Integrating Substance Abuse Screening & Brief Intervention (SBIRT) into the Nursing Practice

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• The author would like to thank and recognize the Conrad Hilton Foundation for funding to implement Substance Abuse Screening and Brief Intervention (SBIRT) into the nursing and social work curriculum at Ramapo College of New Jersey.
"Yes, I am employee of the month again. And yes, I'm the one who chooses the employee of the month. And no, I don't see a conflict of interest."

The author/presenter has no conflicts of interest to declare.
Learning Objectives

The learner will be able to:

1. Recognize the need to screen for unhealthy substance use.
2. List steps to decrease alcohol use and misuse
Substance Use and Abuse

- In the United States, 88,000 deaths are related to alcohol, making it the fourth leading cause of preventable deaths (Stahre, Roeber, Kanny, Brewer & Zang, 2014).
- It is estimated that about 30 percent of US adults experience a mental health or substance abuse disorder in a year, and many struggle with both. A recent survey indicated that only 19.8% were ever treated (Grant et al., 2015).
- An average of 130 Americans a day die from opioid overdoses (SAMSHA, 2019)
Current, Binge, and Heavy Alcohol Use among People Aged 12 or Older: 2017

Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.
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+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Past Month Binge and Heavy Alcohol Use among People Aged 12 or Older, by Age Group: Percentages, 2017

Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.
Current, Binge, and Heavy Alcohol Use among People Aged 12 to 20: 2017

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Current, Binge, and Heavy Alcohol Use among People Aged 12 to 20: Percentages, 2017

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19.7% Current
11.9% Binge
2.5% Heavy
Current Alcohol Use among People Aged 12 to 20: Percentages, 2002-2017

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<td>22.8+</td>
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Spectrum of Psychoactive Substance Use

Casual/Non-problematic Use
- recreational, casual or other use that has negligible health or social effects

Beneficial Use
- use that has positive health, spiritual or social impact:
- e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

Chronic Dependence
- Use that has become habitual and compulsive despite negative health and social effects

Problematic Use
- use that begins to have negative consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration
Substance Use Disorder

• Substance use disorder can be mild, moderate, and severe.

• Severe disorders are characterized as substance addiction.

• Addiction is a complex disorder characterized by compulsive drug seeking in spite of negative consequences (Critchfield & Hansen, 2018).

• In substance abuse the individual desires to stop abusing substances but is unable to stop (Volkow et al, 2014).
Call for Action

- Excessive intake of alcohol has been associated with increased risks for alcohol dependence, cirrhosis, upper airway and gastrointestinal tract cancers, CHF, atrial fibrillation, and decreased immune function.

- Accountable care organizations need to screen for this disorders to improve quality and cost of healthcare (D’Aunno, Friedman, Chen & Wilson, 2015).

- The American Society of Clinical Oncology (ASCO) believes that a proactive approach to educate the public about the risks of alcohol consumption and efforts to minimize alcohol is an important intervention in cancer prevention (LoConte, Brewster, , Kaur, , Merrill, & Alberg, 2018).

- The United States Joint Commission on Accreditation recently included SBIRT core measures for alcohol as part of their evaluation measures (Broyles, Kraemer, Kengor, & Gordon, 2013; Makdiss & Stewart, 2013).
Changing Practice

• Nurses, as the largest group of healthcare providers should be taught to screen and intervene for substance abuse (Pushkar, 2013).

• Nurses should provide ongoing screening and assessment of woman for substance abuse during well visits to promote optimum health (Fogger, 2015; Pascale, Beal & Fitzgerald, 2016)
Substance Abuse, Brief Intervention and Referral for Treatment (SBIRT)

- Substance Abuse, Brief Intervention and Referral for Treatment (SBIRT) is an evidence-based practice to reduce risk. SBIRT is built upon change theory and motivational interviewing.

- SBIRT Providers ask permission to review a validated screening tool such as the CRAFFT or AUDIT to assess alcohol/drug use. Provide education on substance.

12 fl oz of regular beer = 6-9 fl oz of malt liquor (shown in a 12-oz glass) = 5 fl oz of table wine = 3-4 oz of fortified wine (such as sherry or port 3.5 oz shown) = 2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown) = 1.5 oz of brandy (a single jigger or shot) = 1.5 fl oz shot of 80-proof spirits (hard liquor)

- about 5% alcohol
- about 7% alcohol
- about 12% alcohol
- about 17% alcohol
- about 24% alcohol
- about 40% alcohol
- about 40% alcohol
What are current alcohol guidelines

- **Binge Drinking:**
  - NIAAA defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours.
  - The Substance Abuse and Mental Health Services Administration (SAMHSA), which conducts the annual National Survey on Drug Use and Health (NSDUH), defines binge drinking as 5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past month.

- **Heavy Alcohol Use:**
  - SAMHSA defines heavy alcohol use as **binge drinking on 5 or more days** in the past month.
CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. The questions should be asked exactly as written.

- C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- A - Do you ever use alcohol/drugs while you are by yourself, ALONE?
- F - Do you ever FORGET things you did while using alcohol or drugs?
- F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- T - Have you gotten into TROUBLE while you were using alcohol or drugs?
Motivational Interviewing

• Motivational interviewing is a person centered counselling style that can be utilized to promote a number of lifestyle changes (Ostlund, Wadensten, Kristofferzon & Haagstrom, 2015).

• Motivational interviewing has been used as an effective strategy in a variety of settings. Motivational interviewing has the client identify the positives and negatives of a behavior and describe benefits of change.

• Motivational interviewing has had a positive impact on medication adherence in bipolar disorder, (McKenzie & Chang, 2015), weight loss and increased physical activity (Hardcastle, Taylor, Bailey, Harley, & Hagger, 2013) and smoking cessation (Lindson-Hawley, Thompson, & Begh, 2015).
Implementation Strategy

• Nurses complete background reading on substance abuse
• Nurses complete online learning module
• Nurses engage in interactive simulation with Avatars (Kognito Online)

• Nurses engage in role play with peer and instructor feedback
• Checkoff sheet to ensure fidelity to model
Sample Case Study

• Adolescent: You are a 16-year-old adolescent who originally presenting with concerns about feelings of anxiety and stress. During the initial visit with the practitioner you screened positive for risky alcohol use and weekly marijuana use. You have been receiving care with a treatment provider for your alcohol and marijuana use as well as your concerns about feelings of nervousness, sadness, and difficulty concentrating in class. If asked about your substance use, you might say something like: “I’ve been going to my appointments. I’ve stopped drinking alcohol. And now I’m only smoking weed after school once in a while. I’ve stopped smoking before school and I don’t smoke anything that would really hurt me. Smoking weed makes me feel less anxious. I’m not driving while high anymore. Last weekend my friend got pulled over and arrested for drugged driving. He lost his license and now it’s on his record. This has been really hard.”

• (SBIRT Implementation Guide)
Brief Intervention

• If screening indicates alcohol use, tobacco use, or use of an illicit drug or prescription drugs for non-medical reasons, brief, solution-focused motivational interventions can be very effective in helping the adolescent or young adult to reduce or stop alcohol or other substance use involvement.

• BIs usually immediately follow screening and a gap of a few days or a week may not dilute the effectiveness of the brief intervention, however, it is desirable to avoid delays.

• The likelihood that adolescents or young adults will not show for their next scheduled appointment is increased if the time interval is too great between a screening and the BI.
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<thead>
<tr>
<th>Study</th>
<th>Results- conclusions</th>
<th>Reference</th>
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<tr>
<td>Meta-analysis</td>
<td>• Brief interventions reduced drug and alcohol use as well as problem and criminal behaviors related to substance use in adolescents</td>
<td>Carney &amp; Myers, 2012</td>
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<tr>
<td>Meta-analysis</td>
<td>• Brief interventions to address alcohol misuse was associated with reduced alcohol use and presence of alcohol-related problems</td>
<td>Tanner-Smith &amp; Lipsey, 2015</td>
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<tr>
<td>Literature review</td>
<td>• SBIRT may be effective with adolescents but further study is needed</td>
<td>Mitchell et al, 2013</td>
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</table>
| Primary care computerized screening and brief advice | • lower past-90-day alcohol use and any substance use at 3 and 12 months  
• 44% fewer adolescents who had not yet begun drinking had started drinking during the 12 month study period | Harris et al, 2002        |
| Community health center     | • decrease in marijuana use  
• lower perceived prevalence of marijuana use and fewer friends using marijuana | D'Amico et al., 2008      |
| Emergency department        | • decrease in marijuana use and greater abstinence at 12 months                       | Bernstein et al., 2005    |
Resources for SBIRT

• Learners Guide to SBIRT for NYC
  • https://www1.nyc.gov/site/doh/providers/health-topics/screening-brief-intervention-and-referral-to-treatment.page

Sample You Tube Video on Motivational Interviewing Example:
https://www.bing.com/videos/search?q=you+tube+videos+motivational+interviewing+drinking+and+college+student&&view=detail&mid=30E45CB5947C6855E14C30E45CB5947C6855E14C&&FORM=VDRVRV

The BNI-ART Institute website (www.bu.edu/bniart)

SAMSHA and HRSA SBIRT Resources:
https://www.bing.com/videos/search?q=you+tube+videos+motivational+interviewing+drinking+and+college+student&&view=detail&mid=30E45CB5947C6855E14C30E45CB5947C6855E14C&&FORM=VDRVRV
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Pascale, Alisa; Beal, Margaret W.; Fitzgerald, Thérèse; (2016), Rethinking the Well Woman Visit: A Scoping Review to Identify Eight Priority Areas for Well Woman Care in the Era of the Affordable Care Act. *Women’s Health Issues, 26*(2): 135-146.

Puskar, K., Mitchell, A. M., Kane, I., Hagle, H., & Talcott, K. S. (2014). Faculty Buy-In to Teach Alcohol and Drug Use Screening. *Journal of Continuing Education in Nursing, 45*(9), 403 -408. doi:10.3928/00220124-20140826-03


Thank You