

SBIRT COLORADO LITERATURE REVIEW SUMMARY: MARCH 2012

PREPARED BY OMNI INSTITUTE

WORKPLACE

While there is a large body of research examining SBIRT in healthcare settings, there is a dearth of research studies examining SBIRT implementation in the workplace, in general, and in Employee Assistance Programs (EAPs) in particular. This is a brief overview of recent literature on SBIRT in the workplace. Research on SBIRT in EAPs is important because individuals engaging in risky substance use behaviors are often employed; substance use by employees can have a direct impact on performance at work and healthcare costs; and EAPs are well positioned to support employee wellness, including efforts focused on substance use. Research indicated the following

- ...almost 80% of the 16.3 million adults who drink in risky or hazardous ways are employed either full- or part-time” (cited in McPherson et al., 2009, pg. 286)
- It is estimated that “between 11 and 35% of the workforce experiences at-risk drinking” (cited in Osilla et al., 2010, pg 194)
- “Combined data from 2004 to 2008 indicate that 19.8 percent of women aged 18 to 64 who were employed full time engaged in binge alcohol use and 6.4 percent used illicit drugs in the past month; this translates into 9.9 million bingeing on alcohol and 3.2 million using illicit drugs” (SAMHSA, 2010)
- Employers incur significant costs in healthcare and productivity loss from employees’ alcohol and drug use. For example, “In 1990, problems resulting from the use of alcohol and other drugs cost American businesses an estimated \$81.6 billion in lost productivity due to premature death (37 billion) and illness (44 billion); 86% of these combined costs were attributed to drinking” (www.dol.gov/elaws/asp/drugfree/benefits.htm)
- Almost 90% of surveyed employers reported concerns about employee alcohol misuse (McPherson et al., 2009)
- The EAP model of providing assessment, short-term counseling, and referral services is particularly well-suited to address alcohol use in the workplace
- Federal parity and health reform legislation places an emphasis on wellness and prevention and increased access to behavioral health services; EAPs can be effective in meeting these goals for employed individuals and their families (Merrick et al., 2011)
- Groups are in place to support the training and spread of SBIRT in EAPs; The Brief Intervention Group (BIG) Initiative “is a campaign to make SBIRT the routine practice industry-wide of EAPs across the US and Canada” (Goplerud and McPherson, 2010)

COLORADO HIGHLIGHT

The Colorado State Employee Assistance Program, one of the largest EAPs in Colorado, has successfully integrated SBIRT into its standards of practice. Evaluation of CSEAP’s SBIRT program demonstrated

- Unhealthy substance use and symptoms of depression were linked to lower productivity at work, supporting the importance of services that identify and address behavioral health issues
- After receiving CSEAP services, employees reported significant improvement in workplace productivity and reductions in unhealthy alcohol use and symptoms of depression

CURRENT EVIDENCE

The body of research addressing workplace SBIRT and its impact is in its infancy. While more rigorous research is needed, the few studies conducted suggest that SBIRT is a natural and cost-effective intervention to be delivered in EAPs and studies have found improved productivity and reduced healthcare costs after employees received SBIRT services.

- A systematic review of workplace interventions for alcohol-related problems indicated that there are very few studies using rigorous methods to address workplace alcohol interventions. While the current evidence is supportive, further research is needed to draw sound conclusions (Webb et al., 2009).

- A small exploratory study using random assignment (at the counselor level) found that brief interventions using personalized feedback and motivational interviewing techniques improved productivity outcomes (via Presenteeism rather than Absenteeism), with estimated cost-savings of \$1200 for each client that attended a one-session intervention (Oscilla et al., 2010).
- One study using random assignment found that receiving one private 30-60 minute brief intervention in the workplace that focused on alcohol in the context of health and wellness was associated with reductions in negative consequences among female problem drinkers and in alcohol consumption among all drinkers (Anderson & Larimer, 2002).



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- A study using statistical simulation methods (Monte Carlo trials) estimated that productivity would improve through SBIRT implementation by \$997 per employee (\$175 per employee in reduced Absenteeism; \$873 per employee for reduced impaired Presenteeism). Screening costs of employees screened through annual check-ups with a primary care physician were estimated at \$227 per employee, resulting in an estimated savings of \$771 per employee. An assumption in the simulation study was that SBIRT implementation was 57% effective in eliminating problem drinking (based on data from the Wisconsin SBIRT program; Quanbeck et al., 2010).
- Often the personnel infrastructure is in place and the costs of implementing SBIRT in an EAP setting are relatively low (\$0.64 per screen; \$2.52 per BI), lower than what has been found in health care settings (Cowell et al., 2011).
- EAP can serve as an entry point for assessment and treatment of Substance Use Disorders and EAP may serve as a bridge to further care (Merrick et al., 2011).
- Web-based training may be an effective method of training EAP professionals on SBI for alcohol use. After training, participants indicated an increased understanding of the importance of at-risk drinking on health outcomes; better preparedness to address at-risk drinking through brief interventions; and a greater sense of self-efficacy in helping clients improve health outcomes, including reducing risky-drinking (Bray et al., 2009).

CURRENT GAPS

Research is needed to identify the critical components and best implementation models of workplace SBIRT and more rigorous studies are needed to demonstrate how SBIRT implementation can serve to benefit employers through improved employee productivity and reduced healthcare costs.

- Research on multiple fronts is needed to examine SBIRT implementation in EAPs and its efficacy in reducing healthcare costs and improving productivity.
- While models of workplace SBIRT are being identified from surveys of the literature, SBIRT is often not implemented systematically and using validated tools. "Research reveals great need of pilot testing of alternative SBIRT approaches to better understand what are the critical components and 'best practices' that contribute to an efficacious SBIRT program in the workplace" (McPherson et al., 2009, pg 303).
- Research that examines SBI in an EAP "should assess the conditions under which SBI should be delivered, estimate the impact on outcomes, and describe any substantive changes that occur during the course of a session with SBI when compared to sessions without SBI" (Cowell et al., 2011, pg 66).
- Researchers have found it difficult to implement studies using random assignment in EAP settings, which suggests the field needs to find alternative, rigorous methods for demonstrating the impact of SBIRT in EAPs.

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Our mission is to motivate Coloradans to make changes to improve their health and life through universal screening and early substance use intervention.