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## Nurse Leaders Advocate for Role in Screening, Intervention and Referral

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Nurses have an important role in Screening, Brief Intervention and Referral for Treatment (SBIRT) for alcohol use disorders, according to the International Nurses Society on Addictions (IntNSA).

The group is working on several fronts to get nurses more involved in SBIRT, says IntNSA President Deborah Finnell, DNS, PMHNP-BC, CARN-AP, Associate Professor in the School of Nursing at the State University of New York, University at Buffalo and Research Scientist at the VA Center for Integrated Healthcare. Finnell and fellow IntNSA member, Lauren Matukaitis Broyles, PhD, RN, are advocating for nurses to take a greater role in SBIRT. “When nurses are involved in SBIRT, patients get the same message across all providers no matter where they enter the health care system,” says Finnell.

“In addition, one discipline doesn’t feel unduly burdened by addressing alcohol and other substance use issues. Nurses are the largest group of health care providers, with the greatest amount of extended patient contact, and we have the existing skill sets in health promotion and patient education,” says Broyles, a Research Health Scientist at the VA Pittsburgh Healthcare System and Assistant Professor at the University of Pittsburgh School of Medicine.

Broyles adds that nurses’ practice style tends to be one of negotiating with the patient, guiding rather than directing, which fits in well with the SBIRT approach. “For many years, nurses have received the top rating in the [Gallup annual Honesty and Ethics Survey](http://www.gallup.com/poll/145043/nurses-top-honesty-ethics-list-11-year.aspx) [http://www.gallup.com/poll/145043/nurses-top-honesty-ethics-list-11-year.aspx].” In 2010, 81 percent of Americans said nurses have “very high” or “high” honesty and ethical standards, a significantly greater percentage than for the next-highest-rated professions, military officers and pharmacists. “When talking about stigmatizing topics like alcohol use, patients may be more comfortable with nurses,” Broyles says.

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

SBIRT has three components:

- **S**creening: quickly assesses the extent of alcohol use
- **B**rief **I**ntervention: a five- to 15-minute semi-structured discussion to raise awareness and motivation for reducing alcohol use
- **R**eferral to **T**reatment: referral to specialty care for patients with more extensive alcohol use

To bring attention to the issue among their members, IntNSA’s 2012 Educational Conference will focus on SBIRT. Finnell and Broyles also hope to promote active nursing roles in this approach through their membership in a national think tank looking at ways to reach hospitalized patients with SBIRT. The group plans to develop a toolkit hospitals can use if they choose to implement the Joint Commission’s newly approved standards for screening and brief intervention in inpatient settings. The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States.

Finnell is investigating how SBIRT can be integrated into nursing school curricula and continuing education. “For years, nursing schools have had little content related to alcohol and drug usage,” she notes. “We want to prepare the current and future nursing workforce to move into the role of screening and brief intervention.”

Broyles, who has been studying nurse-delivered SBIRT with hospitalized patients, says many nurses think implementing SBIRT will be difficult. They often change their minds, however, after just one two-hour training session. “They realize they have the skill sets, and that it’s easier than they thought to address substance abuse issues in their conversations with patients,” she says. Finnell adds that in the hospital setting, screening, diagnosis and treatment of substance

use disorders is often given a lower priority than other medical issues. “There are so many competing priorities, that there’s a feeling someone else can address it,” she observes. “This means alcohol use disorders are often not addressed until they are severe, and more difficult and costly to treat. We want nurses to begin addressing substance use earlier rather than later.”

Broyles wants SBIRT to become similar to a risk-reduction conversation between nurses and patients about BMI or blood pressure. “Just as a nurse might talk about bringing down blood pressure to an accepted level, they can talk to patients about bringing their alcohol consumption down to the levels recommended by the National Institute on Alcohol Abuse and Alcoholism. It makes the conversation more like other risk-reduction topics, making it more comfortable for both nurses and patients.”

Finnell points out that “the mission of IntNSA is to advance excellence in nursing care for the prevention and treatment of addictions for diverse populations across all practice settings through advocacy, collaboration, education, research and policy development. Advancing nurses’ knowledge, abilities and skills in SBIRT is a priority for our organization.”

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## ***No responses yet.***

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