

Breakout Presentation
Alcohol & Substance use: Screening and Intervention in Emergency Medicine

DRAFT RECOMMENDATIONS FOR FUTURE RESEARCH

Recommendation 1:

Screening

Develop and validate brief practical screening instruments (particularly for drug use and smoking) among ED patients; and determine optimal screening method (technology assisted; physician/ nurse/ Social worker, peer educator, behavioral specialist, etc).

Recommendation 2:

Key Components, Dose, and Delivery Methods for Intervention

Conduct research on the effectiveness of SBIRT in the ED (including strategies for addressing poly-substance use)

- Key components (motivational interviewing, feedback, adjunct pharmacotherapy);
- Minimum dose (length of session, booster sessions);
- Optimal delivery method (technology assisted; physician/ nurse/ social worker, peer educator, behavioral specialist etc).

Recommendation 3:

Effectiveness among Patient subgroups

Conduct research to understand the extent that differing individuals and populations will benefit from ED SBIRT populations are most likely to benefit from a BI for substance use including:

- Individual patient level moderators and mediators of intervention effectiveness (e.g., age, gender, readiness to change, self efficacy, level of substance use problem severity, and involvement of substance use as related to in ED visit);
- Special populations: adolescents and vulnerable racial/ethnic groups.

Recommendation 4:

Referral Strategies

To promote prospective cohort and comparative effectiveness trials to test best strategies to facilitate referrals and access from the ED to preventive services, community resources, and mental health and substance abuse treatment services.

Recommendation 5:

Translation

Conduct translational and cost-effectiveness research with proven efficacious interventions, with attention to fidelity, in order to move ED SBIRT from the research setting to the daily care.