Optimizing the impact of alcohol and drug screening and brief intervention among a high-risk population receiving services in New York City sexually transmitted disease clinics: A process and outcome evaluation of Project Renew

Brett Harris, DrPH
INEBRIA Annual Meeting
September 15, 2017
Project Rationale

- HIV and other STDs are still major public health problems
- Substance use linked to increases in behavior associated with HIV/STD transmission (i.e., condomless sex, needle sharing) (1-3)
- Decrease HIV/STDs by reducing problem substance use
  - **Strategic Setting:** Sexual health clinic (or STD clinic)
    - Primary sites for diagnosing and treating HIV/STDs (3,4)
    - High-risk population typically without regular access to a primary care provider or to health insurance (1,2,4)
    - High levels of substance misuse (24-33% have SUD) (1-3,5,6)
    - Opportunity for a teachable moment (6)
Project Rationale: Needs Assessment in NYC Sexual Health Clinics

- Among 704 patients seen in 7 NYC clinics in 2000 (screening and self-report): (5)

![Bar Chart]

- Lifetime SUD and Treatment:
  - 30.5%
  - 13.2%

- Current SUD and Treatment:
  - 16.5%
  - 1.4%
An Innovative Project Structured on Prior Experience

- First ever implementation of SBIRT in sexual health clinics
  - Partnership between NYC Department of Health and Mental Hygiene Bureau of STD Control and NYS Office of Alcoholism and Substance Abuse Services (OASAS)
  - Pilot of SBIRT in 1 sexual health clinic (2005) (7)
  - Project LINK: SBIRT in 3 sexual health clinics (2008-2012) (Also partnered with LGBT Community Center)
    - 146,657 screened, 15,687 BIs received, 954 referrals to SUD treatment (6)
    - Those who screened positive and received BI had reduced odds of bacterial STD infection one year after their visit compared to those who screened positive but did not receive BI (4)
Project Renew

SBIRT in all 8 NYC sexual health clinics (2012-2015)
• Funded by a SAMHSA SBIRT Cooperative Agreement (TI023470)

SERVICE DELIVERY
• Screening using AUDIT-C/AUDIT and DAST-1/DAST-10
• BI immediately following a positive full screen (Zone 2-4*)
• Extended Brief Intervention (EBI) (Zones 3-4)
• Referral to SUD treatment (Zone 4)

EVALUATION
• Service delivery data collected via EMR module
• Outcome evaluation conducted using SAMHSA’s Government Performance and Results Act (GPRA) interview protocol
  • Collected at baseline and 6-month follow-up (10% sample of + full screens)

*AUDIT<8 and/or DAST-10<1=Zone 1; AUDIT 8-15 and/or DAST-10 1-2=Zone 2; AUDIT 16-19 and/or DAST-10 3-5=Zone 3; AUDIT>19 and DAST-10>5=Zone 4
## Service Delivery

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-screenings</td>
<td>130,597</td>
</tr>
<tr>
<td>Positive</td>
<td>66,989 (51% of pre-screens)</td>
</tr>
<tr>
<td>Full Screenings</td>
<td>26,477</td>
</tr>
<tr>
<td>Positive</td>
<td>17,671 (67% of full screens)</td>
</tr>
<tr>
<td>Brief Interventions</td>
<td>17,474 (99% of + full screens)</td>
</tr>
<tr>
<td>Referrals to EBI</td>
<td>1,184 (7% of + full screens)</td>
</tr>
<tr>
<td>Participated in EBI</td>
<td>324 (27% of EBI referrals)</td>
</tr>
<tr>
<td>Referrals for Ancillary Services</td>
<td>1,046 (6% of + full screens)</td>
</tr>
<tr>
<td>Referrals to SUD Treatment</td>
<td>54 (0.3% of + full screens)</td>
</tr>
</tbody>
</table>
## Outcome Evaluation: Participants

<table>
<thead>
<tr>
<th>Background Information</th>
<th>Zone 2 (n=1223)</th>
<th>Zone 3 (n=105)</th>
<th>Total (n=1328*)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (mean)</strong></td>
<td>26.5</td>
<td>28.5</td>
<td>26.6</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>33.2%</td>
<td>46.7%</td>
<td>34.2%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>21.7%</td>
<td>20.0%</td>
<td>21.6%</td>
</tr>
<tr>
<td>African American</td>
<td>56.7%</td>
<td>56.2%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Hispanic/Latino/a</td>
<td>27.6%</td>
<td>35.2%</td>
<td>28.2%</td>
</tr>
<tr>
<td><strong>Baseline Use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>90.0%</td>
<td>85.7%</td>
<td>89.7%</td>
</tr>
<tr>
<td>Any drug</td>
<td>71.3%</td>
<td>79.0%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>68.5%</td>
<td>71.4%</td>
<td>68.8%</td>
</tr>
<tr>
<td>Crack/Cocaine</td>
<td>4.7%</td>
<td>16.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Opioids</td>
<td>1.2%</td>
<td>0.0%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

*1,561 were sampled for follow-up (85.3% follow-up rate)
Change in past-30-day use from baseline to 6-month follow-up

**Zone 2**

- Any alcohol: Baseline 7.4, Follow-up 6
- Binge drinking: Baseline 12, Follow-up 12.3
- Any drug: Baseline 12, Follow-up 7.2
- Marijuana: Baseline 2.7, Follow-up 0.6

**Zone 3**

- Any alcohol: Baseline 11.3, Follow-up 7.6
- Binge drinking: Baseline 5.9, Follow-up 3.6
- Any drug: Baseline 16.8, Follow-up 7.8
- Marijuana: Baseline 16.9, Follow-up 8

84.4% increase in alcohol abstinence
62.4% increase in drug abstinence
297.5% increase in same-day alcohol and drug abstinence

60.0% increase in alcohol abstinence
59.1% increase in drug abstinence
1100% increase in same-day alcohol and drug abstinence

*All changes are statistically significant, p<.05*
Other changes from baseline to 6-month follow-up, Zone 3 participants

- 34.5% decrease in self-reported sexual activity
- Fewer reporting that AOD use caused them to give up important activities (56.8% decrease) or to have emotional problems (63.0% decrease)

*All changes are statistically significant, p<.05
Limitations

- Response bias
- Self-reported data and social desirability bias
- Small Zone 3 sample size
- No comparison group
- Outcome data did not indicate which patients attended EBI
Implications and Conclusions

• High percentage of positive screens compared to other sexual health clinics and other health settings
  ▫ Importance of implementing SBIRT in NYC sexual health clinics

• Higher screen positive rate than during Project LINK
  ▫ Increased identification with use of AUDIT/DAST

• EBI provides services to those who do not need or are not willing to attend SUD treatment
  ▫ Increases service utilization and improved mental health outcomes

• SBIRT + buprenorphine

*SBIRT sustained in sexual health clinics - Thrive NYC*
References

Questions

Contact Information:
Brett Harris, DrPH
bharris@albany.edu
518-928-9873