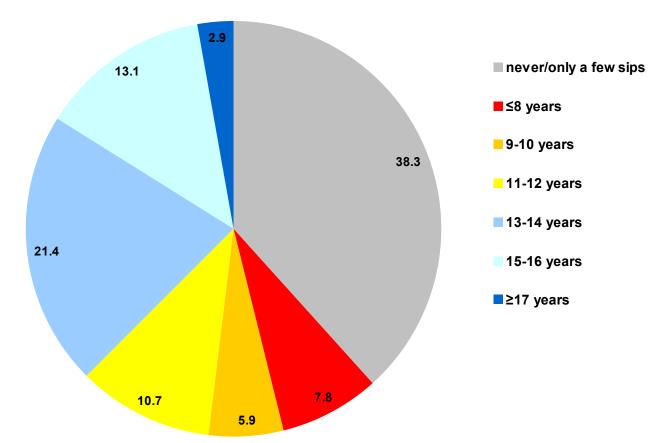


One-third of NYC teens drink, and binge drinking is common



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

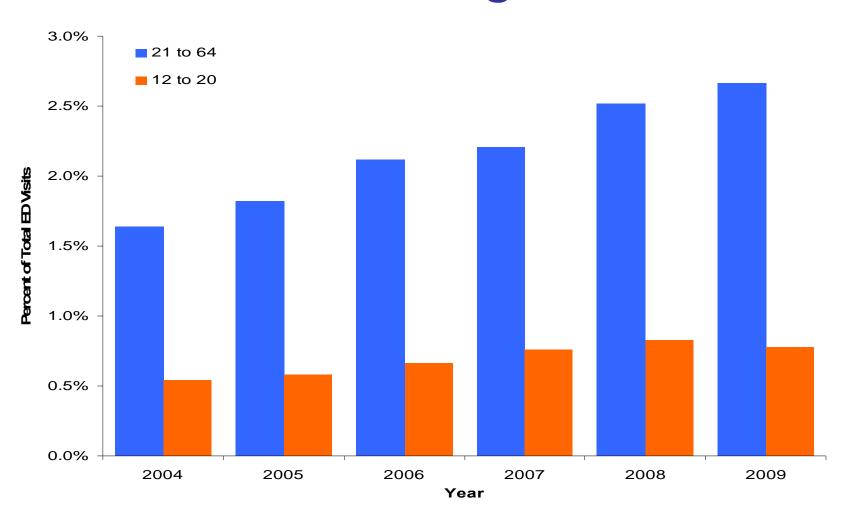
How old were you when you had your first drink of alcohol other than a few sips?







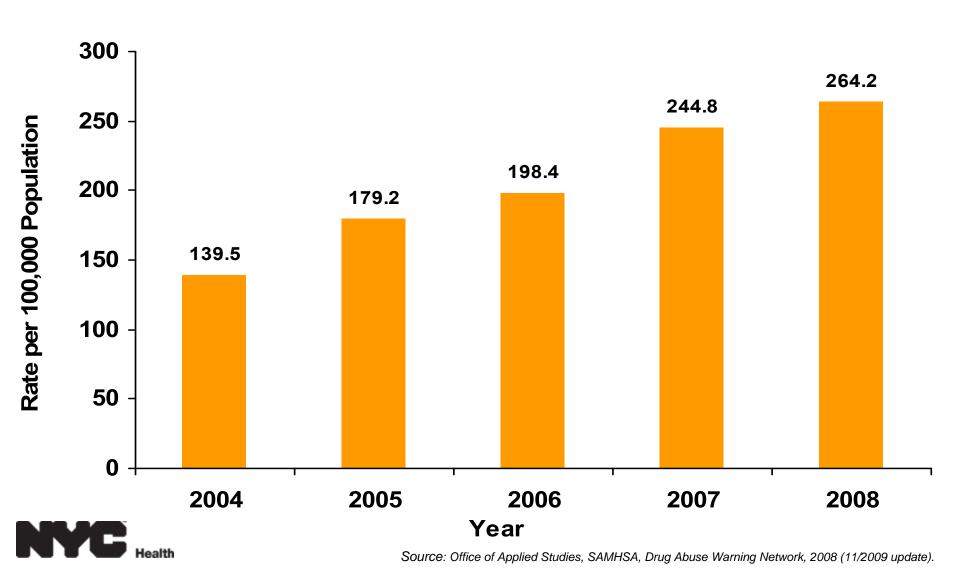
Alcohol-related ED visits are increasing in NYC



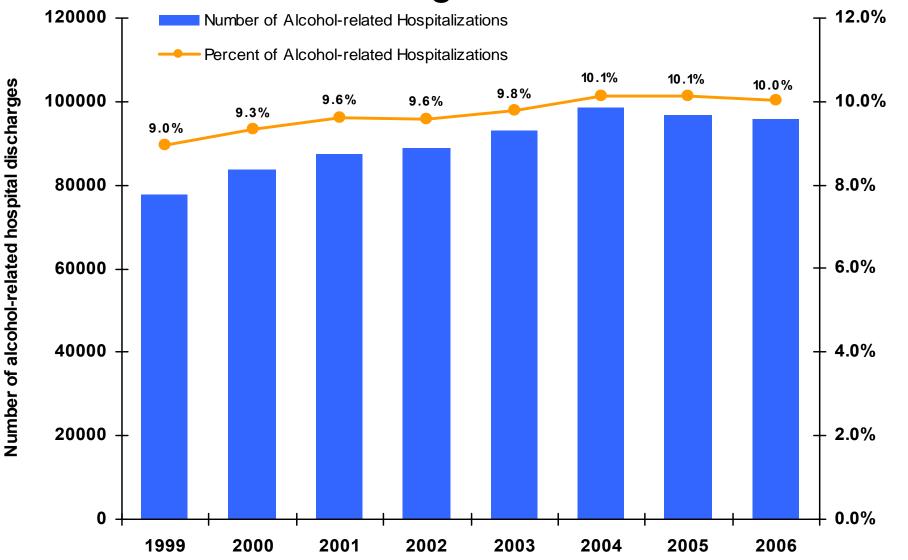




The Rate of ED visits related to alcohol use among underage drinkers has nearly doubled in recent years



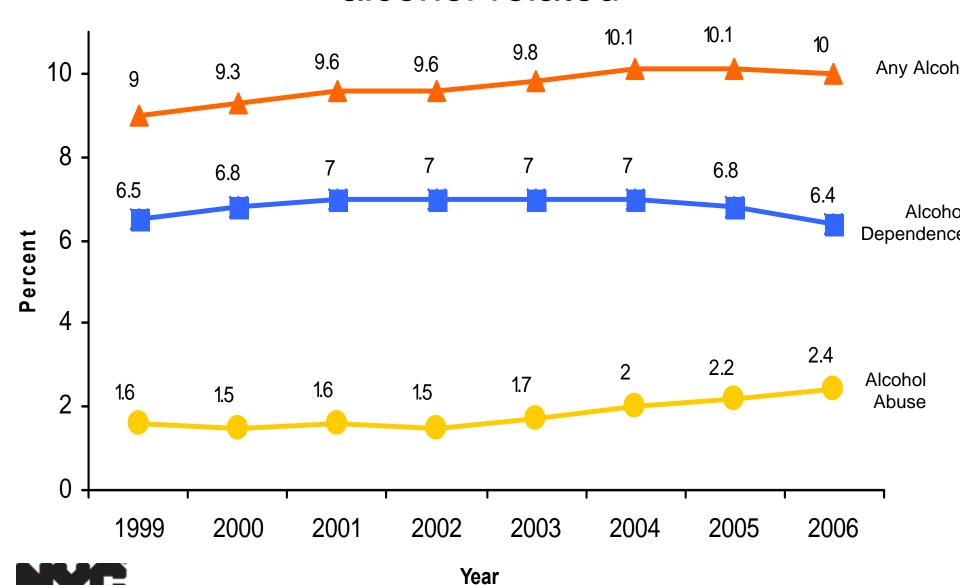
Alcohol Related Hospitalizations are Increasing, 1999-2006



Percent of Alcohol-related hospital discharges

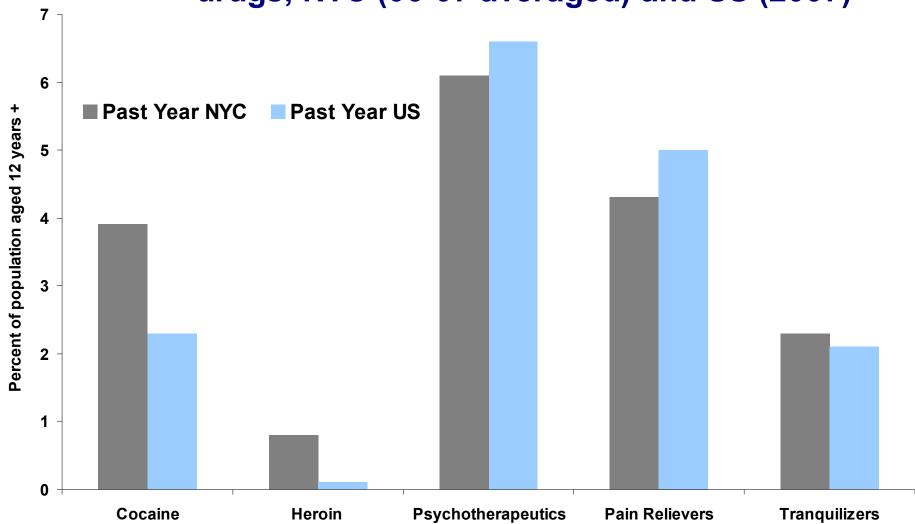
Source: NYSDOH SPARCS, 1999-2006

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



Source: NYS DOH SPARCS, 2006

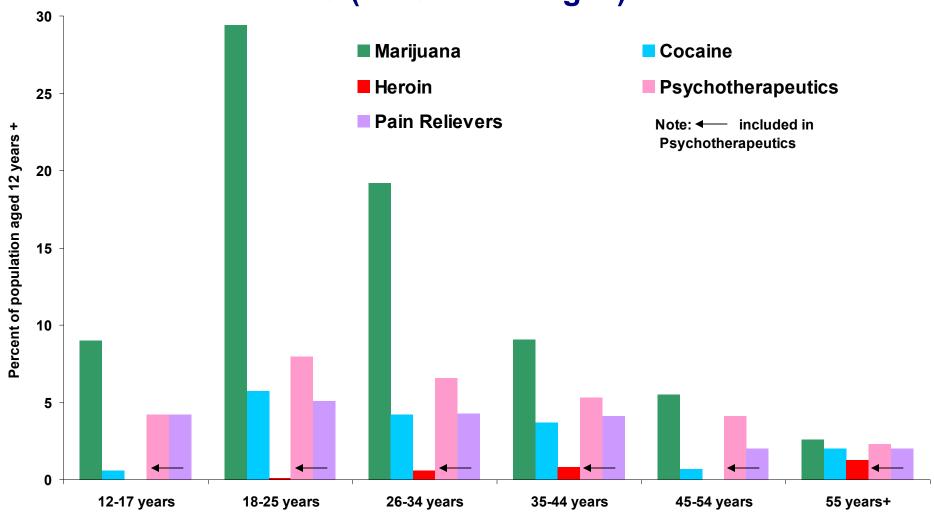
Overall prevalence <u>past year</u> use selected drugs, NYC (06-07 averaged) and US (2007)





Source: SAMHSA NSDUH

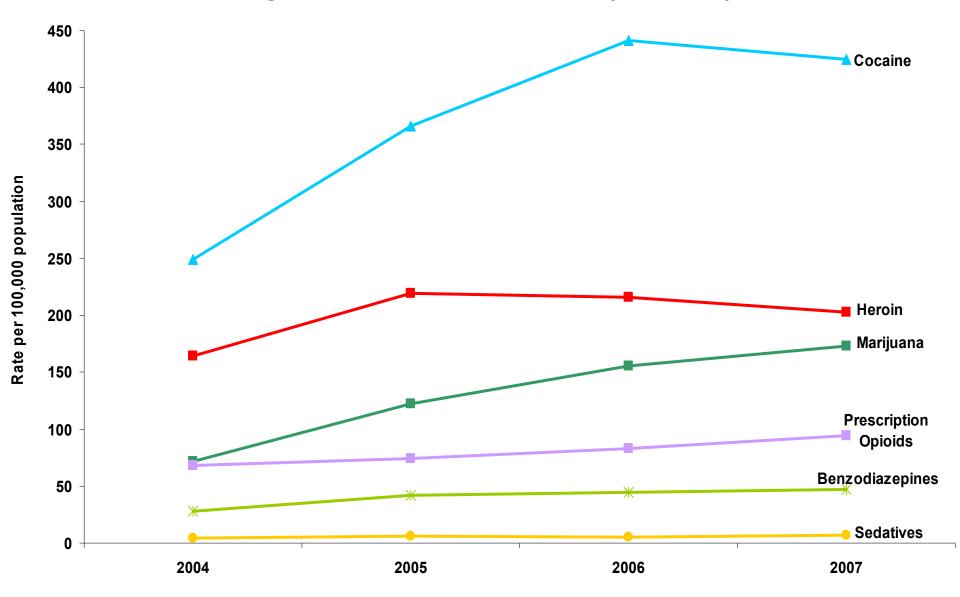
Past year drug use by age group, NYC (2005-07 averaged)





Source: SAMHSA NSDUH

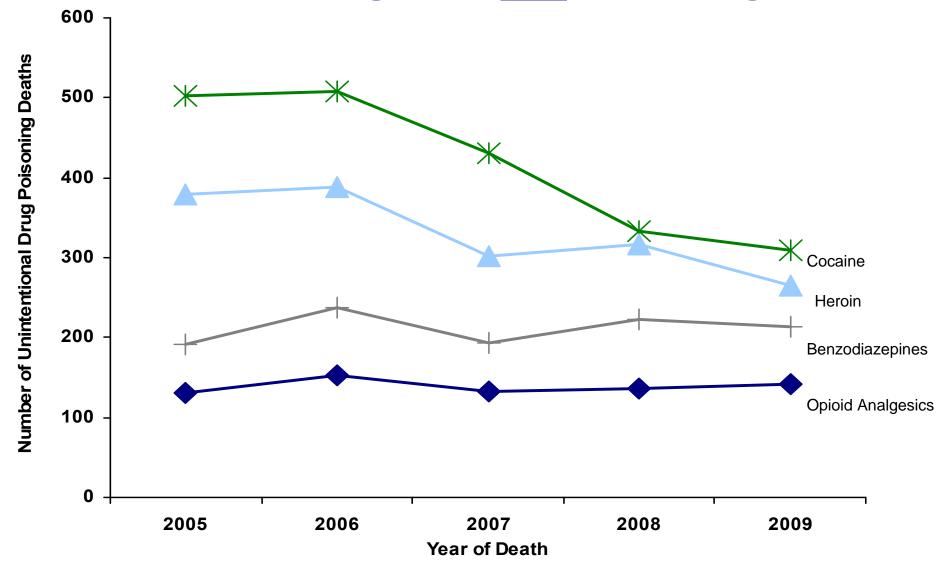
Drug-related ED visits, NYC (2004-07)





Source: SAMHSA DAWN

Accidental overdose deaths involving prescription drugs are <u>not</u> declining in NYC





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.

Casual/Non-Problematic/ Normative Use

 Social, casual use that has negligible health or social effects

Diagnosable Abuse or Dependence (DSM IV)

- Recurrent use despite adverse health, legal & social consequences
- Repeated use with the development of increased tolerance, withdrawal symptoms

No Use

At- Risk/Problematic Use

 Use that begins to have negative consequences for individual, friends/family or society (e.g. impaired driving, excessive and/or binge drinking, alcohol related accidents/injuries/violence



What is <u>Screening Brief Intervention &</u> <u>Referral to Treatment (SBIRT)?</u>

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 <u>Screening Brief Intervention &</u> <u>Referral to Treatment (SBIRT)?</u>

- 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

Screening

Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and self-report. Two of the most widely used screening instruments are the AUDIT the DAST.







Brief Intervention

Following a screening result indicating moderate risk, brief intervention is provided. This involves motivational discussion focused on raising individuals' awareness of their substance use and its consequences, and motivating them toward behavioral change. Successful brief. intervention encompasses support of the client's empowerment to make behavioral change.

Brief Treatment

Following a screening result of moderate to high risk, brief treatment is provided. Much like brief intervention, this involves motivational discussion and client empowerment. Brief Treatment, however, is more comprehensive and includes assessment, education, problem solving, coping mechanisms, and building a supportive social environment.

Referral To Treatment

Following a screening result of severe or dependence, a referral to treatment is provided. This is a proactive process that facilitates access to care for those individuals requiring more extensive treatment than SBIRT provides. This is an imperative component of the SBIRT initiative as it ensures access to the appropriate level of care for all who are screened.



EFFICACY OF SBIRT in Primary Care Settings

- •<u>Summary</u>: Randomized controlled trials, from literature utilizing studies¹ 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%
- •<u>Summary</u>: Controlled trials, from reviewed literature² from 1992-2004, was used to estimate alcohol cost effectiveness to society and the healthcare system.
- •<u>Methodology</u>: 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.

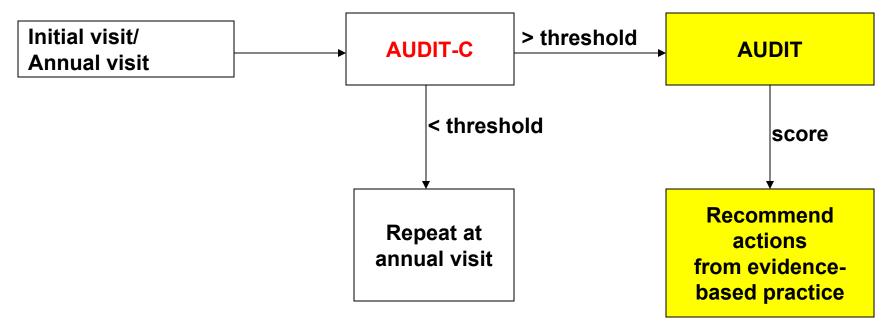
•Findings:

- 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 costeffectiveness ration of \$1755/QALY saved.
- Sensitivity analysis indicates that from both perspectives the service is very cost-effective and may be cost saving.

¹Kaner 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).

²Solberg 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

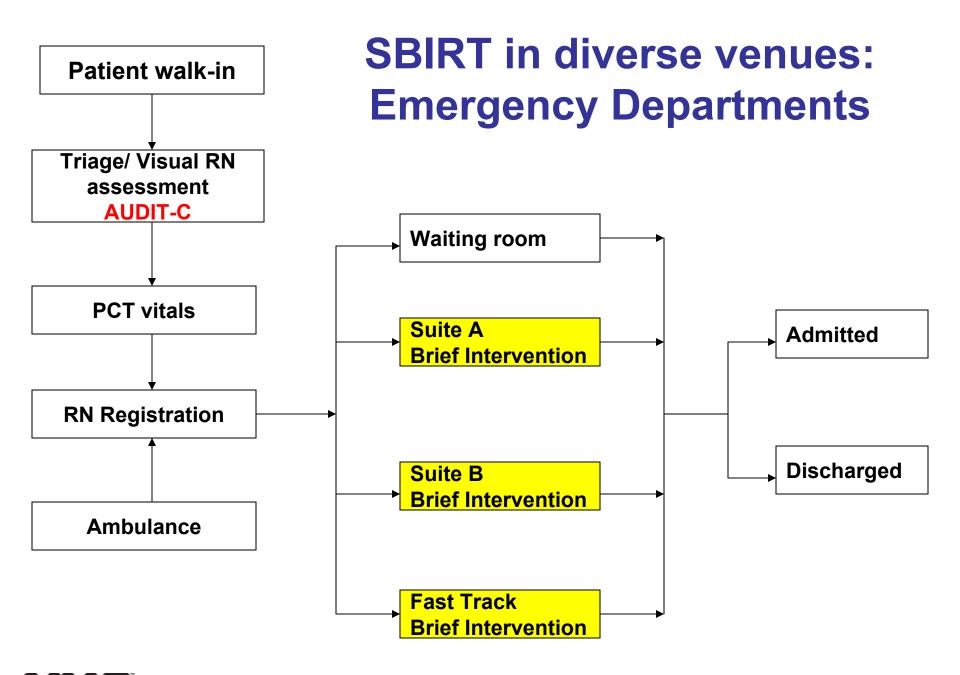
SBIRT in diverse venues: Community health centers



Key feature:

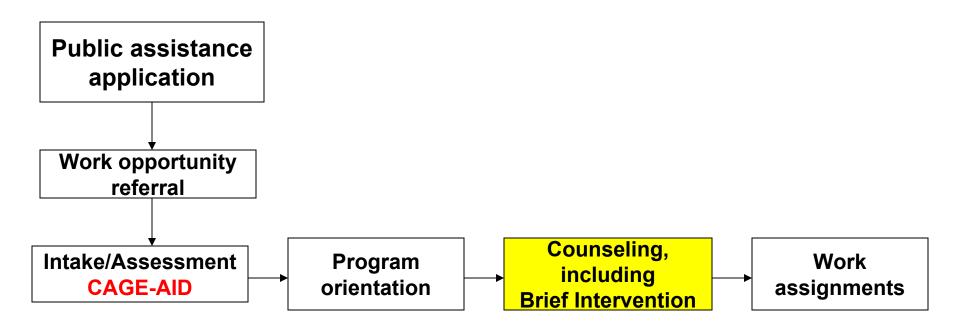
- Electronic medical record = opportunity for universal screening
- •Equipped with AUDIT-C → AUDIT → Evidence-based practice







SBIRT in diverse venues: Work readiness programs

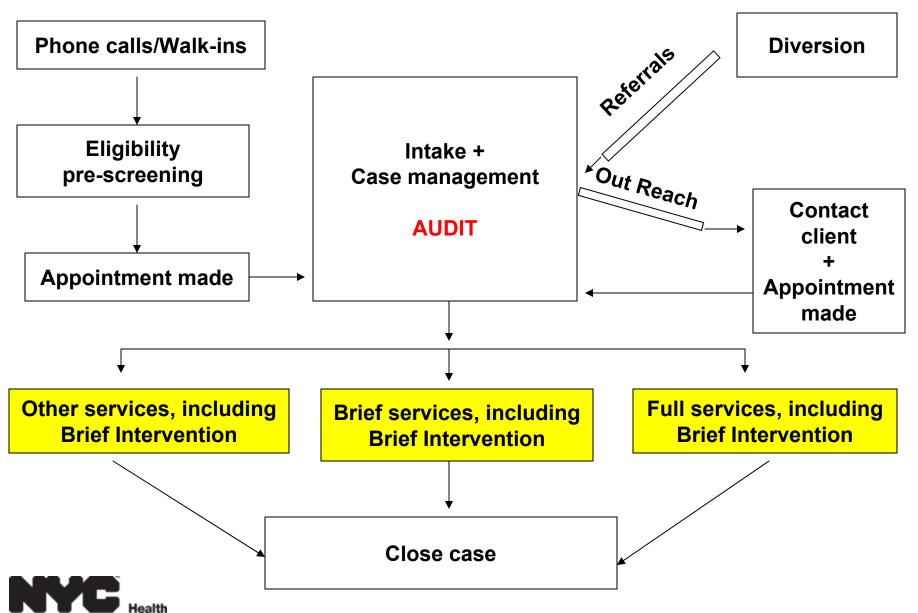


Key feature:

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



SBIRT in diverse venues: Eviction prevention programs



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

Icuoco@health.nyc.gov

Or

John McAteer, LCSW-R

<u>imcateer@health.nyc.gov</u>

