

FAQ's on SBIRT

What is SBIRT?

It stands for *Screening, Brief Intervention, and Referral to Treatment*. SBIRT is a public health approach for screening, early intervention and the delivery of treatment services with the aim of preventing substance use disorders.

Many different types of community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

What are the benefits?

- Multiple studies have shown that SBIRT can result in healthcare costs savings from \$4-\$6 for each dollar spent¹.
- Studies have shown that individuals who received screening and brief intervention in an emergency department, hospital, or primary care office experienced fewer emergency visits, nonfatal injuries, hospital stays, and even detained for criminal acts less often².
- Studies of SBIRT conducted in trauma centers and emergency rooms have documented a reduction in alcohol consumption, successful referral participation to alcohol treatment programs, and reduction in repeat injuries and hospitalizations³.
- Studies have shown SBIRT can help identify those who have unhealthy patterns of drug or alcohol use and are more likely to respond to brief intervention versus those who drink heavily and likely meet criteria for a substance abuse disorder requiring more intensive treatment^{4, 5}.
- Another apparent benefit would be lessening encounter with law enforcement.

How is SBIRT administered?

A trained physician, clinician or paraprofessional can administer SBIRT, though paraprofessionals are often unable to be compensated by insurers for SBIRT services in New Jersey. (*The NJ SBIRT project seeks to raise awareness of SBIRT and its benefits, and expand access to and reimbursement for SBIRT activities.*)

- Step 1 Screening – A few simple questions are asked to identify the use of substances at both an at-risk or hazardous level. If the individual screens positive, the provider may conduct a more in-depth assessment to determine the extent of the use of alcohol or drugs.
- Step 2 Brief Intervention – is a motivational strategy designed to change the individual's behavior by increasing insight and awareness regarding alcohol or substance abuse. Depending on the severity of use and risk for adverse consequences, a more prolonged interventional discussion may be needed.
- Step 3 Referral to Treatment – If a more advanced treatment is necessary, the individual is referred to a higher level of care such as a specialized addiction treatment program or facility. The referral to treatment process and care coordination is critical in ensuring the individual receives the necessary follow-up support to treatment and maintain recovery.

What is the goal?

SBIRT is an early intervention approach that can impede development of substance use disorders among youth. The SBIRT project seeks to expand access to and reimbursement for SBIRT services for youth ages 15-22. Early detection and intervention can help reduce risky behaviors in youth that hinder successful academic performance and personal development that can often lead to delinquency or premature death.

¹Fleming, M. F., Mundt, M. P., French, M. T., Manwell, L. B., Stauffacher, E. A., & Barry, K. L. (2000). Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. *Medical Care*, 38(1), 7–18.

²Gentilello, L. M. (2007). Alcohol and injury: American College of Surgeons Committee on Trauma requirements for trauma center intervention. *Journal of Trauma*, 62, S44–S45

³Gentilello, L. M., Rivara, F. P., Donovan, D. M., Jurkovich, G. J., Daranciang, E., Dunn, C. W., et al. (1999). Alcohol interventions in a trauma center as a means of reducing the risk of injury recurrence. *Annals of Surgery*, 230, 473–483

⁴Fleming M (2000)

⁵Soderstrom, C. A., DiClemente, C. C., Dischinger, P. C., Hebel, J. R., McDuff, D. R., Auman, K. M., et al. (2007). A controlled trial of brief intervention versus brief advice for at-risk drinking trauma center patients. *Journal of Trauma*, 62, 1102–1112.