Screening, Brief Intervention, _Referral to Treatment for Early Recovery Opioid Use

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Introduction
Improving access to screening and treatment for opioid use disorder (OUD) remains essential to addressing the opioid crisis, particularly among marginalized populations. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach, yet implementation barriers (e.g., provider trust, time constraints, and access) persist. Peer-delivered SBIRT may help overcome these barriers, though comparisons with professional delivery models for individuals at risk of OUD are limited.

Methods
This study used a quasi-experimental design to compare peer-delivered and professionally delivered SBIRT across three syringe service programs in a rural southeastern U.S. region. Participants were screened using the GAIN-SS and received a brief intervention grounded in motivational interviewing, with referral to care provided as appropriate. Follow-up assessments were conducted at 3 months.

Results
A total of 135 participants (70 professional, 65 peer) completed baseline and follow-up assessments. The sample was predominantly Black (76.3%), male (62.2%), with a mean age of 42.7 years. Both groups demonstrated substantial transitions from substance use to abstinence. The Peer group showed higher abstinence rates for alcohol (82.6% vs. 72.7%) and opioids (94.1% vs. 55.2%), while the Professional group had slightly better outcomes for cannabis (74.1% vs. 68.4%) and tobacco (66.7% vs. 58.7%). Outcomes for cocaine were similar across groups, and both achieved 100% abstinence in smaller categories (sedatives and stimulants).

Discussion and Conclusions
Overall, both delivery models produced meaningful reductions in substance use, with peers showing particular strength in alcohol and opioid outcomes. These findings suggest that peer-delivered SBIRT is a viable and potentially cost-effective strategy.

Implications on Communities, Practice, Policy, and/or First Nations Communities
Expanding the peer workforce through certification, reimbursement, and integration into care teams may enhance access and outcomes in underserved communities.

Disclosure of Interest Statement:
The project through East Carolina University is funded, in part, but the University of North Carolina Collaboratory.