

# **Screening, Brief Intervention, and Referral (SBIR)**

## **What Is SBIR?**

Screening, Brief Intervention, and Referral (SBIR) is a comprehensive, integrated, public health approach to the delivery of early intervention to individuals at-risk for developing substance abuse disorders. Unlike traditional substance abuse treatment which focuses only on individuals with a substance abuse disorder diagnosis, screening and brief intervention has been shown to reduce alcohol consumption and/or drug (AOD) use in a significant number of at-risk non-dependent users.

*SBIR has been proven to reduce overall healthcare costs while significantly improving the quality of healthcare provided.* The goal of screening and brief intervention is to reduce risk related to consumption, to eliminate high-risk alcohol and other substance use, and to increase motivation for behavior change, up to and including referral to specialized AOD treatment services.

## **How Does Screening, Brief Intervention and Referral Work?**

SBIR provides tools within a variety of settings needed to identify, and intervene, as well as refer individuals to treatment, thus reducing the associated adverse effects on health, family, and society:

- *Screening* quickly assesses the individual's level of risk from use of substances and identifies the appropriate level of intervention.
- *Brief Intervention* focuses on increasing an individual's insight and awareness regarding their personal level of use of substances and evokes motivation toward behavioral change – a short, one-on-one, counseling session
- *Referral to treatment* provides individuals identified as needing more extensive treatment with access to specialty care.

Research shows that a brief intervention, usually delivered using a motivational interviewing technique, is the most effective practice for reducing low and moderate risk of AOD use. Effective brief intervention is matter-of-fact and non-confrontational, and involves providing educational materials and individualized feedback on screening results, offering choices on how to make changes, emphasizing the individual's responsibility for changing behavior, and conveying confidence in their ability to change. Inclusion of follow-up, usually in the form of a phone call, increases intervention effectiveness. Individuals at highest risk are invited to accept a referral for further assessment and treatment.

## **Is SBIR Effective?**

Research studies consistently show that SBIR changes the course of many patients' harmful drinking and other substance use, encourages them to stop smoking, and reduces the number of hospital admissions for traumatic injuries, drinking and driving, alcohol-related injuries, and substance-related health problems. The "mainstreaming" of screening and brief intervention into health care settings destigmatizes substance use disorders by treating them as we do other chronic illnesses. The cost benefit in reduced traumatic injuries alone is estimated at \$3.81 for every \$1 spent on screening and brief intervention, for an annual nationwide net savings close to two billion dollars (\$2,000,000,000).

## **Where Is SBIR Provided?**

Screening and brief intervention are effective in a variety of settings. Its effectiveness has been proven particularly in hospital emergency departments and trauma centers treating individuals with alcohol-related injuries. SBIR has also been shown to be effective in primary care settings, where it is incorporated into other routine medical assessments such as measuring blood pressure. Similarly, pregnancy check-ups present an opportunity when a substance using woman is open to making changes so that her baby can be born healthy. Nearly half of all pregnancies are unplanned, highlighting the need for health professionals to *routinely* inquire about alcohol and other drug consumption by women of childbearing age.

Colleges and universities serve the 18-24 year-old population that reports higher alcohol and other drug use than any other age group. With screening and brief intervention for students, feedback on alcohol and other drug use in relation to their peers, sometimes called social norms education, is an especially effective component of SBIR. SBIR can also be utilized in Student Assistance Programs in high-school settings, where screening tools developed specifically for teens have been effective in addressing substance use issues.

## **Why Is SBIR Needed?**

In California, the use of alcohol and other drugs extracts a tremendous price - with long-term consequences for individuals, families, and society as a whole. One of every four of us has a close relative suffering from addiction. One in five Californians reports binge drinking (five or more drinks within a few hours) and nearly one in 10 reports illicit drug use. The costs of substance use and abuse are enormous and include increased health care burdens, premature mortality, reduced productivity and quality of life, crime, suicide, domestic violence, child abuse, fetal alcohol spectrum disorders and incalculable pain. Through screening and brief intervention in hospital emergency rooms, trauma centers, primary care centers, and other community settings, we can reduce the negative consequences of the use and abuse of alcohol and other drugs.

## **SBIR and SBIRT**

Screening, Brief Intervention, and Referral to Treatment (SBIRT) offers the same health approach as previously described for SBIR. The difference is that the Substance Abuse and Mental Health Services Administration (SAMHSA) funded programs provide brief treatment to individuals with a less severe substance use disorder, in addition to SBIR services.