







Implementing Alcohol SBIRT for Opioid Agonist Patients: Perceptions of Primary and Specialty Care Staff

Jan Klimas, PhD^{1,2,3*}, Raina Croff, PhD¹, Traci Rieckman, PhD¹, John Muench, MD⁵, Katharina Wiest, PhD⁴, Dennis McCarty, PhD¹

Background

Problem alcohol use is a significant health issue, particularly among 'highrisk' populations (e.g. people treated for dependence on illicit drugs such as heroin or cocaine). Screening, brief intervention and referral to treatment (SBIRT) are effective in reducing alcohol use, however, it is unknown how health professionals view SBIRT implementation among opioid agonist patients.

This study compared experience of, and attitudes towards, implementation of alcohol SBIRT for opioid agonist patients in primary and specialty care settings, with or without a *resident* training initiative.

Results

Thematic analysis revealed two major themes: (i) SBIRT practices and (ii) implementation issues.

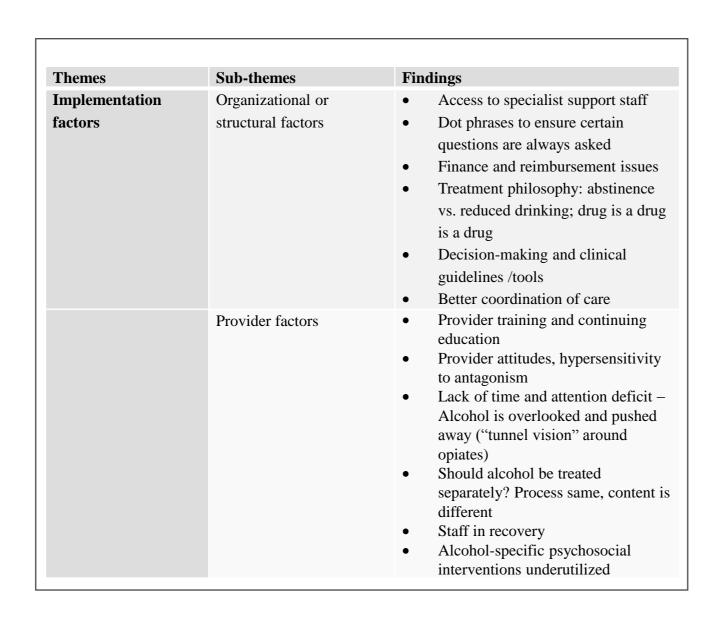
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Themes	Sub-themes	Findings
Current and previous practice	Practice of screening	 Alcohol assessed at intake Suspicion led vs. systematic Breathalyzer used for safety rather than as part of the habitual screening process
	Practice of brief intervention and treatment	 Psychosocial interventions (biopsychosocial approach) Pharmacological interventions Antabuse mixed with methadone Should alcohol be treated differently than other drugs?
	Referral to treatment	 Warm hand offs are important Stronger interventions for chronic drinking

Methods

Focus groups were completed in a primary care and a specialty care setting in Portland, Oregon to compare experience of, and attitudes towards, implementation of alcohol SBIRT for opioid agonist patients in settings with or without SBIRT residency training initiative.

Participants

The six buprenorphine prescribers in the primary care clinic were invited to participate in the focus group; two of them were not available. At the specialty clinic, we invited 11 health professionals (e.g., counselors, social workers and intake staff) to participate in the focus group; 10 attended.





Results (cont'd) **Sub-themes Findings Themes**

• Patient attitudes and motivation Patient factors • Trust, treatment engagement and treatment access Education for doctors, schools, Community factors social services, police, and other • Interagency cooperation

Key Points

- Organizational, structural, provider, patient and community related variables hindered or fostered SBIRT implementation.
- Continuing education, access to specialist support staff, funding or reimbursement for SBIRT, and enhanced electronic medical records supported SBIRT. Clinic flow inhibited SBIRT.

Conclusions

Qualitative analysis of focus group interviews compared and contrasted SBIRT in a primary care clinic versus a specialty care clinic. Training health care professionals in delivering alcohol SBIRT is feasible and acceptable for implementation among opioid agonist patients; however, it is not sufficient to maintain a sustainable change. Effective implementation requires systematic changes at multiple levels targeting obstacles specific to patient population or setting. Research into multilevel interventions to encourage implementation of alcohol SBIRT in primary and specialty opioid treatment settings is a priority.

Literature

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For further information

¹Department of Public Health and Preventive Medicine, Oregon Health and Science University (OHSU), Portland, OR ²School of Medicine and Medical Science, University College Dublin, Ireland, jan.klimas@ucd.ie ³Graduate Entry Medical School, University of Limerick, Ireland

⁴CODA, Inc. Portland, OR

⁵Department of Family Medicine, Oregon Health and Science University (OHSU), Portland, OR www.sbirtoregon.org