

Integrating Substance Abuse Screening and Other Services into Primary Care

Thomas F. Babor, Ph.D., MPH

University of Connecticut

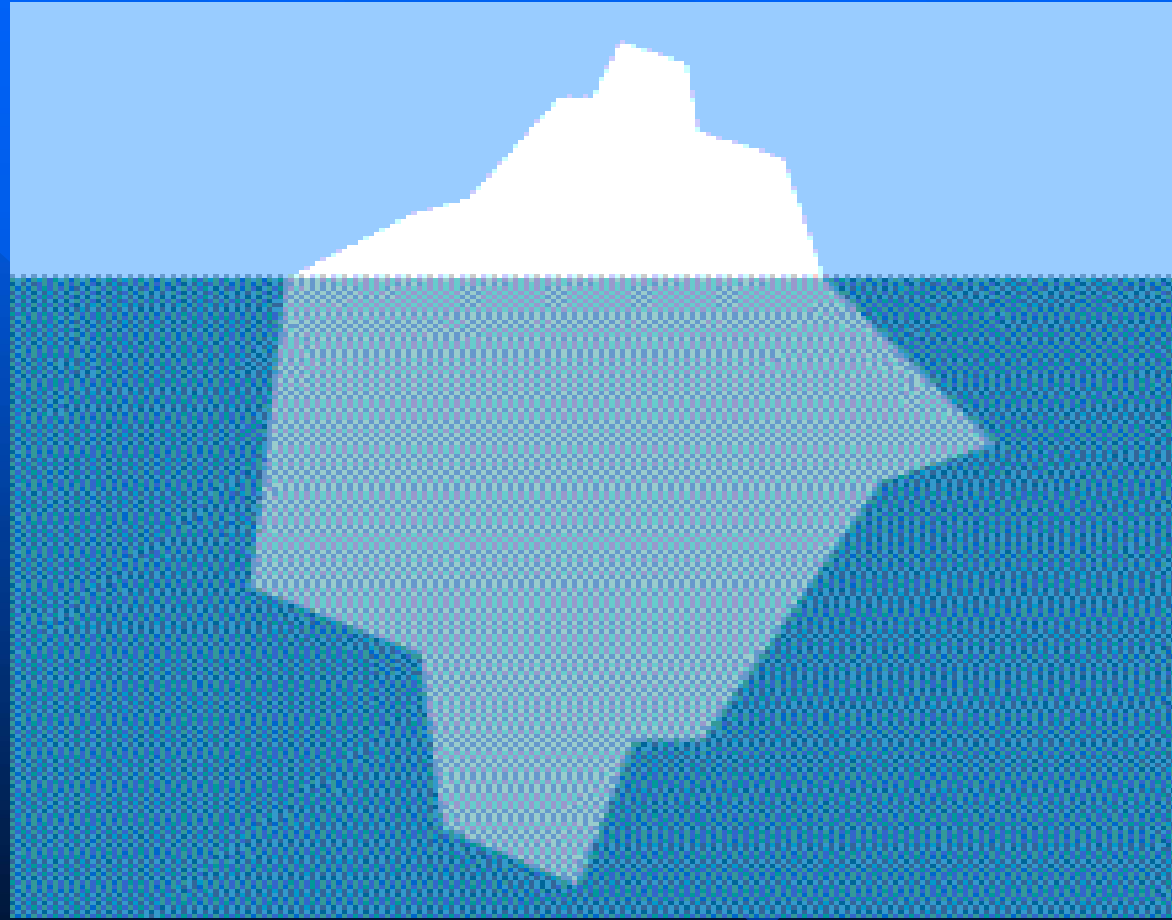
School of Medicine

Farmington, USA

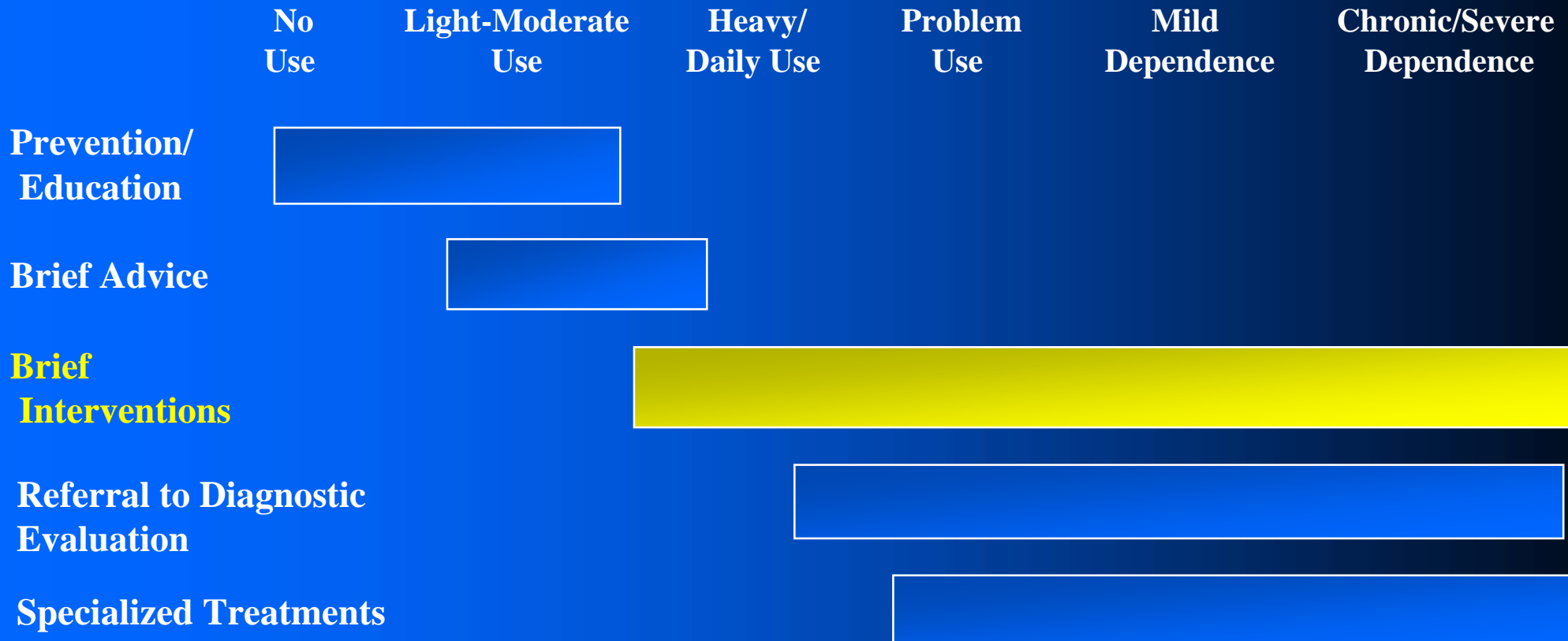
Why intervene in Primary Health Care?

- ❖ **Misuse of alcohol, tobacco and other substances is prevalent in PHC settings**
- ❖ **Substance use often linked to presenting symptoms (e.g., injuries, hypertension)**
- ❖ **PHC personnel are respected and trusted**
- ❖ **Interventions are effective in many societies**
- ❖ **Stigma can be minimized in PHC setting**
- ❖ **Early intervention and secondary prevention**

Remember the Titanic!



The Spectrum of Interventions to Address Substance Use in PHC



SBIRT and the 5 A's

Screening

Assess

Brief Intervention

Advise,

Agree,

Assist

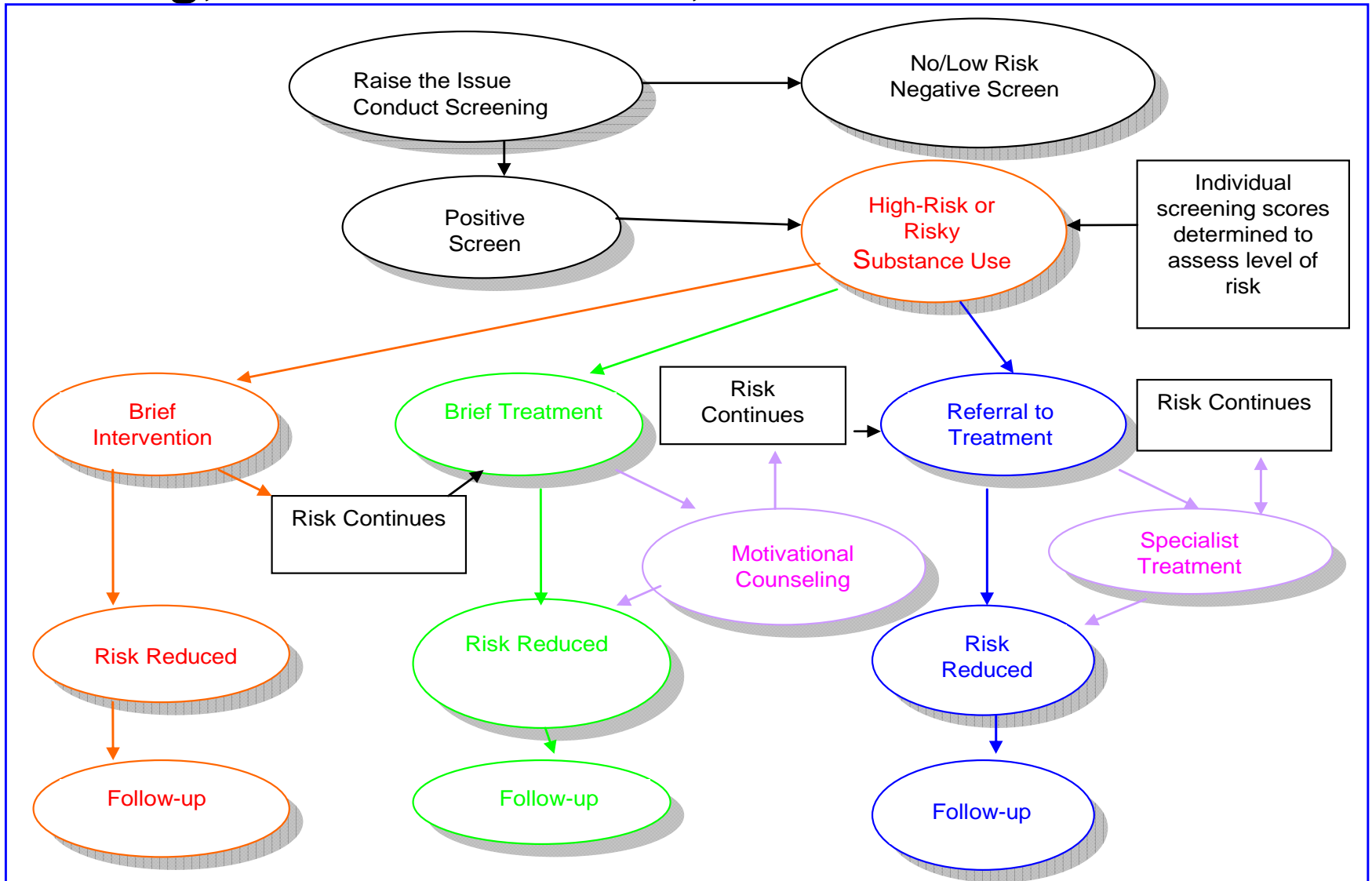
Referral to Diagnostic

Evaluation and Treatment

Arrange

Conceptual Overview of SBIRT

Screening, Brief Intervention, and Referral to Treatment



WHO PROGRAM

Management of Substance Abuse in Primary Health Care

- Phase I (1982-1989)
 - Development of AUDIT
 - International Feasibility and Reliability Study
- Phase II (1985-1996)
 - Cross-national Clinical Trial of Brief Intervention for alcohol
 - Development of the ASSIST
- Phase III (1997-...)
 - International collaborative research on implementation of Brief Interventions Linked to the AUDIT
- Phase IV (2003-)

Development and evaluation of national plans for SBIR training and program implementation within healthcare systems in both developing and developed countries.

Goals of Screening

- Identify both high risk substance users and those likely to be dependent
- Use as little patient/staff time as possible
- Collect information for use in patient education, brief advice, referral decisions and prevalence estimates

Screening Instruments Developed by WHO for Use in Primary Care

- AUDIT: Alcohol Use Disorders Identification Test
- ASSIST: Alcohol, Smoking and Substance Abuse Screening Test
- Biochemical tests also helpful

AUDIT: Domains and Item Content

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

Risk Level	Intervention	AUDIT Score*
Zone I	Alcohol Education	0-7
Zone II	Simple Advice	8-15
Zone III	Simple Advice plus Brief Counseling and Continued Monitoring	16-19
Zone IV	Referral to Specialist for Diagnostic Evaluation and Treatment	20-40

*The AUDIT cut-off score may vary slightly depending on the country's drinking patterns, the alcohol content of standard drinks, and the nature of the screening program. Clinical judgment should be exercised in cases where the patient's score is not consistent with other evidence, or if the patient has a prior history of alcohol dependence. It may also be instructive to review the patient's responses to individual questions dealing with dependence symptoms (Questions 4, 5 and 6) and alcohol-related problems (Questions 9 and 10). Provide the next highest level of intervention to patients who score 2 or more on Questions 4, 5 and 6, or 4 on Questions 9 or 10.

Alcohol, Smoking and Substance Involvement Screening Test

- Developed by international group of researchers
- 8 item instrument
- Screens for health risks & problems associated with any psychoactive substance use
- Provides lifetime and current (past 3 months) estimates of substance use and related risks
- Graduated intervention options linked to ASSIST score

SELF-REPORT SCREENING TESTS: A CAVEAT

- The accuracy self-report screening tests depends on:
 - The context (especially perceived threat)
 - The type of substance (e.g., alcohol vs. heroin)
 - The degree of confidentiality
 - Perceived purpose of the questions
 - The procedure (questionnaire, interview, computer)
 - Cultural attitudes about self disclosure

Brief Intervention

- *Definition:* Time-limited (5 minutes to 5 brief sessions) behavioral counselling; targets a specific health behavior (e.g. at-risk drinking or drug use)
- *Goals:*
 - a) reduce alcohol/drug consumption
 - b) facilitate treatment engagement, if needed
- Relies on use of screening data

Key Elements of SBI Emerging from Clinical Trials

- Present screening results
 - Identify risks and discuss consequences
 - Provide medical advice
 - Solicit patient commitment
 - Identify goals
 - Give advice and encouragement
-
- **Additional staff/system supports needed for screening/assessment**
 - **Provider training varies (one hour to one day)**

Summary of Brief Intervention Evidence from clinical trials with at-risk drinkers

- **Participants reduced average number of drinks/week by 13% to 34% compared to controls**
- **Proportion of participants in intervention condition drinking at moderate or safe levels was 10% to 19% greater than controls**

(from Whitlock, et al, 2004 and individual studies)

Health and Related Outcomes (cont.)

■ Quality of life measures

- Improved quality of life related to alcohol problems for those who decreased consumption by 20% or more (Maisto et al.)

■ Long-term health outcomes

- Fewer hospital days at 48 months by intervention group (429 vs. 664 days; $p < .05$) (Fleming, et al, 2002)
- Significantly greater reductions in alcohol use by intervention group over 48 months (Fleming, et al, 2002)

Health and Related Outcomes (cont.)

■ Long-term health outcomes

- Brief, single contact BI had no long-term effect (10 years) on morbidity, mortality, or consumption (Wutzke, et al, 2002)
- **Malmo Screening and Intervention Study**
 - » Men who participated had significantly lower total mortality (24/100,000 person years) than controls (30/100,000; $p < .02$), and significantly reduced alcohol-related mortality after 3 and 21 years (Berglund, et al, 2000)

Results Across Reviews/Meta-Analyses

- ↓ Brief Interventions (BI) can reduce alcohol use for at least 12 months among younger and older adults
- Approach is acceptable to younger and older adults
- Results mixed on longer-term utilization and reduction of alcohol-related harm
- ❖ Applicability of findings to other substances depends on stigma, pharmacological properties, etc.

Practical Issues

Q. Does it make a difference if the intervener is the personal physician, nurse, counselor, health educator?

A. Probably not

Q. What is the appropriate length/complexity of interventions?

A. Keep it short and simple, with follow-up visits if necessary.

Practical Issues

- ❖ **Effectiveness of SBI with special populations** (e.g. adolescents, older adults, pregnant women, alcohol/drug dependent persons), alcoholics, drug addicts?
- ❖ **Covariate effects** (e.g. nicotine dependence, anxiety, depression) ?
- ❖ **Can interventions be combined or sequenced?**
- **Stepped care strategies** for patients who do not respond to initial BI: e.g. brief therapies, case management

Integration of SBIRT into PHC:

Conceptual Issues

- ❖ **Conflicting paradigms: health promotion vs curative medicine**
- ❖ **Focus on health vs focus on disease**
- ❖ **Low technology vs high technology**
- ❖ **Population health as a goal: reduced morbidity and mortality**

Integration into PHC:

Structural Issues

- ❖ Solo practice vs clinic-based care
- ❖ Fee-for-service vs private insurance vs universal, free or affordable health care
- ❖ Substance-specific vs behavioral risk factors
- ❖ Shared care vs dedicated health educator responsible for SBIRT
- ❖ Adaptation to patient demographics
- ❖ Adaptation to substance use patterns

Integration into PHC: Transfer Issues

- ❖ **Training providers of primary health care**
- ❖ **Training the Trainers**
- ❖ **Organizational factors: resources, competition, administrative support**
- ❖ **Logistical issues: time, stigma, staff motivation**
- ❖ **Social marketing**
- ❖ **Reaching the Tipping Point: Stickyness, Mavens, Salespeople**

SYSTEMS ISSUES FOR MIDDLE EASTERN COUNTRIES

- ❖ Do concepts and evidence apply to Middle East?
- ❖ Is the health care system ready for screening and brief intervention?
- ❖ Where are the high prevalence settings for tobacco, drug and alcohol use?
- ❖ Will doctors, nurses and health workers respond to training?
- ❖ Can we develop context-bound training that is sensitive to age, gender and culture?
- ❖ What type of screening (systematic vs. opportunistic)?
- ❖ Who will do the screening?
- ❖ Who will do the interventions?
- ❖ How can primary health care best be integrated with specialized substance abuse treatment services?

Conceptual Overview of SBIRT

Screening, Brief Intervention, and Referral to Treatment

