



PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Ministro per la Cooperazione Internazionale e l'Integrazione
Dipartimento Politiche Antidroga

La diagnosi precoce nell'esperienza americana SBIRT



Piano di Formazione
sulla diagnosi e l'intervento precoce
dell'uso di sostanze nei minori

Roma, Sala Polifunzionale. 11 aprile 2012

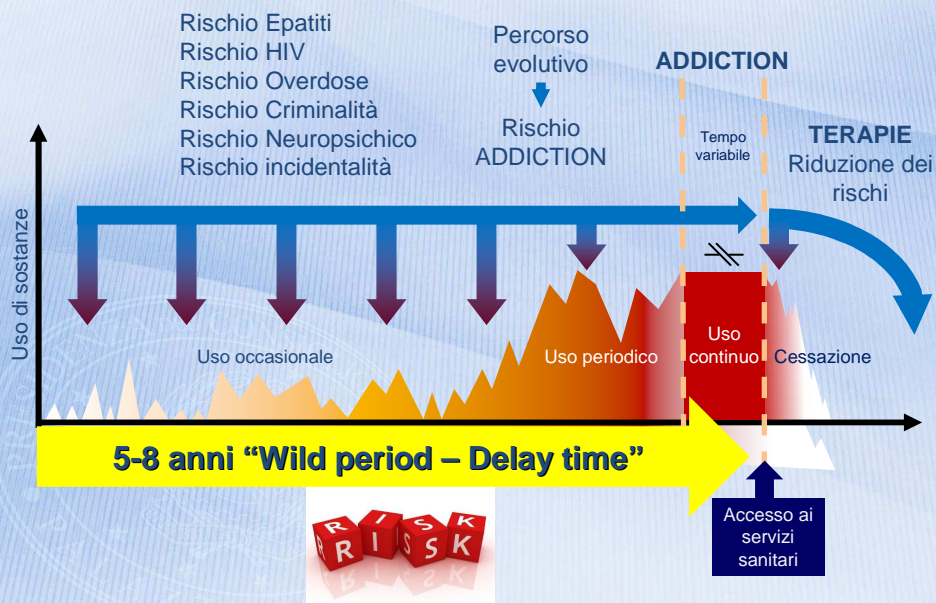
Roberto Mollica

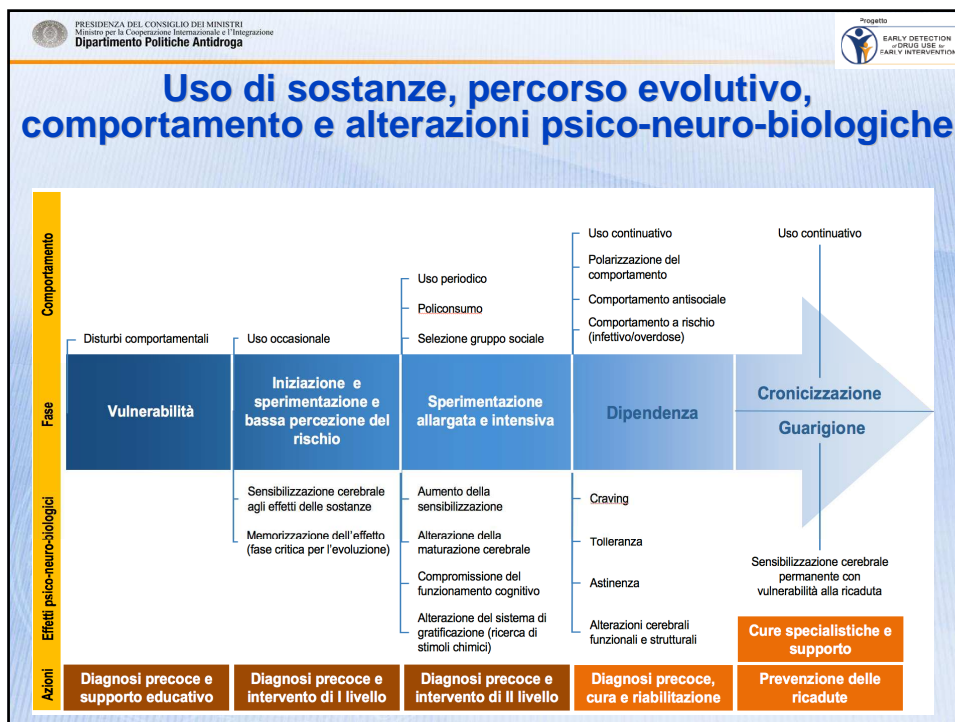


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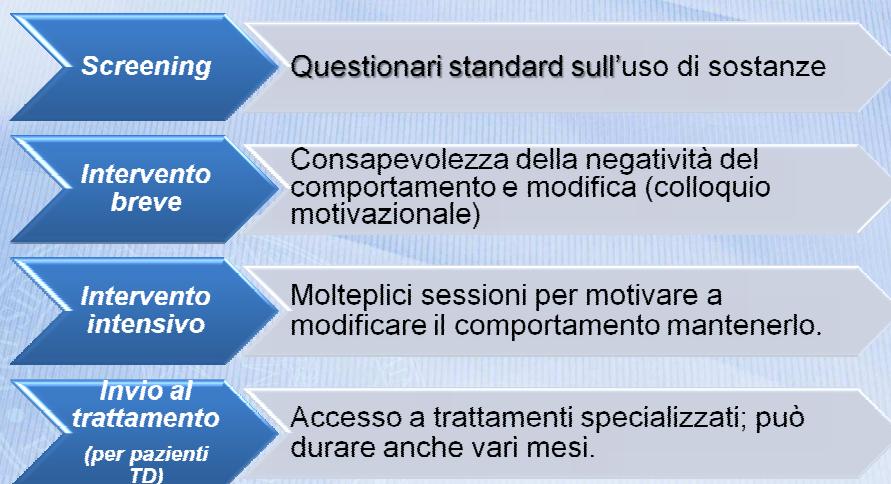


Storia naturale dell'uso di sostanze





SBIRT: la strategia americana



SBIRT - Mainstreaming Addictions in General Medicine

High Annual Estimated Societal Costs in USA

Alcohol: \$235 billion
Tobacco: \$193 billion
Other Drugs: \$181 billion

- Sources:
- 1) Rehm J, et al. *Lancet* 2009;373:2223–2233.
 - 2) Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*—2007.
 - 3) Office of National Drug Control Policy (2004). *The Economic Costs of Drug Abuse in the United States, 1992-2002.*



USA - Current Policy Status of SBIRT

Alcohol and Tobacco -SBIRT accepted

Tobacco: <http://www.ahrq.gov/clinic/uspstf/uspstbac.htm>

Alcohol: <http://www.ahrq.gov/clinic/uspstf/uspstdrin.htm>

Illicit Drug Use -SBIRT evidence insufficient

Drugs: <http://www.ahrq.gov/clinic/uspstf/uspstdrug.htm>



Intervento breve e heavy alcohol use



Effectiveness of brief interventions in primary care populations 2009

Karen EFS, Dickinson HO, Beyer FR,
Campbell F, Schlesinger C, Heather N,
Saunders JB, Burnard B, Pienaar ED

22 RCTs per un totale di 7619 soggetti

Riduzione uso Alcol vs. controlli

Oltre un anno -38 gr/week
(95% CI -54 to -23)

Maschi -57 gr/week
(95% CI -89 to -25)

>4 sessioni -28 gr/week
(95% CI -62 to 6)



Brief interventions for heavy alcohol users admitted to general hospital wards (Review) 2011

McQueen J, Howe TE, Allan L, Mains D, Hardy V

14 RCTs per un totale di 4041 soggetti (>maschi)

Riduzione uso Alcol vs. controlli

A sei mesi -69.43 (95% CI -128.14 to -10.72)

A nove mesi -182.88 (95% CI -360.00 to -5.76)

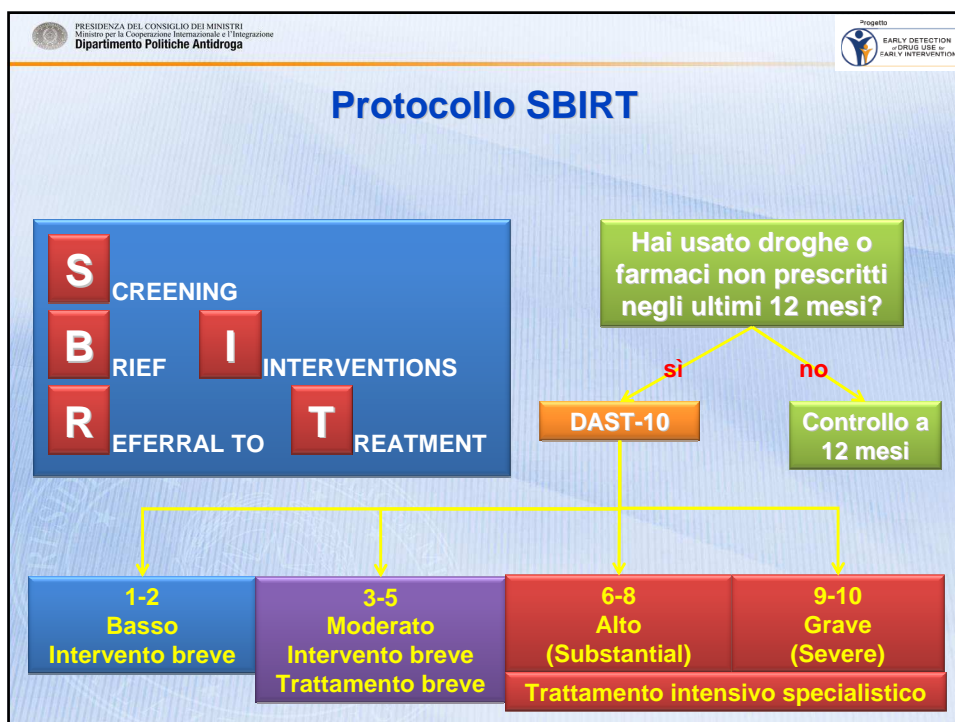
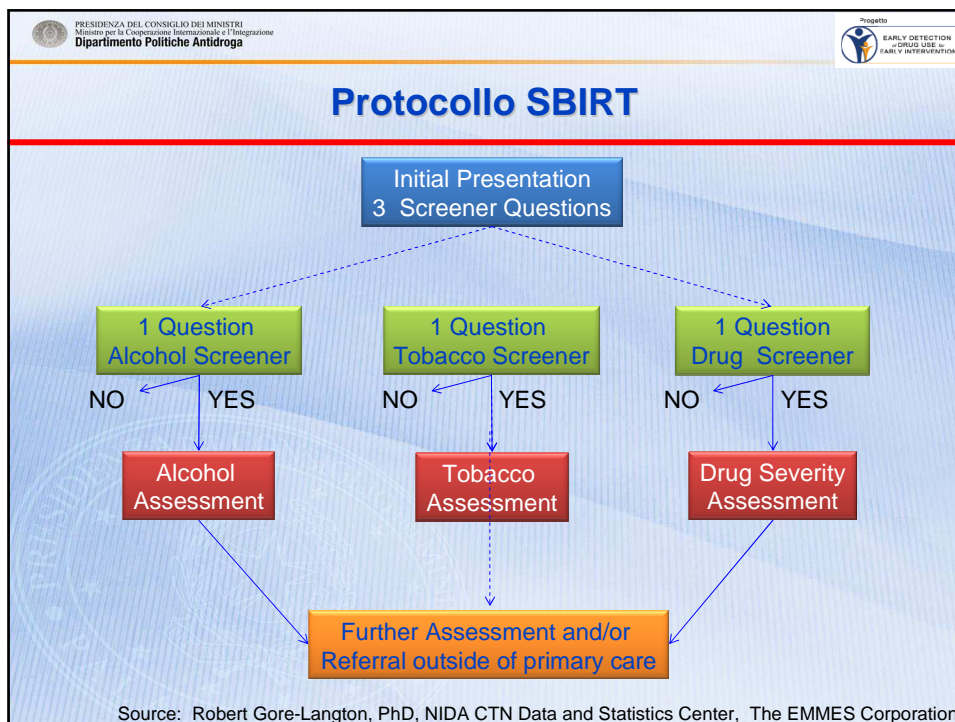
A dodici mesi -0.26 (95% CI -0.50 to -0.03)

Mortalità vs. controlli

A sei mesi RR 0.42 (95% CI 0.19 to 0.94)

A dodici mesi RR 0.60 (95% CI 0.40 to 0.91)



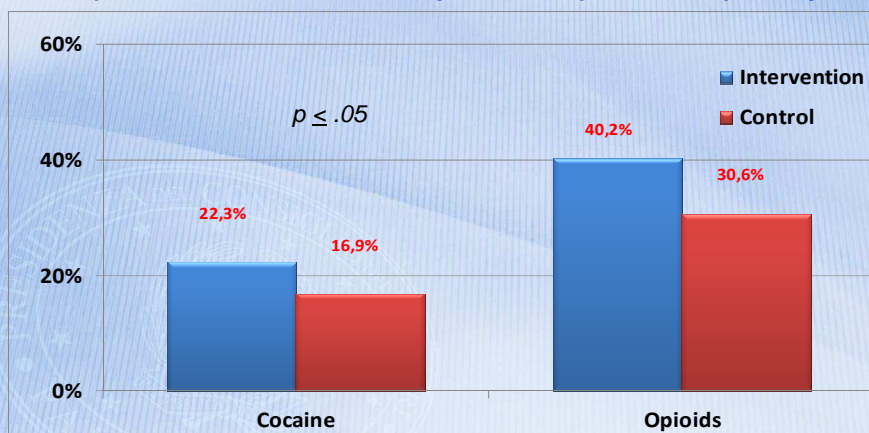


Strength of Evidence for Illicit Drugs: Promising - but sparse results

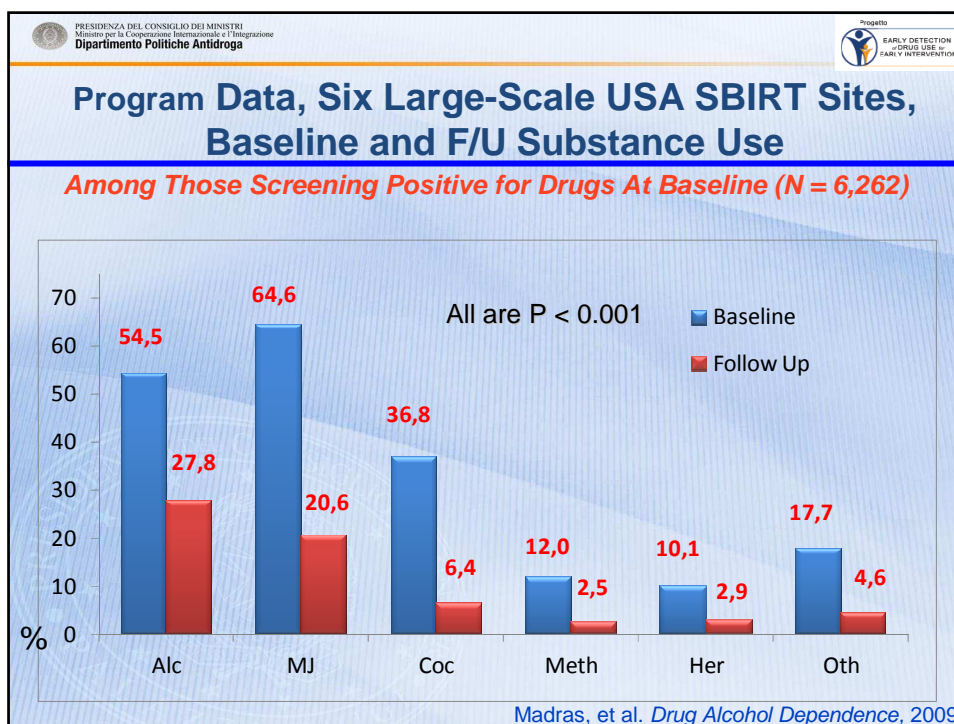
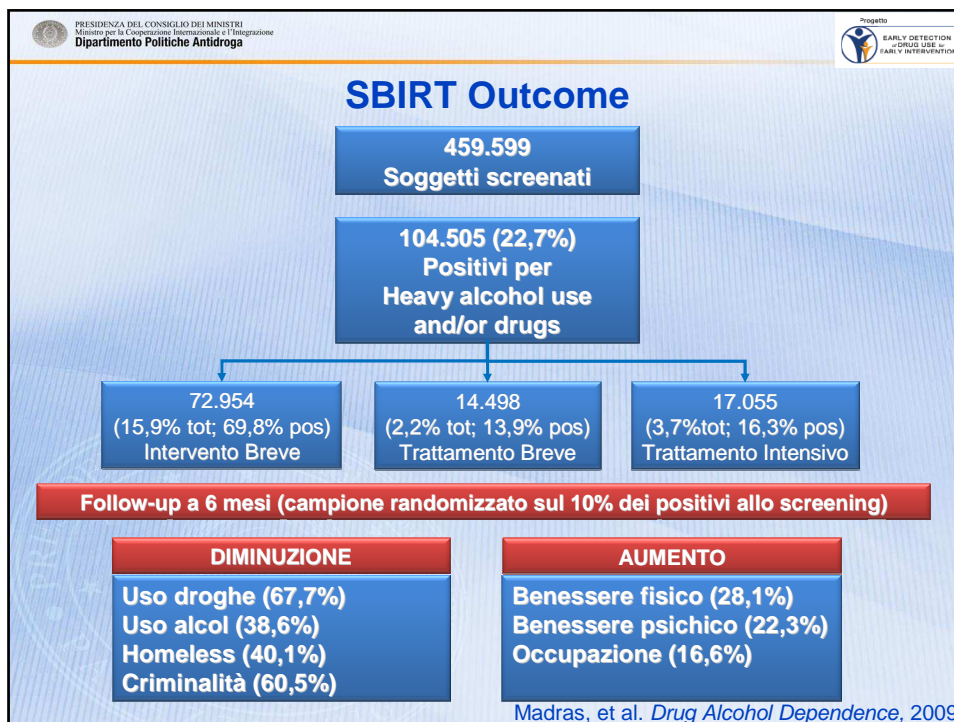
- Bernstein, et al. 2005: Randomized Controlled Trial (RCT)
- WHO study, 2008: Randomized Controlled Trial (RCT) in Multiple Sites Internationally
- Madras, Compton, Avula, et al. 2009: SAMHSA program evaluation of (SBIRT) for illicit drug and alcohol use at multiple sites: Comparison at intake and 6 months later
- Bernstein, et al. 2009: Adolescent RCT in ED, reduction in days MJ smoked at 12 mo after BI

Brief motivational intervention reduces 6 mo. cocaine and heroin use

Abstinence Among Those Screening Positive for At Baseline (N=1175), comparing those who did and did not receive peer-delivered, brief (~20 minutes) intervention with booster phone call (~5 minutes) 10 days later



Bernstein et al. *Drug and Alcohol Dependence* 2005





Screening and Brief Intervention to Reduce Marijuana Use Among Youth and Young Adults in a Pediatric Emergency Department

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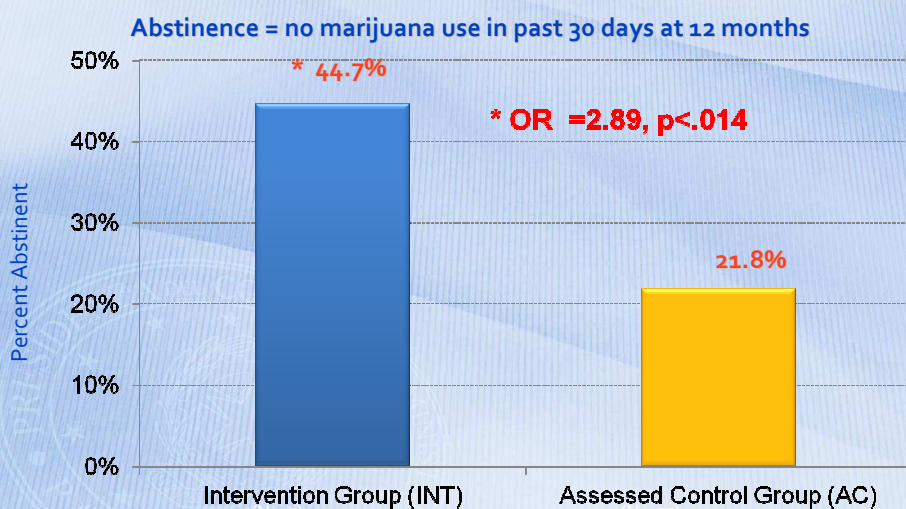
Academic Emergency Medicine

Official Journal of the Society for Academic Emergency Medicine

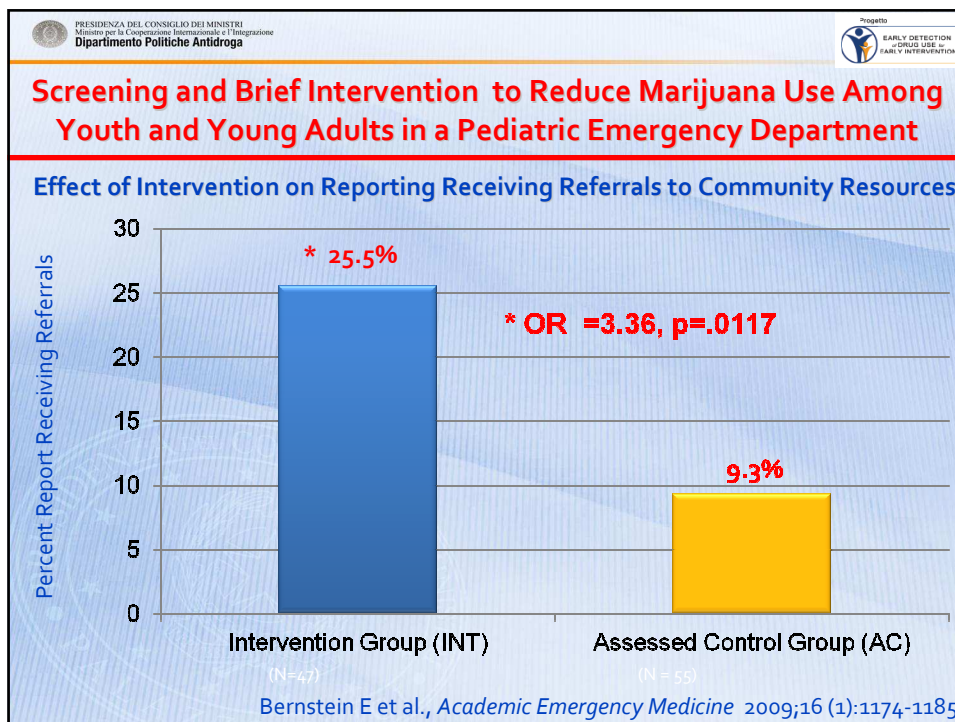
Bernstein, E., Edwards, E., Dorfman, D., Heeren, T., Bliss, C., & Bernstein, J., Society for Academic Emergency Medicine, 16 (1), 1174-1185, 2009.



Screening and Brief Intervention to Reduce Marijuana Use Among Youth and Young Adults in a Pediatric Emergency Department



Bernstein E et al., *Academic Emergency Medicine* 2009;16 (1):1174-1185



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Progetto
EARLY DETECTION
OF DRUG USE
EARLY INTERVENTION

SBIRT and Cost effectiveness

The most common cause of injuries in US is alcohol abuse. "Drugged-driving" is also common.

SBIRT in ED's reduce both alcohol intake and injury recurrence.

Results: For each \$1 dollar spent on SBIRT, \$2-\$4 will be saved in healthcare costs over 3 years (primarily in future ED and hospital costs).

Cost is \$16 per patient screening, \$38 per BI

Source: Alcohol interventions for trauma patients treated in emergency departments and hospitals a cost benefit analysis. Gentilello LM, et al. *Annals of Surgery* 2005;241(4):541-550.



SBIRT and Cost effectiveness

Evaluation of a Washington State SBIRT cohort

Working –age disabled patients

Received at least a brief intervention (BI)

Results: BI at \$70 per person resulted in \$185 to \$192 saving per member per month and \$2.7 to \$2.8 million total per year in Washington State

Source: Estee S, He L, Mancuso D, Felver B. Medicaid costs declined among emergency department patients who received brief interventions for substance use disorders through WASBIRT. Washington State Department of Social and Health Services, Research and Data Analysis Division. (2007).



Summary of Future SBIRT Research

Enhance evidence on effectiveness in a variety of general medical settings with differing populations

Develop and validate brief screening approaches for prescription drug abuse

Test new technologies for implementing SBI (internet, tablet, PDA, etc.)

Develop medical system models for referral and treatment (the “RT” of SBIRT)

Integrate SBIRT/Drugs with all behavioral health behaviors

« The marriage of mobile technologies and health care applications represent a growing opportunity. The majority of the 27 institutes of the NIH currently have important investments in this domain. »

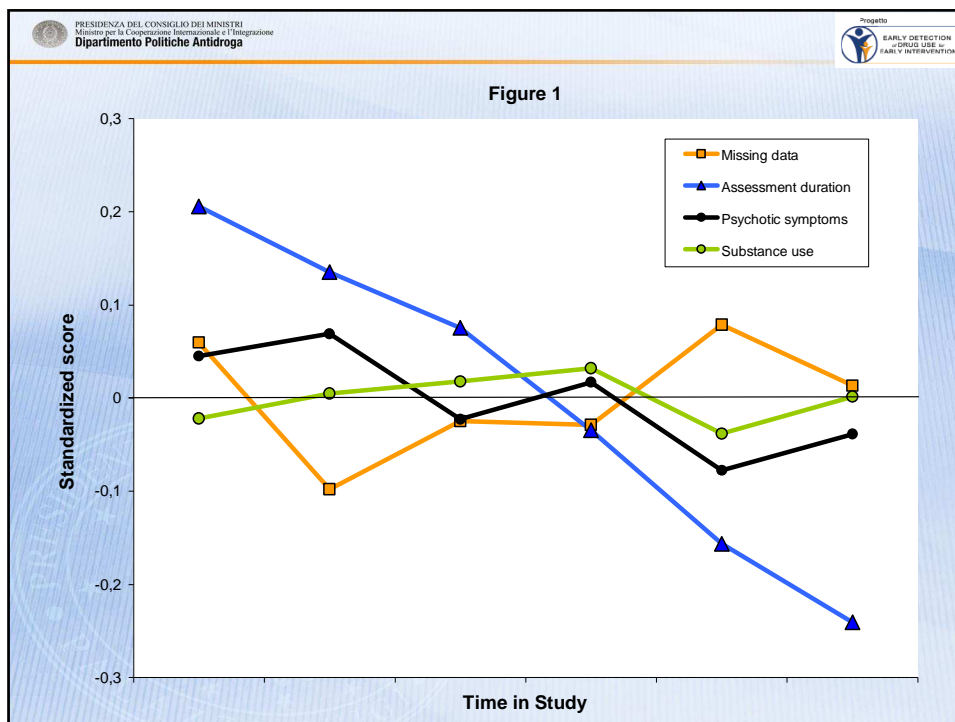
*Dr. Francis S. Collins
Director of NIH, 2011*

Ecological Momentary Assessment Experience Sampling Method

Method: Electronic devices that permit the collection of ambulatory data at numerous moments throughout the day



Objective: To collect a representative sample of behaviors, thoughts and symptoms in authentic contexts of daily life



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The Science of Drug Abuse & Addiction
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NEW! COMMUNITY DRUG ALERT BULLETIN: INHALANTS

Students & Young Adults
Education resources & materials on drug abuse, marijuana, ecstasy, smoking, s...
(more)

Parents & Teachers

News & Events

www.drugabuse.gov

NIDAMED

<http://www.nida.nih.gov/nidamed/>

Public Health Problem - (More from the NIDA Director)

Recursos y materiales educativos sobre las drogas de abuso, marihuana, extasis, ...

Smoking/Nicotine

Applications

Application for 2005 NIDA

smoking.drugabuse.gov

Treatment Research

HELP YOUR DOCTOR READ BETWEEN THE LINES.

WITHOUT THE WHOLE PICTURE, YOU MIGHT NOT GET THE WHOLE TREATMENT.

To give you the best possible care, your doctor needs to know about any and all drugs you are taking, including tobacco products and medications—even if you're not prescribed for you.

Talk Your Doctor About ALL the Drugs You Take.
www.drugabuse.gov/nidamed

PRINCIPLES OF DRUG ABUSION TREATMENT

SCREENING FOR DRUG USE IN GENERAL MEDICAL SETTINGS
Quick Reference Guide

SCREENING FOR DRUG USE IN GENERAL MEDICAL SETTINGS
Research Guide

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