

SBIRT for Risky Stimulant Use in a Skid Row Community Health Center

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Background

- **Quit Using Drugs Intervention Trial (QUIT)** – a randomized controlled SBIRT trial of very brief primary care clinic-based QUIT intervention compared to usual care in reducing “risky” stimulant use, and preventing progression to dependence and drug-related harm among low-income, racially-diverse patient populations in federally qualified health centers (FQHCs)
- **Decision to include FQHC in Skid Row**
 - High drug availability, newly homeless population, especially those who became homeless due to economy, newly released from prison/jail
- **Skid Row context**
 - Service rich for homeless and drug abusing populations
 - Highly researched population, because of high risk behaviors and reservoir for communicable diseases

Purpose

- Describe unique issues of recruitment in our Skid Row clinic
- Describe rates of risky substance use based on ASSIST scores among adult patients in this Skid Row clinic

Methods: 'At Risk' Drug Use

- Definition of 'at risk' drug use
 - Casual, frequent, or binge use w/o the physiological or psychological manifestations of dependence
 - Score of 4 to 26 on the WHO Alcohol Substance Involvement Screening Test (ASSIST), which consists of seven questions that are embedded within the eligibility screening process
- Screening Location: waiting rooms of clinics

Study Procedures, Overview

Timing	Procedure	
First Office Visit \$30	Observations and Approach (N=8,000, 4 min) Screening + ASSIST (5-10 min) Eligible Risky Stimulant Users: Consent; Baseline Assessment; Randomization (20-30 min)	
	<u>Experimental Care Condition (n=245)</u> Summary to Clinician (ASSIST/script) Clinician Brief Intervention (<5min) Clinician Intervention Plan (1 min)	<u>Usual Care Condition (n=245)</u>
	<i>Post-Visit (10 min)</i> Tracking Form; Post-Visit Assessment Urine Drug Screen Video Doctor: Stimulant Use	<i>Post-Visit Assessment (10min)</i> Tracking Form; Assessment Urine Drug Screen Video Doc: Cancer Screening
Wk 2&6	<i>2 & 6 Week Assessment (3 min)</i>	<i>2&6 Week Assessment (3 min)</i>
Wk 2&6	<i>Phone Health Ed Session (20-25 min)</i> Counseling – Risky Stimulant Use	
Month 3 \$50	F/up Assessment (45 min, N~200)	F/up Assessment (45 min, N~200)

First Steps: Developed Reliable Computer-Driven Data Collection System

- EMMA (Electronic Material Management App)
- “Talking Touch-screen” Wireless Tablet PCs, enables real-time data capture/updates
- User friendly for low literacy, low computer proficiency and non-English speakers (text to speech)
- Incorporates
 - Data Collection: Screening, informed consent, assessments, health education sessions
 - Data Monitoring: Randomization, patient tracking & scheduling, data monitoring, lab results, incentive logs

Patient Population (N=1,060)

February 25 - April 28, 2011

■ Male	70%
■ Age (mean years)	48.7
■ 20-39	14%
■ 40-49	33%
■ 50-59	44%
■ 60-79	9%
■ Ethnicity (Observation)	
■ Latino	21%
■ Race (Observation)	
■ White	34%
■ African American	64%
■ Other	2%

Housing Status

■ Homeless	70%
■ Homeless Shelter	34%
■ Rehab Program	19%
■ Hotel/Motel	9%
■ Outdoors	6%
■ Vehicle	2%
■ Housed	30%
■ Own house/apartment	17%
■ Family/Friend's house/apt	13%

Enrollment Rates

■ Observed	1,060	
■ Approached	1,013	
■ Screened, Self-Administered	611	58% of observed
■ ASSIST	210	20% of observed
■ Enrolled	56	5.3% of observed

Major Reasons for Exclusion

STAGE	REASON	N	% Observed (N=1060)
Approach Stage	Not interested	221	21
	No primary care appointment	86	8
	Cutoff before visit	44	4
	In substance use treatment	162	15
	No stimulant use, past 3 mos	194	18
ASSIST Stage	Alcohol/Drug dependence (ASSIST 27+)	59	28
	No or low risk stimulant use (ASSIST 0-3)	66	31

BARRIER TO RECRUITMENT /ENROLLMENT	STRATEGY
Patients not interested (over-researched, mistrust)	<ul style="list-style-type: none"> ❖ Front desk clinic staff introduced patient to study ❖ Booster training of RAs to be more engaging and encouraging of patient enrollment ❖ T-shirts and nametags with UCLA as well clinic name
Surge of walk-ins to get into study	<ul style="list-style-type: none"> ❖ Recruit on random clinic sessions ❖ Limited recruitment to patient care areas—patients in these areas had confirmed appointments
Currently in substance use treatment	<ul style="list-style-type: none"> ❖ Relax criteria to exclude patients only if substance use treatment started more than a month ago
Risky stimulant users excluded because of dependence alcohol/cannabis (ASSIST 27+)	<ul style="list-style-type: none"> ❖ Relax enrollment criteria to include patients with co-occurring alcohol or cannabis dependence
Lack of time to complete recruitment and enrollment before visit (N=44)	<ul style="list-style-type: none"> ❖ Developed strategy with clinic staff to delay medical visit to complete enrollment of eligible cases
Low enrollment rates	<ul style="list-style-type: none"> ❖ Broaden inclusion criteria beyond risky stimulant use to allow into study patients with risky use of other drugs
Enrollment despite long-term abstinence	<ul style="list-style-type: none"> ❖ Excluded patients who did not use stimulants in past 3 months

Strategic Implications

- Recruitment Barrier: **Patients Not Interested**
 - Over-researched / feelings of being “used” by research
 - Distrust (fear research would end up in the wrong hands)
 - Even though ASSIST screening was anonymous
- Strategy
 - Front desk clinic staff introduced study to each patient
 - Booster training of RAs on methods to be more engaging and encouraging of patient enrollment
 - Give RAs T-shirts and nametags with UCLA as well clinic name to increase perceived alignment of study with their clinic

Strategic Implications

- Recruitment Barrier: **Surge of Walk-In Patients**
 - Once word got out about the study incentives, surges of walk-in patients requesting a primary care visit so they could get into the study
 - Population that is highly incentivized
- Strategy
 - Recruit on random clinic sessions
 - Stopped recruitment in waiting room
 - Limited recruitment to patient care areas - patients in these areas had confirmed appointments

Strategic Implications

- Recruitment Barrier: **Currently in Substance Use Treatment**
 - Key informants revealed that many patients receive intermittent substance use treatment required by parole and by sober living shelters
- Strategy
 - Relax criteria to exclude patients only if substance use treatment started more than a month ago

Rates of Dependence on Other Substances among Risky Stimulant Users

Substance Dependence (N=96)	%
Tobacco	27
Cannabis	13
Alcohol	11
Opiates	5
Sedatives	4
Inhalants	1
Hallucinogens	0
Alcohol and/or Cannabis	18
Drugs	19
Drugs and/or Alcohol	23

Strategic Implications

- Recruitment Barrier: **Co-Occurring Drug Dependence**
 - Many risky stimulant users were excluded because of co-occurring alcohol/cannabis dependence (ASSIST 27+)
- Strategy
 - Relax enrollment criteria to allow enrollment of patients with co-occurring alcohol or cannabis dependence

Strategic Implications

- Enrollment Barrier: **Not Enough Time to Complete Study Procedures Before Medical Visit (n=44)**
- Strategy
 - Developed strategy with clinic staff to delay medical visit for the time required to complete enrollment of eligible cases

ASSIST SCORES (n=210)

	Low Risk 0-3, %	Mod Risk 4-26, %	High Risk 27+, %
Tobacco	24	48	28
Alcohol	28	46	26
Cannabis	43	36	21
Cocaine	42	34	24
Opiates	60	26	14
Sedatives	66	22	12
Meth/ATS	69	20	11
Hallucinogens	81	14	5
Inhalants	86	10	4

Strategic Implication

- Enrollment Barrier: **Low Enrollment Rates**
- Strategy
 - Broaden inclusion criteria beyond risky stimulant use to allow into study patients with risky use of other drugs

Strategic Implication

- Enrollment Issue: **Enrollment Despite Long-term Abstinence**
 - Many patients (23/56) met enrollment criteria for risky stimulant use based on ASSIST score 4-26, despite long-term abstinence. They qualified based on ever or recently feeling need to cut down or family concern (Q6 and 7)
 - Clinician QUIT drug use message did not seem appropriate to both patient and clinician
- Strategy
 - Excluded patients who did not use stimulants in past 3 months

- Some expected barriers were not common during recruitment in this homeless population
 - Lack of telephone
 - Time constraints
 - Intoxication

Conclusion

- Integrating SBIRT for drug use into federally qualified health centers is doable
- Even in Skid Row, an area with high rates of drug use, recruitment and enrollment rates were low into this SBIRT for risky stimulant use
- Unique issues of recruitment/enrollment must be considered and research procedures need to be modified for vulnerable patient populations and busy community health center practices

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