



New York State
**Screening, Brief Intervention,
and Referral to Treatment**

A Standard of Practice Resulting in Better Health Care



Office of Alcoholism and
Substance Abuse Services

Focusing on Risky Behavior

The National Survey on Drug Use and Health estimates that of the 22.6 million people who harbor a substance use disorder, only 10-11% are treated. The population of at-risk users* far exceeds those with substance use disorders. 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.¹ Approximately 40% of the patients admitted to trauma centers have a positive BAC.² If drug use is included, approximately 60% of patients seen in trauma centers are under the influence of alcohol or drugs when admitted.³ Also, among patients that have screened positive for alcohol

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or other drug misuse, abuse or dependence, 26% have a negative toxicology screen.²

McGlynn and her colleagues at RAND found that only 16% of traumatically injured inpatients had any medical record indication that substance use had been assessed. They found that 7% are intoxicated at admission and another 20% screen positive for alcohol misuse or abuse.⁴ Because of the role alcohol plays in contributing to illness, injury and even death, it is important to have protocols in place to take advantage of a “teachable moment” by implementing screening and brief intervention as part of routine care.

* NIAAA defines at-risk users as men (up to age 65) who have more than 4 drinks on any day and more than 14 drinks per week. For women of all ages and men over 65, at-risk users have more than 3 drinks on any day and more than 7 drinks per week.



What is SBIRT?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identify problematic use and to reduce excessive use of substances and substance use disorders. SBIRT is unique in that it screens for all types of substance use, not just substance dependence. Each part of the SBIRT process provides information and assistance that is tailored to the individual patient and their needs.

Traditional substance use disorder treatment assists individuals who are struggling with diagnosed conditions such as alcohol or drug use disorders. The SBIRT model begins with a focus on risk and targets individuals who might be at risk for developing a substance use disorder. SBIRT concentrates on opportunities to educate individuals about hazardous use while helping them to reduce or eliminate it.



The Core Components of SBIRT

About 20% of patients screened will require a brief intervention, while 5% will need a referral to specialty treatment. The remaining 75% will include abstainers and low risk alcohol users who will simply require positive reinforcement for continuing to abstain, or to reduce use further.

- 1. Screening:** Universal screening using a brief, validated questionnaire to determine use and severity of alcohol, illicit drug and prescription drug use to inform the level of appropriate intervention. No blood or urine test is administered.
- 2. Brief Intervention:** Brief motivational and awareness-raising intervention given to those whose substance use is putting their health and well-being at risk (5-30 minutes). The intervention is performed on-site following the screening.
- 3. Referral to Treatment:** Referral to specialty care for patients with high-risk substance use (and/or patients with a possible substance use disorder). The practitioner assists patients with accessing specialized treatment, selecting treatment facilities, and obtaining authorizations from insurance. After a referral is made, follow-up phone calls with the patient or treatment staff are part of the collaboration to ensure care.

Where can SBIRT be implemented?

Primary care centers, physicians' offices, hospitals, emergency departments (ED), trauma centers, STD clinics, colleges, and schools.

Who can perform SBIRT?

Anyone who has received SBIRT training. This may include: physicians, nurse practitioners, physician assistants, nurses, health or substance use treatment counselors, prevention specialists, care managers and other health or behavioral health staff.

Is SBIRT Effective? YES!

Several reliable research studies have published the results of SBIRT's efficacy including comprehensive data on individual health outcomes as well as cost saving measures.

For example, in *Drug and Alcohol Dependence* (Madras, 2009)⁵ SBIRT has been shown to:

- Decrease harmful alcohol use by 39% and lower illicit drug use by 68%;
- Decrease overall healthcare costs by reducing ED visits and inpatient admissions;
- Decrease rates of arrest, homelessness, and mental health problems; and
- Increase rates of employment and improve general health.

Research has also shown that among those requiring specialty treatment, brief interventions have increased the percentage of people who show up for their first substance use disorder treatment appointment from 5% (among controls) to between 55-65% (among those receiving SBIRT services). Of those who received SBIRT services, 90-95% continued to be involved in some kind of substance use disorder treatment or 12-step meeting on follow-up.⁶

Why is SBIRT effective?

A Proven Approach for Better Health

Healthcare visits are often related to risky use in particular settings. For example, hundreds of thousands of ED visits each year involve substance misuse; 20,000 people enter EDs each day for alcohol related injuries;⁷ 40% of ED trauma cases are alcohol related; and 20% of patients being tested in STD clinics screen positive for substance use disorders.⁹ Widely endorsed by the World Health Organization, the United States Prevention Services Task Force (USPSTF), the American Medical Association, the American College of Surgeons, and the American Academy of Pediatrics, SBIRT is a proven approach to improving patient outcomes and decreasing hospital ED and inpatient admissions.

- **SBIRT expands the continuum of care**, focusing on prevention before alcohol and other drug use escalates to problematic use or a substance use disorder, through the identification of otherwise overlooked patients. Screening assists in the detection of hazardous use, while appropriate interventions are outlined for at-risk and risky behaviors.
- **SBIRT prevents future problems** by detecting risky behavior and current health problems related to substance use at an early stage before more serious problems develop. This makes SBIRT an important part of wellness and prevention programs.
- **SBIRT creates better patient outcomes** by enhancing patient care, improving treatment outcomes, and increasing provider and patient satisfaction.¹⁰ SBIRT gives providers the opportunity to educate patients about the connection between their health issues and their substance use.
- **SBIRT creates positive financial returns** as a reimbursable, cost saving and cost-effective practice. SBIRT is billable to commercial health plans, as well as Medicare and Medicaid. Moreover, research has shown a net benefit of \$546 per patient who receives a brief intervention in a primary care setting, as well as a net cost savings of \$89 per patient screened. In emergency departments and trauma centers, the net benefit per patient offered a brief intervention is \$3300 and the return on investment is about \$4 for every dollar spent.¹¹⁻¹²

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- ² Rivara, F.P., Jurkovich, G.J., Gurney, J.G., et al. The magnitude of acute and chronic alcohol abuse in trauma patients. *Arch Surg* 1993; 128: 907-913.
- ³ Dinh-Zarr, T., Goss, C., Heitman, E., Roberts, I., DiGiuseppi, C. Interventions for preventing injuries in problem drinkers. In the Cochrane Library. Chichester, UK. John Wiley and Sons Ltd, 2004: Issue 4.
- ⁴ McGlynn, E.A., Asch, S.M., Adams, J.L., Keesey, J, Hicks, J., DeCristofaro, A.H., and Eve A. Kerr WR-174-1 March 2006 The Quality of Health Care Delivered to Adults in the United States. Retrieved from http://rand.org/pubs/working_papers/2006/RAND_WR174-1.pdf.
- ⁵ 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>.
- ⁶ Babor, T.F., McRee, B.G., Kassebaum, P.A., Grimaldi, P.L., Ahmed, K., Bray, J. (2007). SBIRT: Toward a Public Health Approach to the Management of Substance Abuse. Wisconsin Department of Human Services.
- ⁷ Emergency Nurses Association. Emergency Nurses Position Statement (2009): Available at: http://www.ena.org/SiteCollectionDocuments/Position%20Statements/Alcohol_Screening_and_Brief_Intervention_-_ENA_PS.pdf.
- ⁸ Higgins-Biddle J, Hungerford D, Cates-Wessel K. (2009) Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use: A Step-By-Step Implementation Guide for Trauma Centers. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- ⁹ Appel, P.W. Piculell, R., Jansky, H.K., & Griffy, K. (2006). Assessing alcohol and other drug problems (AOD) among sexually transmitted disease (STD) clinic patients with a modified CAGE-A: Implications for AOD intervention services and STD prevention. *American Journal of Drug and Alcohol Abuse*, 32, 129–153.
- ¹⁰ Solberg, L., Maciosek, M., & Edwards, N. (2008). Primary care intervention to reduce alcohol misuse: Ranking its health impact and cost effectiveness. *American Journal of Preventive Medicine*, 34(2), 143-152.
- ¹¹ Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. (2002) Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. *Alcohol Clin Exp Res.*;26:36–43.
- ¹² Gentilello LM, Ebel BE, Wickizer TM, Salkever DS, Rivara FP. (2005) Alcohol interventions for trauma patients treated in emergency departments and hospitals: a cost benefit analysis. *Annu Surg.*; 241:541–550.

NYS OASAS Treatment Availability Dashboard

Search for State Certified Outpatient Or Bedded Programs

<https://findaddictiontreatment.ny.gov/>

New York State HOPEline 1-877-8-HOPENY

Offering help and hope 24 hours a day, 365 days a year
for alcoholism, drug abuse and problem gambling.

All calls are toll-free, anonymous and confidential.

For more information about SBIRT visit **oasas.ny.gov**.

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