Commentary for Anne Mitchell and special Issue of Journal of Addictions Nursing

Uncovering Stigma: SBIRT Promotes Whole Curriculum Learning

In the state of Massachusetts, there were 1501 confirmed opioid-related overdose deaths in 2017. The Department of Public Health (DPH) estimates that there will be an additional 433 to 518 deaths in 2018 (MA DPH, February 2018). Predictive models put that number beyond 2000 deaths, which peaked in 2016. Efforts to reverse these trends included enhanced law enforcement for drug trafficking, increasing Narcan availability and training, and stricter laws on opioid pain reliever prescribing. Rapid responses by local and state government offices are endeavoring to reverse the trend of mortality from opioid overdose and our college is poised to address this crisis.

At UMass Amherst, nursing students have a unique opportunity to first hand define and actualize both upstream and downstream efforts to address the opioid epidemic that has plagued our nation. Funded by a grant from the Substance Abuse and Mental Health Services Administration, our student nurses learn motivational interviewing techniques, screening for alcohol and substances misuse and practice their new skills with their patients, their peers and their families. Nearly two years into this three-year grant, we have learned from our students: The greatest barrier to substance use disorder (SUD) screening in large and small agencies, is stigma.

An essential component of our success has been our student advisory group. Our students, sent out to the community to practice their SBIRT skills, reported gaps in our intervention plan. Students immediately recommended the need to begin motivational interviewing techniques “day one” of their education. Second, they spoke of their discomfort in beginning an SBIRT conversation without a planned opportunity to reflect on their own lack of awareness of prejudices and bias and those they encounter within the health care system. As a result we provided several learning opportunities during their curriculum for students to imagine the best way to unmask the difficulties encountered in talking about an uncomfortable topic such as alcohol and substance use. Equipped with their new skills they are prepared to practice in the clinical setting, however, in our Advisory Group conversations we heard multiple reports of a disconnect between what the students were learning and what they witnessed in practice. Students described that their role models in practice were not addressing substance use with their patients.

Stigma can be based on several different stereotypes that exist about people with substance use disorder. With unexamined biases, people can view people with substance use disorder as: having moral weakness, blameworthy, unreliable, having a poor work ethic, that their situation is hopeless, and can devalue them altogether. To document the students’ experience, our Power of Nursing to Change Health Care evaluation team has now included in the pre- and post-training evaluation a battery of questions to gauge how student nurses’ stigma in these areas changed over the course of their semester of intensive SBIRT training and practice. Across 239 students who have been trained so far, they show that SBIRT training and practice has increased their sense of value in people who have substance use disorders. In addition, they show less judgement in the areas of Work Ethic, Unreliability, and
Moral Weakness. Our goal is to try to unmask and promote the visibility of challenges in working with all persons, but particularly individuals with substance use disorders (SUD) that are highly stigmatized. Our preliminary data suggests that stigma exists and is currently a barrier to care delivery. We have responded with broadening our approach in teaching and practice. We now start with our freshman by teaching motivational interviewing (MI) is a core component of therapeutic communication and a practical approach of conversing about any health care issue. Now, instead of solely engaging in role play activities with fictional clients who may be at high risk for SUD or who may be having difficulty with smoking cessation, students are practicing using MI when conversing with their peers or superiors in all practice settings. An identified barrier to students using MI is the lack of role models in practice asking these difficult questions and engaging in direct conversations with patients. Our SBIRT grant work to date has been enriched by students’ participating in shaping this evidence-based interviewing technique resulting in our infusing the nursing curriculum with compassion in non-judgmental patient encounters. Such best practices are now a key component of the nursing curriculum and have implications beyond screening for substance use, across all caring encounters. We applaud the College of Nursing students for investment in caring for all of their patients and taking the lead in recognizing the curriculum and practice change that is needed.

References