



Screening, Brief Intervention and Referral to Treatment (SBIRT)

What is SBIRT? Screening, Brief Intervention and Referral to Treatment (SBIRT) is a five-year (July 2012-August 2017) 7.5 million dollar grant awarded to the Iowa Department of Public Health and funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment. SBIRT is an evidenced-based practice used to identify, reduce, and prevent risky use, abuse, and dependence on alcohol and drugs.

Why screen for alcohol and drug use? Over 23 million Americans need treatment and only 10% receive services. Brief conversations with patients can promote lasting reductions in risky use of alcohol and drug use. Nearly 30% of adult Americans engage in risky or problematic use of alcohol and drugs, yet few engage in conversations that could potentially prevent disease, injury or assist in preventing development of dependence

What are the outcomes of risky alcohol or drug use? Excessive alcohol use is the third preventable cause of death in the US, accounts for 193 billion in healthcare costs annually, and more than 72 medical conditions have risk factors attributed to substance use.

What are the benefits of SBIRT? SBIRT successfully reduces healthcare costs, the severity of drug and alcohol use and reduces the risks of trauma. Multiple studies show that investing in SBIRT can result in a healthcare cost savings that range from \$3.81 to \$5.60 for each \$1.00 spent. People who received screening and brief intervention in an emergency department, hospital or primary care office experienced 20% fewer emergency department visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests, and 50% fewer motor vehicle crashes. In over 360 controlled trials on alcohol use treatments, SBIRT was the *single most effective treatment method*, of more than 40 treatment approaches, shown to assist people in changing unhealthy patterns of use. Studies on brief intervention in trauma and emergency centers have shown reductions in alcohol consumption, successful referral to and participation in alcohol treatment programs and reduction in repeat injuries and injury hospitalizations.

What are the SBIRT Core Components? Core components include Screening, Brief intervention, Brief treatment and Referral to treatment. **Screening** is a quick and simple way of identifying patients who use substances at –risk or hazardous levels. Iowa SBIRT uses a two question pre-screener and dependent on scoring, further assessment using the AUDIT and the DAST-10. Screening tools provide specific information and feedback to the patient related to their substance use. **Brief Intervention** is a single 3-5 minute intervention which focuses on changing a patient’s behavior. It is most effective with at-risk clients who are not addicted and provides the patient with personalized feedback showing concern for their use. Patients are provided information connecting their alcohol or drug use with a medical concern, given information about their assessment score, advised to reduce or abstain from substance use, encouraged to set goals, and taught skills or provided with a referral for further care. **Brief treatments** are more intensive interventions usually lasting 20-30 minutes and can include multiple sessions. **Referral to treatment** is a more advanced treatment option and consists of helping patients access specialized addiction treatment.

Where is SBIRT Iowa implemented? SBIRT Iowa is currently a joint partnership between local substance abuse agencies and Federally Qualified Community Health Centers in Polk, Woodbury, Blackhawk and Scott counties and at Camp Dodge, home to Iowa’s National Guard.

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