



Substance Use Outcomes

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Providence St. Peter Hospital

Six-Month Follow-up Survey of WASBIRT Patients
April 12, 2004 - March 31, 2008

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Use of alcohol and other drugs declined among emergency department patients who received brief interventions for substance use disorders through WASBIRT

Providence St. Peter Hospital (PSPH) is one of the nine hospitals in Washington State that agreed to participate in the Washington State Screening, Brief Intervention, Referral and Treatment (WASBIRT) Project which began in the spring of 2004. Through this project, chemical dependency counselors screen primarily emergency department patients for alcohol and drug use. Based on the patient's level of risk for substance use disorders, the counselor provides brief interventions to anyone at moderate or high risk levels. They also refer patients with more serious disorders to brief therapy or more traditional forms of chemical dependency (CD) treatment.

To see whether brief interventions or additional counseling helps reduce patients' levels of alcohol or other drug use, a sample of 412 out of 2,514 PSPH patients who received at least a brief intervention were selected randomly for a follow-up telephone interview six months later. Interviews were completed with 329 individuals in the sample – a response rate of 85%.

Providence St. Peter Hospital patients who received brief interventions through the WASBIRT Project as well as those who went on to receive additional forms of counseling for alcohol or other drug use have altered their substance use patterns significantly ($p < .05$). The following changes occurred:

- Number of days of drinking and other drug use declined.
- Abstinence from alcohol and other drug use increased.
- Binge drinking declined.

Among all patients who received at least a brief intervention, the average number of days of alcohol or drug use declined:

- From 8.0 to 4.6 days for drinking ($p < .05$).
- From 4.7 to 1.7 days for binge drinking ($p < .05$).
- From 7.8 to 3.7 days for drug use ($p < .05$).

Among the subset of patients who drank or used drugs in the 30 days before they were screened and received a brief intervention, a large proportion reported fewer days of drinking or drug use at the time of the follow-up survey.

- 76% of 232 patients who drank alcohol reduced the number of days of drinking in the past 30 days, and 38% stopped drinking altogether.
- 84% of 150 patients who reported bingeing in the past 30 days reduced the number of heavy drinking days.
- 89% of 159 patients who reported drug use in the past 30 days reduced the number of days of use, in part because 37% stopped using drugs.

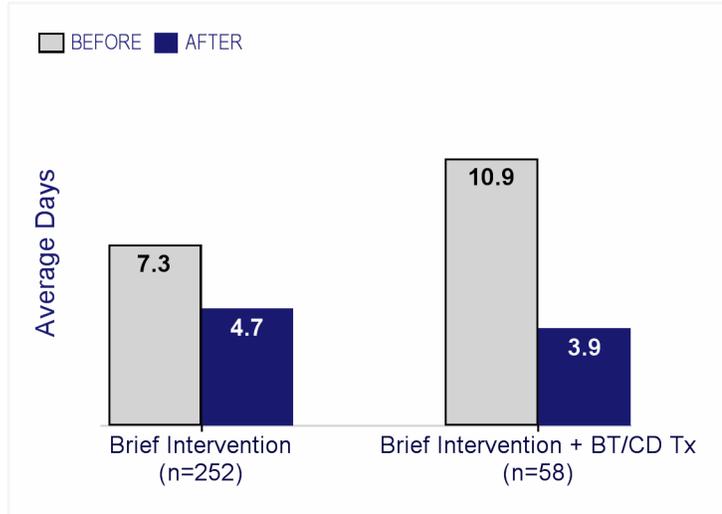
Alcohol Use Outcomes

Average days of alcohol use in the past 30 days decreased as follows:

From 7.3 to 4.7 days (35% decrease) for patients who received a brief intervention only ($p < .05$).

From 10.9 to 3.9 days (64% decrease) for patients who received a brief intervention plus brief therapy and/or chemical dependency treatment (BT/CD Tx) ($p < .05$).

From 8.0 to 4.6 days (43% decrease) overall ($p < .05$).

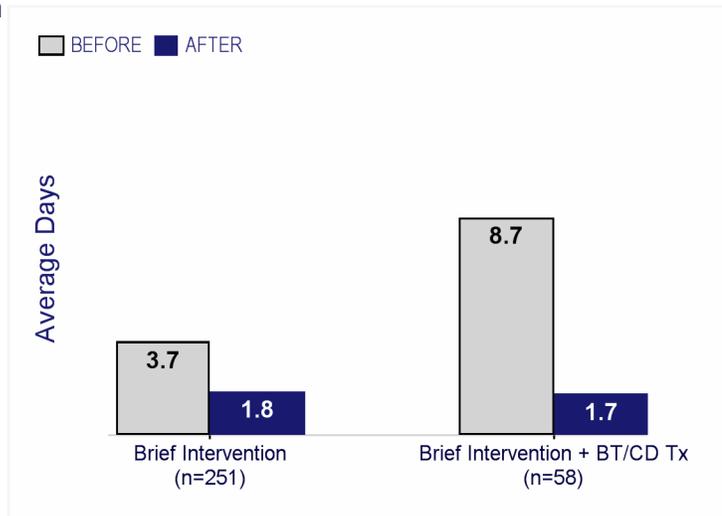


Average days of binge drinking in the past 30 days decreased as follows:

From 3.7 to 1.8 days (53% decrease) for patients who received a brief intervention only ($p < .05$).

From 8.7 to 1.7 days (81% decrease) for patients who received a brief intervention plus brief therapy and/or chemical dependency treatment (BT/CD Tx) ($p < .05$).

From 4.7 to 1.7 days (63% decrease) overall ($p < .05$).

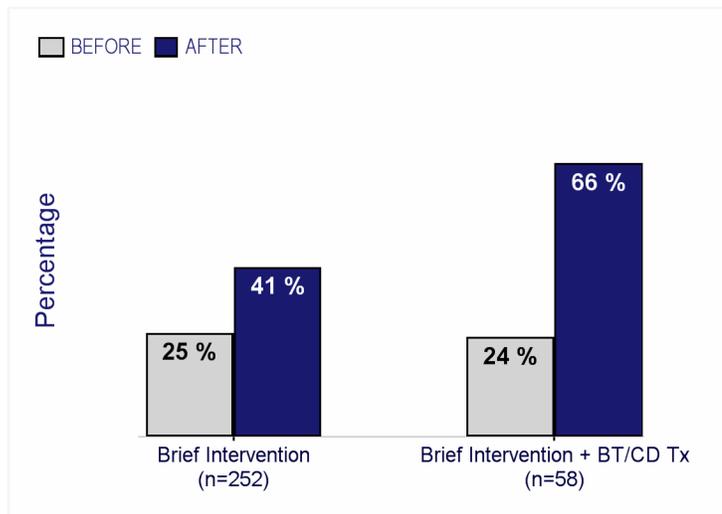


Abstinence from alcohol increased significantly:

From 25% to 41% (63% increase) for patients who received a brief intervention only ($p < .05$).

From 24% to 66% (171% increase) for patients who received a brief intervention plus brief therapy and/or chemical dependency treatment (BT/CD Tx) ($p < .05$).

From 25% to 46% (84% increase) overall ($p < .05$).



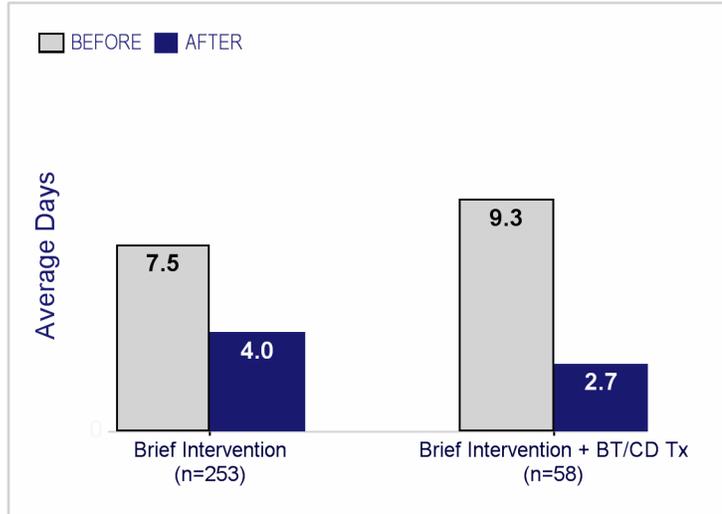
Drug Use Outcomes

Average days of drug use in the past 30 days decreased as follows:

From 7.5 to 4.0 days (47% decrease) for patients who received a brief intervention only ($p < .05$).

From 9.3 to 2.7 days (71% decrease) for patients who received a brief intervention plus brief therapy and/or chemical dependency treatment (BT/CD Tx) ($p < .05$).

From 7.8 to 3.7 days (52% decrease) overall ($p < .05$).

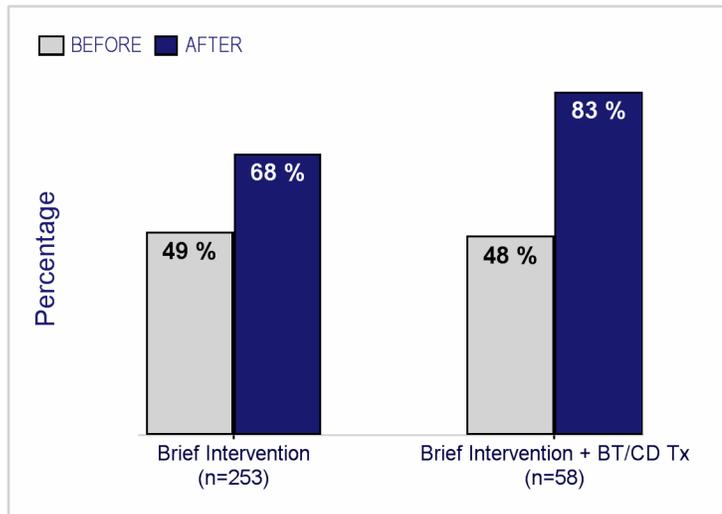


Abstinence from drug use increased significantly:

From 49% to 68% (40% increase) for patients who received a brief intervention only ($p < .05$).

From 48% to 83% (71% increase) for patients who received a brief intervention plus brief therapy and/or chemical dependency treatment (BT/CD Tx) ($p < .05$).

From 49% to 71% (45% increase) overall ($p < .05$).



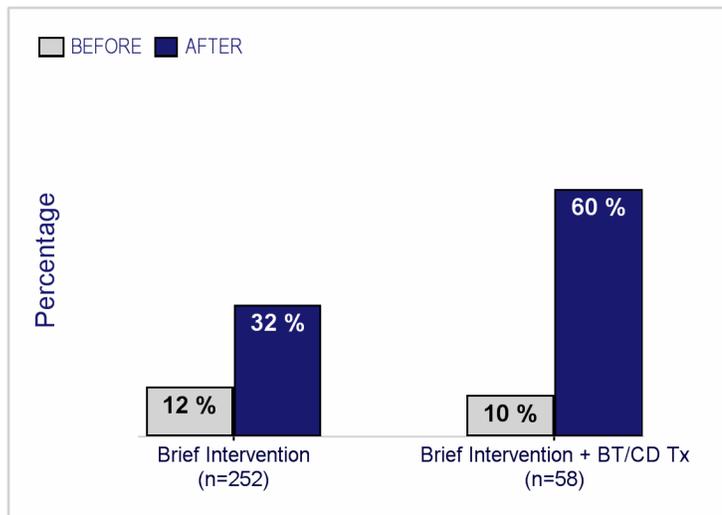
Abstinence from Alcohol and Drugs

Abstinence from alcohol and drug use increased significantly:

From 12% to 32% (167% increase) for patients who received a brief intervention only ($p < .05$).

From 10% to 60% (483% increase) for patients who received a brief intervention plus brief therapy and/or chemical dependency treatment (BT/CD Tx) ($p < .05$).

From 12% to 37% (208% increase) overall ($p < .05$).



TECHNICAL NOTES

Six-Month Follow-up Survey Procedures

Out of the 2,514 PSPH patients who received at least a brief intervention, a sample of 412 patients was selected for the follow-up survey. Interviews were completed with 329 individuals in the sample—a response rate of 85% percent (excluding 4 people who died by the time the interview was due).

Analyses were based on 310 participants with complete data on alcohol use, 309 with complete data on binge drinking, and 311 with complete data on drug use. Analyses excluded 18 participants (5.5%) who did not receive a brief intervention because the patient was not willing to talk to the counselor, was already in treatment, or for some other reason. Beginning in July 2005, sample selection criteria were refined such that only those with moderate or high risk for substance use disorders were eligible for the follow-up survey.

Follow-up interviews were conducted at the Research and Data Analysis Division using standard survey techniques that included mailing advance contact letters and multiple attempts to call hard-to-reach respondents. Contact information was gathered from the patient at baseline and augmented by administrative records to update contact information if the patient gave permission for this.

Measures of Substance Use Outcomes

Changes in alcohol and other drug use were based on a person's answers on the baseline screening survey compared to answers on the six-month follow-up interview, using the following questions:

During the past 30 days, how many days have you ...

- *Used any alcohol?*
- *Had 5 or more drinks in one sitting? (This was used as a measure of binge drinking.)*
- *Used any illegal drugs? (Use of illegal drugs included misuse of prescription drugs.)*

Classification of Risk and Intervention Groups

Outcomes' risk levels were based on scores on the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST). Two groups were used in analyses: (1) those who received only a brief intervention and (2) those who received a brief intervention plus brief therapy, CD treatment, or both within 120 days of the brief intervention. The receipt of brief therapy or CD treatment was identified from WASBIRT records or from the Division of Alcohol and Substance Abuse's treatment data (TARGET) for the 329 participants who gave permission for the use of administrative records.

The average AUDIT and DAST scores are shown below for patients who received a screen only, a brief intervention only, or a brief intervention plus brief therapy or CD treatment. The table also shows the recommended level of intervention based on the degree of risk for a substance use disorder.

	Screen Only (Not in follow-up survey)	Brief Intervention Only	Brief Intervention Plus Brief Therapy or CD Treatment
Average Scores			
AUDIT	1	5	16
DAST	0	1	4
Criteria for Intervention			
AUDIT - Female	Less than 7	7 - 15	16 - 40
AUDIT - Male	Less than 8	8 - 15	16 - 40
DAST	0	1 - 4	5 - 10
Binge drinking		x	
Drank alcohol before injury		x	

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Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA>
or <http://www1.dshs.wa.gov/dasa>



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