



**STD  
ENGAGE**

DC CAPITOL AREA ★ ★ ★ 2019

INNOVATE. IMPACT. EMPOWER.



**National Coalition  
of STD Directors**

# Addressing High- Risk Substance Use Among STI Clinic Patients

Samantha Ritter, MPH

Kat Kelley

November 20, 2019

**NACCHO**

National Association of County & City Health Officials

# NACCHO & LHDs

- **NACCHO:** The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for the nation's nearly 3,000 local health departments (LHDs)
- **LHDs:** Two-thirds of LHDs provide testing and treatment for STIs, often through publicly-funded STI clinics<sup>1</sup>

# Presentation Overview

Definitions

Associations between STIs and high-risk substance use

Models of SBIRT for high-risk substance use

Evaluation indicators

# Definition: High-Risk Substance Use

**High-risk substance use (HRSU)** is defined as the use of illicit drugs and the non-medical use of prescription drugs that have a high risk for adverse outcomes, including **dependence, morbidity, and mortality.**

## Examples:

Opioids (e.g. prescription,  
heroin, fentanyl)  
Methamphetamine  
Crack/cocaine

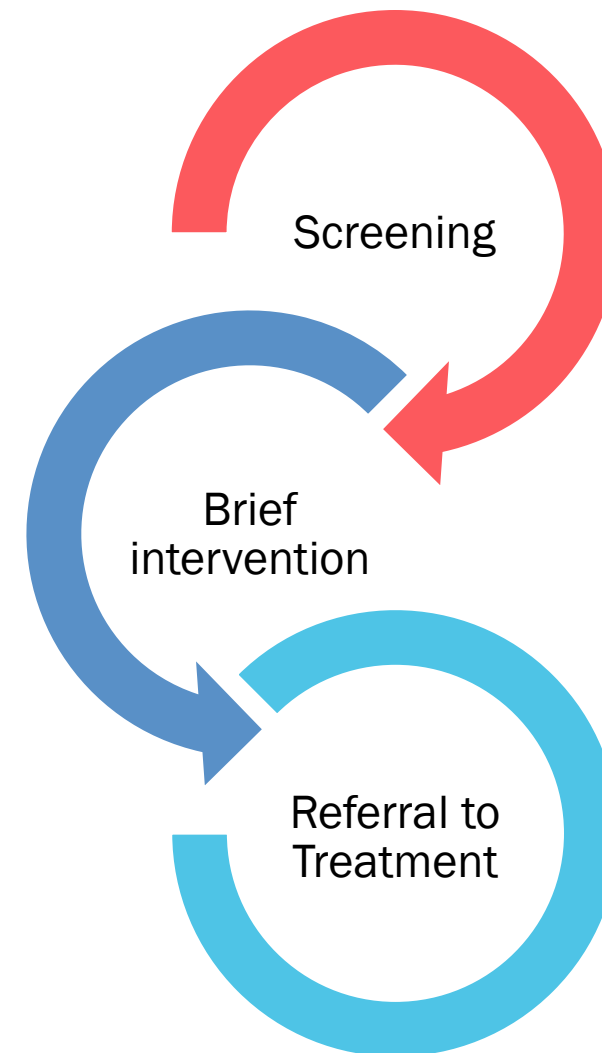
## Does NOT include:

Alcohol  
Marijuana  
Tobacco

# Definition: SBIRT

## Screening, Brief Intervention, and Referral to Treatment (SBIRT):

- Evidence-based practice
  - Efficacious and cost-effective for alcohol use<sup>2</sup>
  - Limited and mixed evidence on SBIRT for illicit substance use



# STIs & Substance Use

HRSU doubled among heterosexuals with primary & secondary syphilis from 2013-2017<sup>3</sup>

STI diagnoses increase odds of engaging in injection-related behaviors among women<sup>4</sup>

Increases in county-level opioid prescribing rates associated with increases in reported GC rates among males from 2010-2015<sup>5</sup>

# SBIRT for Illicit Substance Use

- SBIRT for HRSU has been evaluated in the following settings:
  - Primary care<sup>6,7</sup>
  - Emergency departments<sup>8-10</sup>
  - Jails<sup>11</sup>
- However, findings of these studies have been mixed

# SBIRT in STI Clinics

## Baltimore City Health Department

### Screening:

- 11% of STI clinic clients screened met criteria for opioid use disorder, 8% for stimulant use disorder, and 57% for any substance use disorder

### • Intervention:

- 57% of patients in feasibility study attended at least 1 SUD treatment service; 38% actively enrolled in SUD treatment after one month
- Significant reductions (83%) in past 30-day cocaine use
- Non-significant reductions in heroin use (32%), prescription opioid misuse (26%)<sup>12</sup>



# SBIRT in STI Clinics

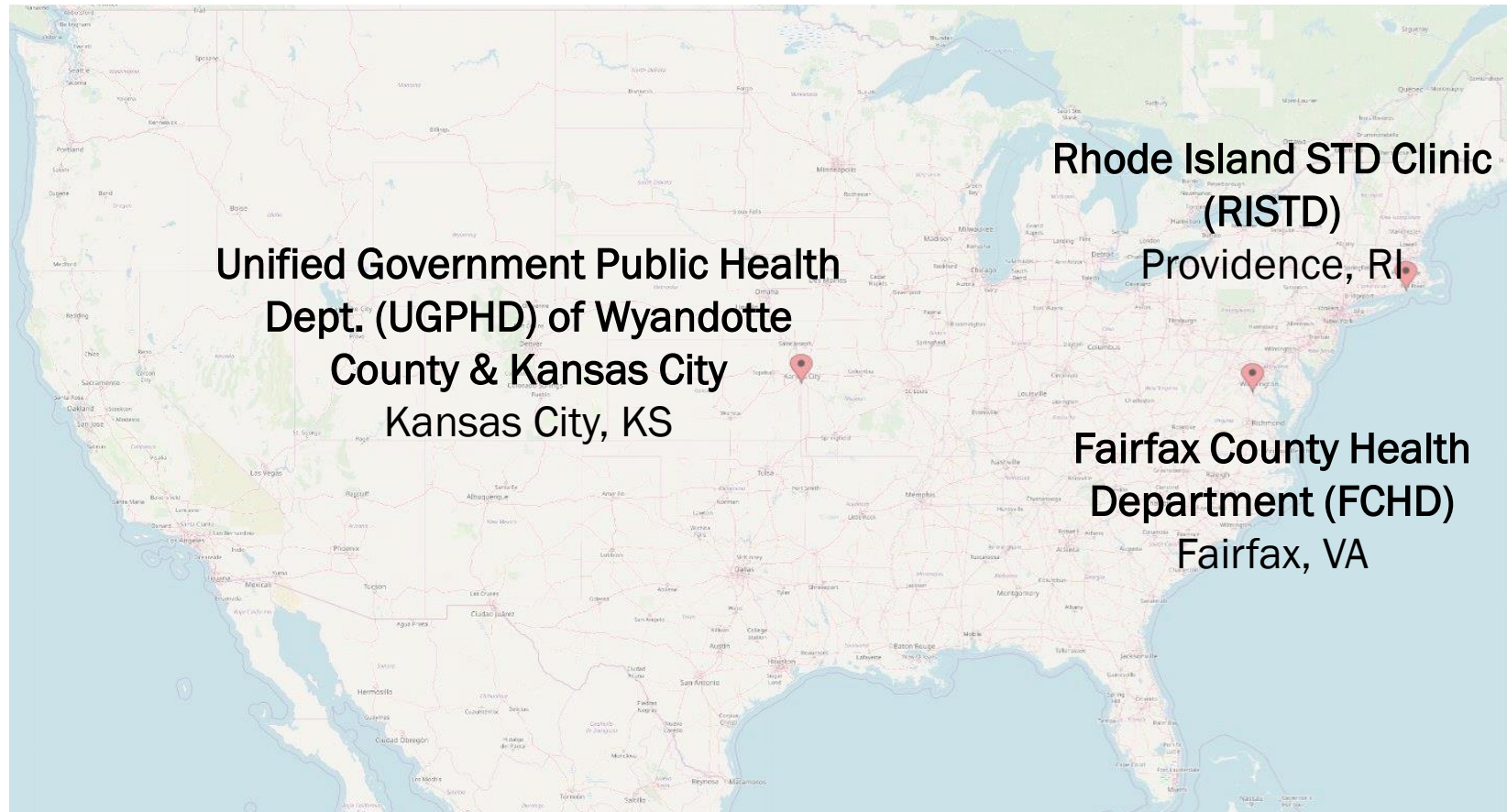
## New York City Department of Health and Mental Hygiene

- Screening:
  - 34% of STI clinic clients screened were positive for SUD; of those, 6% reported past 30-day crack/cocaine use, 1% report past 30-day opioid use<sup>13</sup>
- Intervention:
  - At 6-month follow up, **reductions in reported substance use, reported sexual risk behaviors, and reported negative mental health outcomes**<sup>13</sup>
  - **Reduction in STI incidence** among men receiving the brief intervention<sup>14</sup>

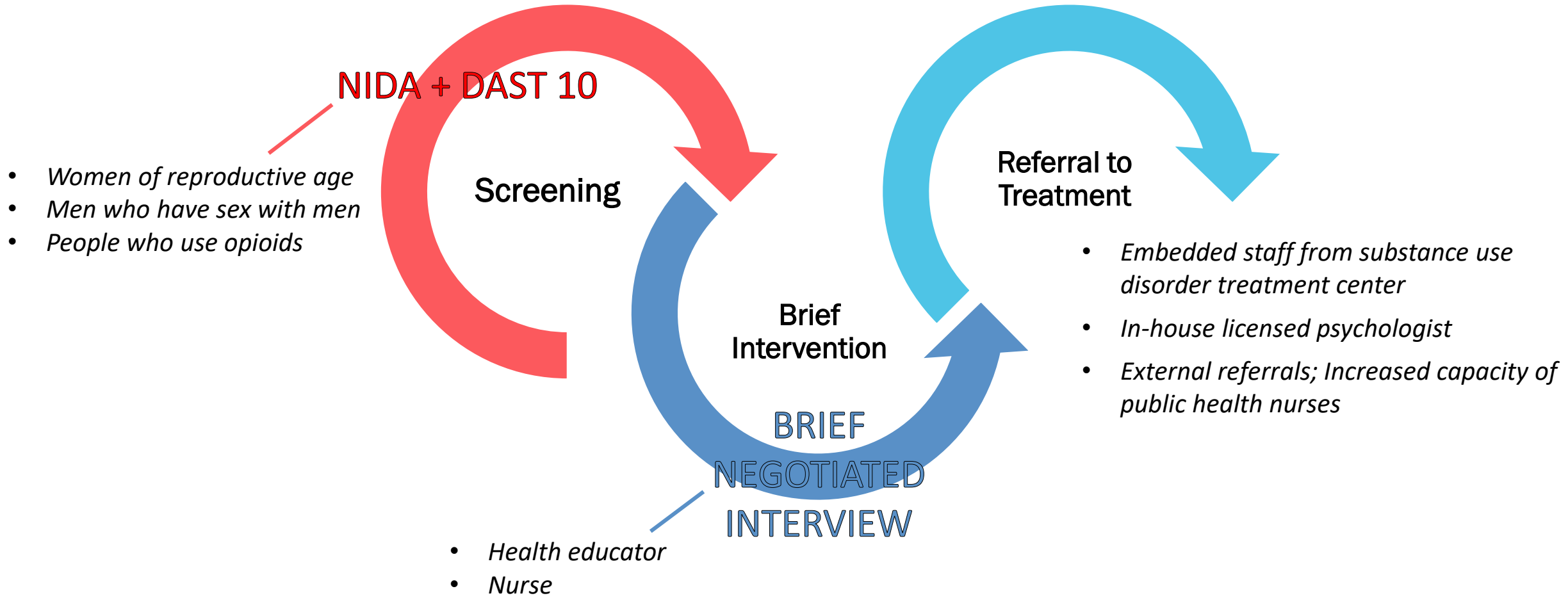
# Project Overview

- Pilot project to address syndemics of STIs and HRSU
- NACCHO is funding 3 LHD-operated STI clinics to:
  - Implement **screening, brief intervention, and referral (SBIRT)** to treatment for **high-risk substance use**
  - Evaluate the **feasibility and benefits** of SBIRT in STI clinics
  - **Strengthen partnerships** with substance use treatment and behavioral health providers
- Project Period
  - August 2019: Project kick-off
  - November 2019 – July 2020: SBIRT implementation
- Supported by CDC Division of STD Prevention

# Funded STI Clinics



# Diversity of SBIRT Models



# Evaluation

- Feasibility and benefits of implementing SBIRT in STI clinics
- Potential models and promising practices for SBIRT in STI clinics
- Connections between sex and drug-linked behaviors and outcomes

# Opportunities + Early Successes

- Linking to wraparound services and addressing social determinants of health
- Bidirectional referrals from substance use prevention and treatment centers

# Acknowledgements

- Fairfax County Health Department
- The Miriam Hospital/Rhode Island STD Clinic
- Unified Government Public Health Department of Wyandotte County and Kansas City, KS
- Kat Kelley (NACCHO)
- Kate Brookmeyer (DSTDP)

# References

1. NACCHO. (2017). 2016 National Profile of Local Health Departments. Retrieved from [http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport\\_Aug2017\\_final.pdf](http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport_Aug2017_final.pdf).
2. Babor T.F., Del Boca, F., & Bray, J.W. (2017). Screening, Brief Intervention and Referral to Treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, 112(2):110-117. DOI: 10.1111/add.13675.
3. Kidd, S. E., Grey, J. A., Torrone, E. A., & Weinstock, H. S. (2019). Increased methamphetamine, injection drug, and heroin use among women and heterosexual men with primary and secondary syphilis—United States, 2013–2017. *Morbidity and Mortality Weekly Report*, 68(6), 144.
4. Brookmeyer, K., Haderxhanaj, L., Hogben, M., & Leichter, J. (2019). Sexual risk behaviors and STDs among persons who inject drugs: A national study. *Preventive Medicine*
5. Abara, W., Hong, J., Dorji, T., Bohm, M. Weston, E., Bernstein, K., & Kirkcaldy, R. (2019). Association between trends in county-level opioid prescribing and reported rates of gonorrhea cases – United States. *Annals of Epidemiology*
6. Saitz, R., Palfai, T. P., Cheng, D. M., Alford, D. P., Bernstein, J. A., Lloyd-Travaglini, C. A., ... & Samet, J. H. (2014). Screening and brief intervention for drug use in primary care: the ASPIRE randomized clinical trial. *JAMA*, 312(5), 502-513.
7. Kim, T. W., Bernstein, J., Cheng, D. M., Lloyd-Travaglini, C., Samet, J. H., Palfai, T. P., & Saitz, R. (2017). Receipt of addiction treatment as a consequence of a brief intervention for drug use in primary care: a randomized trial. *Addiction*, 112(5), 818-827.
8. Bohnert, A. S., Bonar, E. E., Cunningham, R., Greenwald, M. K., Thomas, L., Chermack, S., ... & Walton, M. (2016). A pilot randomized clinical trial of an intervention to reduce overdose risk behaviors among emergency department patients at risk for prescription opioid overdose. *Drug and Alcohol Dependence*, 163, 40-47.



# References

9. Woodruff, S. I., Clapp, J. D., Eisenberg, K., McCabe, C., Hohman, M., Shillington, A. M., ... & Gareri, J. (2014). Randomized clinical trial of the effects of screening and brief intervention for illicit drug use: The Life Shift/Shift Gears study. *Addiction Science & Clinical Practice*, 9(1), 8.
10. Banta-Green, C. J., Coffin, P. O., Merrill, J. O., Sears, J. M., Dunn, C., Floyd, A. S., ... & Donovan, D. M. (2019). Impacts of an opioid overdose prevention intervention delivered subsequent to acute care. *Injury Prevention*, 25(3), 191-198.
11. Prendergast, M. L., McCollister, K., & Warda, U. (2017). A randomized study of the use of screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use with jail inmates. *Journal of Substance Abuse Treatment*, 74, 54-64.
12. Gryczynski, J., Nordeck, C. D., Mitchell, S. G., Page, K. R., Johnsen, L. L., O'Grady, K. E., & Schwartz, R. P. (2017). Pilot Studies Examining Feasibility of Substance Use Disorder Screening and Treatment Linkage at Urban Sexually Transmitted Disease Clinics. *Journal of Addiction Medicine*, 11(5), 350-356.
13. Harris, B. R., Yu, J., Wolff, M., Rogers, M., & Blank, S. (2018). Optimizing the impact of alcohol and drug screening and early intervention in a high-risk population receiving services in New York City sexual health clinics: A process and outcome evaluation of Project Renew. *Preventive Medicine*, 112, 160-167.
14. Rogers, M., Johnson, K., Yu, J., Cuoco, L., & Blank, S. (2015). Impact of a brief intervention for substance use on acquisition of sexually transmitted diseases including HIV: findings from an urban sexually transmitted disease clinic population. *Sexually Transmitted Diseases*, 42(10), 569-574.

# Stay in Touch

Samantha Ritter, MPH

Senior Program Analyst, HIV, STI, & Viral Hepatitis

[sritter@naccho.org](mailto:sritter@naccho.org)