BACKGROUND
Substance abuse is a public health concern that poses considerable economic and social burden. The US Preventive Services Task Force recommends alcohol screening and brief counseling interventions in primary care.\(^1\) During brief counseling, patients' motivation to change is used to provide effective interventions. Understanding where patients are in the change process can help providers tailor interventions to set realistic goals.\(^2\) Increased readiness in and of itself is a positive outcome in the change process,\(^3\) and it is hypothesized to lead to behavioral changes. However, literature on the readiness to change of patients who screen positive for substance use in healthcare settings is limited.

METHODS
Colorado implements screening, brief intervention, and referral to treatment (SBIRT) in primary and emergency care settings. Health educators administer a brief screen and the ASSIST tool\(^4\) to identify patients with unhealthy use, and then provide brief interventions and/or referrals to additional services to those screening positive. When patients screened positive for a single substance (excluding tobacco), health educators administered readiness and confidence rulers about the substance for which they screened positive. When patients screened positive for multiple substances, health educators asked patients to choose one substance and administered the readiness and confidence rulers for the selected substance. Rulers used a scale from not-at-all (0) to extremely (10). Scores of seven or higher were coded as ready/confident. Logistic regressions examined predictors of readiness and confidence. Predictors were:

- Female (=1; male=0)
- Age (in years)
- Primary Care (=1; Emergency care=0)
- ASSIST score for alcohol or cannabis (possible range is 0 to 39 - higher scores indicate more severe risk)

OBJECTIVES
1. To determine patients' readiness and confidence to change alcohol and cannabis use after screening positive through an SBIRT initiative.
2. To identify patient characteristics that predict greater readiness and confidence.

RESULTS
Patients using alcohol were more ready than confident. Patients using cannabis were more confident than ready.

### Alcohol
- (n=2040 to 2116)
- Ready (Odds Ratio) 1.32**
- Confident (Odds Ratio) --
- Finding Females were more ready than males

### Cannabis
- (n=379 to 401)
- Ready (Odds Ratio) .976**
- Confident (Odds Ratio) .976**
- Finding Patients with higher risk were more ready but less confident

#### Predictors of Readiness & Confidence

<table>
<thead>
<tr>
<th>Variable</th>
<th>Alcohol Ready (Odds Ratio)</th>
<th>Alcohol Confident (Odds Ratio)</th>
<th>Finding</th>
<th>Cannabis Ready (Odds Ratio)</th>
<th>Cannabis Confident (Odds Ratio)</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1.32**</td>
<td>--</td>
<td>Females were more ready than males</td>
<td>.976**</td>
<td>.976**</td>
<td>Patients with higher risk were more ready but less confident</td>
</tr>
<tr>
<td>Age</td>
<td>.990*</td>
<td>.988**</td>
<td>Younger were more ready and more confident than older</td>
<td>.979**</td>
<td>.979**</td>
<td>Patients with higher risk were more ready but less confident</td>
</tr>
<tr>
<td>Primary Care</td>
<td>--</td>
<td>1.52**</td>
<td>Screened in PC were more confident than screened in EC</td>
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<td>--</td>
<td>Patients with higher risk were more ready</td>
</tr>
<tr>
<td>ASSIST Alcohol Score</td>
<td>1.04**</td>
<td>.976**</td>
<td>Patients with higher risk were more ready but less confident</td>
<td>--</td>
<td>--</td>
<td>Patients with higher risk were more ready</td>
</tr>
</tbody>
</table>

Notes: PC = primary care; EC = emergency care. ' not a significant predictor and not included in the model. **p<.01; *p<.05.

CONCLUSIONS
- Patients using cannabis had lower levels of readiness, on average, than patients using alcohol, suggesting an earlier stage in the change process. As such, healthcare professionals may need to tailor brief interventions differently for patients screening positive for alcohol than for patients screening positive for cannabis.
- Younger individuals were more ready and more confident to change cannabis and alcohol use suggesting younger populations may be especially receptive to brief interventions.
- Risk severity at screening is important for readiness to change both cannabis and alcohol use, with patients with more risky use more ready to engage in the change process.
- Patients screened in primary care were more confident to change alcohol use, but less confident to change cannabis use, than patients screened in emergency care. More research is needed to understand how screening location affects patient readiness & confidence to change risky alcohol and cannabis use.

Limitations
This study included only a subset of patients screening positive through the SBIRT Colorado grant. Patients with polysubstance use completed readiness/confidence rulers for only one, selected substance. Thus, findings may not generalize to all patients screening positive for alcohol or cannabis use in primary and emergency care settings.