

## Background & Significance

SBIRT is a “comprehensive, integrated, and public health approach to the delivery of early intervention and treatment services for persons with substance use disorders or at-risk of developing these disorders” (MA SBIRT, 2019)

- 3-step assessment, intervention, referral to treatment
- Developed by World Health Organization (WHO) in 1982

### U.S. FACTS & ECONOMIC BURDEN:

- 150,000 deaths per year due to alcohol misuse & drug overdose (Centers for Disease Control [CDC], 2018; Nat’l Institute on Alcohol Abuse and Alcoholism [NIAAA], 2018)
- \$450 billion combined involving alcohol and drugs (NIAAA, 2018; Nat’l Institute on Drug Abuse [NIDA], 2017)

### SBIRT IMPORTANCE ON COLLEGE CAMPUSES:

- 703,759 college students use marijuana, 11,338 use cocaine, 9,808 use hallucinogens, 4,570 use heroin, and 3,341 students use inhalants each year (Lipari & Jean Francois, 2016)
- Improve campus nurses competency in assessing & treating problematic substance use in at-risk students

## Project Design-Methodology

### 1.) Screen Students First:

\*Selected Screening Instrument: **Alcohol, Smoking and Substance Involvement Screening Test – Frequency & Concern (ASSIST-FC)**

### 2.) Assess Counselors’ SBIRT Proficiency:

\*Selected Survey Tool: **Pre-Post SBIRT Implementation Survey ©**  
- Assesses four perceptual domains involving *Attitude, Importance, Confidence, Frequency*

### 3.) Compare Referrals to Substance Treatment:

- Pre-SBIRT 3/6/18 - 5/6/18 compared to Post-SBIRT 9/5/18-11/5/18

## Project Outcome

REFERRALS TO TREATMENT PRE-SBIRT: **30-40**

REFERRALS TO TREATMENT POST-SBIRT: **31**

## Conclusions

### SBIRT EFFECTIVENESS:

- As effective as Non-SBIRT protocol
- Statistically significant for confidence in assessing students readiness to change and importance of referral to formal treatment

**SBIRT SUSTAINABILITY:** High likelihood per Counseling Center Program Director due to ease of integration into workflow

**SBIRT TIME STUDY:** 5-18 minutes depending on severity of use

**SBIRT & CAMPUS NURSING:** Recommend including SBIRT approach into medical assessment protocol

**COUNSELORS COMMENTS:** “Positive and helpful addition to assessment and treatment workflow.” “We needed a structured workflow like SBIRT, especially for helping students with substance use.”

## PICOT Question

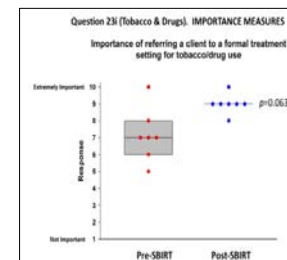
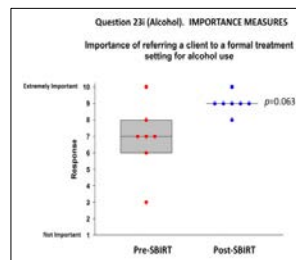
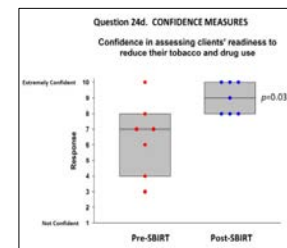
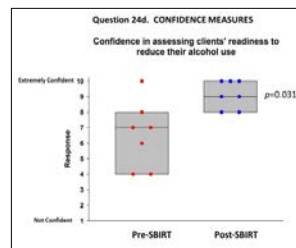
Can college counselors at a private university in CT who triage college students at-risk for problematic substance use, by using the Screening, Brief Intervention, Referral to Treatment (SBIRT) approach, as opposed to non-SBIRT, identify and refer more at-risk students to substance treatment within an 8-10-week timeframe?

## Theoretical Framework

Pender’s Health Promotion Model: Adopting a healthier lifestyle through behavioral change facilitation

## Practice Model

Stetler’s Model of Research Utilization: Evidence-based research combined with clinical expert input



## Project Limitations

- Involved campus counselors (n=7) **not** campus nurses due to subcontracting restrictions
- Potential student volume differences between Pre-Post-SBIRT
- Campus counselors-in-training parallel learned triage assessment in addition to SBIRT protocol

## Nursing and Healthcare Implications

- **SBIRT is a proactive early detection/early treatment approach to assess and treat for substance use in at-risk college students**
- **Campus nurses are obligated by Professional Standards of Practice to assess for all healthcare needs of students seeking medical treatment**
- **SBIRT saves lives and reduces the economic burden to society associated with tobacco, alcohol, and drug use**

## References

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