SBIRT: Substance Abuse Screening, Brief Intervention and

Referral to Treatment

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As a family nurse practitioner and faith community nurse, I find it challenging to "create time" to screen for alcohol addiction, drug addiction, and depression.  However, evidence exists that brief intervention services are effective in reducing heavy drinking.  Additionally, results of SAMHSA's SBIRT program in 6 states show reductions of heavy alcohol use, drug use, and improved levels of general and mental health at 6-month follow-up.  Individuals who are low-income minorities (men and women) who receive this brief motivational intervention during routine visits are more likely to be abstinent from cocaine alone, heroin alone, and both drugs.  This can be utilized in all types of practice by simply asking 3 questions then progressing to a more applicable screening tool when indicated (i.e. (AUDIT for alcohol, DAST for drugs, and the PHQ-9 for depression).

The SBIRT model, the 3 questions to ask, and these 3 tools are all accessible for free.  SBIRT demonstrates an effective and efficient process to engage us in working together to create healthier communities:  exactly what HMA empowers its members to do!  SBIRT’s basis in research and evidence should provide HOPE for how we can become part of the solution for addictions and mental health needs in our communities.

Check out the FREE resources available on SAMHSA’s SBIRT website (<https://www.samhsa.gov/sbirt>) and Indiana’s SBIRT website (<https://indianasbirt.org/~sbirt/>). Among the tools available on the Indiana website are the 3-question prescreen form, the Alcohol Use Disorder Identification Test-10 (AUDIT-10), the Drug Abuse Screening Test-10 (DAST-10), the Patient Health Questionnaire (PHQ-9). Videos are also available to assist organizations in developing processes to implement SBIRT.