

# Addressing the Global Burden of Alcohol Use in Nursing Curricula

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# Acknowledgements

Substance Abuse and Mental Health  
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# Alcohol

**1 of the top 5 risk factors for**



disease

disability

death

# Harms Related to Alcohol Use

Injury/Trauma

Criminal Justice  
Involvement

Social Problems

Mental Health  
Consequences  
(e.g., anxiety,  
depression)

Increased  
Absenteeism and  
Accidents in the  
Workplace

(US DHHS, 2013)

> 200 diseases/injuries  
associated with or caused  
by harmful use of alcohol

(WHO, 2014)

# SBIRT

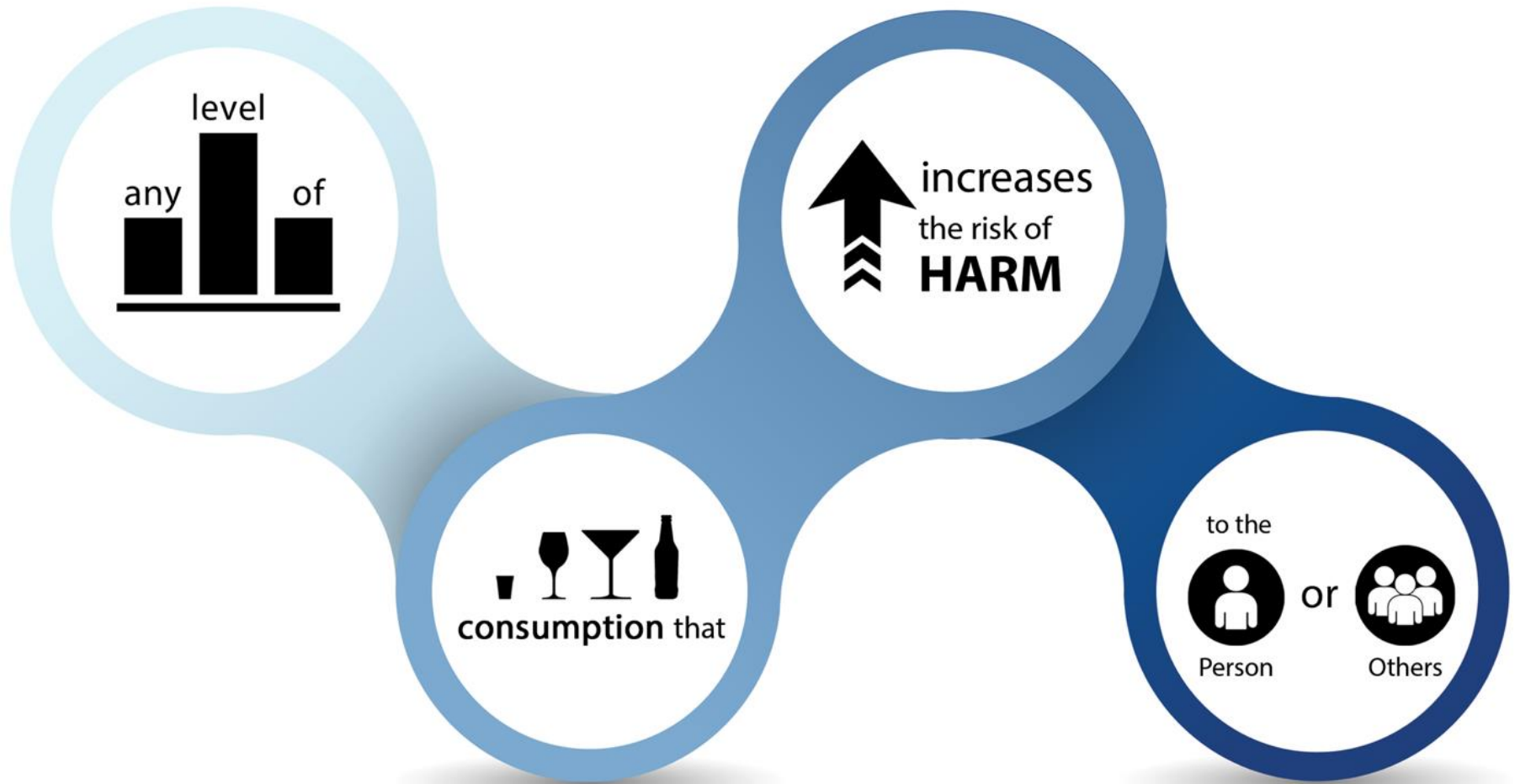
**Screening:** Universal screening is recommended for at-risk substance use including alcohol, drugs and nonprescription use of psychoactive medication.

**Brief Intervention:** Brief intervention is aimed at reduction of at-risk substance use using motivational interviewing techniques

**Referral to Treatment:** Referrals for further assessment and treatment are recommended for the person with a possible substance use disorder.

(National Institute on Alcohol Abuse and Alcoholism;  
NIAAA, 2015)

# What does **at risk** mean?



(Finnell et al., 2015;  
Mamoud et al., in press)

# Patients are accepting of Screening and BI

It would be okay with me if my nurse

- Asked me about my use of alcohol (95% agreed)
- Discussed my use of alcohol with me (95% agreed)

(Broyles et al., 2012)



Interventions delivered by nurses had the most effect in reducing quantity of alcohol consumption

(Platt et al., 2016)



# **INTEGRATING ALCOHOL-USE-RELATED CONTENT IN NURSING CURRICULA**

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# Background

- In US nursing schools there is little content addressing the continuum of alcohol use to alcohol use disorder.
- US baccalaureate schools of nursing: mean of 11.3 hours of alcohol-related content and less than 10% required competency in screening and brief intervention. (Savage, Dyehouse, & Marcus, 2014)
- Yet, nursing curricula are already “crowded.”

# Purpose

- To illustrate how faculty in a nursing school have integrated alcohol-related content in nursing curricula.

# Method: Four-Phase Process

1. Laying the Groundwork
2. Adapting the Content to the Curriculum
3. Implementing the Change
4. Evaluating, Revising, and Promoting the New Content

(Finnell et al., in press)

# Laying the Groundwork



- Engage stakeholders
- Conduct gap analysis
- Identify faculty champions
- Establish evaluation plan

# Adapting Content to Curriculum

- Module identification
- Module development
- Placement in curriculum
- Document curricular map



# Implementing the Change

- Set up on Learning Management System
- Train-the-trainer
- Student feedback
- Consider on-line and flipped classroom

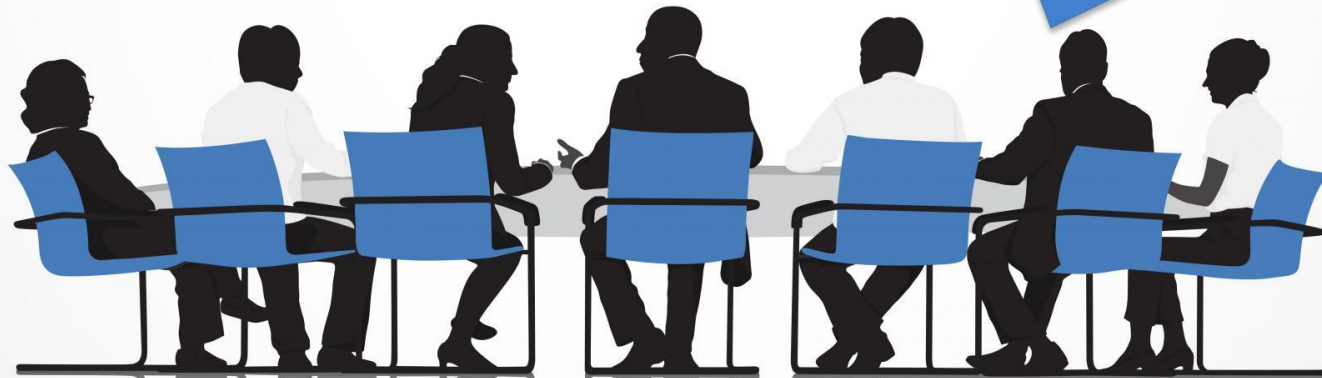


# Evaluating, Revising, and Promoting the New Content

Need  
continuing  
education

Facilitators  
Barriers

Evaluation data







# RESULTS

# Core Modules

Screening

Motivational Interviewing

Brief Intervention

Referral to Treatment

# Specialty Modules

Neurobiology

Pharmacology

Transtheoretical Model

Special Populations

# Videos



1. Apply knowledge of anatomy and physiology to successfully complete health history and physical assessment.
2. Obtain complete health history information using therapeutic interviewing techniques.
3. Conduct a complete physical assessment.
- 4. Discriminate between normal and abnormal health assessment findings.**
5. Report and document health history and physical assessment findings using verbal, written, and electronic communication formats.
- 6. Apply primary and secondary prevention strategies to address common health problems identified through health assessments.**
7. Identify the potential impact of selected age, ethnic, racial, cultural, and gender variables on health assessment findings.
8. Describe the effect that age, gender, cultural, ethnic, and racial variations found during the interview and physical assessment has on the patient's care.
- 9. Demonstrate a professional standard in regard to personal appearance, communication, and all behaviors and interactions with others.**

### **SBIRT Introduction**

1. (6) Define SBIRT and its supporting evidence.
2. (6) Discuss substance use and the global burden of disease.
3. (6) Describe the purpose of SBIRT within the context of primary and secondary prevention.
4. (4,9) Discuss motivational interviewing (MI) as an approach to facilitate behavior change.

# Conclusion

- More than seven hours of didactic content across 16 specific modules has been successfully integrated into our curricula.
- The 4-phase process can guide other nurse educators wishing to provide an optimal integration of this specialty content into their nursing curriculum.

# **ALCOHOL SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT: EVIDENCE FOR USE IN OLDER ADULTS**

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# Background

- By 2050 the population of adults older than 64 is expected to double. (U.S. Census Bureau, 2014)
- Alcohol use is trending upward among older adults. (Breslow, Castle, Chen, & Graubard, 2017; Dawson, Goldstein, Saha, & Grant, 2015)
- Baby boomer cohort is using alcohol at higher levels than previous cohorts. (Breslow et al., 2017)



# Purpose

- To examine the evidence for alcohol screening, brief intervention, and referral to treatment for older adults.

# Methods

- SBIRT use for older adults is well-supported in literature.
- Screening is recommended for all older adults. (Bommersbach, Lapid, Rummans, & Morse, 2015)
  - Short Michigan Alcoholism Screening Test – Geriatric Version (SMAST-G)
  - Alcohol Use Disorders Identification Test short form (AUDIT)







# Methods

- Brief intervention found to be effective for older adults. (Barry & Blow, 2016)
- Referral to treatment especially important for older adults. (Bommersbach, et al., 2015)
  - Careful monitoring indicated
  - Potential for complications high

# Results

- Content on use of SBIRT for older adults incorporated into pre-licensure nursing curriculum.
- Placement in nursing care for older adult course.

# At-risk Alcohol Limits

	 In a short period of time	 In a single day	 In a week
 <b>Women</b> 21 and older	More than <b>3</b> drinks	More than <b>3</b> drinks	More than <b>7</b> drinks
 <b>Men</b> 21-65 years old	More than <b>4</b> drinks	More than <b>4</b> drinks	More than <b>14</b> drinks
 <b>Men</b> Older than 65	More than <b>3</b> drinks	More than <b>3</b> drinks	More than <b>7</b> drinks

# Risk Factors

Risk of Death

Risk of  
Disease &  
Injury

Medication  
Interactions

Chronic  
Health  
Management

**Name: Helen Brown**

- Age: 75
- Recent loss of spouse
- Health Conditions
  - Hypertension
  - Diabetes



# Conclusions

- SBIRT is recommended for all older adults.
- Incorporation of content into nursing curricula prepares students for delivery of SBIRT with older adults in practice.



# **MODELING ALCOHOL SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT FOR NURSES WORKING WITH PERSONS LIVING WITH HIV/AIDS (PLWH)**

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# Purpose

- To illustrate a guided step-by-step process for nurses working with PLWH to screen, provide brief intervention and referral to treatment.

# Background

Alcohol use in people living with HIV (PLWH) may lead to:

- High-risk sexual behavior
- Gender violence
- Presence of other sexually transmitted diseases
- Compromised immune response

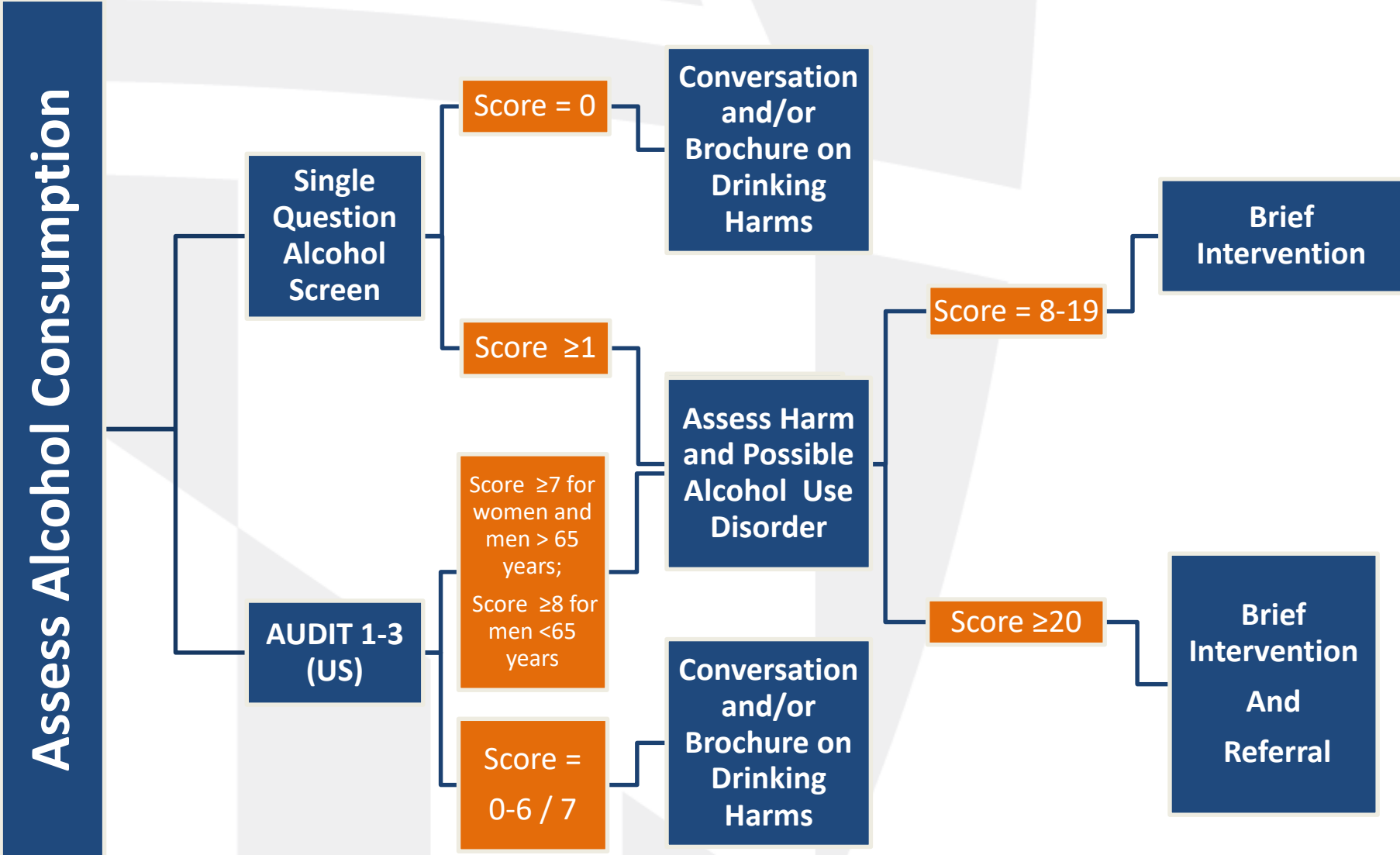
(Chander et al., 2008; Cohn et al., 2011;  
Justice et al. 2016)

# Background (cont.)

- Poor adherence to antiretroviral treatment (ART)
- Progression of comorbidities
- Alcohol toxicity beliefs
- Increased mortality
- UNAIDS/WHO 90-90-90 target by 2020
- Treatment as prevention

(Chander et al., 2008; Pellowski et al, 2016; UNAIDS, 2014)

# Methods

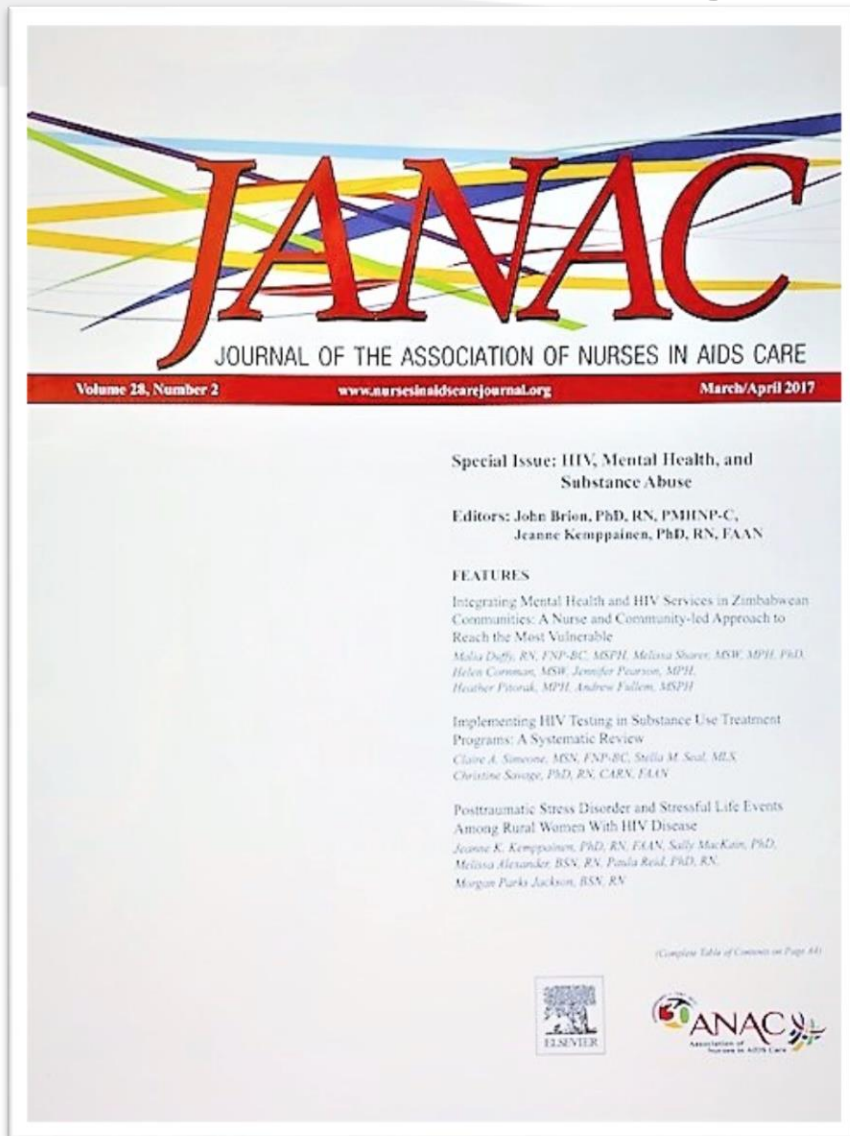


(Sanchez & Finnell, 2017)

# Results

- Content on use of SBIRT for PLWH is incorporated into pre-licensure nursing curriculum.
- Students in specialty HIV clinic have opportunities to apply SBIRT skills with PLWH.

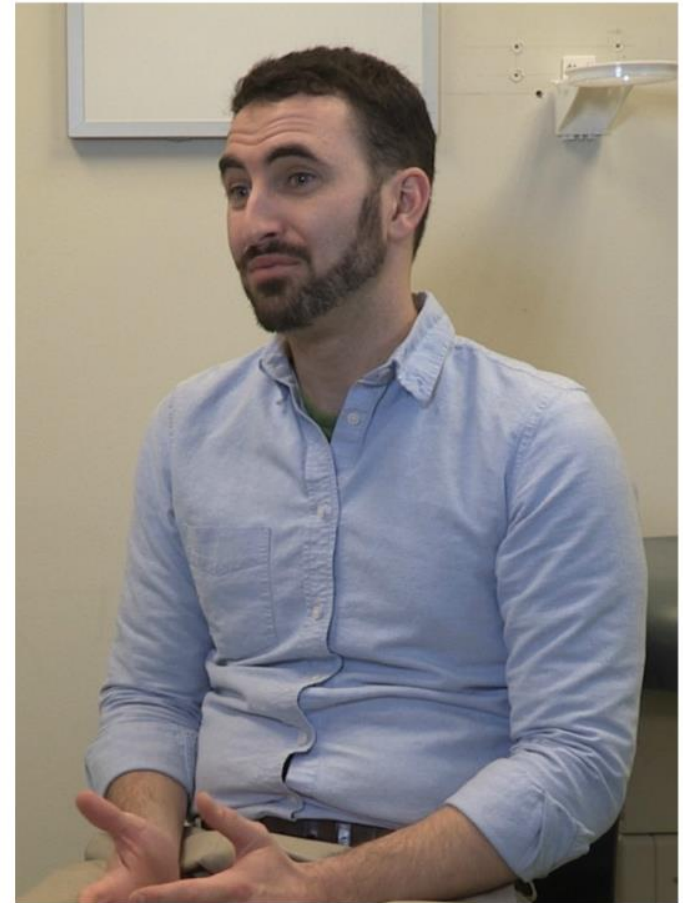
# Reading Assignment



We provide guidance to clinicians for using an evidence-based approach to intervene and ensure follow-up for PLWH who drink alcohol.

(Sanchez & Finnell, 2017)

- Goes to the bar after work
- Starts drinking at 5.30 PM
- Often drinks until 2.00 AM
- At times, he wakes up with people or in places he doesn't know





# Conclusions

- Alcohol use among persons living with HIV(PLWH) has been associated with a higher risk of non-adherence to antiretroviral treatment and poor treatment outcomes.
- Clinicians should routinely screen for alcohol use in PLWH and identify those at risk.
- The brief intervention can be feasibly delivered by health care providers in settings where care is provided to PLWH.

# Conclusions

- Any amount of alcohol may put a PLWH at risk.
- The algorithm and sample scripts are tools for nurses who are addressing at-risk alcohol use among PLWH.
- Incorporation of content into nursing curricula prepares students for delivery of SBIRT in practice for this specialty population.



# **SUMMARY**

# The Public Health Perspective



Persons with Alcohol Use Disorder



Persons with At-risk Alcohol Use (including binge use)

(SAMHSA, 2015)

# Strong Evidence Base

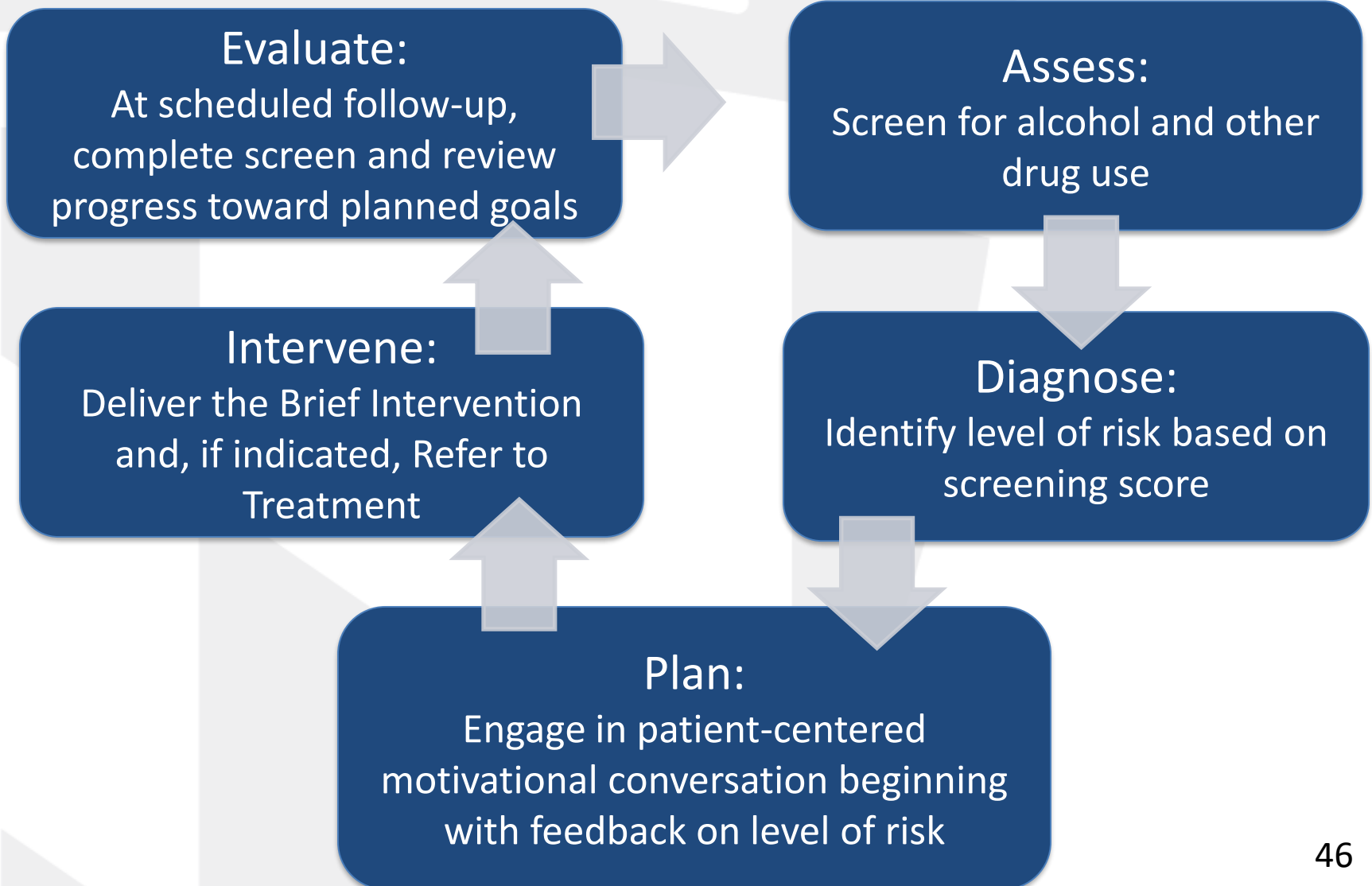
- “Alcohol Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”

(Whitlock et al., 2004)

- “It [BI] can reduce how much alcohol a person drinks on an occasion by 25%.”

(CDC, 2014)

# SBIRT Aligned with the Nursing Process



# Spread and Sustainability

- Widespread and sustained integration of alcohol-related content in nursing curricula is needed.
- Current and future nurses need to be skilled in delivering evidence-based alcohol screening and brief intervention.
- The global nursing community can be impactful in advancing efforts to reduce the burden of disease associated with alcohol use.

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