Impact of Brief Intervention on Problem Drug Use in Public Hospital-Based Primary Care Settings



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Significance

- BI effective for problem alcohol use
- Impact of BI on problem drug use little studied
- Yet dissemination of BI for drug use happening

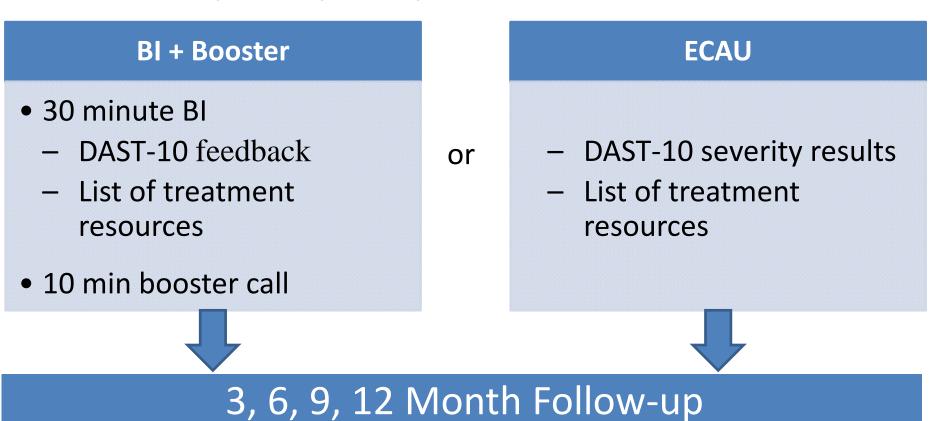


Purpose

- Examine impact of BI on problem drug use
 - in primary care
 - with disadvantaged patients where drug use is especially prevalent

Design

868 primary care patients randomized to:



Outcomes

- Primary outcomes
 - Self-reported days of problem drug use in last 30
 - ASI drug use composite score
- Secondary outcomes
 - ASI medical, psychiatric, social & legal composites
 - Chemical dependency treatment, ED, & inpatient hospital admissions
 - Arrests, mortality, and HIV risk behavior

Inclusion Criteria

- 18 years of age or older
- Use of Illegal drug or non-prescribed medication at least once in 90 days before screening
- English speaking; able to read and understand consent
- Receiving and planning to continue care in clinic
- Having telephone or e-mail access

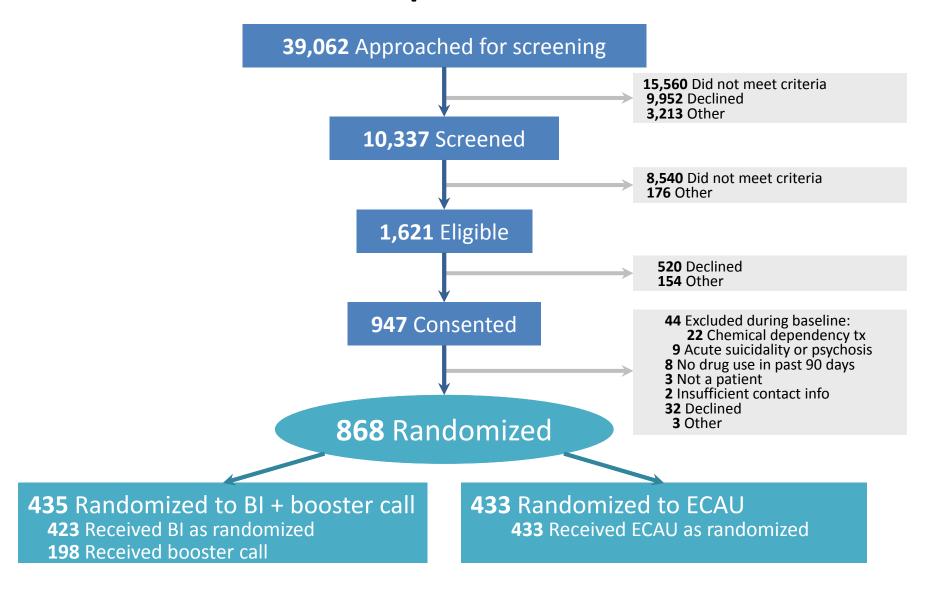
Exclusion Criteria

- Formal chemical dependency tx in past month (excludes NA, self-help)
- High risk of imminent suicide
- Life-threatening medical illness
- Severe cognitive impairment
- Active psychosis

Assessment Battery

- Self report
 - Addiction Severity Index (ASI)-lite
 - Drug use in previous month; drug use composite score
 - Social, legal, medical, psychiatric composite scores
 - Demographics, DAST-10, EuroQol, Thoughts About Abstinence Scale, HIV Risk-Taking Behaviours Scale
- Administrative data
 - Arrests, medical records (ED, IP, OP admits & costs), deaths, chemical dependency treatment admits
- Urine drug screen

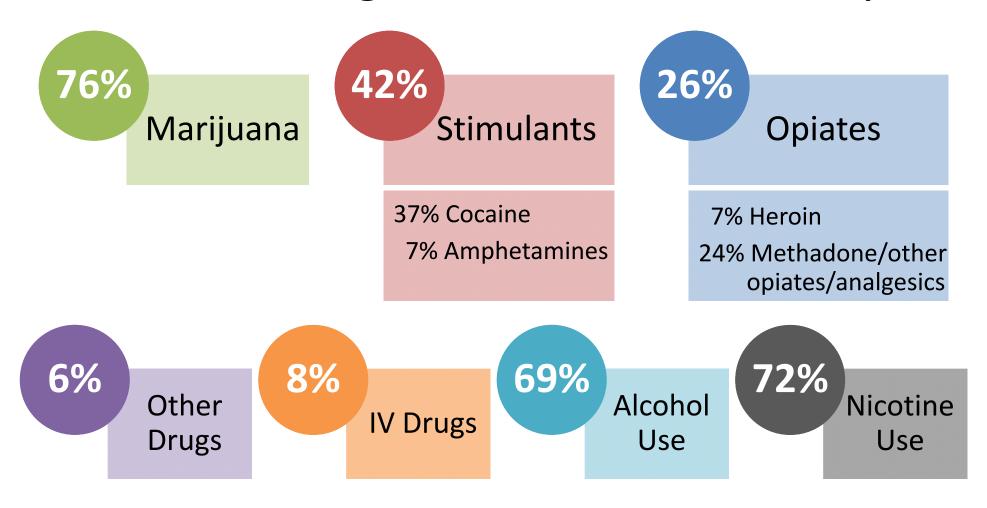
Participant Flow



Baseline Description of Sample

- Sample composition similar in both groups:
 - Mean age 48, 70% men, 55% non-white
 - 81% single, 91% not working, 30% homeless
- Substantial co-morbidity
 - mean >6 medical conditions
 - 56% with co-morbid mental conditions
- Notable use of services in previous year
 - 25% had IP hospital stays, 49% had ED visit, 10% had chemical dependency treatment admit

Baseline Drug Use in Previous 30 Days

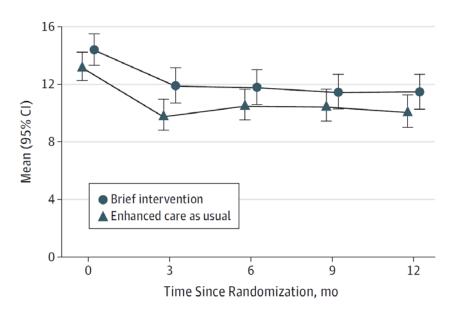


Results

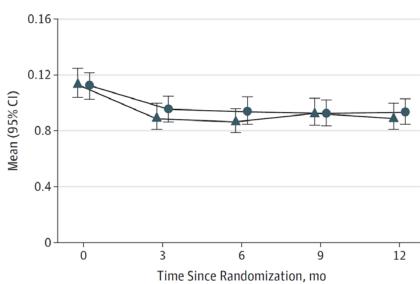
- Follow-up >87% at all 4 points (3, 6, 9, 12 mos)
- No effect of BI on primary or secondary outcomes

BI Had No Effect on Problem Drug Use Over Time

Drug use days in last 30 days for most frequently used drug



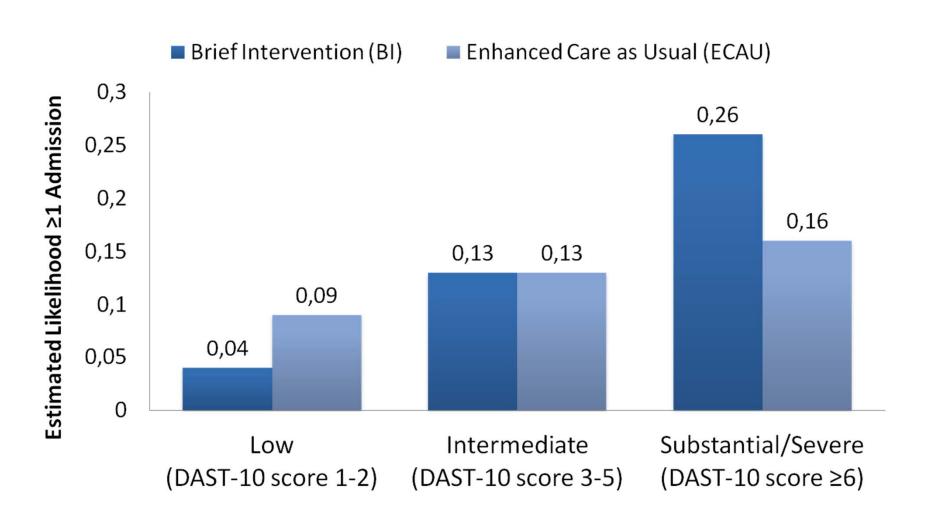
ASI drug use composite score during 12 months



Exploratory Analyses

- Drug use severity subgroups as measured by DAST-10:
 - -Low, DAST-10 score 1-2
 - Intermediate, DAST-10 score 3-5
 - -Substantial/Severe, DAST-10 score 6-10
- In most severe drug use subgroup, BI associated with:
 - Increased CD tx admissions
 - -Reduced ED visits

Effect of BI on Chemical Dependency Treatment Admissions Differed by Baseline Drug Use Severity

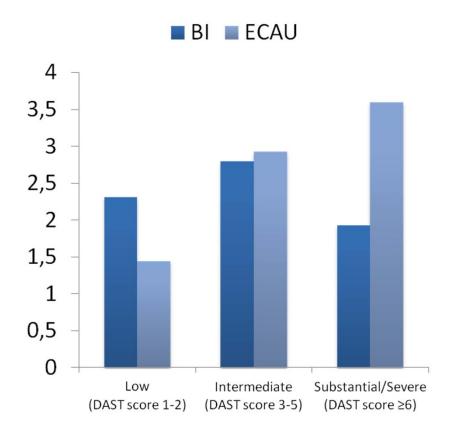


No Effect of BI on Likelihood of ED Admission; Of Those Admitted, Effect of BI on ED Visits Differed by Baseline Drug Use Severity

Estimated Likelihood ≥1 Admission

■ BI ■ ECAU 1 0,8 0,6 0,4 0,2 0 Substantial/Severe Low Intermediate (DAST score 1-2) (DAST score 3-5) (DAST score ≥6)

Mean Number of Admissions Among Admitted



Measurement of Drug Use Severity

- Standard measures of quantity and frequency exist for alcohol use
- No standard measures of quantity for drug use
 - Quantity not standardized within or across drugs
 - Focus on frequency alone will miss marked reductions in quantity
 - Thus, changes in frequency may not be sensitive measures of intervention impact

Summary & Conclusions

- No BI effect on primary/secondary outcomes
 - Caution in future BI dissemination for drugs
- Future research on subgroups promising
 - Increased CD tx admits & reduced ED visits associated with BI in most severe drug use
- Implications
 - Target BI to most severe drug users—CD tx admit
 - Reduced ED use in most severe drug users
 - May indicate quantity of use changed
 - Even though days of use had not

Contact Information

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