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# Filling a Major Gap in the Spectrum of Substance Use

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## Screening and Brief Intervention

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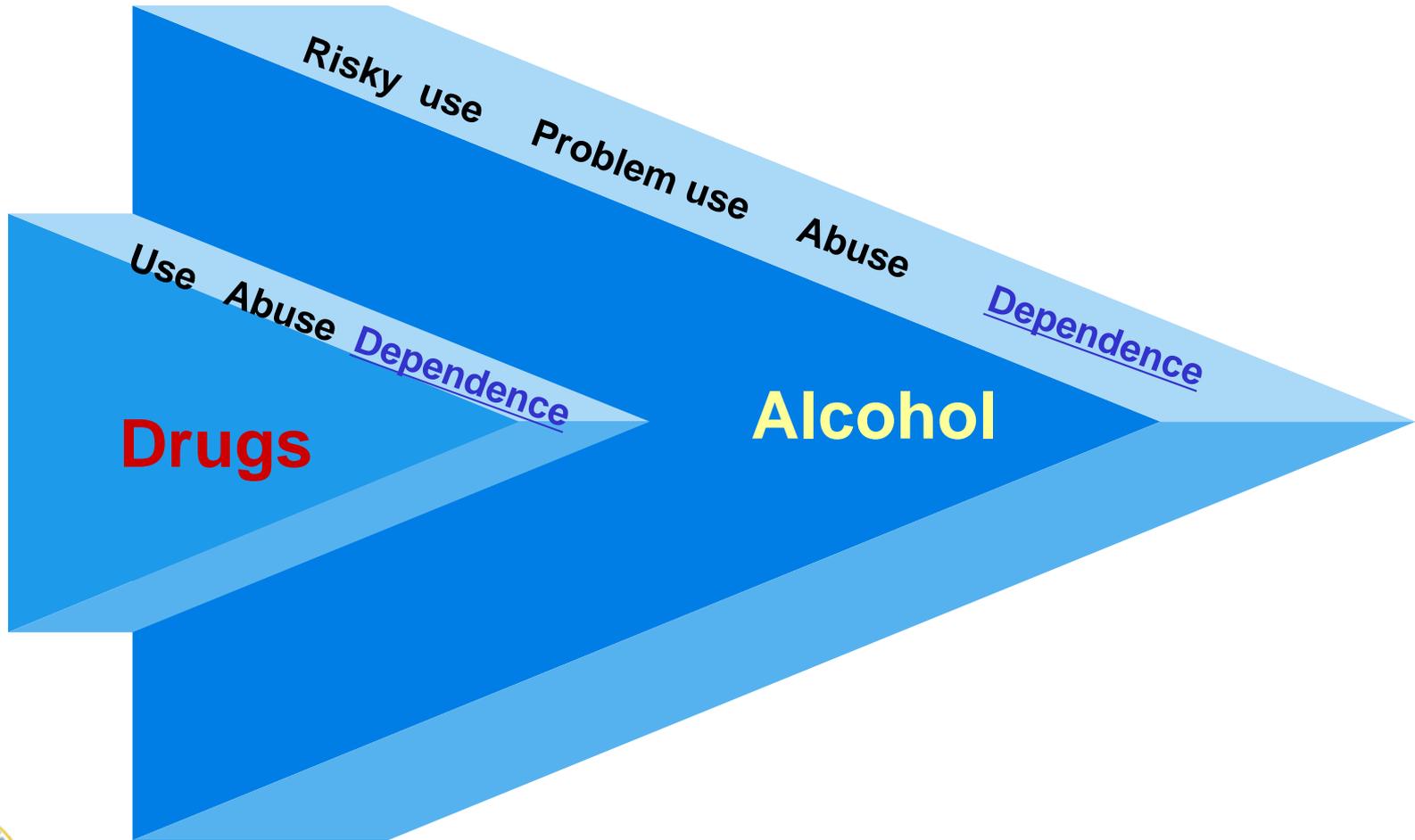
# Introduction

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- Public Health Challenges
- Effective Prevention
- Effective Intervention
- Effective Treatment

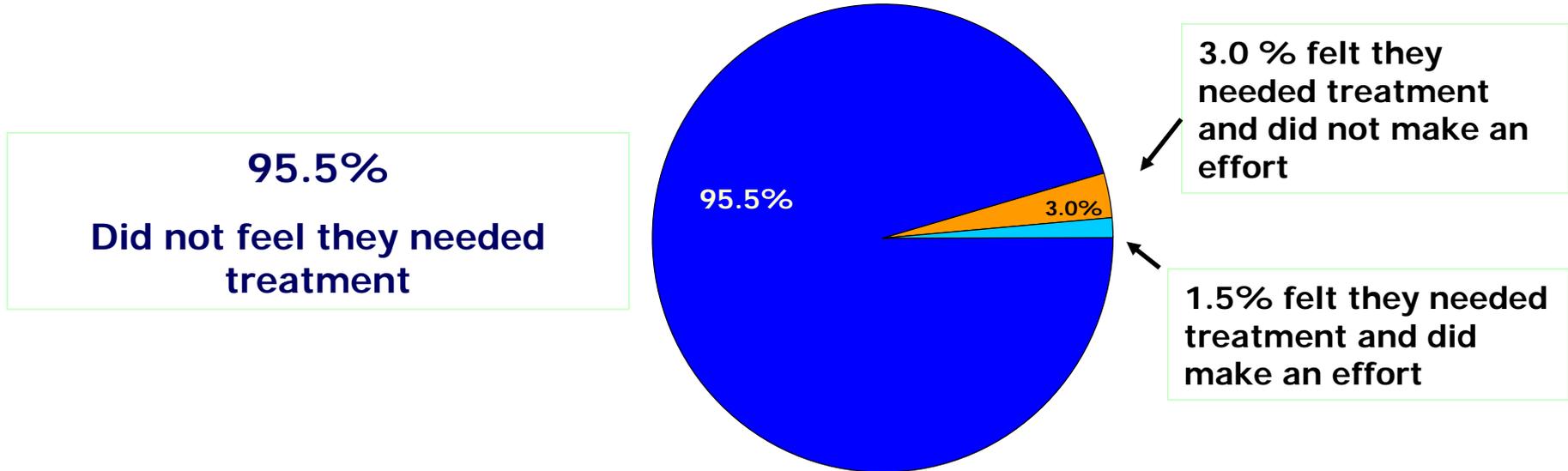


# The Spectrum of Use



## Public Health Challenge:

The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem or do **not** seek help



Source: SAMHSA, 2006 National Survey on Drug Use and Health (September 2007)

21 Million People Need, But Do Not Receive Treatment  
for Illicit Drug or Alcohol Use



# Can Healthcare Professionals Address these Public Health Challenges? Reduce the Public Health Burden?

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The case for new strategies that can have a positive impact



# A Public Health Solution: Screening, Brief Intervention (SBI)

1

Substance abuse leads to significant *medical*, social, legal, financial consequences.

2

Excessive drinking, illicit drug use, and prescription drug misuse are often undiagnosed by medical professionals.

**Treatment GAP**  
**Why SBI?**

3

The brief intervention itself is inherently valuable, and positive screens may not require referral to specialty treatment.

4

Early, brief interventions are clinically effective and cost-efficient.



# Practice Strategy

**Screening:**

**Brief Intervention (BI):**

**Brief Treatment (BT):**

**Referral (RT):**

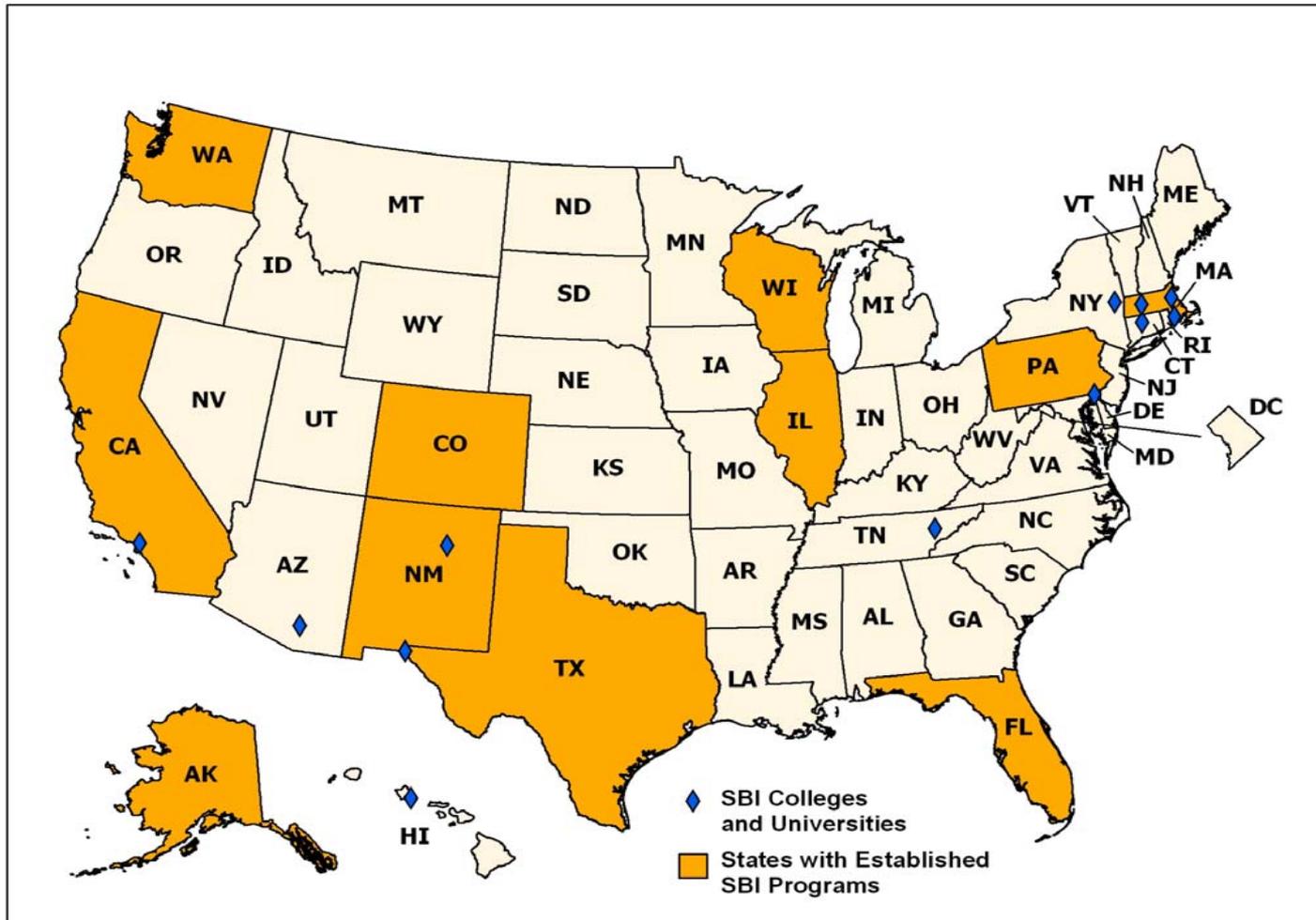
# SBIIRT



Source: SAMHSA. A Guide to Substance Abuse Services for Primary Care Clinicians TIP Series No. 24 (1997)

# Federal Promotion of Screening, Brief Intervention

17 States with Established SBI Programs and University Grantee



# US SBIRT Study

## Goals

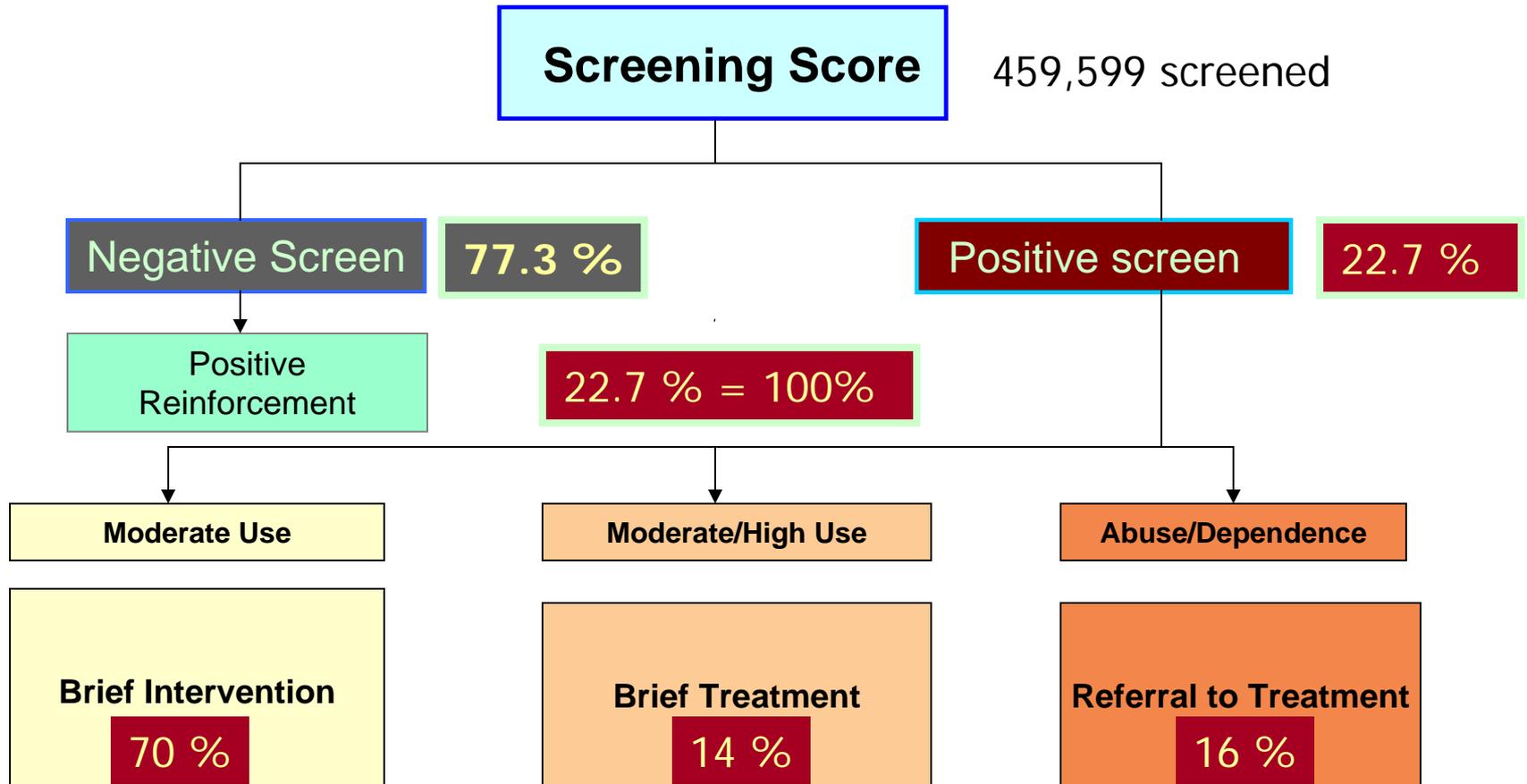
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1. Is screening for any illicit drug use feasible in the context of simultaneous screening for heavy alcohol use?
2. What are drug use outcomes for persons identified through screening as using an illicit drug and thereby needing an intervention?
3. Are there significant variations in outcomes by age, gender, and race/ethnicity?
4. What are the health and social outcomes among those assigned to brief treatment or referred to specialty care?



# US SBIRT Identifies Population at Risk

*Follow-up Action Depends on Score*



# CONCLUSIONS

Is screening for illicit drug use is feasible in the context of simultaneous screening for risky alcohol use, in a range of healthcare settings?

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- The prevalence of illicit drug abuse was clinically significant among the full population screened.
- Screening for a wide range of illicit drugs, in addition to alcohol, is feasible and clinically appropriate in diverse healthcare settings and for various populations.



# CONCLUSIONS

Drug use outcomes for persons identified through screening and needing an intervention?

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- Of the sample abusing illicit drugs at baseline and followed up at six months:
- Drug use dropped by 64.7% ( $p < .001$ )
- Heavy alcohol use dropped by 49.0% (from 54.5% to 27.8%,  $p < .001$ ).



# CONCLUSIONS

Significant variations in outcomes by age, gender, and race/ethnicity?

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- Positive findings were similar across sites and among different gender, race/ethnic and age subgroups.
- For alcohol use, various ages responded differently to brief interventions.
- Social outcomes were not encouraging for Sites 5, 6



# Other Literature

## Screening, Brief Interventions for **Alcohol** Have Major Impact on Morbidity and Mortality

Study	Results - conclusions	Reference
Trauma patients	48% fewer re-injury (18 months) 50% less likely to re-hospitalize	Gentilello et al, 1999
Hospital ER screening	Reduced DUI arrests 1 DUI arrest prevented for 9 screens	Schermer et al, 2006
Physician offices	20% fewer motor vehicle crashes over 48 month follow-up	Fleming et al, 2002
Meta-analysis	Interventions reduced mortality	Cuijpers et al, 2004
Meta-analysis	Treatment reduced alcohol, drug use Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)	Burke et al, 2003
Meta-analysis	Interventions can provide effective public health approach to reducing risky use.	Whitlock et al, 2004



# WHO Study: The Effectiveness of a Brief Intervention for Illicit Drugs linked to the ASSIST Screening test in Primary Health

## Care:

- Phase 1: Reliability Test-retest of ASSIST - 9 countries
- Phase II: Validity study (n=1047); comparison of ASSIST, others - 7 countries
- Phase III: Australia, Brazil, India, United States, randomized control multinational trial.
  - n: 731 participants
  - Drug use, n: Cannabis: 395; Cocaine, amph: 247; Opioids: 89
  - Age: 16 - 62 years
  - Follow-up: 86% follow-up at 3 months



# WHO Study:

## Drug use and proportions

ASSIST score average: 11.25

% with positive score

- alcohol: 87%
- Tobacco: 75%
- Cannabis: 38%
- Amphetamines: 25%
  - Opioids: 22%
  - Sedatives: 18%
- Hallucinogens: 8%
  - Inhalants: 5%



# WHO Study

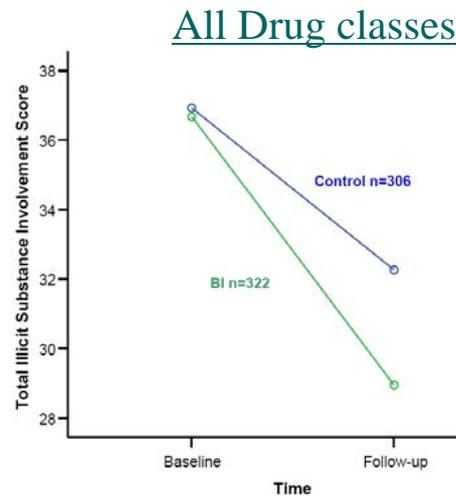
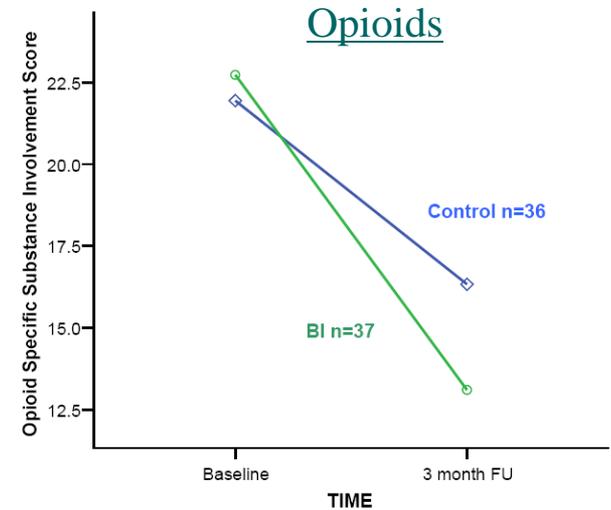
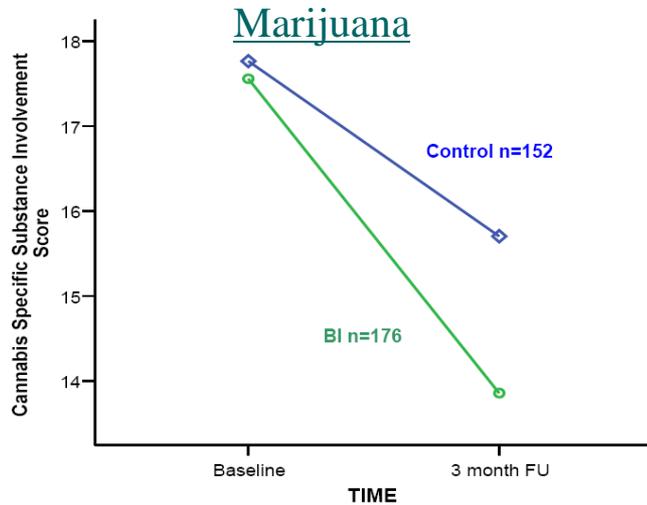
## Outcome Measures

- Tried to cut down: > 82.8% as a result of feedback, information
- Reduced substance use: 60.2%
- Duration of study/effect: ~11.2 weeks
- Why some responded, others did not:
  - Responders: Cut down, stop use, think about it, feel better
  - Responders: Obligations and responsibilities; identifying and defining the problem (score, interview, hearing myself speak)
  - Non-responders: “heard it all before”, “choice”, “not an issue”, “can’t give it up”



# WHO Study

## Outcomes from Pooled data (n = 628)



# US SBIRT Program

## Saves Health care costs: WA

- **Population:** aged, blind, disabled
- **Savings:** \$157 – \$202 / member / month
- **Reductions:** due to decline in inpatient hospital costs: \$115-\$178 /member / month
- **Increases:** Outpatient ED costs increased by \$35-\$36
- **Overall reductions:** WASBIRT estimates overall reductions in Medicaid could be \$1.9 - \$2.4 million/year
- **N:** 1,000 screened in 9 hospitals



Source: Washington State SBIRT Project: <http://dshs.wa.gov/word/hrsa/dasa/ResearchReports/MdAsCstOut0107.doc>

# Screening, Brief Interventions for Alcohol Saves Healthcare Costs

Study	Cost Savings	Authors
Randomized trial of brief treatment in the UK	Reductions in one-year healthcare costs <i>\$2.30 cost savings for each \$1.00 spent in intervention</i>	(UKATT, 2005)
Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of <i>nondependent alcohol misuse</i>	Reductions in future healthcare costs <i>\$4.30 cost savings for each \$1.00 spent in intervention (48-month follow-up)</i>	(Fleming et al, 2003)
Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (>700 patients).	Reductions in medical costs <i>\$3.81 cost savings for each \$1.00 spent in intervention.</i>	Gentilello et al, 2005)



# US Preventive Task Force issued evidence-based guidelines for > 90 preventive procedures:

National Commission on Preventive Priorities (CDC and AHRQ funded) ranked by 2 factors

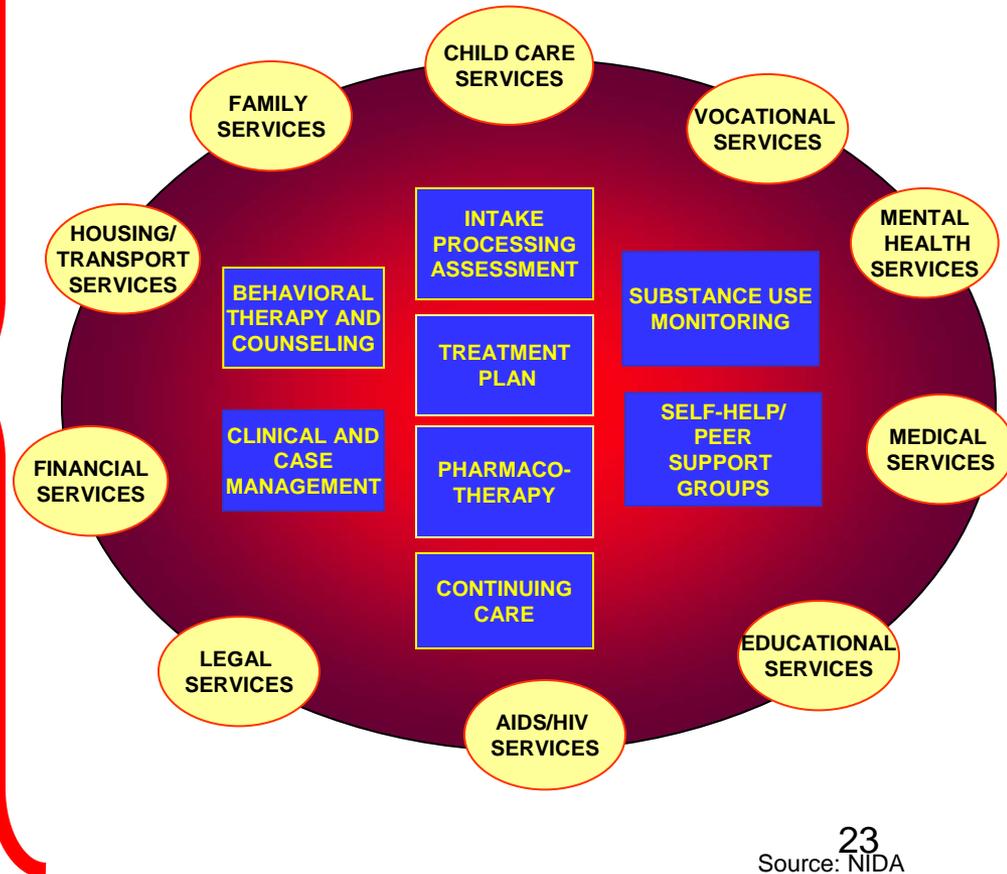
	CPB	CE	Total
<b>Clinical Preventive Services</b>			
<a href="#">Discuss daily aspirin use—men 40+, women 50+</a>	5	5	10
<a href="#">Childhood immunizations</a>	5	5	
<a href="#">Smoking cessation advice and help to quit—adults</a>	5	5	
<b><a href="#">Alcohol screening and brief counseling—adults</a></b>	<b>4</b>	<b>5</b>	<b>9</b>
<a href="#">Colorectal cancer screening—adults 50+</a>	4	4	8
<a href="#">Hypertension screening and treatment—adults 18+</a>	5	3	
<a href="#">Influenza immunization—adults 50+</a>	4	4	
<a href="#">Vision screening—adults 65+</a>	3	5	
<a href="#">Cervical cancer screening—women</a>	4	3	7
<a href="#">Cholesterol screening and treatment—men 35+, women 45+</a>	5	2	
<a href="#">Pneumococcal immunizations—adults 65+</a>	3	4	
<a href="#">Breast cancer screening—women 40+</a>	4	2	6
<a href="#">Chlamydia screening—sexually active women under 25</a>	2	4	
<a href="#">Discuss calcium supplementation—women</a>	3	3	
<a href="#">Vision screening—preschool children</a>	2	4	
<a href="#">Discuss folic acid use—women of childbearing age</a>	2	3	5
<a href="#">Obesity screening—adults</a>	3	2	
<a href="#">Depression screening—adults</a>	3	1	4
<a href="#">Hearing screening—adults 65+</a>	2	2	
<a href="#">Injury prevention counseling—parents of children ages 0-4</a>	1	3	
<a href="#">Osteoporosis screening—women 65+</a>	2	2	
<a href="#">Cholesterol screening—men &lt; 35, women &lt; 45 at high risk</a>	1	1	2
<a href="#">Diabetes screening—adults at risk</a>	1	1	
<a href="#">Distal counseling—adults at risk</a>	1	1	
<a href="#">Tetanus-diphtheria booster—adults</a>	1	1	



# Interrupting Progression to Dependence can Reduce Need for Treatment

**Use**  
↓  
**Abuse**  
→  
**Dependence**

## Treatment Services



# US Innovative treatment Program

## Access to Recovery

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- Access to Recovery is an innovative treatment and recovery strategy.
- It views the person in need of treatment and services suitable for their needs.
- It views the person as an individual who can contribute to devising a recovery program that resonates with their persona.



# Access to Recovery Objectives

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1. Expand treatment capacity for those who seek treatment.
2. Permit choice in seeking recovery.
3. Expand number and range of providers, faith-based providers.



# Access to Recovery Objectives

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4. Empower treatment-seekers by providing them with vouchers to choose services.
5. Combine clinical treatment with recovery support services.
6. Document outcomes to determine program effectiveness.



# Access to Recovery Encourages Flexibility

- Texas: ATR funds target the State's criminal justice population.
- Tennessee: ATR funds target people with a primary meth addiction.
- Washington: ATR funds target low-income individuals involved with child protective services, shelters, supported housing.
- Wisconsin: emphasizes families with children, pregnant women, parolees and probationers who will return to upon release from prison.
- Individuals are permitted to use vouchers to choose among eligible clinical treatment and recovery support providers.



# Access to Recovery has Accomplished Goals

## **1. Expand treatment capacity**

> than 190,000 received substance abuse treatment and/or recovery support services

## **2. Permit choice in seeking recovery**

> 37% of clients received clinical treatment; 65% received recovery support services

## **3. Increase number and range of providers, including faith-based providers**

ATR has attracted a new cohort of treatment and recovery support services providers



# Access to Recovery has Accomplished Goals

## **4. Empower treatment-seekers to engage in their own recovery with the use of vouchers to obtain services**

ATR vouchers allow for independent choice for treatment seekers

ATR treatment providers and recovery support services need to fulfill eligibility criteria.

Empowering patients may contribute to better retention and completion rates.

## **5. Combine clinical treatment with recovery support services effectively.**

Seamless combination has been effective.

## **6. Document outcomes to determine success**

Abstinence rate at discharge: 71.4%. (n= 48,000 clients with formal discharge)



# Access to Recovery

## From Intake to Discharge

**74.3% were abstinent**

**24.1% were housed**

**32.0% were employed**

**60.6% were socially connected**

**87.8% were not involved with the criminal justice system  
with the criminal justice system**

- Of those reported using substances at intake, **74.3%** were abstinent at discharge.
- Of those who reported not having stable housing at intake, **24.1%** reported being stably housed at discharge.
- Of those who were unemployed at intake, **32.0%** reported being employed at discharge.
- Of those who reported not being socially connected at intake, **60.6%** attended self help groups or had someone to whom to turn in times of trouble, by discharge.
- Of those who were involved with the criminal justice system at intake, **87.8%** reported no involvement at discharge.



Source: SAIS, SAMHSA, Dec. 31, 2007

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# Thank you....

With gratitude to Federal partners (SAMHSA, NIDA, NIAAA, CMS), ACCME, AMA and medical professionals who have advanced these concepts.

