

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

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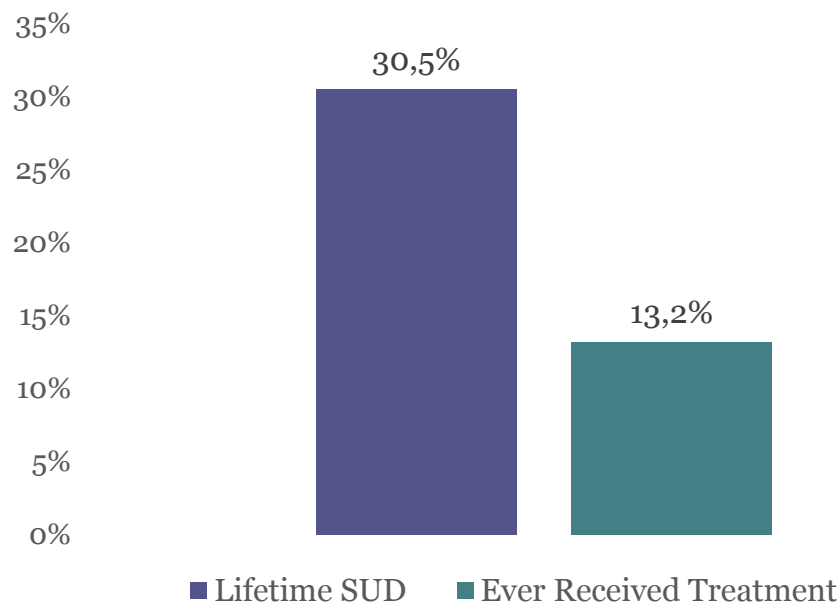
Project Rationale

- 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⁾

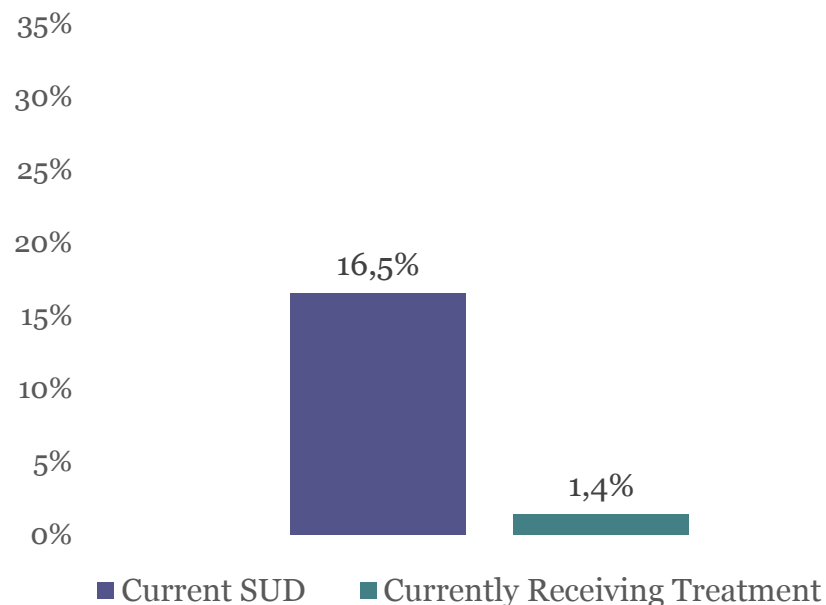
Project Rationale: Needs Assessment in NYC Sexual Health Clinics

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

Lifetime SUD and Treatment



Current SUD and Treatment



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 (T1023470)

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

Service Provided	N (%)
Pre-screenings	130,597
Positive	66,989 (51% of pre-screens)
Full Screenings	26,477
Positive	17,671 (67% of full screens)
Brief Interventions	17,474 (99% of + full screens)
Referrals to EBI	1,184 (7% of + full screens)
Participated in EBI	324 (27% of EBI referrals)
Referrals for Ancillary Services	1,046 (6% of + full screens)
Referrals to SUD Treatment	54 (0.3% of + full screens)

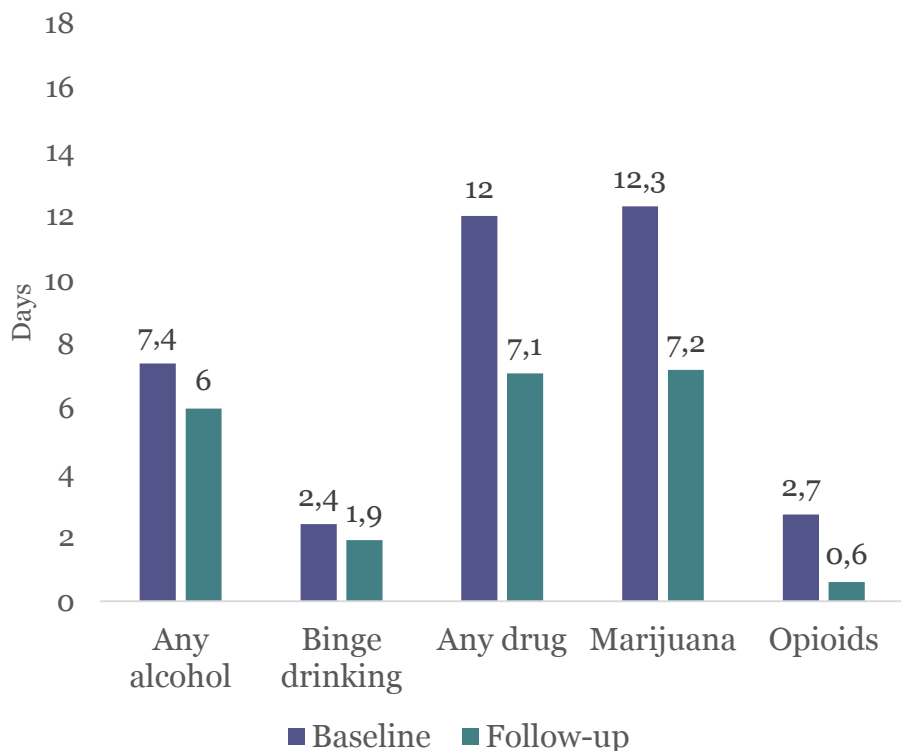
Outcome Evaluation: Participants

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

*1,561 were sampled for follow-up (85.3% follow-up rate)

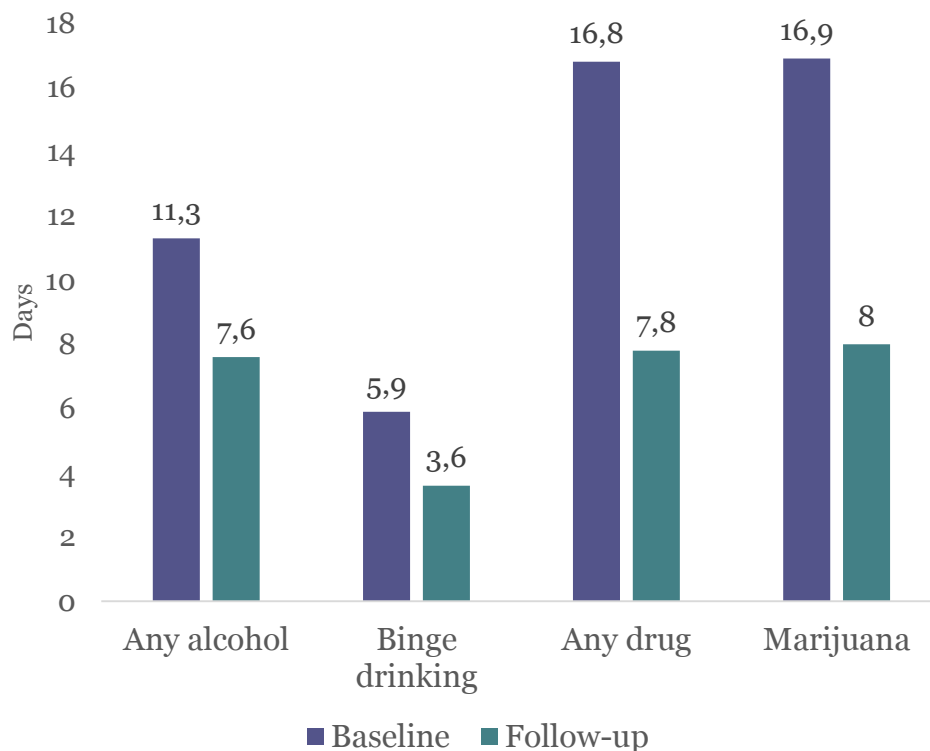
Change in past-30-day use from baseline to 6-month follow-up

Zone 2



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

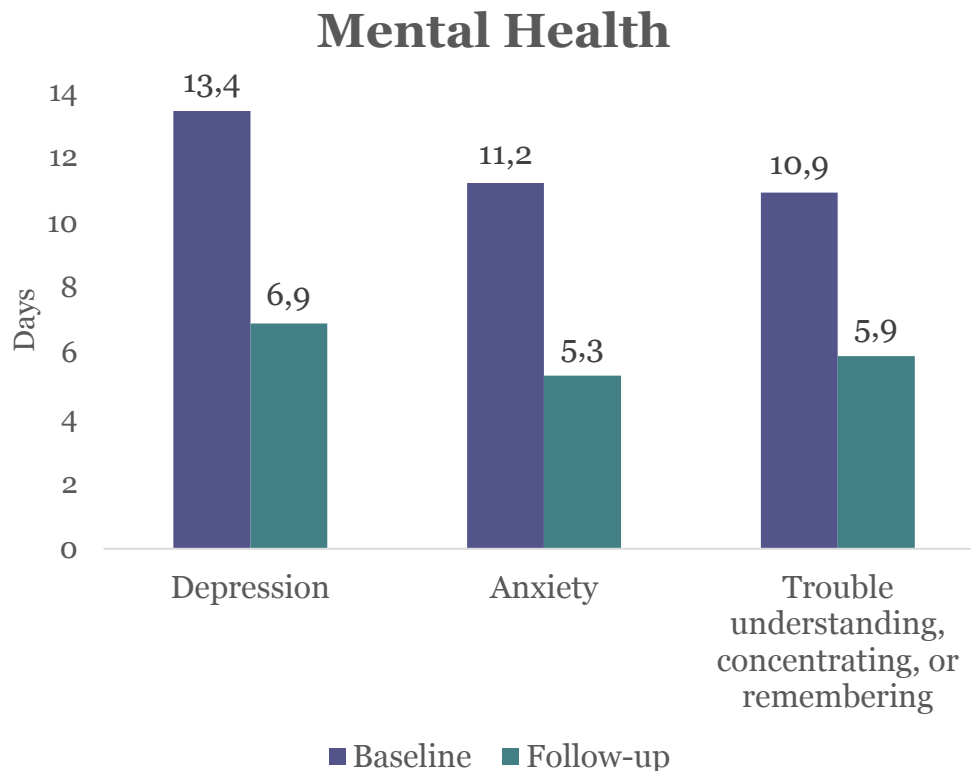
Zone 3



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)

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

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Questions

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