

**SBIRT Progress Hailed, More Urged by TRI's Mady Chalk, Ph.D.**

*At eve of SBIRT round two, former SAMHSA official exhorts original grantees to plow forward if goals of enlisting other professionals to intervene earlier, boost addiction treatment rates are to be realized*

**January 2008, Washington:** Professionals in emergency rooms, doctors offices and even schools may hold the key to preventing drinking or drug taking from escalating to chronic substance use disorders - and improving treatment entry rates when dependence does occur - provided the professionals are properly trained and paid to screen for, intervene and, when necessary, refer to specialized rehabilitation services, according to Mady Chalk, Ph.D. Chalk is one of the original architects of SAMHSA's Screening, Brief Intervention, and Referral to Treatment (SBIRT) project and made her remarks in a keynote speech before a meeting of its first-round grantees.

Launched by SAMHSA in 2003, SBIRT represented a paradigm shift away from exclusive emphasis on patients with the most severe substance use (those needing specialized addiction treatment) and toward patients whose unhealthy or risky drinking or drug taking is not yet severe but could escalate. SBIRT specifically targets non-traditional venues and professionals as intervention agents – trauma care physicians and nurses, school officials, mental health professionals, social workers, and health educators – and trains them to look for and intervene even when substance use patterns are not yet severe.

Chalk is formerly of SAMHSA and now the Director of the Center on Policy Analysis and Research at the Philadelphia-based Treatment Research Institute. In her presentation she noted results from SBIRT demonstrating that primary care professionals and others not typically associated with addiction can be trained to spot substance use earlier and engage more patients in brief interventions and, often, brief treatment, before they need specialized services.

She cited as a major victory a recent decision by CMS to reimburse for screening and brief interventions, and lauded grantees for their demonstrated screening success – over 536,000 individuals as of August 2007. Citing the still-low percentages of people who need addiction treatment versus those who receive it, 10% at last count, Chalk nevertheless declared the addiction field still “disconnected” and “isolated” from a system of “potential first responders,” as she called them, “professionals who are in a better position to recognize signs of unhealthy, risky drinking and drug use and get people the specialty care they need - if it is indicated.”

More use of best practices through medical education and training, demonstrated cost savings, and better emphasis on connecting patients to the full continuum of substance abuse treatment and recovery services, must be emphasized in the next round for SBIRT to attain its full potential, Chalk said. “The most critical issue for SBIRT,” she added, “is shared accountability for quality across systems. This is what will lead to positive outcomes for programs and patients.”

SBIRT's next round is expected to kick off within the next six months when new grants will be awarded by SAMHSA.