

Integration of screening and brief intervention in frontline health services: The case of Quebec

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Context

- In 2006 : the Quebec government committed itself to a the development of capacity for evidence-informed universal SBIRT in all frontline health and social service delivery settings.
 - Initiative form the Ministry of Health and Social Services
 - Consulted with researchers and second/third line addiction specialist

Aim of the studies

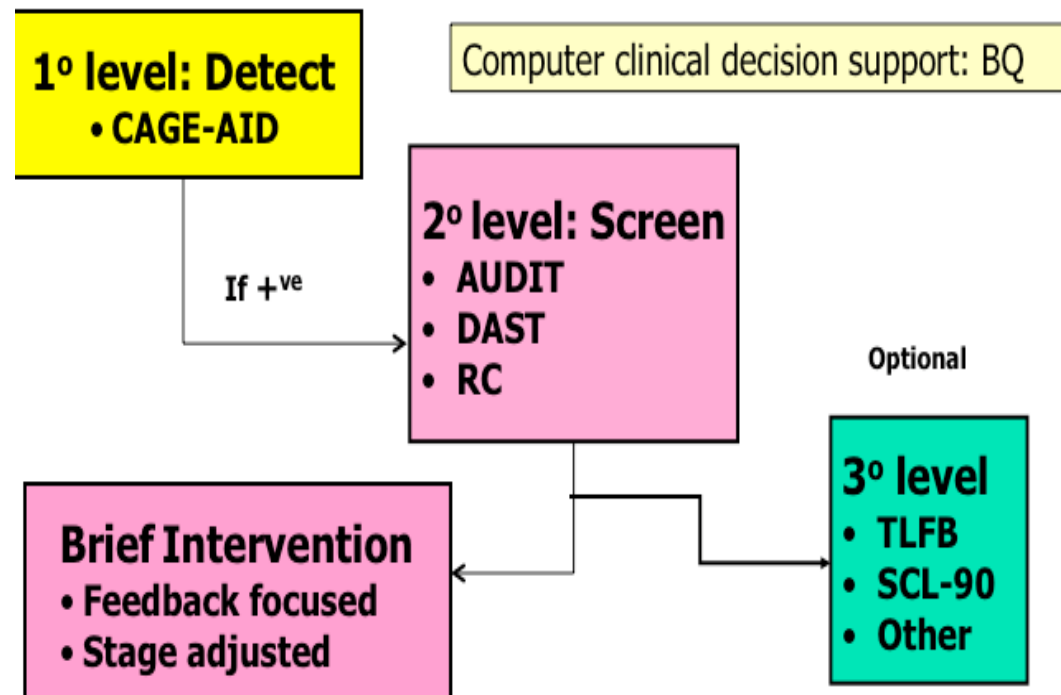
- Two studies were conducted prior to the province wide deployment of these capacities to inform decision makers as to possible challenges in implantation
 - Study one: Pilot implantation of a model of SBIRT for alcohol and drug
 - To what extent was it deployed?

Study 1 (2006-2007)

Methods

- 62 GP
- Three local *frontline health and social services institution*
- Measure of conformity to SBIRT guidelines
 - Chart review of new admissions
 - three months prior
 - seven months following training

Model implemented

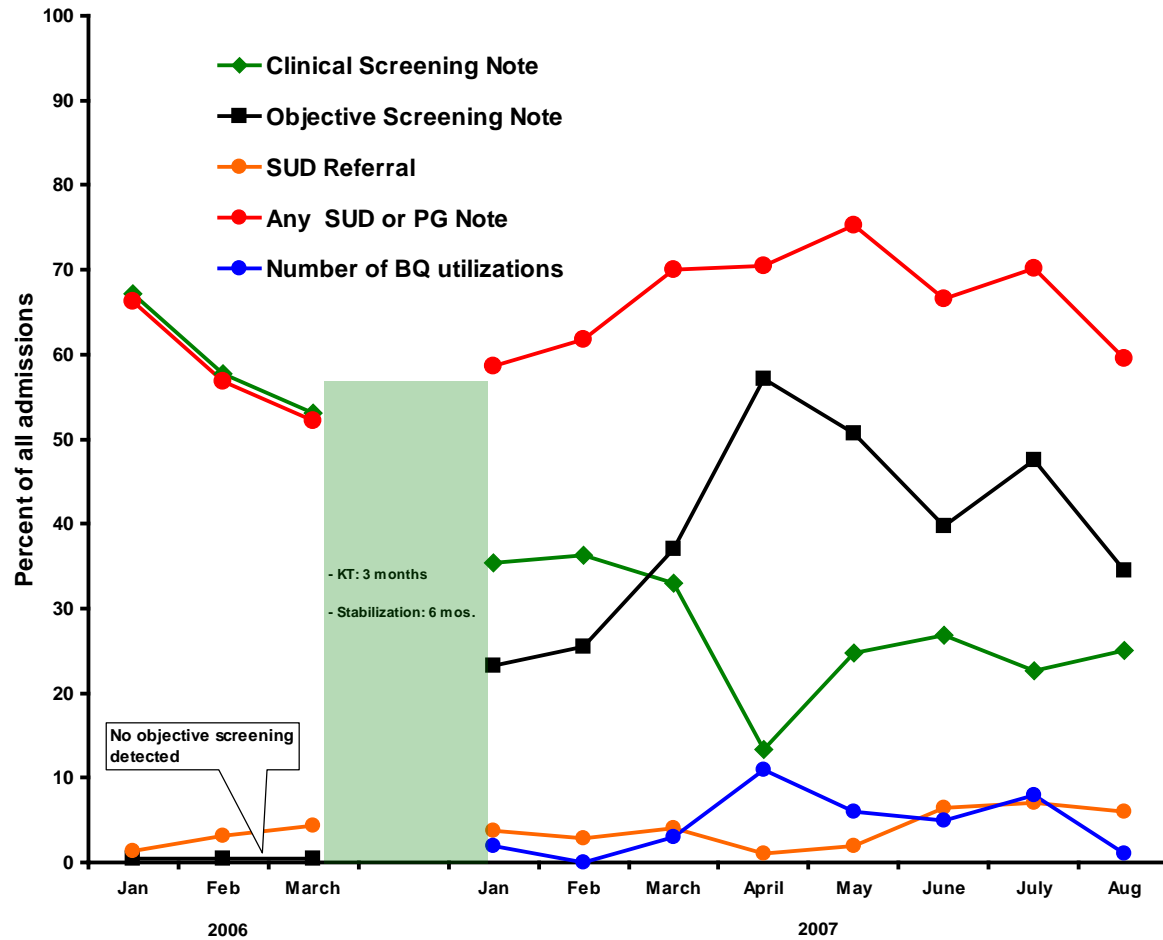


Training

- **3 hours to our SBIRT model**
- **2 days**
 - on substances,
 - use of AUDIT, DAST and other screeners
 - Basics of motivational interviewing
 - Role plays
- **4 supervision sessions**
 - Tapes, case discussion, etc.

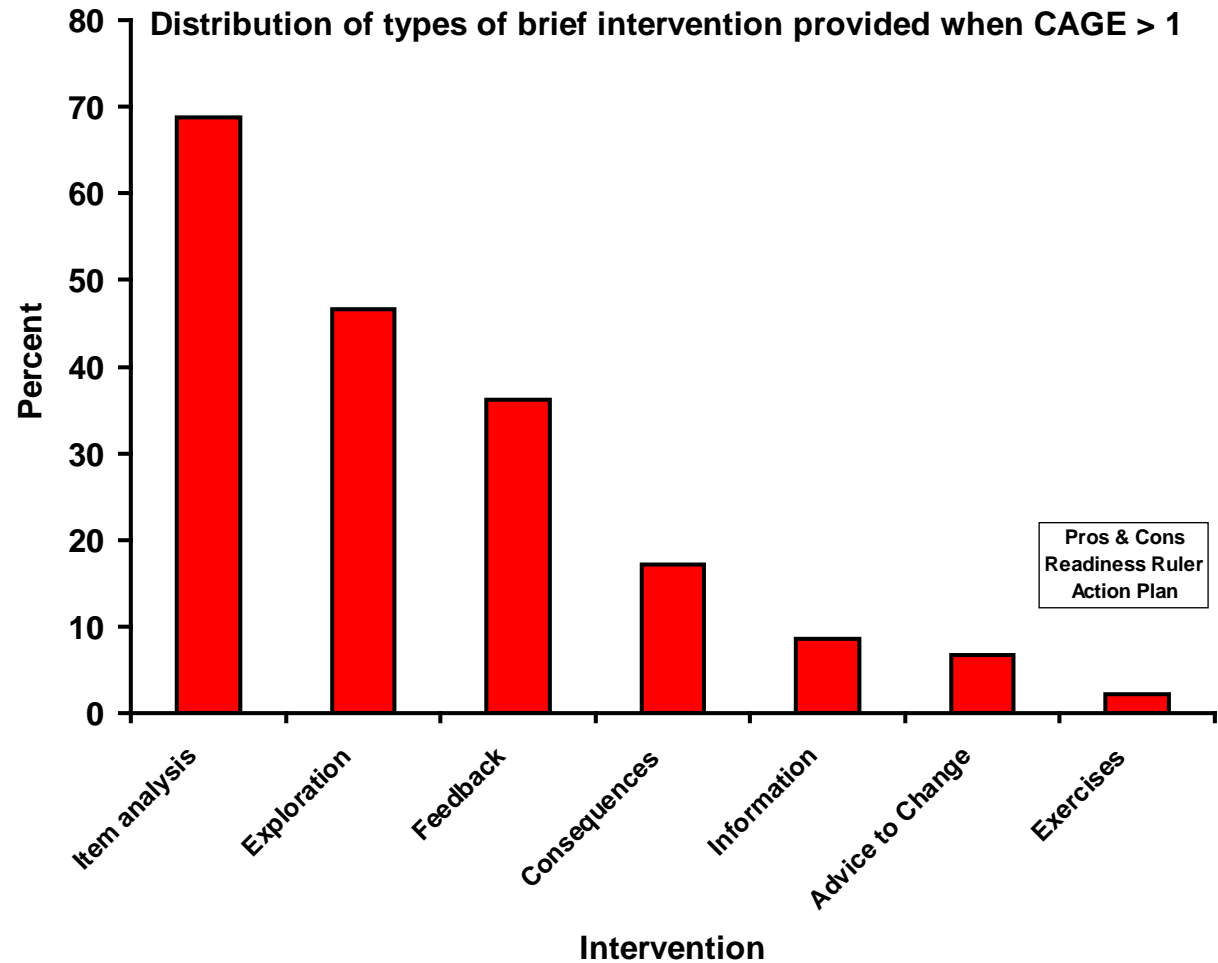
Results

- 453 files examined
- 40% positive CAGE-AID
- Increase of valid, objective screening
 - Decrease in unvalidated screening
- Increase in referral
- BQ not used in most cases



Results

- 85% resulted in at least 1 proscribed intervention
 - 15% were not followed up by proscribed clinical act
- Some practices more applied than others
- > Implementation:
 - general counselling practices
- < Implementation:
 - more evidence-based and technical practices



- **What's happening?**
 - **Decline of screening – Sustainability !**
 - **Adherence to evidence-based and technical practices**

Aim of the study

- **Study 2 : A qualitative exploratory study was conducted to document possible facilitators and barriers to implantation and sustainability of SBIRT in the frontline health services of Quebec.**

- **Semi-structured interviews were conducted with**
 - 24 health providers and program administrators
 - Nurses and psychosocial clinicians

- **From frontline services**
 - Hospitals, Local Community Health Service, Youth Protection services
 - of the six main health regions of Quebec.

Results

- **Confusion from clinicians**
 - **What is SBIRT ?**
 - **Who is targeted ?**
- **Communication strategies /vocabulary**

dependence



A word cloud of terms related to addiction and substance use. The words are arranged in a cluster, with 'dependence' at the top and 'Frontline' in the center. Other prominent words include 'Prevention', 'substance', 'program', and 'services'. The colors of the words vary, including white, blue, orange, and yellow.

addictions
intervention
Secondary
frontline
Dependence
prevention
Prevention
early
addiction
Screening
referral
Frontline
brief
ang
problems
gambling
Detection
program
abuse
addiction
services

Results

- Organisational delivery of service
 - Centralised assessment in frontline
 - BI is not necessary, it's for the second line*
 - OR
 - BI is not effective, we can't **cure** them*
- Many resources and competencies seemed to be transferable to SBIRT for alcohol and drug use.

Discussion

Lessons learned from the experience of Quebec include:

1. Complexity in the SBIRT program is inversely related to the subsequent level and integrity of program deployment,
2. Clarity as to what SBIRT is and who it targets is paramount
3. Integration of parallel competencies and related programs could facilitate SBIRT deployment in busy alcohol and drug use in front line settings.

Limitations

- **Observational data**
 - No comparison group
- **Not representative**
 - Of all health and social providers of Quebec
 - Of all frontline settings