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

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Background

Problem alcohol use is a significant health issue, particularly among ‘high-risk’ 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.

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.

SBIRT PRIMARY CARE
RESIDENCY INITIATIVE

Addressing alcohol and drug use with primary care patients

Home | Clinic flow | Screening forms | Clinic tools | Training curriculum | Videos | Reimbursement | About our project

Watch video demonstrations of a brief intervention:

Results

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

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 (bio-psychosocial 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

Themes	Sub-themes	Findings
Implementation factors	Organizational or structural factors	• Access to specialist support staff • Dot phrases to ensure certain questions are always asked • Finance and reimbursement issues • Treatment philosophy: abstinence vs. reduced drinking; drug is a drug is a drug • Decision-making and clinical guidelines /tools • Better coordination of care
	Provider factors	• Provider training and continuing education • Provider attitudes, hypersensitivity to antagonism • Lack of time and attention deficit – Alcohol is overlooked and pushed away (“tunnel vision” around opiates) • Should alcohol be treated separately? Process same, content is different • Staff in recovery • Alcohol-specific psychosocial interventions underutilized

Results (cont’d)

Themes	Sub-themes	Findings
	Patient factors	• Patient attitudes and motivation • Trust, treatment engagement and treatment access
	Community factors	• Education for doctors, schools, social services, police, and other gatekeepers • 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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