Alcohol and Other Drug Use Screenings by Nurse Practitioners: Clinical Issues and Costs

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ABSTRACT
Nurse practitioners are in a unique position to be able to advance the model of Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings. In this study we review the SBIRT model as it applies to the role of the nurse practitioner in practice. A case study emphasizing SBIRT as a "teachable moment" is presented and discussed. Finally, the barriers and facilitators to nurse practitioners' use of SBIRT are reviewed.

Keywords: alcohol and other drugs, brief intervention, cost savings, evidence-based practice, policy, screening
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BACKGROUND

Screening for alcohol and drug use is a major aspect of the health assessment and can be performed easily with a user-friendly, evidence-based model: Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is a comprehensive, public health exemplar of early intervention for individuals with risky alcohol and other drug (AOD) use or misuse.[1] The United States Preventive Services Task Force listed SBIRT as a service recommended to be conducted within primary care settings.[2,3] According to the Centers for Disease Control and Prevention, excessive alcohol consumption cost the US $223.5 billion in 2006, or about $1.90 per drink based on an analysis of multiple data sources.[4] This amounts to $746 for every man, woman, and child in the US.[4] Further, 21% of the US population, or 26.25 million people, are at risk for exceeding daily limits for substance use.[5]

SBIRT is an approach to early intervention targeting those with nondependent substance use while providing brief interventions before the need for more extensive or specialized treatment.[6] SBIRT is widely utilized throughout the US as a useful screening model in both outpatient and inpatient hospital settings, and in primary care or mental health settings. The American College of Surgeons' Committee on Trauma recommends Level I and Level II trauma centers incorporate alcohol screening and brief intervention as a standard of practice.[7] SBIRT has been endorsed by the Substance Abuse and Mental Health Services Administration, the Office of National Drug Control Policy, and the Institute of Medicine.[8] Furthermore, the Substance Abuse and Mental Health Services Administration now recommends universal screening.[9] At the University of Pittsburgh, 4 funded initiatives, including 3 Health Resources and Services Administration grants, were implemented to train undergraduate, graduate nurse practitioner (NP) students, graduate student registered nurse anesthetists, and emergency department registered nurses in the utilization of SBIRT. To date, over 500 undergraduate nursing students, 40 graduate NP students, 150 graduate student registered nurse anesthetists, and 45 emergency department registered nurses have been trained in the use of the SBIRT model to screen patients for harmful substance use.[10–13]

The purpose of this study is to: (1) describe SBIRT as a useful model for advanced practice NPs; and (2) address issues of cost savings related to the utilization of SBIRT.

SBIRT MODEL

SBIRT is user-friendly, easily administered, quick, and evidenced-based. Alcohol screenings and brief interventions are consistently listed as cost-effective health care practices.[14,15] A typical SBIRT interaction may be illustrated as follows: the NP conducts a health history with a new patient in a primary care center. As part of the general assessment process, the NP asks several questions from a validated questionnaire, such as the Alcohol Use Disorders Identification Test to screen for alcohol, such as "How often do you drink anything containing alcohol."[16] In the case of assessing for the misuse or risky use of drugs, the Drug Abuse Screening Test can also be administered and scored as part of the regular intake process.[17]

The NP moves through the SBIRT model based on the patient's response to the questions. If the patient answers positively on the screening assessments, indicating drinking or drug use in the risky categories, the NP then engages in a brief intervention giving the patient feedback about their screening scores and utilizes motivational interviewing techniques engaging in a dialog with the patient to reduce risk.[18,19] FLO stands for *F*eedback, *L*isten and Understand, and *O*ptions Explored. In the Feedback stage, the NP presents the result of the AOD screen and seeks the patient's response. Next, the NP uses empathy, respect, and a nonjudgmental tone with the patient for the Listen and Understand phase. Finally, in the Options Explored stage, the NP looks for and reflects optimism that the patient can change their use. In this stage, the NP elicits from the patient ways they can change their behaviors around substances and looks for opportunities to be positive about even the slightest expression of change in substance use. The dialog from the NP is directed toward a focus on the patient's current health condition, risky or harmful use of substances, and readiness to change.[20] The SBIRT model guides the NP to provide education, advice, brief counseling, continued monitoring, and/or referral as necessary to a specialist for further evaluation and treatment.

Incorporating the ideas of motivational interviewing and stages of change, SBIRT prompts the NP to utilize established, structured tools to assess patients' substance use.[20,21] Some standardized tools used in SBIRT include the Alcohol Use Disorders Identification Test, Drug Abuse Screening Test, Binge Drinking Question, Fagerstrom Test for Nicotine Dependence, and the Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE) for use in obstetric settings.[16,17,22-24]

EFFECTIVENESS OF SBIRT

Significant evidence from clinical trials promotes the effectiveness of SBIRT with alcohol and tobacco use and promising evidence exists for use with risky drug misuse, depression, trauma, or anxiety problems.[1] Madras and colleagues found that, of a large national SBIRT service project's 459,599 individuals screened, 22.7% screened positive for a spectrum of risky/problematic alcohol use.[25] As a result of SBIRT utilization, 38.6% reported reducing heavy alcohol use. Heavy use is defined for males as reporting 5 or more drinks in one sitting and for females as reporting 4 or more drinks in one sitting.

Health care professionals, such as NPs, are encouraged to bring the same health care approach to AOD use as other chronic conditions, such as diabetes and asthma.[9] Substance use has "deleterious effects on common medical conditions, including diabetes mellitus, hypertension, sleep disorders, depression, chronic obstructive pulmonary disease, and osteoporosis."[8(p. 5)] Goplerud noted that alcohol is the third leading actual cause of death in the US, with drugs being ninth, "exceeding the number of deaths caused by infectious agents, motor vehicle crashes, firearms and all sexually transmitted diseases combined."[26] By *routinely and universally* implementing SBIRT into primary care settings, NPs can play a significant role in decreasing costly physical, mental, and economic health hazards and medical sequelae.

SBIRT AS A "TEACHABLE MOMENT": SBIRT CASE STUDY FOR CLINICAL DECISION-MAKING

Case Study 1

Background information. Mr. S. is a 68-year-old Caucasian male reporting that he has not gone to his primary care doctor for more than 5 years.

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