SBIRT IN PRIMARY CARE

What is SBIRT?

mosaic GROUP

SBIRT, which stands for **Screening, Brief Intervention, and Referral to Treatment**, is an evidence-based approach used in primary care settings to identify, reduce, and prevent problematic use of alcohol and other substances.

It begins with utilization of validated alcohol and drug use **screening** tools for all patients at identified visits or as needed, to quickly assess the level of risk associated with a patient's substance use. If a patient screens positive, a **brief intervention** follows—this is a short, structured conversation focused on raising awareness, enhancing motivation, and supporting behavior change. For patients who may need more intensive treatment, SBIRT includes a **referral to appropriate specialty care**.

SBIRT is designed to fit within the flow of a typical primary care visit and is proven to improve health outcomes by addressing substance use early, before it becomes a more serious problem.

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The Case for SBIRT in Primary Care

For many primary care providers, SBIRT can initially feel like just one more task added to an already packed visit schedule. However, many practices are surprised to learn they may already be completing key SBIRT components—such as standardized screening tools and brief conversations around substance use—without formally labeling them as such. Once the core elements of SBIRT are understood, the perceived burden often feels far more manageable.

In practice, SBIRT is efficient:

SCREENING

Typically takes under 1 minute when there's no substance use disclosed, and just 2-3 minutes when use is reported.

BRIEF INTERVENTION

Usually range from 5–8 minutes, rarely exceeding 10.

REFERRAL TO TREATMENT

Importantly, **fewer than 1% of positive screens lead to a referral for specialty treatment**.

A Whole Health Approach

INTEGRATING SCREENING INTO PRIMARY CARE

Screening for alcohol and substance use in primary care is a critical component of a ***whole-health approach*** to patient care. Substance use, whether moderately risky or indicative of a disorder, can have a significant impact on both physical and mental health. By integrating routine screening into primary care visits, providers can identify patterns of use early, often before more severe consequences develop. This proactive approach allows for timely interventions that support both prevention and treatment, aligning with the goals of comprehensive, patient-centered care.

Screening becomes not just a tool for early detection, but a gateway to more integrated and effective care that treats the whole person.

IMPACT ON CHRONIC DISEASE MANAGEMENT

Substance use is closely linked to the development, exacerbation, and poor management of many chronic medical conditions, including hypertension, diabetes, liver disease, and mental health disorders. When substance use goes unaddressed, it often undermines the effectiveness of chronic disease management strategies. Screening helps bring these factors into the clinical conversation, offering a clearer picture of the barriers to health improvement and creating opportunities for comprehensive care planning.

REDUCING STIGMA AND BUILDING TRUST

Moreover, addressing substance use in primary care reduces stigma by normalizing the conversation as part of routine health assessment. This builds trust and strengthens the therapeutic alliance between patients and providers. When patients feel safe discussing their substance use, providers are better positioned to coordinate care, make appropriate referrals, and support behavior change. In this way, screening becomes not just a tool for early detection, but a gateway to more integrated and effective care that treats the whole person—not just their substance use symptoms.

THE EVIDENCE BASE FOR SBIRT

The evidence is compelling among a large body of research including:

- Two recent studies showed a significant reduction in drinks/day and diastolic blood pressure at 18 months (Chi et al, 2023) and 2 years (Sterling et al, 2025).[1]
- A 2021 study by Leong, et al., showed that people with alcohol use disorder (AUD) have higher rates of adverse health outcomes in the year before AUD recognition, and death at the time of AUD recognition.[2]

1 Chi et al. (2023). Associations between alcohol brief intervention in primary care and drinking and health outcomes in adults with hypertension and type 2 diabetes: a population-based observational study. *BMJ Open*, 13 (1) e066085; Sterling et al. (2024). Blood Pressure Control among Primary Care Patients with Hypertension and Unhealthy Alcohol Use: The Role of Alcohol Brief Intervention. *Journal of Studies on Alcohol and Drugs*

2 Leong et al. (2022). Association of alcohol use disorder on alcohol-related cancers, diabetes, ischemic heart disease and death: a population-based, matched cohort study, *Addiction*, 117(2), 368–381.

Cost Savings

As a result of improved health, primary care practices integrating SBIRT workflows show cost savings per patient:

- SAMHSA reports a $4 return for every $1 invested, due to fewer emergency department and inpatient visits (SAMHSA.gov).
- In primary care settings, SBIRT has been shown to save $1,200–$1,800 per patient annually by reducing hospital and emergency room utilization (Masi et al., 2015).

By incorporating SBIRT into routine care, providers aren't adding complexity—they're strengthening the foundation of preventative, patient-centered care while contributing to long-term savings for their practice and the broader healthcare system.