



Substance Use Outcomes

4.60.WA.2006.1 | Washington State Screening, Brief Intervention, Referral and Treatment (WASBIRT)



Six-Month Follow-up Survey of WASBIRT Clients April 2004 – January 2005

Sharon Estee, Ph.D.; Nella Lee, Ph.D.; Lijian He, Ph.D.

In conjunction with Division of Alcohol and Substance Abuse:
 Douglas Allen, Acting Director
 John Taylor, Acting Chief, Office of Program Services
 Dennis Malmer, Certification Section Supervisor, formerly WASBIRT Program Manager
 Stephen O'Neil, WASBIRT Program Manager
 Toni Krupski, Ph.D., Administrator, Evaluation and Quality Assurance

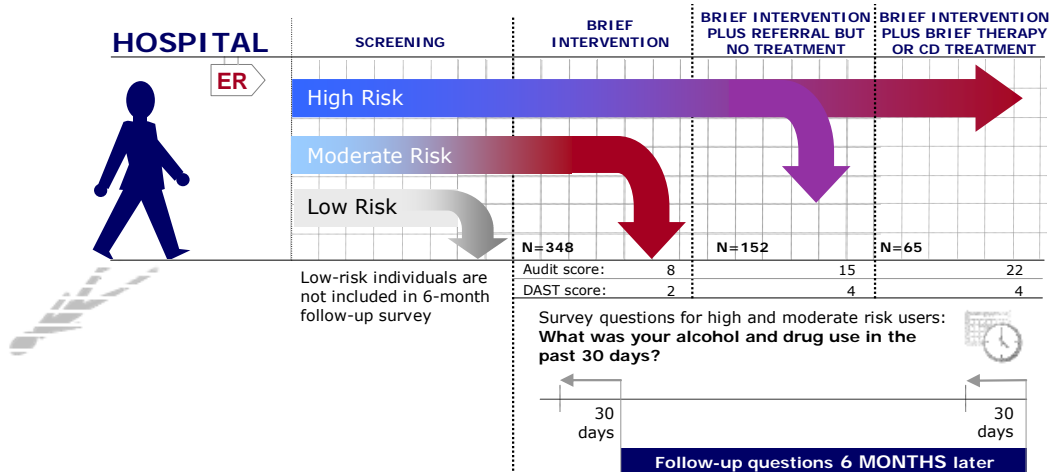
Special thanks to Fred Garcia, now with the Dept. of Health, who served as the Chief of the Office of Program Services through December 2005 and established the WASBIRT Program in DASA.

The Washington State Screening, Brief Intervention, Referral and Treatment (WASBIRT) Program was designed to implement broad-based screening for alcohol or drug use problems in major hospital Emergency Departments in the state, to provide brief interventions to those with substance use disorders, and to refer patients with more serious disorders to brief therapy or more traditional forms of substance abuse treatment. To determine whether or not receiving a brief intervention or further therapy affects subsequent alcohol or drug use, a sample of patients was selected for a six-month follow-up interview.

Patients with low screening scores were not in the follow-up survey. Those with moderate risk who got a brief intervention were included. They were compared to higher risk individuals who were referred for brief therapy or chemical dependency (CD) treatment but who either chose not to engage in further therapy or who decided to seek additional counseling through this program.¹

By the end of January 2005, 4,104 patients fell into these three groups. Of these, **766 were randomly selected** (19 percent sample) for the six-month follow-up survey. Of those selected, **565 were interviewed** by the end of September 2005, the conclusion of the follow-up interview period for this sample.² This reflects a **74 percent response rate**. Receiving WASBIRT services resulted in favorable outcomes:

- Use of alcohol or other drugs and binge drinking declined among all three groups
- Abstinence increased among all three groups
- Among high-risk users, receiving brief therapy or CD treatment is associated with greater declines in alcohol use compared to receiving a brief intervention alone.



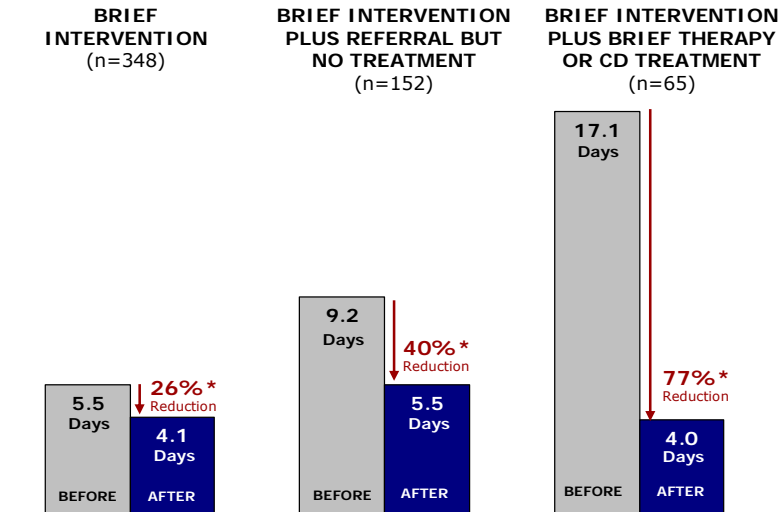
¹ A person is counted in the brief therapy or CD treatment category if he or she came to at least one session based on the WASBIRT referral.
² The interview for the Six-Month Follow-up Survey may be completed in a three-month period beginning 150 days after the intervention or start of therapy.

Alcohol Use Outcomes

Average days of alcohol use in the past 30 days declined significantly

Recent use of alcohol declined significantly for all three groups who received brief intervention or therapy. Days of alcohol used dropped 26% for those who received only a brief intervention, 40% for those who received a brief intervention and a referral but did not seek any additional therapy, and 77% – the greatest decline – for those high-risk users who obtained brief therapy or CD treatment.

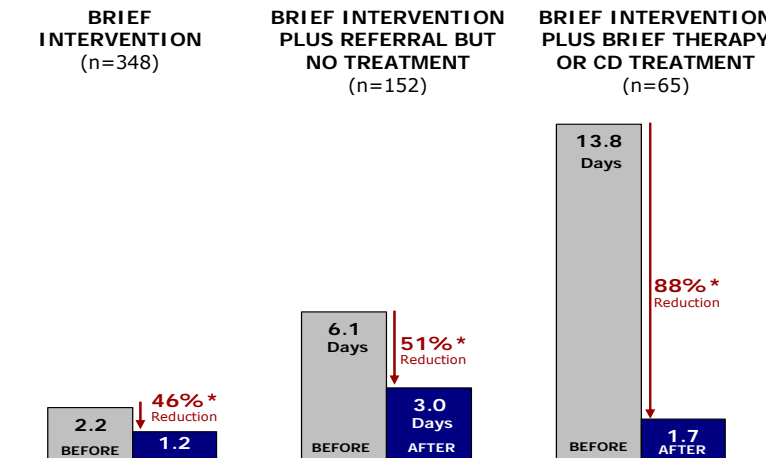
* p<.05



Binge drinking in the past 30 days declined significantly

The number of recent days of binge drinking declined 46% for those who received only a brief intervention and 51% for those who received a brief intervention and were referred for further therapy but did not go. Recent days of bingeing declined 88% among high-risk users who sought out brief therapy or CD treatment.

* p<.05



Among high-risk users, receiving brief therapy or CD treatment is associated with greater declines in alcohol use compared to receiving a brief intervention alone

Multiple regression analysis was used to examine alcohol use outcomes for those who received brief therapy or CD treatment compared to those high-risk substance abusers who were referred to brief therapy or CD treatment but did not engage in either. This was done to adjust for the fact that individuals who received brief therapy or CD treatment had higher levels of alcohol use in the 30 days before the baseline screening than those who were referred but did not receive brief therapy or CD treatment.

When the effects of age, gender, baseline risk level, and substance use patterns³ were held constant, receiving brief therapy or CD treatment resulted in a significant decline in recent alcohol use. In addition, an increase of alcohol use risk level at baseline was associated with a greater decline in alcohol use six months after the initial intervention. Males also tended toward a greater decline in alcohol use than females after engaging in brief therapy or CD treatment.

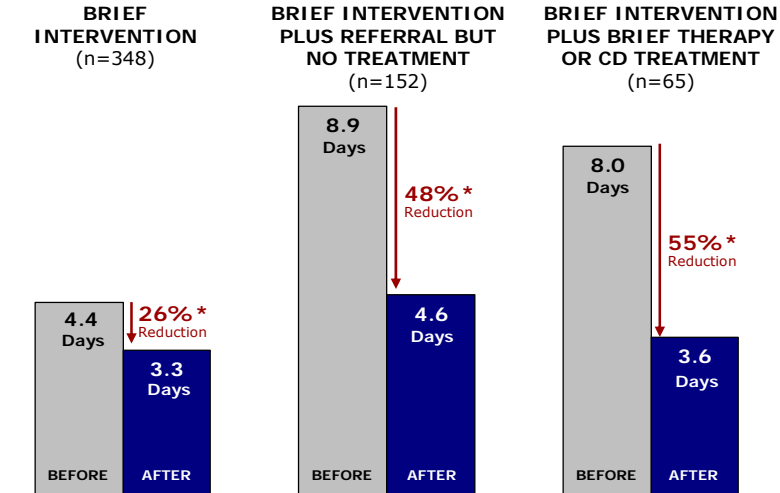
³ Patients' substance use patterns were broken into two categories: use of alcohol only versus use of alcohol and other drugs.

Other Substance Use Outcomes

Illegal drug use in the past 30 days declined significantly

The average number of days of illegal drug use in the past month dropped 26% among moderate risk users who received only a brief intervention, 48% for those who got a brief intervention plus a referral for more therapy but who did not seek it, and 55% for those who sought additional therapy. Decreased use of illegal drugs was significant for all three intervention levels.

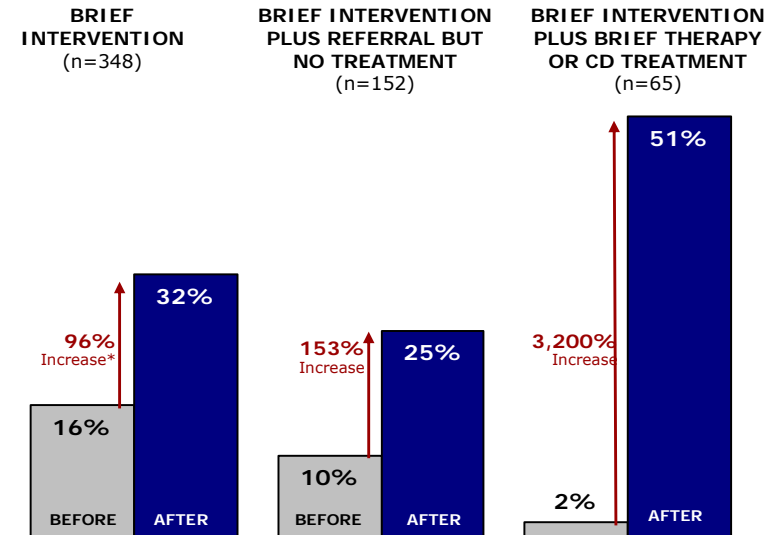
* p<.05



Abstinence from both alcohol and other drugs increased for all interventions

The percent of WASBIRT participants who did not use either alcohol or other drugs in the past 30 days increased six months after the receipt of an intervention. Using chi-square analyses, the change in abstinence for the moderate-risk patients who received only a brief intervention was found to be statistically significant. Similar tests of significance could not be performed in the two higher risk groups due to their smaller sample sizes. Therefore, the increases in abstinence for those two groups should be interpreted with caution until tests of significance are possible in later analyses.

* p<.05



TECHNICAL NOTES

Six-Month Follow-up Survey Procedures

During the baseline screening survey patients are randomly selected for the follow-up survey from those who receive a brief intervention and/or a referral to further therapy even if they do not engage in it. The chemical dependency counselor obtains addresses and telephone numbers of the patient and alternate contacts. Interviewers at the Research and Data Analysis Division use administrative records to update and supplement the contact information for patients who gave permission for use of personal records. The staff sends a reminder letter about a week before the start of the follow-up interview period. An interviewer then attempts to call the person over a three-month period, using repeated attempts as well as telephone calls and letters to alternate contacts as necessary.

Regression Analysis of Alcohol Use

Change in Alcohol Use in Past 30 Days	Coefficient of Effect	Significance
Age	-0.03	0.62
Male	-2.35	0.09
AUDIT Score	-0.55	<.0001
Alcohol Use	2.42	0.15
Brief Therapy or CD Treatment	-5.95	<.0001

Regressions for use of other drugs will be performed in subsequent fact sheets as sample size increases.

Criteria for Level of Intervention

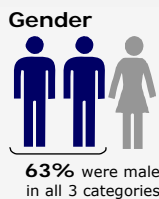
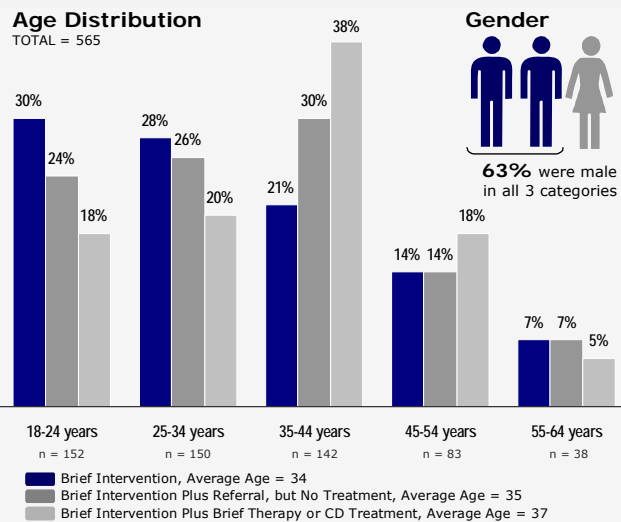
Screening scores	RECOMMENDED INTERVENTION			
	Screen Only	BI Only*	BT	CD Tx
AUDIT - Female	Less than 7	7-15	16-19	20-40
AUDIT - Male	Less than 8	8-15	16-19	20-40
DAST	0	1-4	5-7	8-10

*BI may also be given if the AUDIT score falls below 7 for females or 8 for males but there is evidence of binge drinking based on AUDIT questions, the patient has used alcohol 6 hours before an injury, the patient requests help, or the counselor identifies some other reason for offering a brief intervention (e.g., underage drinking).

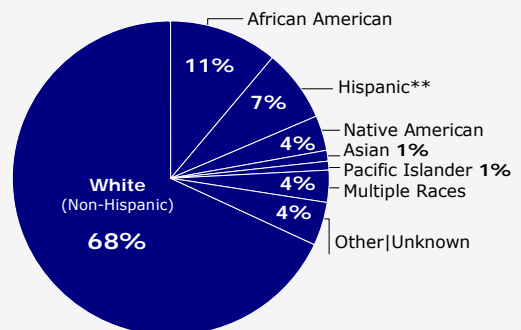
DEMOGRAPHICS

Age Distribution

TOTAL = 565



Race | Ethnicity*



* Race/ethnicity is shown for the total sample since the counts in some intervention categories are too small to distribute by race.
 ** Persons of Hispanic Origin are counted only under the "Hispanic" category.

Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA/> or <http://www1.dshs.wa.gov/dasa/> or through the Washington State Alcohol|Drug Clearinghouse by calling 1-800-662-9111 or 206-725-9696 (within Seattle or outside Washington State), by e-mailing clearinghouse@adhl.org, or by writing to 6535 Fifth Place South, Seattle, Washington 98108-0243.

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