SBIRT\textsuperscript{1} is recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an effective process to identify and provide early intervention for individuals reporting risky levels of substance use. SBIRT has been utilized in community health clinics, emergency departments, primary care offices, urgent care clinics, and schools. Individuals are screened and—based on the screening outcome—provided with brief intervention within the healthcare setting or referred to a specialty clinic.\textsuperscript{2}
**SBIRT PROCESS**

**SCREENING** occurs as clients enter the healthcare or agency setting and is recommended universally for all clients. Although prescreening is not a core component of SBIRT, implementing prescreening during the intake process can reach more people without costing further staff time.

Validated measures for prescreening include the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C, a three-item measure), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) prescreening question. The National Institute on Drug Abuse (NIDA) also modified the ASSIST tool to prescreen for drug use (NIDA-modified ASSIST).

High scores on prescreens indicate the need for staff to conduct a full screening. The screening takes about 5-10 minutes and is usually administered by the physician, nurse, or trained provider. Screening tools include the Alcohol Use Disorders Identification Test (AUDIT), the Drug Abuse Screening Test (DAST), and the Alcohol, Smoking, Substance Involvement Screening Test (ASSIST). Through the screening, individuals are identified to be at a low, moderate, high, or severe level of risk. Level of risk targets the level of intervention that the person subsequently receives.

**BRIEF INTERVENTION** (BI) occurs after the patient has screened positive for low to moderate risk of substance abuse through AUDIT or DAST. This includes a “time-limited effort...to provide information or advice, increase motivation to avoid substance use, or to teach behavior change skills that will reduce substance use as well as the chances of negative consequences.” BI is administered by the physician or a specialist in the substance use field working in the healthcare setting.
**BRIEF TREATMENT** (BT) is offered to those clients at a higher risk of substance use or in the early stages of substance dependence. It consists of “2-6 sessions of cognitive-behavioral or motivational enhancement therapy.” A substance use specialist within the hospital or an outside specialty clinic should administer brief treatment.3, 4

Referral to treatment occurs when a patient has been identified as having a substance use disorder and requires services beyond what the healthcare provider can offer.3, 4 Ideally, the patient can be referred to a local substance abuse agency or specialty care clinic that has a memorandum of understanding (MOU) with the healthcare facility to provide treatment services.4

It should be noted that SBIRT has not been demonstrated as an effective treatment tool for those clients with established substance use disorders. It is considered to be more effective as a risk-reduction tool for identifying misuse and providing brief treatment within the healthcare setting or referring to specialized treatment.2, 4 Of those clients screened through SBIRT, only 22.7% qualify for Brief Intervention, and only 3.3% qualify for Brief Intervention and Referral to Treatment.1

**PROJECT SC SBIRT**
South Carolina was awarded a grant titled Project SC SBIRT from SAMHSA in 2013 to implement an SBIRT program in five counties within the state (Barnwell, Georgetown, Greenville, Horry, and York) to address alcohol, tobacco, and other drug use in clients at Federally Qualified Health Centers (FQHC), a Rural Health Clinic (RHC), and a hospital clinic. This project will focus on providing SBIRT services to adults who are clients at 10 FQHCs, one RHC, and one internal medicine clinic. SC SBIRT is being run by project director Samantha Collins of South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS).

SC SBIRT will utilize Health Educators who will conduct screenings using the AUDIT and DAST-10 tools at all of the sites to provide brief intervention, brief...
treatment, and referrals. Referrals will be made to the SC Tobacco Quitline for those who are using tobacco, and referrals for alcohol and drug use will receive a follow-up appointment with the county alcohol and drug abuse center. In rural and underserved areas, SC SBIRT will utilize telemedicine to connect individuals with alcohol and drug specialists who provide care.

**UofSC TRAINING THE NEXT GENERATION OF HEALTH PROFESSIONALS**

The University of South Carolina was also awarded a grant from SAMHSA in 2014 to train health profession students in delivering SBIRT. Students from medicine, rehabilitation counseling, nursing, and social work are currently being trained in SBIRT, and Department of Mental Health and social work professionals will also receive SBIRT training as part of this initiative.

**RECOVERY PROGRAM TRANSFORMATION AND INNOVATION FUND (RPTIF) PROJECTS**

The Recovery Program Transformation & Innovation Fund (RPTIF) is a collaborative initiative designed to support and enhance services for addictions treatment and recovery support in South Carolina. As part of the 2014 RPTIF awards, Clarendon County Behavioral Health Services (CCBHS) is collaborating with Clarendon Memorial Hospital to screen clients in the emergency room for substance abuse issues using the SBIRT protocol.

A substance abuse counselor from CCBHS works in the hospital conducting screenings and brief interventions. CCBHS is also delivering SBIRT services at Hope Health, a local Federally Qualified Health Center. Also, the Spartanburg Alcohol and Drug Abuse Commission (SADAC) has partnered with the Spartanburg County Sheriff’s Department to provide SBIRT services to jail inmates at the Spartanburg County Detention Center. Goals for this project include providing treatment to underserved, justice-involved individuals to address substance use issues, thereby seeking to reduce recidivism and re-incarceration.
REFERENCES


This Project was supported by contract number A201611015A with the South Carolina Department of Health and Human Services (SCDHHS). Points of view in this document are those of the authors and do not necessarily represent the official position or policies of SCDHHS.