

Implementation of a Screening, Brief Intervention, and Referral to Treatment Protocol for Treatment of Opioid Use Disorder in Post-Carceral Populations

Adaora Ede, BSN, RN; Mary Johnson DNP, PMHNP-BC; Jerome Cohan, MSN, APRN

BACKGROUND

- Opioid use disorder is a high-interest public health issue with opioid-related overdoses increasing by 200% since 2000
- Opioid abuse typically begins with the misuse of prescription medications to manage pain, often escalates to illicit polypharmacy (heroin, fentanyl) and long-term use
- Distribution of synthetic opioids such as fentanyl have increased overdose rates since the late 2010s
- 65% of inmates in the US have a substance use disorder
- 85% of inmates in the US have been arrested on drug-related charges

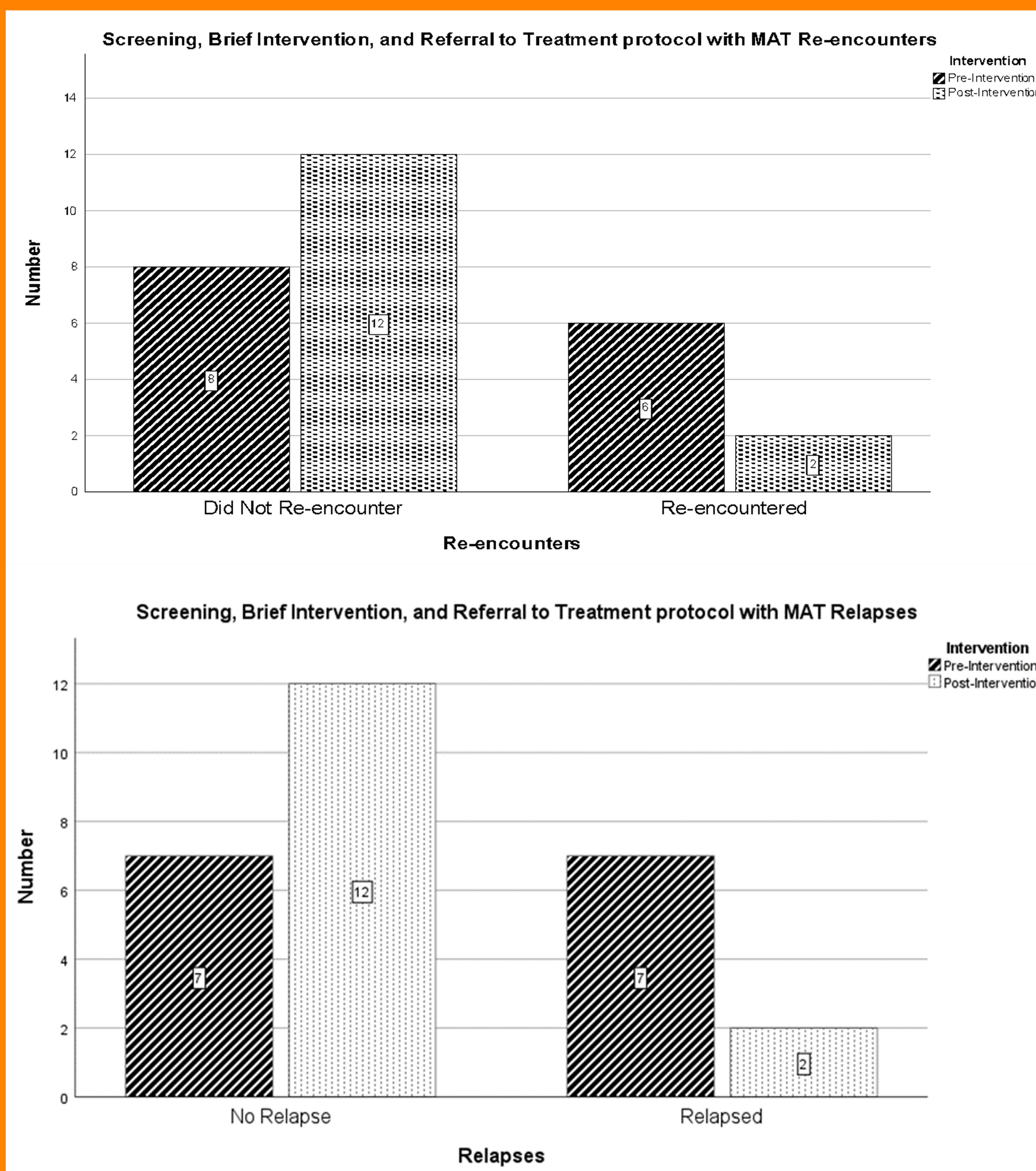
LOCAL PROBLEM

- The project site was a community health clinic located in Johnson City, Tennessee
- Primary patient population at the project site are individuals with substance use disorders- East Tennessee as a region has also been greatly affected by significant opioid abuse issues
- Individuals with co-morbid OUD and criminal justice history patients see higher rates of fatal overdose and re-arrest
- Purpose of the project: Use of an SBIRT protocol inform best practice and improve OUD-related outcomes for justice-involved individuals in East Tennessee
- Primary aims:
 - Decrease rate of criminal justice system re-encounters related to OUD (re-arrests, probation/parole violations, DCS cases)
 - Decrease rate of relapse/re-use

METHODS

- Guiding framework of the project was the Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP)
- Tools from the JHNEBP model were used to facilitate critical appraisal following literature search
- Recommendations made included encouraging the continuation of MAT post-incarceration and early screening/intervention of OUD-affected individuals
- Primary outcomes: Relapse and re-encounter after 1 month of intervention
- Control: group of patients with similar demographics from 2022
- Secondary outcome: referral to higher level of care

Implementing *a comprehensive screening, intervention and referral protocol* alongside MAT can *significantly reduce* relapses and criminal justice re-encounters in *justice involved individuals with OUD*, thus improving long-term health outcomes.



SCAN ME

INTERVENTIONS

- Clients assessed were adults >18 with history of incarceration within the past year and diagnosis of OUD in early or preliminary stages of treatment
- Clinicians received initial SBIRT training, screened clients using DAST and then implemented SBIRT protocol in appointments

FIGURE 2. (Continued)

SBIRT BRIEF NEGOTIATED INTERVIEW (BNI) STEPS	
1. Screen patient	> (use NIAAA or CAGE)
2. Raise subject	> Hello, I am _____ . Would you mind taking a few minutes to talk with me about your alcohol/ drug use? <end of raise>
3. Provide feedback	Review screen > From what I understand you are drinking/using [insert screening data]... We know that drinking above certain levels can cause problems, such as [insert facts]... I am concerned about your drinking/ drug use. Make connection > What connection (if any) do you see between your drinking/ drug use and this medical visit? If patient sees connection: reiterate what patient has said If patient does not see connection: make one using facts Show NIAAA guidelines & norms > These are what we consider the upper limits of low risk drinking for your age and sex. By low risk we mean that you would be less likely to experience illness or injury if you stayed within these guidelines.
4. Enhance motivation	Readiness to change > [Show readiness ruler] On a scale from 1-10, how ready are you to change any aspect of your drinking or seek treatment? Develop discrepancy > If patient says: 22 ask: Why did you choose that number and not a lower one? 21 or unwilling, ask: What would make this a problem for you?... How important would it be for you to prevent that from happening?.. Have you ever done anything you wish you hadn't while drinking? Discuss pros & cons.
5. Negotiate & advise	Negotiate goal > Reiterate what patient says in Step 3 and say, What's the next step? Give advice > If you can stay within these limits you will be less likely to experience [further] illness or injury related to alcohol/drug use. Summarize > This is what I've heard you say... Here is a drinking/treatment agreement I would like you to fill out, reinforcing your new drinking or treatment goals. This is really an agreement between you and yourself. Provide handouts > Provide: - Drinking agreement or treatment agreement (patient keeps 1 copy) - Patient general health information handout Suggest PC fu > Suggest fu to discuss drinking level/pattern or drug use Thank patient > Thank patient for his/her time

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Note. Adapted from the Drug Abuse Screening Test, by H. Skinner, 1982, *Addictive Behavior*, 7(4), p.363-371. Copyright 2014 by Harvey A. Skinner. Reprinted with permission.

Note. From *BNI Training Manual* by L. Degutis, G. D'Onofrio, D. Fiellin, P. O'Connor & M. Pantalon, 2005. Copyright 2005 by Project ED Health II Study - Yale University School of Medicine. Reprinted with permission.

RESULTS

- Clinically significant outcomes: 35.7% reduction in relapses and 28.6% decrease in re-encounters.
- Only 7.1% of post-intervention clients required referrals to higher care levels, compared to 28.6% in the control group.

CONCLUSIONS

- Use of a high-quality screening and intervention protocol alongside MAT effectively decreased recidivism and relapse-related outcomes in justice involved individuals with OUD
- Clinician and patient education is paramount to increasing adherence to OUD treatment
- Promoting early assessment and continuity of care in OUD treatment helps improve outcomes in the correctional setting and beyond

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