


Alcohol and Health Content in Baccalaureate Nursing Programs

A Twenty Year Perspective
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Nursing (BSN) curricula content related to alcohol and health

- The purpose of the study was to compare the amount of content currently covered in baccalaureate science of nursing (BSN) curricula related to alcohol and health with the findings of a study conducted 24 years ago to determine if any change had occurred.

Background

- **Then and Now**
 - Targeted focus of interventions
 - Then - Alcohol dependence as the focus
 - Now - Prevention of harmful alcohol use (World Health Organization, 2011; Healthy People 2020; 2011)
 - Targeted populations
 - Then – Adults diagnosed with an alcohol use disorder
 - Now - Across the life span
 - Consumption
 - Then - Dependent use
 - Now - Across the continuum of risk with a focus on prevention of risky/harmful drinking

Burden of Disease

- Alcohol use accounts for 4% of the global burden of disease
- In high income countries, cost associated with alcohol accounts for more than 1% of the gross national product.



According to the WHO

- Harmful use of alcohol kills 2.5 million people every year
 - 320,000 young people between 15 and 29 years of age.
- It is the third leading risk factor for poor health globally
- In 2004, harmful use of alcohol was responsible for almost 4% of all deaths in the world.

• Source: http://www.who.int/substance_abuse/activities/gsrhua/en/index.html

Just how much do we drink in the US?

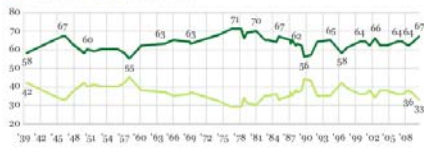
- The statistics vary based on the data source
 - 51.1% 2008 SAMHSA
 - 64% Gallup poll
- Use on the rise?
- The prevalence varies based on:
 - Region of the country
 - Gender
 - Age



Recent Gallup Poll

Do you have occasion to use alcoholic beverages such as liquor, wine, or beer, or are you a total abstainer?

■ % Yes, drink ■ % No, total abstainer



GALLUP

<http://www.gallup.com/poll/141666/drinking-rate-edges-slightly-year-high.aspx?version=print>

SAMHSA 2008

- Current (past month) use - At least one drink in the past 30 days – 51.1%.
- Binge use - Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days – 23.3%.
- Heavy use - Five or more drinks on the same occasion on each of 5 or more days in the past 30 days -6.9%.

Source: <http://www.oas.samhsa.gov/NSDUH/2k8NSDUH/2k8Results.cfm#Ch3>

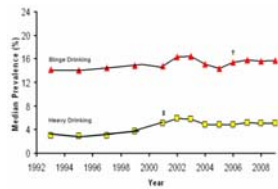
CDC National Health Interview Survey, 2009

- **Prevalence:**
 - Percent of adults 18 years of age and over who were current regular drinkers (at least 12 drinks in the past year): 52%
 - Percent of adults 18 years of age and over who were current infrequent drinkers (1-11 drinks in the past year): 13%

Source: [Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2009, table 27](#)

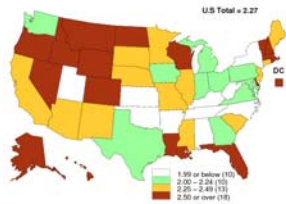
Risky Drinking

Prevalence of risky drinking and heavy drinking among adults in the United States, 1993–2009.



The source for these data is CDC's Behavioral Risk Factor Surveillance System (BRFSS). Information about the BRFSS is available at <http://www.cdc.gov/brfss/index.htm>. Source of graph: <http://www.cdc.gov/alcohol/index.htm>

Per capita consumption by state

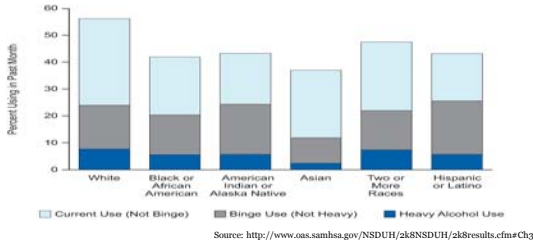


Source: Lohm, N.E., LaValle, R.A., Williams, G.D., and Yi, H. Surveillance Report #85- Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–2006. Bethesda, MD: NIAAA, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, November 2008, p-pub 6. <http://pubs.niaaa.nih.gov/publications/surveillance/85-1/85106a.pdf>

Gender Differences - Vanishing?

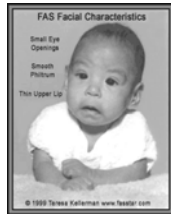
- 2008 for all persons aged 12 or older
 - 57.7 % of males
 - 45.9% of females
- 2008 for persons between the age of 12 and 18
 - 14.2 % of males
 - 15% of females

Ethnic differences



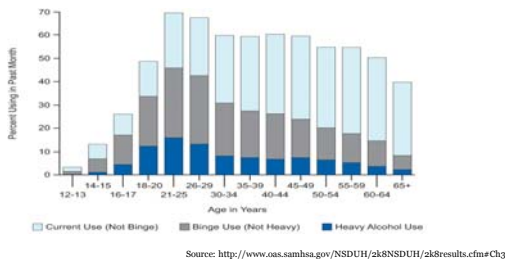
Across the life span

- Adverse health effects include both the drinker and nondrinker.
- Exposure to unsafe levels of alcohol affects people across the life span.



Life Span Use

2008 National Survey on Drug Use and Health: National Findings



The Older Adult

- Hardy Survivors
- Late Onset
- Prevalence
 - rates may be underestimated because of under detection and misdiagnosis.
 - screening instruments and diagnostic criteria are geared towards younger people.
- Cohort effect
 - Pre WWII and prohibition
 - Post WWII
 - The baby boomers



Courtesy The Addictions Care Center Albany
<http://www.theacca.net/proftraindevelopment/classes/classes.aspx?action=view&courseid=168>

Adverse Health Outcomes

- Alcohol consumption beginning with risky use is a major avoidable risk factor for disease and injury.



Cut surface of gross autopsy specimen of liver showing diffuse pallor due to dense network of scar tissue (fibrosis, cirrhosis). Scarring has occurred in response to chronic injury from alcohol abuse.
CDC/Dr. Edwin F. Ewing, Jr.

Alcohol and Health



- Adverse health effects occur across the continuum of use and the life span.
- These include:
 - Fetal Alcohol Spectrum Disorders (FASD)
 - Injury
 - breast cancer
 - Hypertension
 - Stroke
 - liver disease
 - brain damage

Motor Vehicle Crashes

- Approximately 39% of all traffic fatalities in the United States were alcohol related
- In 2006 17% of all motor vehicle crashes that resulted in the death of a child were the result of alcohol impaired driving.



Wrecked car in which three teenagers died. Accident resulted from use of alcohol. All three had been drinking.

CDC/ Gwinnett County Police Department

Risky Drinking

- Risky drinking means drinking at levels that put a person at risk of medical or social problems.
- Risky drinking is defined by consumption ... at levels that put people at risk of future consequence.
- Versus
 - Problem drinking = drinking too much and having a medical or social consequence.
 - Alcohol abuse means drinking too much too fast.
 - Alcohol dependence is drinking too much too often.

Continuum of Alcohol Use

- The impact of alcohol consumption on disease and injury is largely determined by two separate but related dimensions of drinking:
 - the total volume of alcohol consumed, and
 - the pattern of drinking.
- A broad range of alcohol consumption patterns, from occasional risky drinking to daily heavy drinking, creates significant public health and safety problems in nearly all countries.

Over the Limit

- In the normal adult, a blood alcohol level of 0.08 grams usually occurs with the consumption of 5 or more drinks in about 2 hours (4 or more with women).



Shifting the Paradigm

From end stage alcoholism to prevention across the continuum of use and the life span.



"...we are on the cusp of a major shift in how we conceptualize and treat alcohol dependency disorders in the U.S.," Mark L. Willenbring, MD, director of the division of treatment and recovery research at the National Institute on Alcohol Abuse and Alcoholism.

Recommended Actions from the WHO

- Premise: The health, safety and socioeconomic problems attributable to alcohol can be effectively reduced and requires actions on the levels, patterns and contexts of alcohol consumption and the wider social determinants of health.
- A substantial scientific knowledge base exists for policy-makers to:
 - Implement screening programs and brief interventions for hazardous and harmful use of alcohol.
 - This requires an educated workforce

Upstream versus Downstream

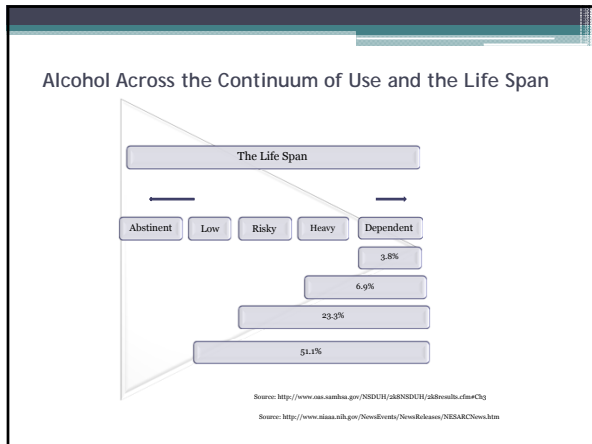
- Continuing to focus only on caring for those with Alcohol Use Disorders leaves us with a downstream approach
- Shifting the paradigm means including a full continuum of prevention across the continuum
 - Upstream
 - Midstream
 - Downstream

A Changing Public Health Perspective: Continuum of Use

- The important issue is that alcohol use occurs across a continuum from abstinence to alcohol dependence.
- It can have an adverse impact on health across the life span from the fetus to the elderly.
- Prevention should occur across the continuum.

Shifting the focus of alcohol content in nursing curricula

- A continuum of use perspective is needed
- Graduate nurses need the required knowledge and competency to intervene across the continuum of use if they are going to be fully engaged in the HP 2020 substance abuse objectives such as those related to:
 - Adolescents
 - Maternal/infant child objectives



Lifespan	Alcohol Use
Fetus	Abstinence
Infant/Child	Abstinence
Youth	Risky
Young Adult	Risky/Heavy
Adult	Risky/Heavy/Dependent
Older Adult	Risky/Heavy/Dependent

First Step in Changing Nursing Education: Conduct a Needs Survey

- Do nursing curricula include alcohol-related content?
- Does the content reflect the shifting paradigm?
 - Life span courses
 - Prevention content – community/public health courses
 - Evidenced based
 - SBI
 - Competency measured in SBI

Has there been a change?

- To determine if a change has occurred in nursing curricula related to the new paradigm of prevention of risky drinking we:
 - Compared the findings of our recent survey distributed to members of the American Association of Colleges of Nursing (AACN) listserv with a study published by Hoffman and Heinemann in 1987.

Purpose

Hoffman & Heinemann

- Purpose
 - Determine total required hours
 - Identify specific areas of information and skills
 - Identification of clinical area
 - Identification of elective courses

Savage et al.

- Purpose
 - Determine total required hours
 - Identify total hours within specific specialty courses
 - Identify use of SBI as marker of evidenced based practice
 - Identifying demonstration of

Design, Target Population, Survey

Hoffman & Heinemann

- National mailed survey
- AD, BSN, Diploma schools of nursing
 - pool = 1,035
- Survey three sections
 - Teaching alcoholism as separate content
 - Teaching drug abuse as separate content
 - Teaching alcohol and drug use as combined content

Savage et al.

- National electronic survey
- Schools who award a BSN degree
 - pool = # of BSN members Association of American Colleges of Nursing (AACN) member who participate in the AACN list serve
 - < 670
- Survey three sections
 - Inclusion of alcohol content in specialty courses by content area
 - Use of SBI knowledge and competency
 - Perception of adequacy of current consent hours

Sample

<p>Hoffman & Heinemann</p> <ul style="list-style-type: none"> • N = 336 All <ul style="list-style-type: none"> ◦ BSN= 154 ◦ AD= 126 ◦ Diploma = 56 	<p>Savage et al.</p> <ul style="list-style-type: none"> • N = 66 BSN <ul style="list-style-type: none"> ◦ BSN only = 8 ◦ Accelerated = 1 ◦ RN to BSN and BSN = 16 ◦ BSN and Accelerated = 9 ◦ RN to BSN and Accelerated = 2 ◦ All options = 30
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Required Hours

<p>Hoffman & Heinemann Separate or combined with SA</p> <ul style="list-style-type: none"> • Total hours not provided • 82% had some alcohol-related content (range 0 – 30) • 1-5 hours = 55% • 6-10 hours = 17% • 11-15 = 5% • 16-20 = 3 % • 21 – 25 = 14.9% • > 25 = 1.2% 	<p>Savage et al. Alcohol content only</p> <ul style="list-style-type: none"> • Mean hours = 11.3 • 100% with alcohol-related content (range 1-38) • 1-5 hours = 23.1% • 5-5-10 = 46.1% • 11 -15 = 5.2% • 16-20 = 7.7% • 21 – 25 = 12.8% • > 25 = 5.1%
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Measurement of Course Content

<p>Hoffman and Heinemann</p> <ul style="list-style-type: none"> • Definition (dependence) • Pharmacology • Pathology • Epidemiology • Medical complications • Psychological complications • Social complications • Etiology and prevention • Treatment and rehabilitation • Legal • Public education • Public health • Self help • Poisoning and overdose • other 	<p>Savage et al.</p> <ul style="list-style-type: none"> • Genetics and alcohol • Neurobiology of alcohol addiction • Prevention of alcohol use disorders • Screening for at risk alcohol use and alcohol use disorders • Brief intervention and high risk drinking • Withdrawal management • Treatment for alcohol use disorders • Alcohol related health consequences • Legal and ethical issues • Other
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Comparison of content

Hoffman and Heinemann Whole curriculum	Savage et al. Psychiatric/behavioral health
<ul style="list-style-type: none"> • Medical complications = 85% • Treatment and rehabilitation = 85% • Etiology and prevention = 72% • Legal regulations = 39% • Pathology = 79% 	<ul style="list-style-type: none"> • Alcohol related health consequences = 69% • Treatment for alcohol use disorders = 88% • Prevention of alcohol use disorders = 63% • Legal and ethical issues = 71% • Neurobiology of alcohol addiction = 54%

Comparison of content

Hoffman and Heinemann Whole curriculum	Savage et al. Women and Children's health
<ul style="list-style-type: none"> • Medical complications = 85% • Treatment and rehabilitation = 85% • Etiology and prevention = 72% • Legal regulations = 39% • Pathology = 79% 	<ul style="list-style-type: none"> • Alcohol related health consequences = 45.5% • Treatment for alcohol use disorders = 7.5% • Prevention of alcohol use disorders = 26% • Legal and ethical issues = 30.2% • Neurobiology of alcohol addiction = 15.2%

Comparison of Skills/ Competencies

Hoffman & Heinemann Related to alcoholism	Savage et al. Screening and Brief Intervention
<ul style="list-style-type: none"> • Interviewing / examination = 56% • Diagnosis and differential = 30% • Counseling = 50% • Other medical treatments = 37% • Referral to and collaboration with other rehab programs = 51% • Other = 10% 	<ul style="list-style-type: none"> • Specifically receive content related to the NIAAA clinicians guidelines <ul style="list-style-type: none"> ◦ Yes = 55 % ◦ No = 18.5% ◦ Don't know = 26.2 % • Students required to demonstrate competencies in SBI <ul style="list-style-type: none"> ◦ Yes 9.4 % ◦ No 69.8% ◦ Don't know = 20.8%

Comparison of Specialty Areas

Hoffman & Heinemann % taught alcohol related content	Savage et al. % taught alcohol related content and mean hours
<ul style="list-style-type: none"> Psychiatric-Mental health <ul style="list-style-type: none"> 51.2 % Medical Surgical <ul style="list-style-type: none"> 16.4% Community health <ul style="list-style-type: none"> 8.6% Pediatrics and Obstetrics – GYN <ul style="list-style-type: none"> 9.2% 	<ul style="list-style-type: none"> Psychiatric-Mental health <ul style="list-style-type: none"> 98% Mean = 4.9 hours Adult health <ul style="list-style-type: none"> 84% Mean = 2.8 hours Community/public health <ul style="list-style-type: none"> 80% Mean = 1.6 hours Maternal Child <ul style="list-style-type: none"> 79.8% Mean = 1.8 hours

Comparison of Standalone Courses

Hoffman & Heinemann	Savage et al.
<ul style="list-style-type: none"> Elective Courses Total of 63 (19%) schools reported offering one or more elective courses that include alcohol-related content 17 (5%) schools offered at least one course on alcoholism alone 	<ul style="list-style-type: none"> Stand Alone courses Total of 6 schools (9.2%) reported offering a stand alone course that included alcohol-related content One school (1.5%) offered a stand alone course was on alcohol-related content alone

Summary of Findings: Hours

- Inclusion of alcohol-related content may now be standard in BSN curricula.
- There is no change in the number of schools with 10 or less hours of alcohol-related content (72% vs. 69.2%) but there has been a decrease in the number with 5 or less hours (from 55% to 25.6%)

Summary of Findings: Content

- Content continues to focus on treatment of alcohol use disorders.
 - 85% in 1986 and 88% in 2010 reported content related to treatment
- There was a decrease in content related to:
 - health consequences from 85% to 69%
 - Pathology (neurobiology) from 72% to 54%
 - Prevention from 72% to 63%
- The only increase was in legal issues from 39% to 71%

Caution in interpretation of content comparisons

- The content comparisons were done using 2010 data related to content in the psychiatric/behavioral health course versus 1986 for the entire curriculum.
- The content areas chosen in 1986 reflect a focus on alcoholism rather than alcohol consumption so the content categories are not exact matches.

Summary of Findings: Skills and competencies

- Skills measured in 1986 focused on care of the patient with an alcohol use disorder
- Competencies measured in 2010 focused on SBI
- In 2010 competency in SBI is not being measured in BSN curricula despite evidence to support and changes in standards of care
 - NIAAA
 - National Quality Forum
 - Joint Commission

Summary of Findings: Specialty courses and stand alone courses

- There has been an increase in the percent of specialty courses that include alcohol-related content, but the mean number of hours is small.
- The number of standalone courses has dropped from 19% to 9.2%

Conclusion

- Over a 24 year period little progress appears to have occurred in relation to the amount of alcohol related content hours that should be included despite the conclusion of Hoffman and Heinemann that the hours of required instruction were disproportionate to the magnitude of the problem.
- Current course content in BSN curricula continues to focus on the treatment of alcohol use disorders and does not reflect the shift of focus in the field to include the entire continuum of use and prevention across the life span.

Why have no changes occurred

- Focus of the nursing profession on downstream approaches?
 - Preparation in prevention for nurses across settings and specialties not in place
- “Addictions” nursing specialty:
 - Scope and Standards include continuum of care but the focus is “...nursing care provided to those affected by this [illness of addiction] disorder/disease.
 - The term addictions to describe the specialty perpetuates the focus on the end of the continuum.

Why is it so important

- Changing demographics
 - Baby boomers
- Matching nursing practice to national and global initiatives
- Reducing premature death associated with risky drinking
- Increasing the workforce engaged in prevention
 - Upstream
 - Midstream
 - Downstream

What to do

- Policy :
 - Legislation for SBI
 - Hospital Accreditation requires evidence of SBI
 - WHO recommendations
 - NIAAA clinician's guide revised for the generalist nurse
- Systems
 - Standard of care in all nursing settings
 - QI for improving assessment and referral fro treatment
- Nursing Education
 - Faculty development
 - Curricular changes
 - Continuing Education Contact Hours

IntNSA's role

- Leadership
 - Policy
 - Systems
 - Education
- What's in a name
 - New institute: substance use, abuse, and addiction (SUAA)
 - ????
- New Scope and Standards – more coverage on prevention and intervention related to risky use
- Supporting innovation in education, research and practice
