

Expanded Roles and Responsibilities for Nurses in Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Alcohol Use

Description

Alcohol use disorders are primary diagnoses that contribute to illness, injury, medical complications, premature death, rising healthcare costs, and increased human suffering across the lifespan. In one epidemiological study in the United States, lifetime prevalence of any alcohol use disorder was more than 30% (Hasin et al., 2007), yet many patients are not screened for these disorders, and most of those who meet criteria for specialized treatment do not seek or receive these services.

Despite extensive clinical recommendations, many Americans are unaware of the drinking guidelines established by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and do not receive information, feedback, or encouragement from healthcare providers to reach or stay within those guidelines.

NIAAA guidelines recommendations:

- Healthy men under age 65, consume no more than 14 standard drinks per week, or 4 drinks per drinking occasion, and
- Healthy, non-pregnant women, and healthy adults over age 65, consume no more than 7 standard drinks per week, or 3 drinks per drinking occasion.
- A standard drink is defined as a 12 ounce glass of beer, a 5 ounce glass of table wine, or 1.5 ounces of 80-proof spirits (NIAAA, 2005).

Those who may be exceeding recommended drinking limits may not be receiving information and feedback to help decrease their drinking, or quit altogether. In addition, those who choose to abstain from alcohol use, or who are drinking within the recommended guidelines, may not be receiving the support and encouragement to help them stay within these guidelines, potentially preventing future problems.

In cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA), The Joint Commission (TJC) released a set of substance use measures (SUM) for use by hospitals to help meet accreditation requirements, effective January 1, 2012. These measures include (1) screening for unhealthy alcohol use among hospitalized patients ages 18 and older, (2) providing or offering brief interventions to those who screen positive for unhealthy alcohol use, (3) providing or offering alcohol and other drug use disorder treatment at discharge, and (4) assessing status after discharge (TJC, 2012).

One approach that has gained increased attention and acceptance in helping patients with alcohol and other substance use disorders is Screening, Brief Intervention, and Referral to Treatment, or SBIRT. A number of studies have demonstrated the efficacy of SBIRT and similar approaches, both in the United States and in other countries (SAMHSA, 2011). As part of a federally-funded initiative in the U.S., SBIRT has been defined as

“...a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community services provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

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- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care (SAMHSA, 2012)."

It is the position of the International Nurses Society on Addictions (IntNSA) and the Emergency Nurses Association (ENA) that:

- Nurses in all specialties and practice settings be prepared to deliver SBIRT in order to identify and effectively respond to alcohol use and related disorders across the lifespan.
- Hospitals invest in training, implementation, and outcome measures related to nurse-delivered SBIRT as a means to improve the health of patients, families, and communities.
- Nurses be involved in ongoing research to determine the feasibility and effectiveness of SBIRT in different patient populations, across various healthcare settings, and its potential application related to the use of alcohol and other substances.
- Expanded curricula be included in undergraduate, graduate, and continuing education to provide nurses with the requisite knowledge and competencies to deliver high quality, cost-effective, comprehensive care to patients with alcohol use and related disorders.

Background

- Registered Nurses (RNs) represent the single largest group of licensed healthcare professionals in the United States, numbering 3.1 million, with 2.6 million employed in nursing, and 62% of these working in hospitals (ANA, 2011). Their numbers and presence throughout the healthcare system place them in prime positions to provide care for patients with alcohol use and related disorders.
- Based on education and training, nurses practice at different levels within the profession, and across a variety of healthcare settings in which the existence of alcohol use disorders frequently emerge. SBIRT provides opportunities for all nurses—generalists, specialists, and advanced practice registered nurses (APRNs)—to screen for, and constructively address, alcohol use and related disorders.
- Some specialty nursing organizations, including the Emergency Nurses Association (ENA), have adopted the SBIRT method, and provide education and training to help improve competency, and disseminate a replicable and sustainable model (ENA, 2008).
- Nurses consistently rank among the most trusted professions in the United States, including 2011, when 84% of respondents rated nurses' ethical standards and honesty as "high" or "very high" (Gallup, 2012), which may serve to increase a patient's level of comfort and receptivity when discussing a potentially sensitive health-related topic.
- A recent study demonstrated that acceptability of nurse-performed SBIRT among hospitalized veterans (Broyles et al., 2012), after which a "clarion call" was made for widespread implementation and sustained integration of nurse-performed SBIRT across the continuum of care (Finnell, 2012).

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As integral members of interprofessional healthcare teams in a variety of settings, nurses are well-positioned to facilitate collaborative partnerships both with on-site and off-site providers who can deliver high quality, coordinated, patient-centered SBIRT services across the continuum of care.

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