

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

SBIRT Services Provided to Date

SBIRT Colorado is currently active within 11 healthcare settings across Colorado, with 17 health educators and others providing SBIRT services in both rural and urban areas to a broad range of patients.

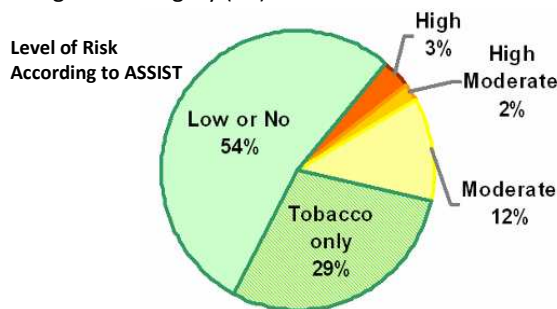
As of February 24, 2009, over 36,000 screens have been completed. In January 2009 alone over 3,000 people were screened across the state.¹

About 44% (13,383) of patients screened to date were male and about 56% (15,800) were female. The most frequently screened age group was between 25 and 34 years old. About 59% (16,253) of patients identified as white; 12% (3,125) identified as Black/African American; and 33% (9,165) identified as Hispanic or Latino. Other races combined accounted for less than five percent of all screens.

SBIRT Patients Scoring at Risk

The SBIRT Colorado program uses the ASSIST², a screening tool developed by the World Health Organization to assess patient use of substances and levels of risk associated with each substance. **The ASSIST tool defines patients as at-risk if their pattern of substance use indicates hazardous or harmful use that puts them at risk for health and other problems.** Unless noted, at risk refers to alcohol and/or illegal substances.

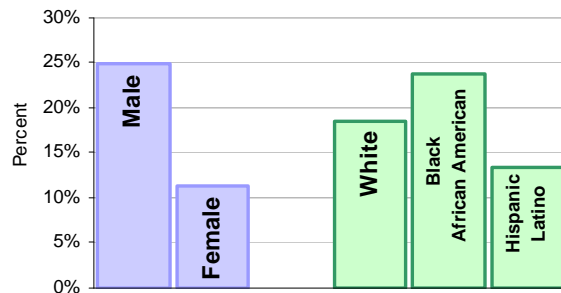
According to the ASSIST, 54% of patients scored in the low or no risk category for all substances; 29% scored at risk for tobacco only and no other substances; 12% scored in the moderate risk category (BI); 2% scored in the high moderate risk category (BT); and 3% scored in the high risk category (RT).



Percent at Risk by Gender and Race

About 25% of males and 11% of females scored at risk for alcohol and/or illegal drugs. Those who identified as White, Black/African American, and Hispanic/Latino scored at risk 19%, 24%, and 13% of the time, respectively.

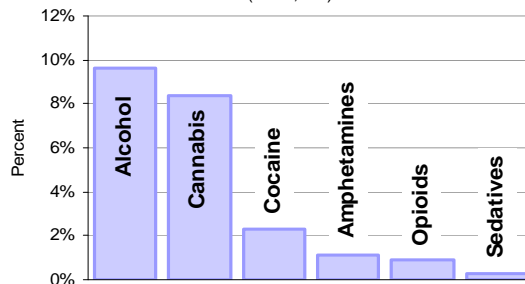
Percent Screening at Risk by Gender and Race / Ethnicity



Information about Substances

The ASSIST screens for up to 10 substances. The top six substances, excluding tobacco, are included in the charts below. Of all completed screens about 10% of patients scored at risk for alcohol.

Percent Screening at Risk by Substance (N=29,196)



Tobacco Risk

According to ASSIST criteria about 41% of all patients scored at risk for tobacco. Approximately 47% of males and 36% of females scored at risk for tobacco. In every age group patients were more likely to be at risk for tobacco than any other substance.

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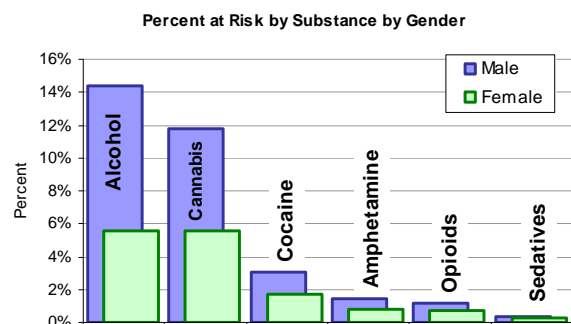
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¹ Data provided represent screens through January 31, 2009.

² In cases where a brief screen indicated no use and the ASSIST was not administered, all ASSIST substances were coded as 0. ASSIST data were not available for 5,243 cases.

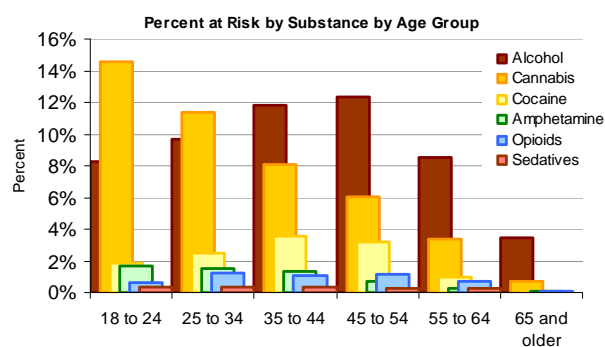
Gender Differences in Risk

Compared to men, women were less likely to score at risk for all substances. For example, almost 15% of men scored at risk for alcohol compared to less than 6% of women.



Age Differences in Risk

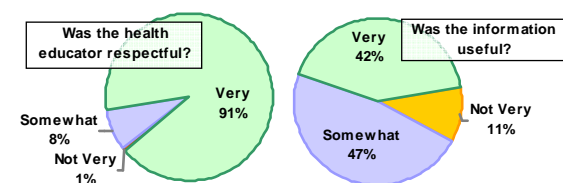
Alcohol risk peaked in the 35-54 age group. Risk of amphetamines and cannabis peaked in the 18-24 age group then steadily declined as people aged. Use of substances was very low in the 65 and older age group.



Outcomes

As of January 31st, 2009, 350 six-month follow-up interviews were completed. The follow-up sample included a sub-sample of patients who were at risk.

Patient Opinions of SBIRT



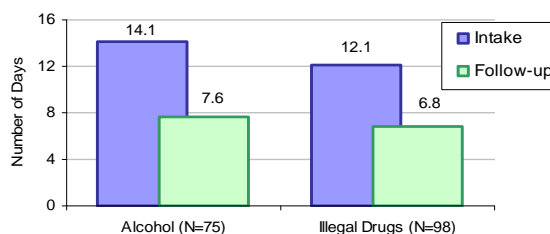
The follow-up respondents were asked if the health educators were respectful and if the provided information was useful. Opinions of health educators were very high and 42% of patients rated the information as very useful.

Change in Usage

Participants in the SBIRT Colorado follow-up study were asked the number of days they used alcohol and illegal drugs in the last 30 days. The next two charts depict change in use for those who used at least 1 day at intake. Please note that sample sizes are small for each type of substance; findings should be interpreted as preliminary. In addition, it is possible that it is more difficult to locate patients to participate in the follow-up study who are using substances than those who reduced their use, which may affect the findings.

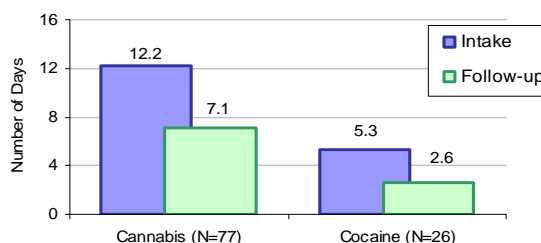
Results indicated that patients experienced a significant drop in overall use. In the month prior to follow up alcohol use fell by 46% and overall illegal drug use fell by 44%.

Average Number of Days of Use in the Past 30 Days at Intake and at Follow-up (6 Months Later)



Use of the two most common illegal substances, cannabis and cocaine, fell by 42% and 51% respectively.

Average Number of Days of Use in the Past 30 Days at Intake and at Follow-up (6 Months Later)



Change in Opioids Use

Five patients were found to be using opioids more than 20 days per month at intake. At follow-up four reported 0 days use in the past month, and one had reduced to 4 days use in the past month.

Summary

- Patients indicated overall satisfaction with their experience with the health educator and found the information to be useful.
- Results to date are supportive of the SBIRT program's efficacy in reducing patients' substance use.
- Reducing substance use can have dramatic positive effects on individuals' physical, mental, and social health.