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A randomized study of the use of screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use with jail inmates

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ABSTRACT

Background: Screening, brief intervention, and referral to treatment (SBIRT) is an evidence-based practice that has been shown to reduce alcohol and drug use in healthcare, educational, and other settings, but research on the effectiveness of SBIRT with populations involved in the criminal justice system is limited. These populations have high rates of substance use but have limited access to interventions.

Methods: The study randomized 732 jail inmates from a large urban jail to the SBIRT intervention or to the control group. Using the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), the intervention assessed the risk level for drug and alcohol misuse by inmates and provided those who were at low or medium risk with a brief intervention in jail and referred those at high risk to community treatment following release, including the opportunity to participate in a brief treatment (eight sessions) protocol. Using interview and records data from a 12-month follow-up, analyses compared the two groups with respect to the primary study outcomes of reductions in drug and alcohol use and the secondary outcomes of participation in treatment, rearrest, reduction in HIV risk behaviors, and quality of life. In addition, the costs of delivering the SBIRT intervention were calculated.

Results: When baseline differences were controlled, the groups did not differ at follow-up on any of the primary or secondary outcomes.

Conclusions: Future research should develop and evaluate SBIRT models that are specifically adapted to the characteristics and needs of the jail population. Until more favorable results emerge, attempts to use SBIRT with jail inmates should be implemented with caution, if at all.

Trial registration number: NCT01683643

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1. Introduction

Nearly all people with a history of drug use enter the criminal justice system at some time in their drug use career, frequently on a recurring basis. Data from the Arrestee Drug Abuse Monitoring (ADAM II) program in 2013 indicated that between 63% and 83% of arrestees across five cities tested positive for at least one illicit drug at the time of arrest (ONDCP, 2014). In a national representative survey in 2002 of jail inmates (James, 2004), 66% reported using alcohol regularly and 33% reported using alcohol at the time of the offense for which they were convicted. A re-analysis of this data (Binswanger et al., 2010) found that 52.7% of men and 59.3% of women met criteria for drug abuse or dependence; 47.9% of men and 36.9% of women met criteria for alcohol abuse or dependence.

Drug use is closely associated with crime, (MacCoun, Kilmer, & Reuter, 2003; Newcomb, Galaif, & Carmona, 2001; White & Gorman, 2000). A meta-analysis of the literature on drug use and crime (Bennett, Holloway, & Farrington, 2008) found that drug users were three to four times more likely to commit crime than non-drug users. Drug use, particularly when involving injection, also contributes to increased risk of HIV transmission (Taylor, 2009). For substance abusers who are incarcerated, relapse to drug or alcohol use tends to occur within the first few months of release (Belenko, Langley, Crimmins, & Chaple, 2004; Prendergast, Hall, & Wexler, 2003), highlighting the importance of providing intervention options at the pre-release or the re-entry phase of the offender's incarceration. Interventions for treating substance use disorders in the criminal justice system are important for improving public health and reducing criminal behavior (Chandler, Fletcher, & Volkow, 2009).

While many offenders use drugs at levels that do not necessarily require treatment, they are still at risk of progressing to abuse or

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dependence or of engaging in unhealthy behavior. Interventions for offenders at low or moderate risk are largely lacking within the criminal justice system. One strategy to address this would be to provide early intervention to offenders using approaches that are appropriate to level of risk. Such interventions would provide appropriate care earlier than would otherwise be the case, potentially curtailing progression to higher risk levels and reducing risky behaviors. Offenders who are serving a jail sentence, particularly on drug charges, may be at a "teachable moment" in which they are amenable to an intervention designed to reduce their risk of relapse and rearrest and improve other behaviors.

Screening, brief intervention, and referral to treatment (SBIRT) is a widely promoted intervention that provides universal low-cost screening to a target population using brief, valid, and reliable screening instruments. Based on results from the screening, counselors, health educators, or other staff can identify people at different risk levels and provide types and intensities of intervention in accordance with the level of risk, ranging from information or brief intervention for low-risk users to referral to formal treatment for high-risk users (Babor et al., 2007). Through a combination of early intervention and formal treatment, SBIRT is a public health approach intended to have a positive impact on the drug- and alcohol-related behavior of a broad user population, rather than on the much smaller population of those diagnosed with abuse or dependence. Although the brief interventions that have been used in SBIRT are based on various theoretical orientations, differ in content, and vary in the number of sessions, typically brief interventions are based on motivational interviewing and consist of one to four sessions, with the length of a session varying from 10 min to 60 min (Jonas et al., 2012; Kaner, Brown, & Jackson, 2011). Studies in healthcare settings have reported that the costs of SBIRT for alcohol users are relatively low and that the benefit-cost ratio is favorable ($3–$4 for every dollar spent; Babor et al., 2007), although similar cost studies have not been conducted for illicit drugs or for SBIRT in non-medical settings.

Less research has been conducted on SBIRT for illicit drug use than for alcohol use. Early randomized studies of brief intervention for drug use among adults found statistically significant effects for at least one of the primary outcomes (Baker et al., 2005; Bernstein et al., 2005; Copeland, Swift, Roffman, & Stephens, 2001; Davis, Baer, Saxon, & Kivlahan, 2003; Humeniuk et al., 2012; McCambridge & Strang, 2004; Stephens, Roffman, & Curtin, 2000; Zahradnik et al., 2009), although some studies found no difference in outcomes (Marsden et al., 2006; Stein, Herman, & Anderson, 2009; Woodruff et al., 2014). Also, published articles on SBIRT projects for drug use funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) reported significant reductions in drug use and other problems from baseline to follow-up (Gryczynski et al., 2011; InSight Project Research Group, 2009; Madras et al., 2009; Woodruff, Eisenberg, McCabe, Clapp, & Hohman, 2013), although use of a single-group design in these projects precludes strong conclusions about the causal effect of SBIRT on drug use. The positive findings from this earlier body of research, however, have not been supported by two recent large randomized trials that found no significant effect on illicit drug use in primary healthcare settings (Roy-Byrne et al., 2014; Saitz et al., 2014).

Also, limited rigorous research bearing on the use of SBIRT with offenders is available, whether for alcohol use or illicit drug use (for a recent review of brief interventions for alcohol use disorders in the criminal justice system, see Newbury-Birch et al., 2016). Two randomized studies indicate that brief intervention did lead to positive change among probationers, either for alcohol (Wells-Parker & Williams, 2002) or for alcohol and drugs (Davis et al., 2003). A large ($N = 525$) randomized, multisite study of SBIRT for harmful alcohol use in probation settings in England found no statistically significant effect on alcohol use at 12 months, although those in the brief intervention group did have a lower reconviction rate than did those in the information-only group (Newbury-Birch et al., 2014). SBIRT for jail inmates has been even less studied than for probationers. One randomized study (Begun, Rose, & Lebel, 2011) of screening and brief intervention with women in jail found improved effects for drug and alcohol use at follow-up (2 months following release), but with no difference between groups for engagement in treatment; only 20.4% of the sample was interviewed for the follow-up. Another study (Stein, Caviness, Anderson, Hebert, & Clarke, 2010) that provided a brief intervention (two sessions) to incarcerated women designed to reduce hazardous drinking found increased abstinence for the treated group at the 3-month follow-up, but this positive effect disappeared at 6 months; in addition, those who did resume drinking tended to do so heavily.

In summary, although SBIRT has been found to be effective in healthcare and other settings, it remains an empirical question whether SBIRT is a feasible intervention for offenders and whether it encourages treatment participation, reduces substance use, and results in other benefits. Given the large proportion of offenders who use drugs and alcohol and who experience problems associated with such use, a relatively low-cost intervention such as SBIRT could have a significant positive impact on public health and safety, if it proves efficacious.

The aims of the SBIRT for offenders study were to assess whether SBIRT is an effective intervention for jail inmates with respect to participation in interventions tailored to risk level; determine the effectiveness of SBIRT with jail inmates on public health and public safety outcomes at 12 months following study admission; and estimate the cost of providing SBIRT to jail inmates.

The purpose, setting, and design of the study of SBIRT with jail inmates make it a pragmatic trial, as defined by Zwarenstein et al. (2008, p. 2), namely, a study with design choices that "maximise applicability of the trial's results to usual care settings, rely on unarguably important outcomes such as mortality and severe morbidity, and are tested in a wide range of participants." The study contributes to the knowledge base on SBIRT in several ways. First, virtually all of the evaluation and dissemination work on SBIRT has occurred in healthcare settings, with little or no attention to the potential benefit of SBIRT for the large population of offenders, most of whom are at risk for drug and/or alcohol problems and for rearrest. This is one of the few experimental studies of the effectiveness of SBIRT with jail inmates. Second, whereas most previous research on SBIRT has focused on alcohol, this study expands the relatively limited evidence base on the effectiveness of SBIRT with persons who use drugs (or drugs and alcohol). Third, the study supplemented the brief intervention and the treatment referral components of SBIRT with a brief treatment protocol for offenders who are at moderate risk or for those who are not willing to commit to longer-term treatment. Fourth, unlike most studies of SBIRT, this study examined the effects of SBIRT on HIV risk behaviors. Finally, the study collected information on the costs associated with providing SBIRT to an offender population.

The primary hypotheses were that, over the 12-month follow-up period, participants in the SBIRT group would be more likely to reduce their level of drug and alcohol use compared with those in the control group. The secondary hypotheses were that participants in the SBIRT group, compared with those in the control group, would be more likely to participate in treatment, less likely to be arrested, less likely to engage in HIV-risk behaviors, and more likely to have a higher quality of life.

2. Methods

The full protocol for the study has previously been published (Prendergast & Cartier, 2013). The sections below summarize key features of the study design. The study procedures and informed consent forms were approved by the UCLA General Campus Institutional Review Board. Since this study involved prisoners, it was also reviewed by the federal Office for Human Research Protections.

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