

Colorado Screening, Brief Intervention, and Referral to Treatment Preliminary Information about Services Delivered and Outcomes November 12th, 2008

Colorado Screening, Brief Intervention, and Referral to Treatment (SBIRT Colorado) aspires to make screening for alcohol and other substance use as common in healthcare settings as measuring blood pressure. Since April 2007, through the SBIRT project, patients have been screened using simple tools by health educators and/or medical providers. If patients are at risk of dependence or other negative consequences the health educator and providers provide an immediate motivational interview or “brief intervention” and, if needed, provide a referral for the patient to additional services, including brief therapy or more extensive treatment. The following provides some preliminary data on the implementation of SBIRT Colorado since April 2007.

SBIRT Services Provided to Date

SBIRT Colorado is currently active within multiple health care settings across Colorado, with 20 health educators and others providing SBIRT services. SBIRT services are being provided in both rural and urban areas and serve a broad range of patients.

As of November 12th, 2008, over 24,000 screens have been completed. In September 2008 alone, over 2500 people were screened across the state.

About 43% of patients screened to date were male, and just over 57% were female¹. Because SBIRT serves only patients 18 and older, the youngest patient screened was 18, while the oldest was 95. Half of all patients screened are over 36. The most frequently screened age group to date was between 25 and 34 years old.

Nearly half of those screened reported their race as white (49%), while 12% identified as black/African American, and 35% identified as Hispanic or Latino.

Information about Substances Used²

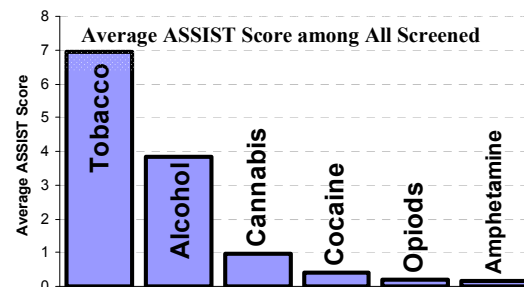
The SBIRT Colorado program uses the ASSIST, a screening tool developed by the World Health Organization, to assess patient use of substances, as well as levels of risk associated with each substance.

Scores on the ASSIST range from 0 to 39. Higher scores indicate a greater need for services, such as a brief intervention, brief therapy or a referral to treatment. A score of 11 or more on alcohol or 4 or more on all other substances, including tobacco, is considered to be risky use and some level of services would be provided to the patient.

The scores are a composite of overall use, dependence, and consequences of use.

Average ASSIST Score by Substance

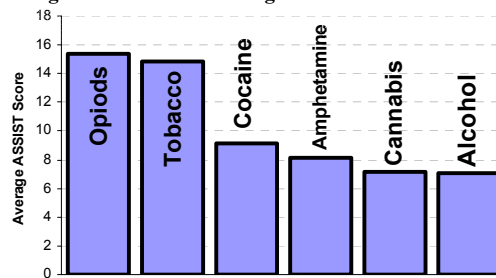
The mean (average) ASSIST score for each substance among all screened, including those who reported no use, is represented next. For example, of the 24,000 screenings, the average score for tobacco use was 7.



Average ASSIST Score Among Users

The average score *among those who scored 1 or higher* is represented below. Opioids use (such as heroin) is very low among those screened, but when patients do use opioids, they do so at very risky levels. In this graph, alcohol moves to the bottom since its use, although much wider, is more moderate on average than the others.

Average ASSIST Score Among Those Who Scored 1 or Higher



Gender Differences in Use

With the exception of sedatives, women scored lower than men on all substances. Men and women used sedatives at roughly the same rate.

Substance Use by Age

Use of alcohol and tobacco is high throughout all age groups and peaks in middle age. The use of amphetamines and cannabis peaks in the 18-24 age group and then steadily declines as people age. Use of substances is very low in the 65 and older age group.

Substance Use by Race and Ethnicity

Those who identified themselves as Hispanic reported lower use than non-Hispanics in alcohol, tobacco, cannabis, and amphetamines. Those who identified as white reported higher use than non-whites in alcohol, tobacco, amphetamines, and

¹All data provided below include screenings that occurred through September 30, 2008. October 2008 and later numbers are not yet available.

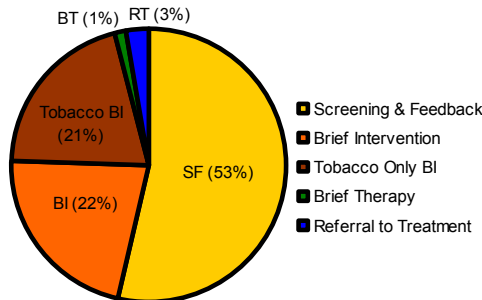
² In cases where a brief screen indicated no use and the ASSIST was not administered, all ASSIST substances were coded as 0.

hallucinogens. Those who identified as black reported higher use of cannabis and cocaine, and reported lower use of amphetamines and hallucinogens than other racial/ethnic groups.

Services Provided by SBIRT Colorado

As noted above, scores on the ASSIST range from 0 to 39. A patient with a score of 11 or higher in alcohol, or 4 or higher in any other substance is a candidate for brief intervention. A patient with a score of 27 or higher in any substance is a candidate for referral to treatment.

A breakdown of services provided by SBIRT Colorado is provided below. The majority of patients (53%) received a screening and positive feedback (SF) about their healthy choices. About 22% of patients received brief intervention, 21% received brief intervention regarding their tobacco use. About 3% received a referral to treatment (RT), and another 1% received a referral to brief therapy (BT).



Gender and Service

For every 100 men interviewed, 35 screened positive for and received some form of treatment (not including Tobacco BI). For every 100 women, 19 screened positive. Men were almost twice as likely to receive services.

Race, Ethnicity and Service

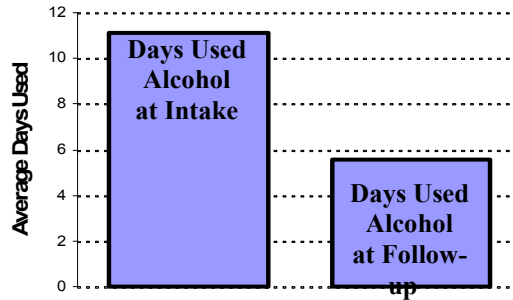
Those who identified as Hispanic or Latino were 38% less likely to screen positive for services than non-Hispanics and less than half as likely to be referred for additional services. Those who identified as white were 41% more likely to screen positive for services and 68% more likely to be referred to treatment than non-white.

Outcomes

As of September 30, 2008 six-month follow-up interviews were completed for 164 patients who received SBIRT Colorado services. The follow-up sample includes only those patients who scored positive for a brief intervention or a brief intervention and a referral to additional services.

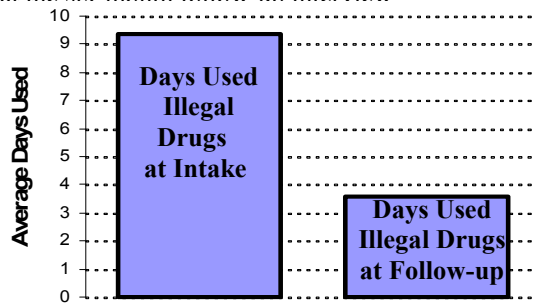
Changes in Alcohol Use after Receiving Service³

The average number of days using alcohol dropped by 50% from 11.1 days per month prior to the initial screening and BI and/or BT, RT to 5.6 days per month at the six-month follow-up interview.



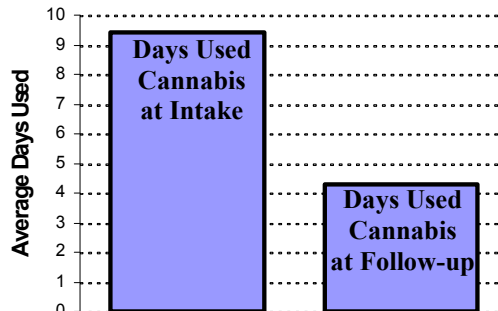
Change in Illegal Drug Use after Receiving Service⁴

The average number of days patients used illegal drugs dropped by 62% from 9.4 days per month prior to the initial screening and brief intervention and/or referral to treatment to 3.6 days per month at the six-month follow-up interview.



Change in Cannabis Use after Receiving Service⁵

The average number of days using cannabis dropped by 54% from 9.4 days per month prior to the initial screening and brief intervention and/or referral to treatment to 4.3 days per month at the six-month follow-up interview.



Change in Opioids Use after Receiving Service

Two patients who completed a follow-up interview were using heroin at the time of their initial screening. Both reported 30 days of use per month at initial screening, and no use at the time of the follow-up interview.

³ Change in use is measured on those who scored 11+ on Alcohol ASSIST at intake, this sub-sample has N = 31.

⁴ Change in use measured on those who scored at least 1 day of use at intake, N = 40 for illegal drugs, N = 32 for cannabis use.