



## **SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)**

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to screen all patients and identify those who use alcohol and other drugs at risky levels. SBIRT is an effective tool and can be easily integrated into a medical practice, resulting in better patient outcomes.

For every one person that is dependent on alcohol, six or more are at-risk or have already experienced problems as a result of their use.<sup>1</sup> Approximately 40% of the patients admitted to trauma centers have a positive BAC.<sup>2</sup> If drug use is included, approximately 60% of patients seen in trauma centers are under the influence of alcohol or drugs when admitted.<sup>3</sup>

SBIRT is effective and can decrease harmful and risky alcohol and drug use. It can also decrease costly healthcare events, such as visits to the emergency department and inpatient admissions.<sup>4</sup> SBIRT is widely endorsed and is reimbursable (training is required for Medicaid reimbursement).

### **Components of SBIRT**

**Screening:** Universal screening using a brief, validated questionnaire to determine use and severity. No blood or urine test is administered.

**Brief Intervention:** The intervention is performed on-site following the screening and based on the score a patient receives on the tool. It is a patient centered strategy that focuses on changing risky substance use, by increasing insight and awareness regarding one's level of substance use. For those who do not need specialty substance use disorder (SUD) care, one interaction can make the difference, influencing a person's substance use and improving overall health.

**Referral to Treatment:** Referral to specialty care for patients with scores that indicate a need for a more thorough assessment by a SUD provider.

**New York State Office of Alcoholism and Substance Abuse Services (OASAS)** offers a variety of SBIRT resources and tools at:

<http://www.oasas.ny.gov/AdMed/sbirt/index.cfm> or contact OASAS at [SBIRTNY@oasas.ny.gov](mailto:SBIRTNY@oasas.ny.gov) / (518) 457-5989

**Learn more about SBIRT implementation:** Implementation Manual <http://www.oasas.ny.gov/AdMed/sbirt/index.cfm>

**Training for SBIRT practitioners is available and recommended as the last step prior to implementation.**

Providers reimbursed under Medicaid, must complete an OASAS approved SBIRT training.

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2011/2011-06.htm#eme](http://www.health.ny.gov/health_care/medicaid/program/update/2011/2011-06.htm#eme)

**Listed below are resources to approved trainings:**

<http://www.sbirtraining.com/nysbirt>

<http://www.oasas.ny.gov/training/providers.cfm?providerType=SBIRT4&sbirt=4>

<http://www.oasas.ny.gov/training/providers.cfm?providerType=SBIRT12&sbirt=12>

<sup>1</sup> Grant, B.F. Dawson, D.A., Stinson, F.S. et al. The 12 month prevalence and trends in DSM-IV alcohol abuse and dependence: United States, 1991-1992 and 2001-2002. Drug and Alcohol Dependence, 2004; 72; 223-234

<sup>2</sup> Rivara, F.P., Jurkovich, G.J., Gurney, J.G., et al. The magnitude of acute and chronic alcohol abuse in trauma patients. ArchSurg 1993; 128: 907-913.

<sup>3</sup> Dinh-Zarr, T., Goss, C., Heitman, E., Roberts, I., DiGiuseppi, C. Interventions for preventing injuries in problem drinkers. In theCochrane Library. Chichester, UK. John Wiley and Sons Ltd, 2004: Issue 4.

<sup>4</sup> Madras, B.K., Compton, W.A., Avula, D., Stegbauer, T., Stein, J.B., & Clark, H. W. (2009) Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. Drug and Alcohol Dependence, 99(1-3), 280-295. <http://www.ncbi.nlm.nih.gov/pubmed/18929451>