SURVEY FINDS HIGH RATES OF AT-RISK DRINKING AMONG HEALTH PROFESSIONALS IN TRAINING

J.A. Johnson[1], U. Kelly[2], A. Tindol[3], D. MacMillan[4], F.F. Payne[5], S. Chalmers[6], S. Shellenberger[5,7], M. Greene[8], K. Le[8], D. Miller[8], J.P. Seale[5,7]

[1]Georgia Regents University, [2]Emory University, [3]Memorial Health University Medical Center, [4]Georgia College & State University, [5]Mercer University, [6]University of North Georgia, [7]Navicent Health, [8]Wake Forest Baptist Medical Center

ABSTRACT

Background: In primary care settings, although screening and brief behavioral intervention (SBI) has been shown to reduce at-risk alcohol use, the practice has not been widely implemented. In medical residency programs, while SBI training has resulted in significant increases in screening, it has led to only modest, often statistically insignificant, increases in brief interventions (BI). The relatively low rates of BI following screening for at-risk alcohol use may be related to ambivalence about BI among medical residents, who reported higher rates of at-risk drinking than their age group peers in the U.S. population.
Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded a number of training grants designed to train other types of health professionals to conduct SBI. Given the potential impact of personal drinking behavior on health professionals' attitudes toward and performance of SBI, it is important to include, as part of SBI training, a personal drinking behavior assessment.
Our study examined self-reported drinking behavior among advanced practice nursing students (APRN) at 6 sites, and compared their drinking patterns to that of medical residents.

Methods: Prior to a scheduled training workshop, APRN students (N=291) and medical residents (N=155) at 10 sites (6 schools of nursing and 4 medical residency programs) participating in an SBI training program were asked to complete a confidential survey. The survey included items about personal alcohol consumption, attitudes and beliefs about addressing alcohol and/or drug misuse, and current SBI practices.

Results: The APRN students were, on average, older (mean age=32.3 years, SD=8.0) than the medical residents (mean age=29.8 years, SD=3.5).
Based on the National Institute on Alcohol Abuse and Alcoholism (NIAAA) defined daily limits of no more than 3 drinks for women and no more than 4 drinks for men, 45.1% of APRN students and 49.7% of residents reported at-risk alcohol use at least once during the preceding year, which was not a statistically significant difference. However, *past month* at-risk alcohol use was significantly higher (p=0.03) among APRN students (26.4%) than residents (17.6%).
Because females comprised 93% of APRN students, compared to 40% of medical residents, we conducted gender-specific analyses. The same pattern of results emerged, with no difference between female APRN students and female medical residents in *past year* at-risk alcohol use, but significantly higher rates of *past month* use among female APRN students compared with female medical residents. Within each discipline (APRN students and medical residents), there were no significant male/female differences in either *past year* or *past month* at-risk drinking.

Conclusions: The rates of at-risk drinking among APRN students and medical residents were nearly double the average for adults of all ages, and were 12-15 percentage points higher than the average for 26- to 35-year-old persons, the age range of most APRN students and medical residents. Because such high rates could impact practitioners' willingness to address at-risk alcohol use with their patients, future SBI training should specifically address the high prevalence of at-risk drinking among those being trained.

BACKGROUND

- Screening and brief intervention (SBI) in primary care has been shown to reduce at-risk alcohol use.
- Evaluation of SBI Training in residency programs has shown significant increases in screening, but only modest, often non-significant, increases in brief intervention (BI).
- The low rates of BI following screening for at-risk alcohol use may be related to ambivalence about BI among medical residents, who reported higher rates of at-risk drinking than their age group peers in the U.S. population.
- With SAMHSA providing funding to train other types of health professionals to conduct SBI, it is important to collect self-reported drinking behavior in these groups as well.
- The purpose of this study is to examine the self-reported drinking behavior among advanced practice nursing students (APRN), and compare it to that of medical residents.

METHODS

Study Sample: APRN Students (N=291) and medical residents (N=155) at 10 sites (6 schools of nursing and 4 medical residency programs) surveyed prior to a scheduled SBI workshop.

Survey Design:

- Self-administered survey
- Questions included:
  - Attitudes toward working with patients with unhealthy alcohol and/or drug use patterns
  - Importance and confidence in addressing alcohol and drug use issues in patients
  - Screening and brief intervention behavior
  - Personal drinking patterns
  - Personal or family history of alcohol or drug abuse

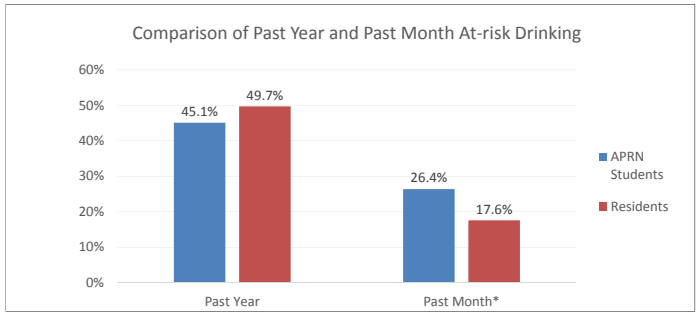
Outcome of Interest:

- NIAAA-defined at-risk drinking rates for APRN students and medical residents.

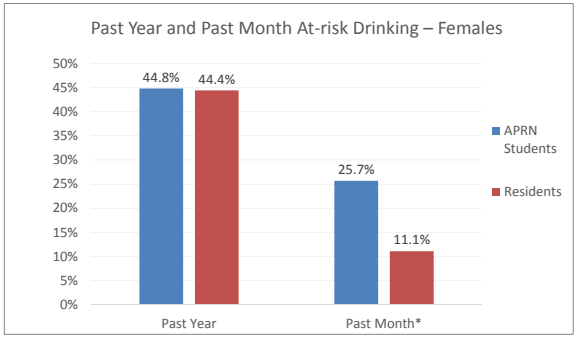
RESULTS

Sample Demographics

	APRN Students	Residents
Mean Age (SD)	32.3 (8.0)	29.8 (3.5)
Gender (% Female)	93.1%	40.6%
Race (%)		
African-American	16.2%	9.2%
Asian	6.3%	13.2%
Caucasian	73.2%	63.8%
Other	4.2%	13.8%



RESULTS (continued)



- *Past year* at-risk drinking rates for APRN students (45.1%) and residents (49.7%) were not significantly different.
- *Past month* at-risk alcohol use was significantly higher (p=0.03) among APRN students (26.4%) compared to residents (17.6%).
- Gender-specific analyses showed a similar pattern, with no difference in *past year* rates, but significantly higher rates of *past month* at-risk alcohol use among female APRN students.
- Within each discipline, there were no significant male/female differences in either *past year* or *past month* at-risk drinking.

CONCLUSIONS

- Rates of at-risk drinking among APRN students and medical residents were nearly double the average for adults of all ages, and were 12-15 percentage points higher than their peer group (26-35 year-old persons).
- These high rates could impact practitioners' willingness to address at-risk alcohol use with their patients.
- Future SBI training should specifically address the high prevalence of at-risk drinking among those being trained.

SECSAT
Southeastern Consortium for Substance Abuse Training

Funded by: SAMHSA Grants TI025372 and TI020278