Alcohol/other drug use (AOD) is associated with high risk sexual behavior, sexually transmitted disease (STD)/HIV transmission, and excess mortality. New York City Department of Health and Mental Hygiene (NYC DOHMH) STD clinics: Approximately 90,000 patient visits per year, at 8 clinics throughout NYC. 51% STD clinic patients uninsured; 42% unemployed.

SBIRT implemented in 3 NYC DOHMH STD clinics in 2008, expanded to 5 clinics in 2010.

Screening: Self-administered survey used to identify AOD use (CAGE-AID) distributed to all patients in waiting room.

Brief Intervention (BI): 10-15 min motivational interviewing session to positive-screened patients.

Referral to Treatment: Referral to substance abuse treatment provided as needed.

Goal: Early intervention for risky AOD use; improved linkages to treatment.

Low-income neighborhoods: lower rates of heavy alcohol use; greater alcohol-related mortality.

2010-2011: 55%-56% of drug overdose deaths in neighborhoods with high poverty. Overdose death rates highest in the very high poverty neighborhoods as compared to wealthiest neighborhoods (11 vs. 5/100,000 (2010); 13 vs. 9/100,000 (2011)).

**Background**

- **Objective:** Determine if SBIRT served highest-needs populations based on AOD-induced mortality.
- **Methods:** Calculated total number of BIs conducted from January 2010-December 2011 and examined NYC Vital Statistics data for 2010-2011 alcohol- and drug-induced mortality rates.
- **Results:** Utilized CDC definition of alcohol- and drug-induced mortality: ICD-10 codes indicating acute intoxication, withdrawal, poisoning (overdose) or physical diseases as a direct result of use (i.e. alcoholic liver disease; drug-induced anemia, etc.).
- **Conclusions:** Alcohol and drug induced mortality data combined to produce AOD-induced mortality rates across the 42 NYC neighborhoods, which were then grouped by neighborhood-level tertiles of high, medium, and low AOD-induced mortality rates.
- **Next Steps:** Neighborhood-level AOD-induced mortality rates correlated with total number of BIs conducted by NYC STD clinic locations within neighborhood-level AOD-induced mortality tertiles.

**Tables**

<table>
<thead>
<tr>
<th>NYS Region</th>
<th>Deaths per 100,000 residents</th>
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<td>26-27</td>
<td>8-15</td>
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<td></td>
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<td></td>
<td>2-13</td>
<td>16-20</td>
</tr>
</tbody>
</table>

**Figure**

- **AOD-Induced Death Rates per 100,000 residents by NYC Neighborhood and NYC STD Clinics with SBIRT**
- **Percent of SBIRT Brief Interventions by AOD-Induced Mortality Neighborhood-Level Tertiles, 2010-2011**

**Results**

- **2010 and 2011:** 4 of 5 NYC STD clinics with SBIRT located in high or middle AOD-induced mortality neighborhoods.
- **AOD-induced mortality rates varied across neighborhoods from year to year.**
- **From 2010-2011, Chelsea shifted from the high to middle mortality group.**
- **Fewer SBIRT BIs done in high AOD-induced mortality neighborhoods in 2011.**
- **NYC DOHMH STD clinic locations will not change; as of March 2014, SBIRT expanded to all 8 STD clinics.**

**Conclusions**

- **DOHMH could attempt to partner with community organizations and primary care clinics in additional neighborhoods with high AOD-induced mortality to expand SBIRT beyond NYC DOHMH STD clinics.**
- **DOHMH will consider alternate funding opportunities to sustain services beyond current grant period.**
- **Important to consider other indicators for AOD-related health disparities since AOD-induced mortality varies over time.**

**References**