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

La diagnosi precoce nell'esperienza americana SBIRT

Progetto
EARLY DETECTION of DRUG USE & EARLY INTERVENTION

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

Roma, Sala Polifunzionale. 11 aprile 2012

Roberto Mollica

Storia naturale dell'uso di sostanze

Rischio Epatiti
Rischio HIV
Rischio Overdose
Rischio Criminalità
Rischio Neuropsichico
Rischio incidentalità

Percorso evolutivo

Rischio ADDICTION





Storia naturale dell'uso di sostanze

Rischio Epatiti
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Rischio Criminalità
Rischio Neuropsichico
Rischio incidentalità

Percorso evolutivo

Rischio ADDICTION

ADDICTION

Tempo variabile

TERAPIE
Riduzione dei rischi

Uso di sostanze

Uso occasionale

Uso periodico

Uso continuo

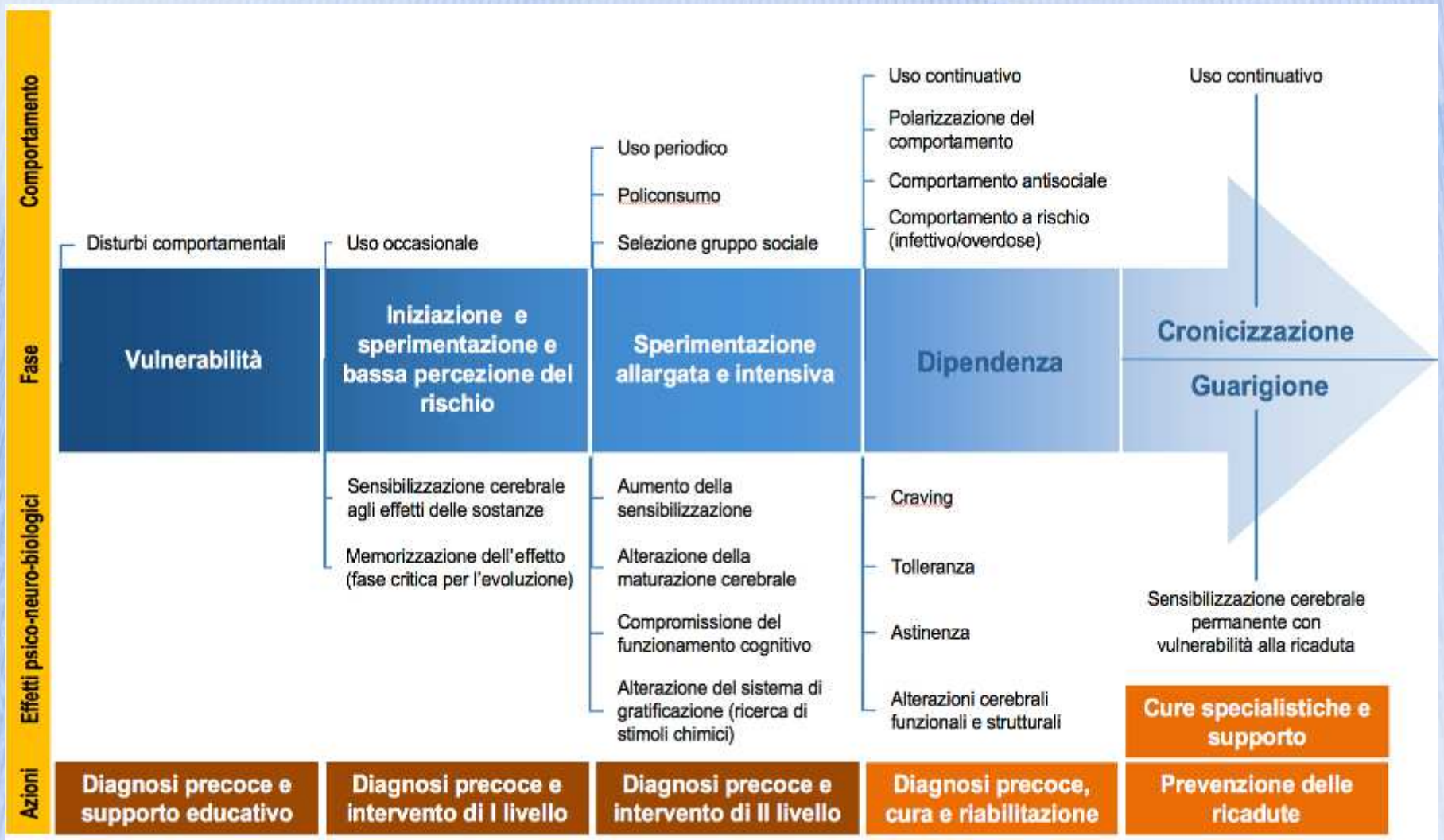
Cessazione

"Wild period – Delay time"

Accesso ai servizi sanitari



Uso di sostanze, percorso evolutivo, comportamento e alterazioni psico-neuro-biologiche



SBIRT: la strategia americana

Screening	Questionari standard sull'uso di sostanze
Intervento breve	Consapevolezza della negatività del comportamento e modifica (colloquio motivazionale)
Intervento intensivo	Molteplici sessioni per motivare a modificare il comportamento mantenerlo.
Invio al trattamento (per pazienti TD)	Accesso a trattamenti specializzati; può durare anche vari mesi.

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/uspsdrin.htm

Illicit Drug Use -SBIRT evidence insufficient

Drugs: http://www.ahrq.gov/clinic/uspstf/uspsdrug.htm

Intervento breve e heavy alcohol use

1

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)

THE COCHRANE COLLABORATION®

2

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)

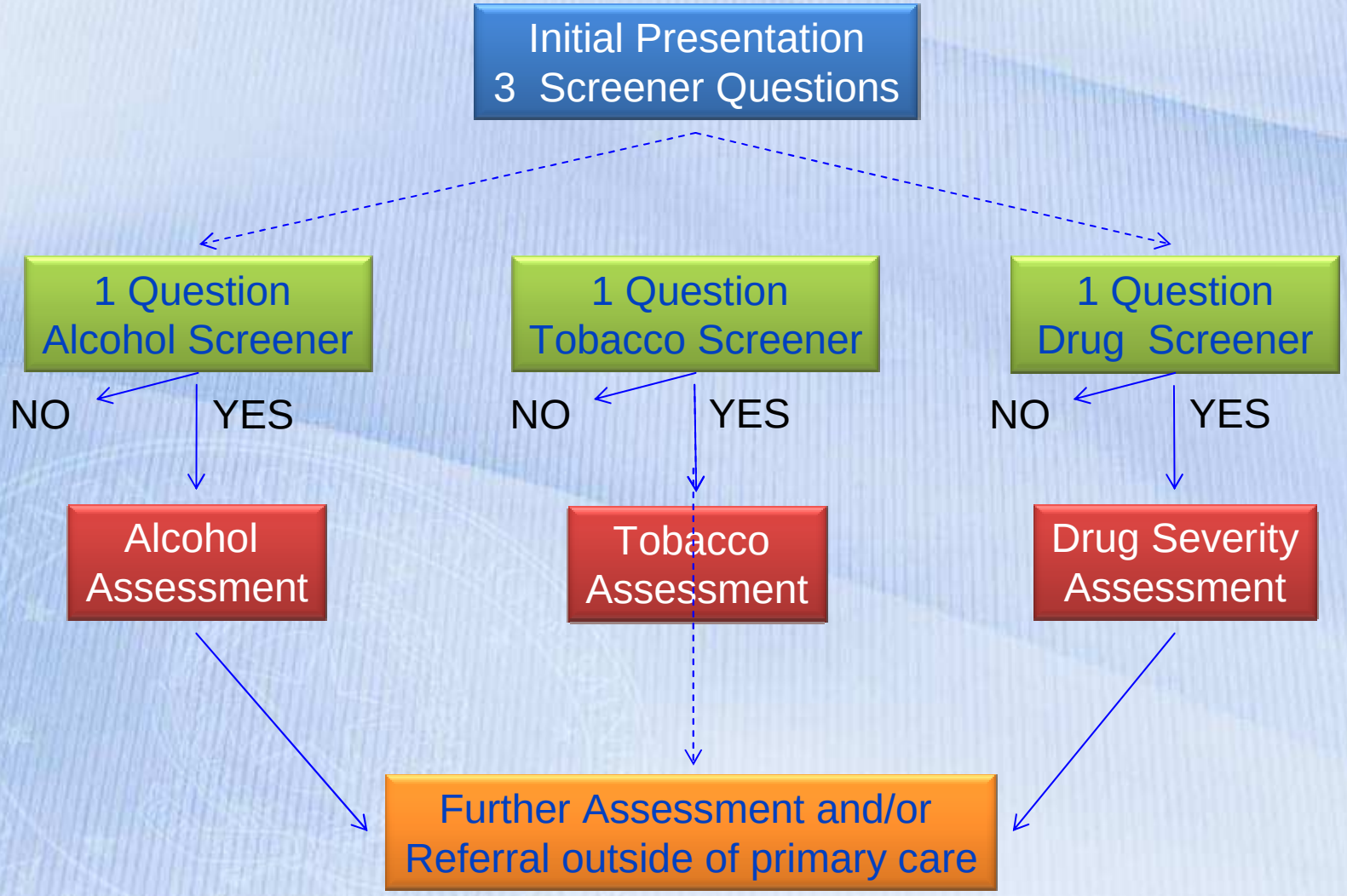
Riduzione uso Alcol vs. controlli

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)

Protocollo SBIRT



Source: Robert Gore-Langton, PhD, NIDA CTN Data and Statistics Center, The EMMES Corporation

Protocollo SBIRT

S CREENING

B RIEF **I** INTERVENTIONS

R EFERRAL TO **T** REATMENT

Hai usato droghe o farmaci non prescritti negli ultimi 12 mesi?

sì → **DAST-10**

no → **Controllo a 12 mesi**

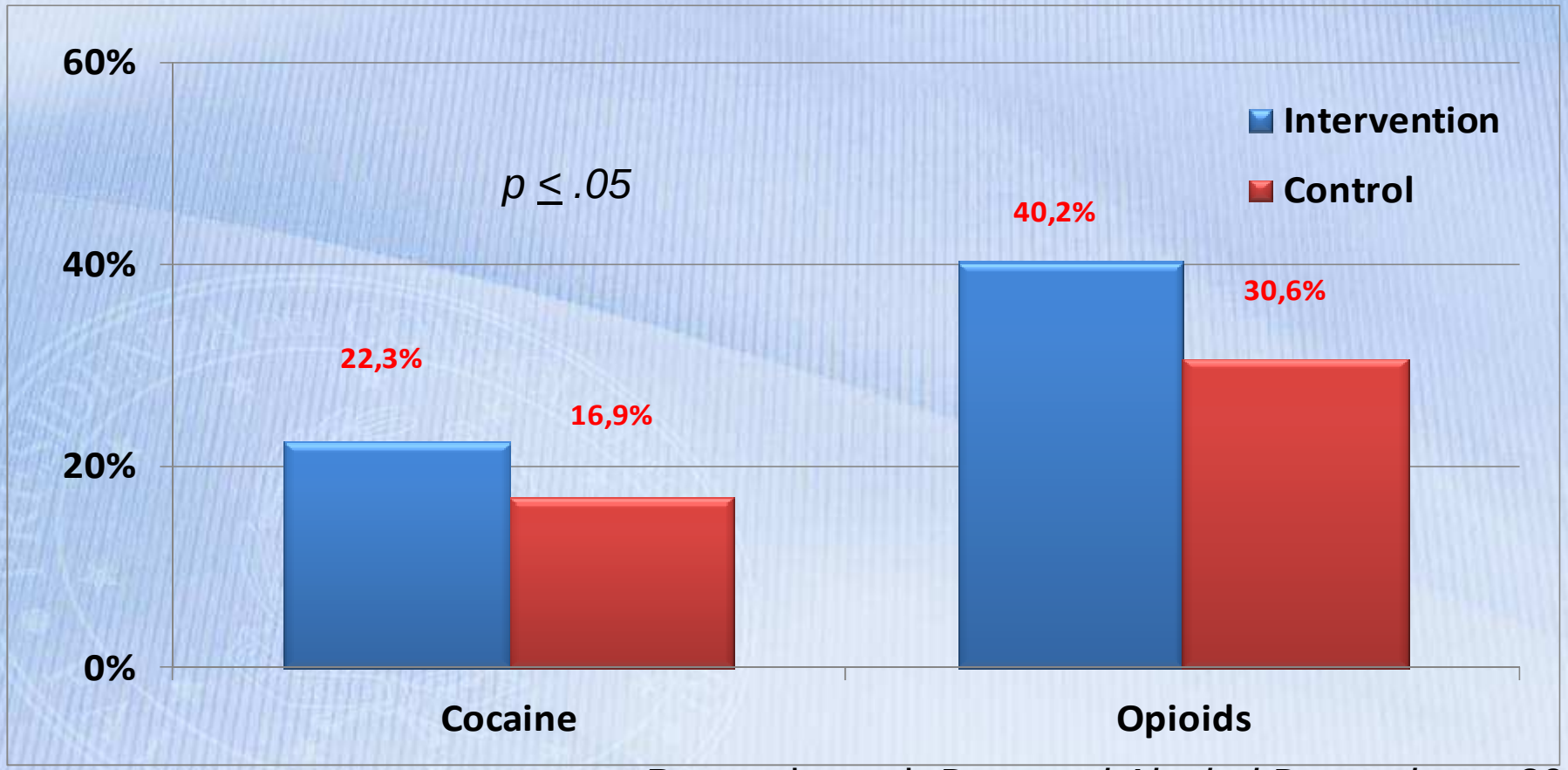
1-2	3-5	6-8	9-10
Basso	Moderato	Alto	Grave
Intervento breve	Intervento breve Trattamento breve	(Substantial)	(Severe)
		Trattamento intensivo specialistico	

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

SBIRT Outcome

459.599
Soggetti screenati

104.505 (22,7%)
Positivi per
Heavy alcohol use
and/or drugs

72.954
(15,9% tot; 69,8% pos)
Intervento Breve

14.498
(2,2% tot; 13,9% pos)
Trattamento Breve

17.055
(3,7%tot; 16,3% pos)
Trattamento Intensivo

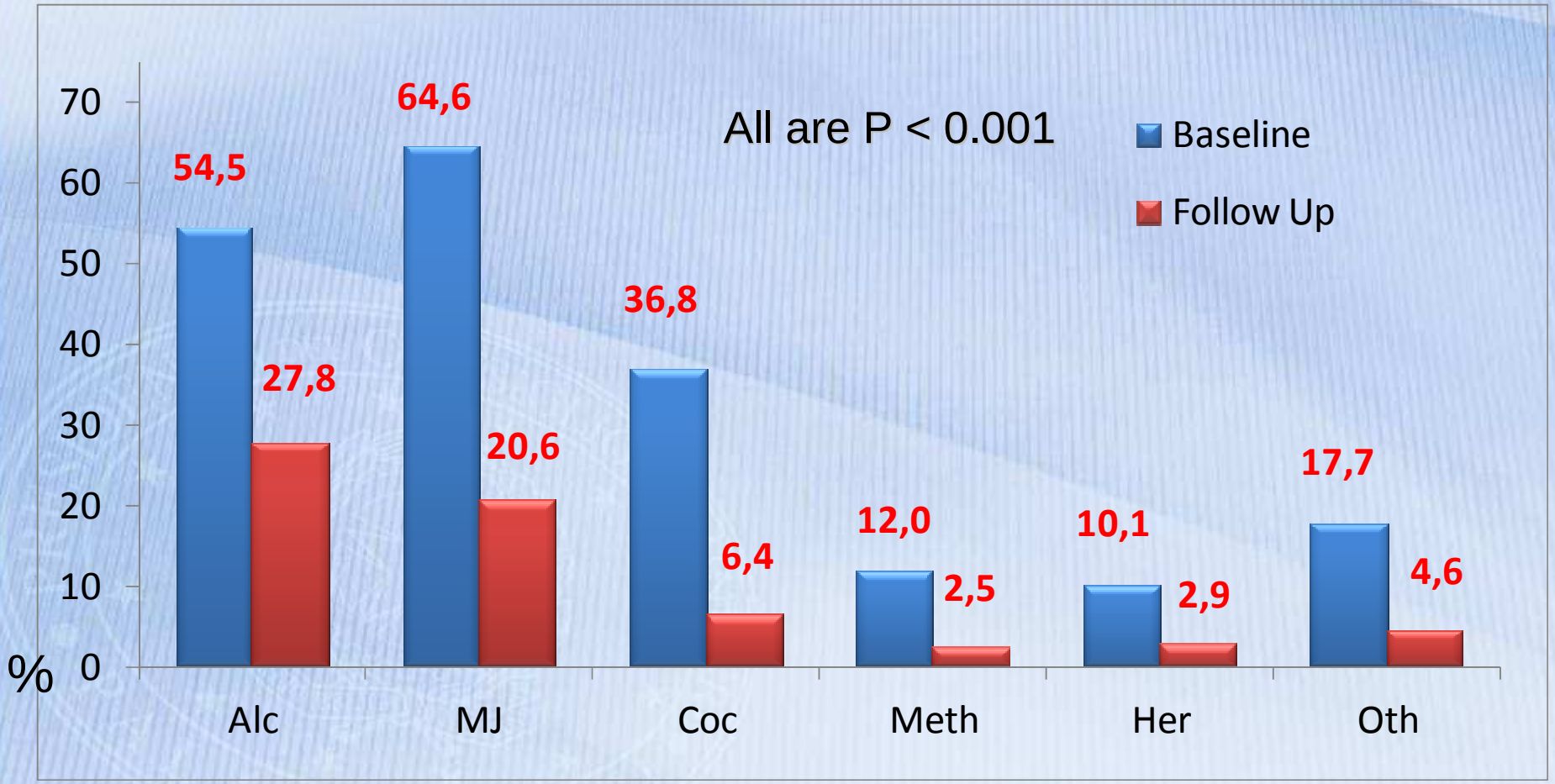
Follow-up a 6 mesi (campione randomizzato sul 10% dei positivi allo screening)

DIMINUZIONE	AUMENTO
Uso droghe (67,7%)	Benessere fisico (28,1%)
Uso alcol (38,6%)	Benessere psichico (22,3%)
Homeless (40,1%)	Occupazione (16,6%)
Criminalità (60,5%)	

Madras, et al. *Drug Alcohol Dependence,* 2009

Program Data, Six Large-Scale USA SBIRT Sites, Baseline and F/U Substance Use

Among Those Screening Positive for Drugs At Baseline (N = 6,262)



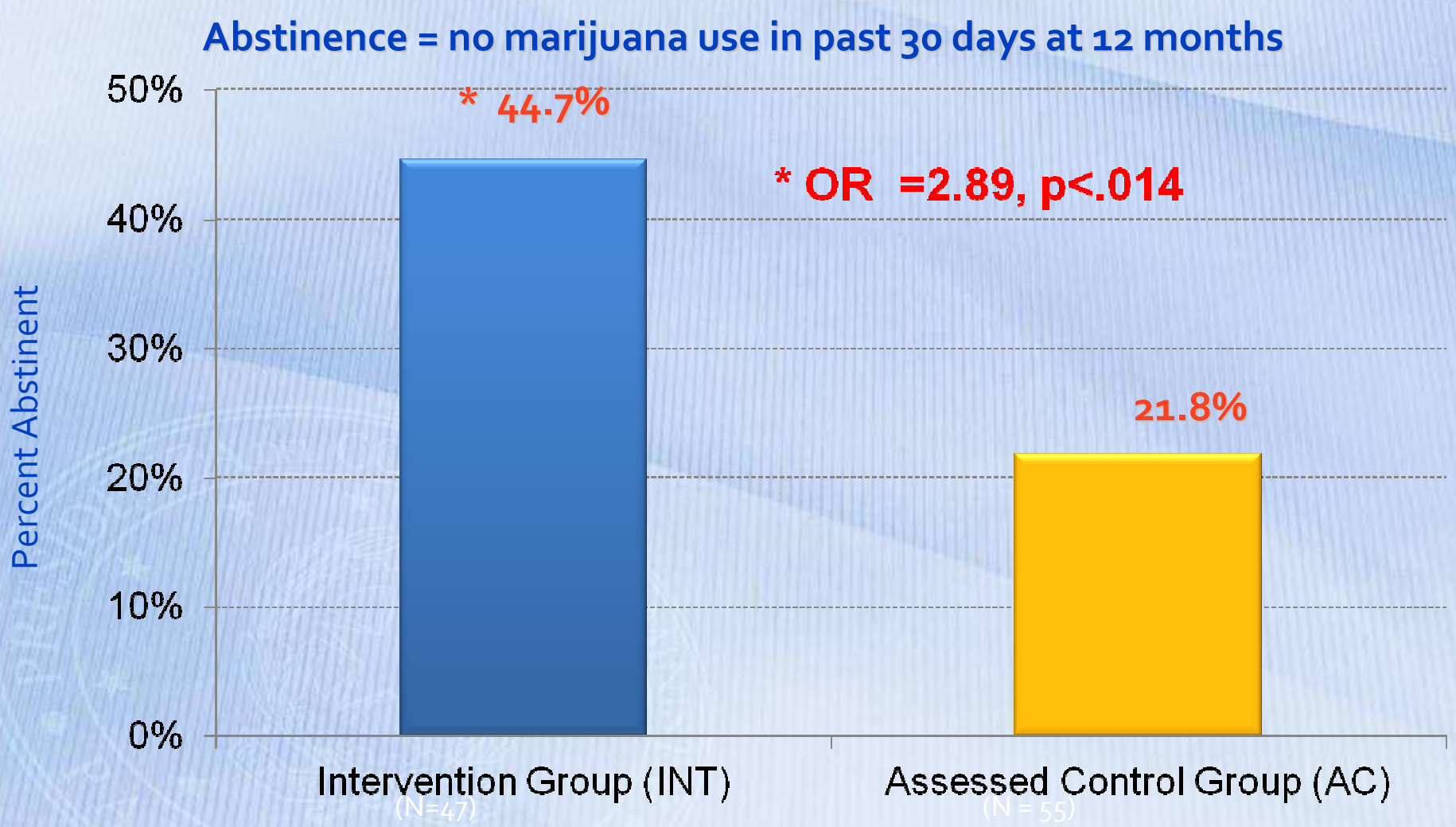
Madras, et al. *Drug Alcohol Dependence*, 2009

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



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

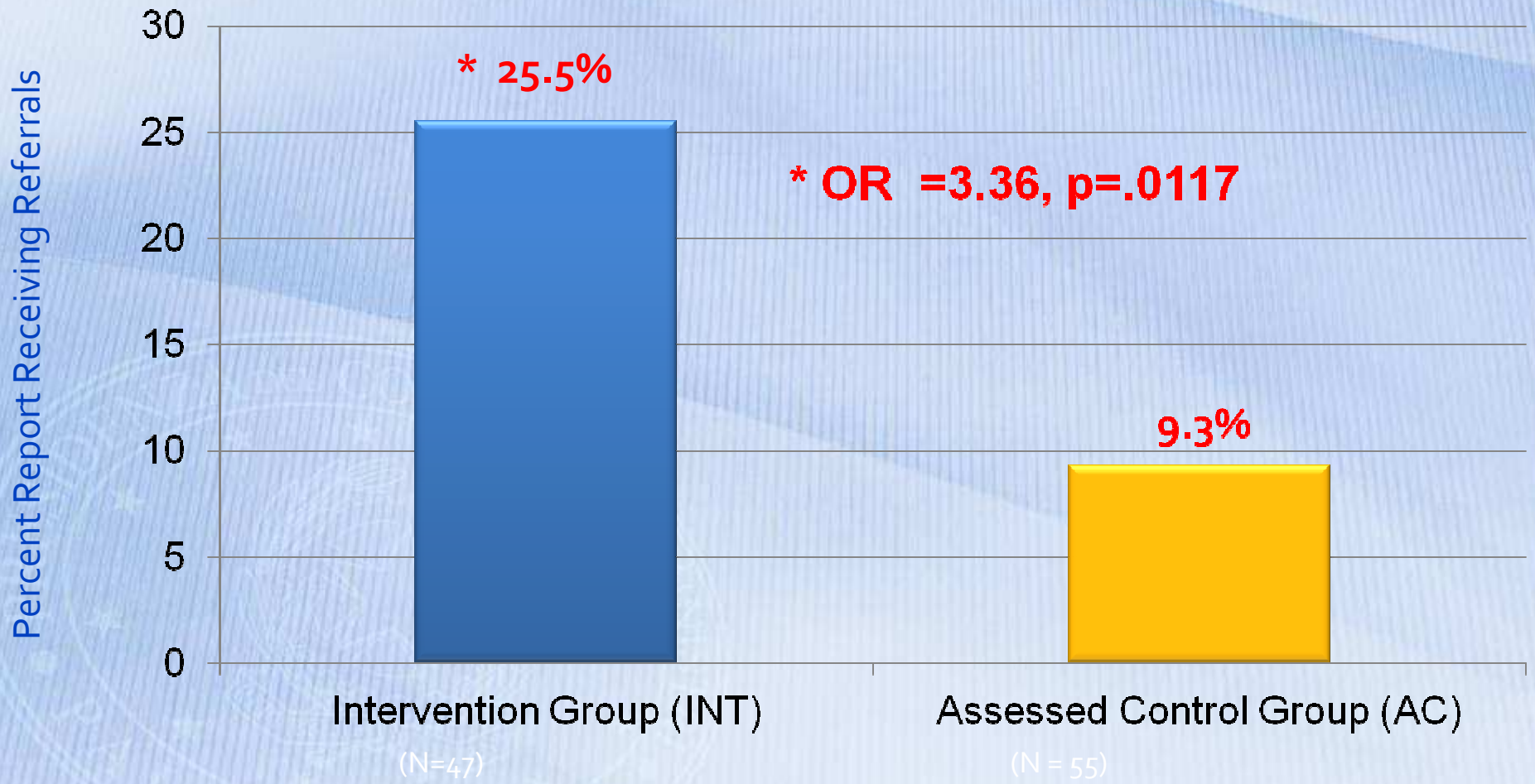
Screening and Brief Intervention to Reduce Marijuana Use Among Youth and Young Adults in a Pediatric Emergency Department



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

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

Effect of Intervention on Reporting Receiving Referrals to Community Resources



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

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.

<u>Results</u>: 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)

<u>Results</u>: 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)

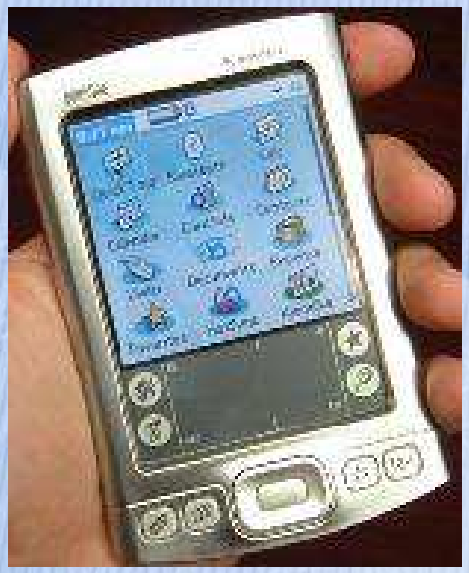
Integrate SBIRT/Drugs with all behavioral health behaviors

« 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

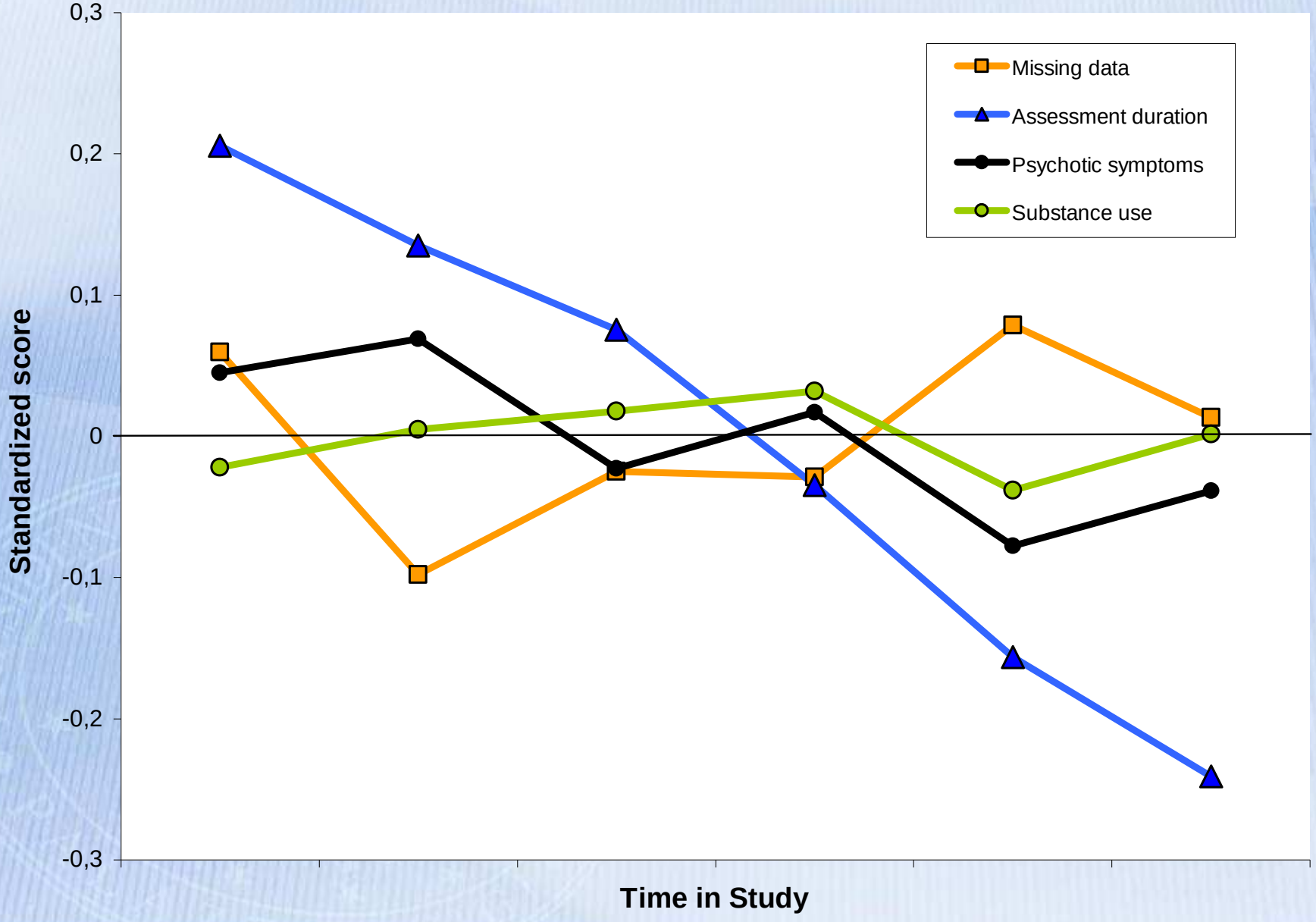
Method: Electronic devices that permit the collection of ambulatory data at numerous moments throughout the day





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

Figure 1


0,3
0,2
0,1
0
-0,1
-0,2
-0,3
Standardized score
Missing data
Assessment duration
Psychotic symptoms
Substance use
Time in Study

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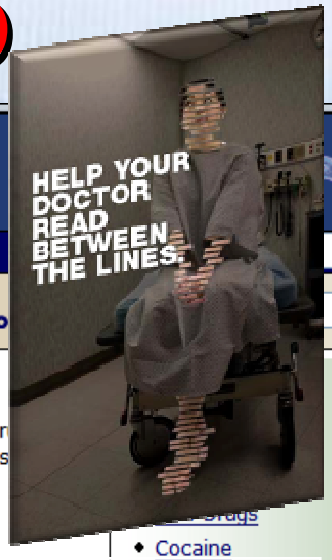

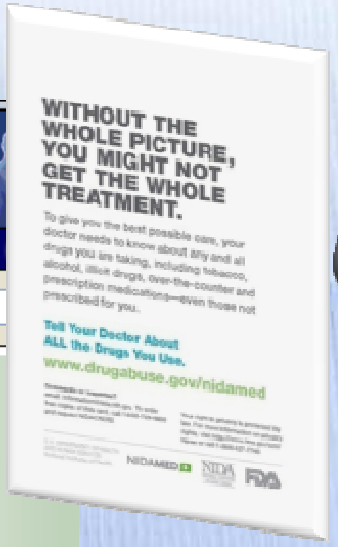

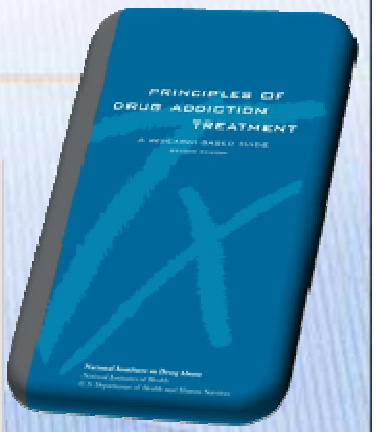

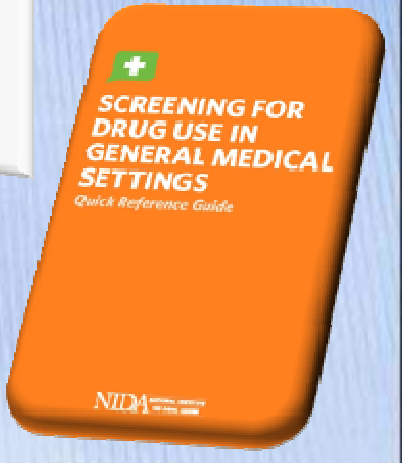



NIDA NATIONAL INSTITUTE ON DRUG ABUSE
The Science of Drug Abuse & Addiction
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RESEARCHERS & HEALTH PROFESSIONALS | PARENTS & TEACHERS | STUDENTS & YOUNG ADULTS | EN ESPAÑO

NEW! COMMUNITY DRUG ALERT BULLETIN: INHALANTS

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

News & Events

Parents & Teachers

- Cocaine
- Smoking/Nicotine

Public Health Problem - (More from the NIDA Director)

drogas de abuso, marihuana, extasis,

Application for 2005 NIDA

- smoking.drugabuse.gov
- Treatment Research

www.drugabuse.gov

NIDAMED

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

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