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LETTER

Effects of a Skills-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT) Curriculum on Medical Student Attitudes Towards Substance Use Disorders: A Medical Student's Perspective [Letter]

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Dear editor

We read with great interest the paper by Kidd et al[1] investigating medical student attitudes towards substance use disorders (SUDs) before and after completing an Enhanced Pre-Clinical Skills-Based Screening, Brief Intervention, and Referral to Treatment (SBIRT) Curriculum. This is an extremely relevant issue given the high prevalence of substance misuse and the potential for stigmatisation by healthcare professionals to lead to subpar care.[2] The findings suggest that pre-clinical educational initiatives may promote positive attitudes towards SUDs in some domains but are less effective in others, particularly with regards to beliefs about the burden of SUD patients on healthcare systems. However, the study had several limitations and there is a lack of data on the long-term effectiveness of this early educational intervention.

Given the lack of a control group, it is not possible to determine whether medical student attitudes were influenced by the intervention itself or by confounding factors such as increasing age, life experience, and general medical knowledge. The degree to which the effects of pre-clinical interventions on attitudes towards SUDs are sustained with career progression is also unclear. As UK-based clinical year medical students, we have personally been exposed to senior physicians expressing negative opinions of SUD patients, homeless patients, and other commonly stigmatised groups. We are therefore conscious of how this exposure could influence the attitudes and management approaches of juniors over time. Because of this, it would have been interesting for Kidd et al to perform follow-up beyond clerkship training in order to investigate whether attitudes towards SUD healthcare overutilization deteriorate further with increased clinical experience. In addition, the long-term effectiveness of pre-clinical educational interventions should ideally be compared to that of other possible strategies to ensure optimal allocation of resources. For example, the introduction of a hospital SUD initiative was shown to improve the attitudes and practices of general internists with regards

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to SUDs in a previous study.[3] This raises the question of whether later stage interventions could be of greater benefit.

Kidd et al's study did not explore the fact that SUD patients are more likely to suffer from additional stigmatised conditions like other psychiatric disorders, HIV, and homelessness, which may also influence how they are perceived by healthcare professionals.[4,5] We therefore suggest that a combined approach to de-stigmatisation of these issues could be more effective in influencing medical student attitudes towards this patient group and warrants further investigation.

In summary, we acknowledge the importance of educational initiatives that promote a positive attitude towards SUDs to ensure unbiased management of SUD patients across all specialities. Further research, preferably using control groups, is required to assess the efficacy of such interventions and the longevity of the effects produced. The resultant findings should be used to help optimise the timing and delivery of SUD educational content in the future.

Disclosure

The authors report no conflicts of interest in this communication.

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