

Colorado's Screening, Brief Intervention, and Referral to Treatment initiative (SBIRT Colorado) aspires to make screening for alcohol and other substance use a routine practice, similar to blood pressure screening. Since April 2007, patients across Colorado have been screened using validated tools by healthcare professionals. When patients screen at risk for negative health consequences, healthcare professionals provide an immediate brief intervention (BI) and, if needed, a referral to additional substance use treatment services, including brief therapy (BT) or more extensive treatment (RT). When patients do not screen at risk, they are provided screening and positive feedback (SF) about their healthy choices. The following provides information on data collected from SBIRT Colorado grant sites since April 2007. In general, results support the program's efficacy in reducing risky substance use behaviors.

SBIRT Services Provided to Date

SBIRT Colorado is currently providing services to a broad range of patients in urban, rural, and frontier healthcare settings across Colorado. This report presents data collected by health educators in 26 SBIRT Colorado healthcare sites. For more information about SBIRT models and settings throughout the state, visit the SBIRT Colorado website at:

www.improvinghealthcolorado.org

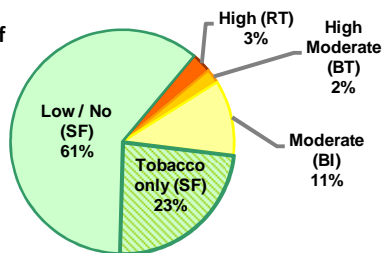
As of July 1, 2010 over 85,000 screens have been completed. In 2009 and 2010, about 3,000 patients were screened each month throughout the state.¹

About 45% (38,402) of patients screened to date were male and about 55% (47,143) were female. The most frequently screened age group was between 25 and 34 years old. About 57% (48,661) of patients identified as White, 9% (7,956) identified as Black/African American, and 31% (25,865) identified as Hispanic or Latino. Other races/ethnicities combined accounted for less than 5% of all screens.

SBIRT Patients Scoring at Risk

The SBIRT CO 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 illicit substances.

Overall Levels of Patient Risk According to ASSIST



Percent at Risk by Gender and Race

About 21% of males and 10% of females scored at risk for alcohol and/or illicit substances. Males were about

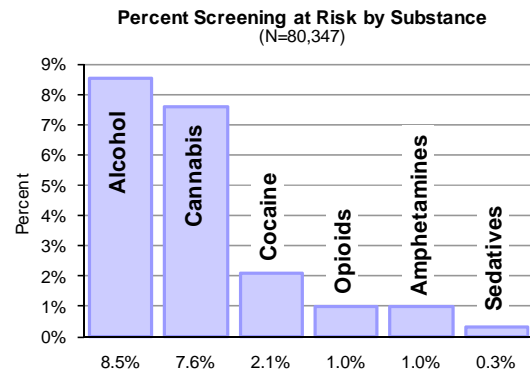
¹ Data provided represent screens through June 30, 2010.

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 5,236 cases.

2.5 times more likely than females to score at risk. Those who identified as White, Black/African American, and Hispanic/Latino scored at risk 16%, 21%, and 12% of the time, respectively.

Percent at Risk by Substance

The ASSIST screens for up to 10 substances. The top six substances, excluding tobacco, are included in the chart below. Of all completed screens, 8.5% of patients scored at risk for alcohol.



Tobacco Risk

According to ASSIST criteria about 34% of all patients scored at risk for tobacco. Approximately 40% of males and 30% 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.

Preliminary Outcomes

As of June 30, 2010, 956 six-month follow-up interviews had been completed.

Change in Use

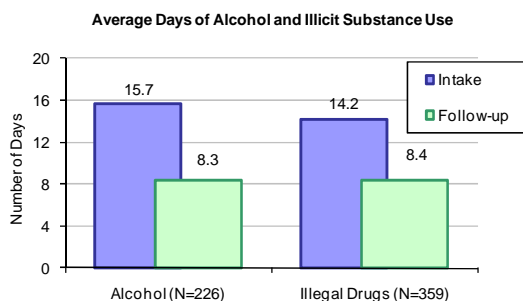
Participants in the SBIRT Colorado follow-up study were asked the number of days they used alcohol and illicit substances in the last 30 days. It is possible that it is more difficult to locate patients to participate in the follow-up study who are using substances than those who reduced their use, which may affect the findings. In addition, we cannot compare change in use in these patients to change in use in patients with similar patterns of use who did not receive SBIRT services. Thus, we do not know whether these patients would have reduced their use in the absence of receiving SBIRT services.

Results for SBIRT Colorado are similar to national SBIRT findings³ and indicate that patients experienced a significant drop in overall use during the 30 days prior

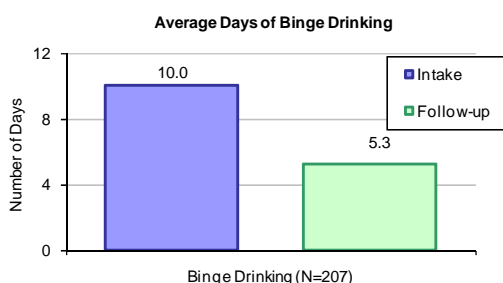
³ Madras, B.K., Compton, W.M., Avula, D., Stegbauer, T., Stein, J.B., & Clark, H.W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence*, 99(1-3), 280-295.

to follow-up as compared to the 30 days prior to intake:

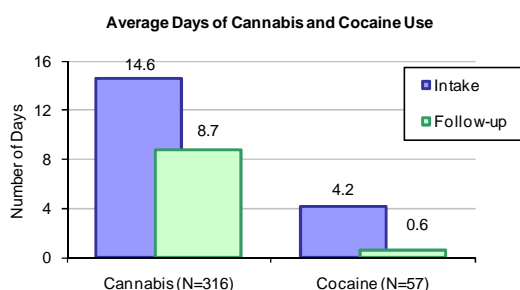
- **Days of alcohol use fell by 47% and overall days of illicit substance use fell by 41%.**



- **Days of binge drinking (consuming 5 or more drinks in a single sitting) fell by 48%.**



- **Days of cannabis and cocaine use fell by 40% and 86%, respectively.**



Summary

- Approximately 16% of patients screened by SBIRT CO were at risk for substance use. Only 5% of patients were identified as in need of additional services beyond a brief intervention.
- Results to date support 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.

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SBIRT Colorado Spotlight: 2010 SBIRT Policy Summits

SBIRT Colorado recently hosted two successful policy summits at the Cable Center in Denver driven by the need to address substance use issues as a public health concern in Colorado. Nearly 100 participants attended each day to share ideas and discuss critical issues facing Colorado's behavioral health and healthcare communities.

On June 22, administrators, mental health, substance abuse, and healthcare professionals gathered to learn from state and national experts about emerging issues such as integrated care, health reform, parity, health information exchange, and the financial burden of substance abuse. State Representative Tom Massey (HD 60) was recognized for his leadership in advancing legislation to support the prevention, intervention and treatment of substance use disorders. Keynote speakers included Stan Paprocki from Colorado's Division of Behavioral Health, Laura Tobler from the National Council of State Legislators, Eric Goplerud from the Center for Integrated Behavioral Health Policy at George Washington University, and Susan Foster from the National Center on Addiction and Substance Abuse at Columbia University. Additionally, SBIRT Colorado provided demonstrations of available trainings and the substance use resources portal, slated to be launched this fall. Attendees indicated collaboration across sectors is the most challenging issue for providers regarding integrated care.

The June 23rd summit, co-sponsored by SBIRT Colorado, Peer Assistance Services, Colorado Hospital Association, and Colorado Nurses Association, provided a forum for hospital leaders to explore strategies for preventing and intervening with substance use issues among patients and healthcare professionals. Topics such as drug diversion, patient safety, and SBIRT were discussed. Keynote speakers included Susan Foster and Dr. Larry Gentilello, professor of surgery from the University of Texas Southwestern Medical School. Expert panelists shared regulatory and policy recommendations and executives from local hospitals discussed key strategies needed to address substance use disorders among healthcare professionals. Summit attendees committed to training hospital staff on SBIRT and to initiating staff educational programs on the prevention and recognition of substance use disorders. They cited healthcare providers as having the greatest influence on impacting and addressing substance use concerns in the community.

For a link to all presentations, please visit
www.improvinghealthcolorado.org