



Massachusetts SBIRT News



Winter 2015, Number 1

Screening, Brief Intervention, Referral and Treatment (SBIRT)

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Alcohol Poisoning**

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NEW CDC VITAL SIGNS ON ALCOHOL POISONING

The Centers for Disease Control and Prevention's (CDC) new *Vital Signs* report provides the latest findings on alcohol poisoning deaths, and also provides steps that states, communities, and health professionals can take to reduce alcohol poisoning deaths by reducing the prevalence, frequency, and intensity of binge drinking.

Alcohol poisoning deaths are caused by drinking a large amount of alcohol in a short period of time. This can result in very high levels of alcohol in the body, which can shutdown critical areas of the brain that control breathing, heart rate, and body temperature - resulting in death.

More than 38 million U.S. adults report binge drinking an average of four times per month and consume an average of eight drinks per binge. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men on an occasion. The more you drink, the greater your risk of death.

An average of 6 people die of alcohol poisoning every day.
Read #Vital Signs to learn how you can help patients who drink too much to drink less. www.cdc.gov/vitalsigns

Some key points are:

- There are more than 2,200 alcohol poisoning deaths in the U.S. each year – an average of 6 alcohol poisoning deaths every day.
- Three in four alcohol poisoning deaths involve adults ages 35-64, and most deaths occur among men.
- Deaths rates from alcohol poisoning vary widely across states. CDC's [Mortality and Morbidity Weekly Report](#) notes that Massachusetts is among the states with the highest alcohol poisoning rates.



BRIEF INTERVENTIONS FOR DRUG USE NEED FURTHER ATTENTION

Three large, methodologically sound studies in primary care and an emergency department (one of which included biological testing) have found that universal screening for drug use followed by one or two brief interventions had no effects on drug use or drug-related consequences.

Randomized controlled trials (the gold standard) support the efficacy of multi-contact brief interventions among people with risky alcohol use identified by screening. In addition, motivational interviewing, the basis for brief intervention, has efficacy for people with substance use seeking help.



New Course



A new continuing medical education/continuing education course (CME/CE), *Talking to Patients About Health Risk Behaviors*, adds to a growing body of tools available through the National Institute on Drug Abuse (NIDA) to help healthcare professionals care for patients at risk for substance use disorders.

The online module provides a real-time patient simulation where physicians can practice motivational interviewing, a science-based technique designed to enhance patient/clinician interaction about problem health behaviors.

NEW AND IMPROVED

Central resource for anyone involved in preventing, intervening, treating, and supporting recovery from addictions in Massachusetts.

Look for career information, upcoming trainings around the state, links to professional organizations and more.

CAREERS OF SUBSTANCE

Supporting the Massachusetts Substance Use and Addictions Workforce

www.careersofsubstance.org

Healthcare Symposium

Current Realities and Future Vision: Developing an Inter-Professional, Integrated Healthcare Workforce

May 28, 2015 Wheelock College

This one-day symposium will explore methods to better integrate healthcare delivery across professions.

Social workers, educators, administrators, and medical practitioners will have opportunities during the conference to share effective models currently used in Massachusetts and to identify future partnerships and resources.

[More on the Symposium and Registration](#)

The National SBIRT ATTC and a dynamic group of partners are hosting a national conference at the University of Pittsburgh's state-of-the-art simulation center. This innovative event will incorporate the use of Standardized Patients to bridge the gap between lectures and practice.

Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol and other drug use: An Interprofessional Conference

June 9-10, 2015

The Peter M. Winter Institute for Simulation,
Education and Research (WISER),
Pittsburgh, PA

Registration Fee: \$250 on or before April 6, 2015;
\$300 after April 6, 2015



The target audience for this conference is health professionals – nurses, nurse practitioners, doctors, pharmacists, dentists, dental hygienists, behavioral health counselors and public health workers.

[More on program and registration](#)

Resources & Meetings

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Chief Resident Immersion Training (CRIT) Program in Addiction Medicine

May 3-6, 2015

Application deadline:
February 6, 2015

Four-day immersion training for incoming chief residents and their faculty mentors on state-of-the-art methods to diagnose, manage, and teach about addiction medicine. This training equips chief residents with essential skills to teach addiction medicine and will help faculty mentors assist their chiefs with incorporating addiction issues into teaching.

[More on program & application process](#)

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Manualized Brief Treatment of Substance Abuse for Social Workers in Health Care Settings

Two day training (BSAS: #113):
Jan 30 and March 6
Marlborough

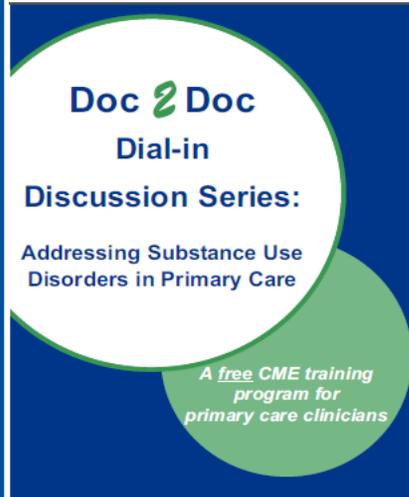
[More on training/registration](#)

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SAVE THE DATE

Telling Our Stories 6th Annual Patient Navigator/ Community Health Worker Conference

Tuesday, May 19, 2015



Doc 2 Doc
Dial-in
Discussion Series:
Addressing Substance Use Disorders in Primary Care

A free CME training program for primary care clinicians



Jointly Sponsored By:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BSAS
MassHealth PCC Plan
MBHP
and the
University of Massachusetts Medical School
Office of Continuing Medical Education

Friday, February 6, 2015

7:30 a.m. - 8:00 a.m.

Pain Management and Prevention of Substance Use Addiction in Primary Care

Presenter: Ruth Potee, MD

Ruth Potee, MD is a family physician with Valley Medical Group who specializes in addiction treatment and pain management.

Learning Objectives

- Learn about evidence-based treatment protocols for pain management in primary care
- Learn how to assess for potential substance abuse, including whether a patient is in trouble with prescriptions
- Learn how to use formal agreements with patients when prescribing

[Click here to register](#)

- You will then be prompted to enter registration information
- A confirmation e-mail will be sent to you with both the call-in number and webinar instructions after you successfully register.

Participants who want Category 1 CME Credits will be required to join GoToWebinar live.

Participants who call in using a phone without obtaining the PIN (provided after joining GoToWebinar) will be in listen-only mode.

The series will be recorded and posted on MBHP's website in order to allow participants to listen to previous sessions.

Category 2 CME Credits are available to participants who register for the recorded sessions.



MASSACHUSETTS
**SUBSTANCE ABUSE INFORMATION
AND EDUCATION HELPLINE**

800-327-5050 • HELPLINE-ONLINE.COM

To learn more contact:

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Brief Interventions for Drug Use

Studies cited in article on Brief Interventions for Drug Use

Bogenschutz MP, Donovan DM, Mandler RN, et al. Brief intervention for patients with problematic drug use presenting in emergency departments: a randomized clinical trial. *JAMA Intern Med.* 2014; 174 (11):1736-1745.

Saitz R, Tibor PA, Cheng DM, Alford DP, Bernstein JA, Lloyd-Travaglini CA, Meli SM, Chaisson CE, Samet JH. Screening and Brief Intervention for Drug Use in Primary Care: The ASPIRE Randomized Clinical Trial. *JAMA.* 2014; 312(5):502-513.

Hingson R and Compton WM. Screening and Brief Intervention and Referral for Treatment for Drug Use in Primary Care: Back to the Drawing Board. *JAMA* 2014; 312(5):488-489.

McCarty D. Physician Roles in Addressing alcohol and Drug Use Disorders in the 21st Century. *The BRIDGE* 2014; 4 (2): 27-29.

Because drug and alcohol use, and related disorders, are so common and affect care for other health conditions (by causing symptoms or diseases and then impeding their care) it remains critically important to identify substance use and engage patients for proper prescribing, to reduce use and harms when possible, and to provide better care.

According to Richard Saitz, MD, MPH, lead author on one of the studies: "Many who are familiar with drug-related substance use disorders are not surprised that one or two brief interventions are insufficient to change a behavior that ranges from occasional marijuana use with few perceived consequences to multiple daily injections of heroin in a person who persists in this behavior despite being well aware of severe consequences.

"Knowing the limits of SBI based on research, it is clear that something more is needed to address drug use in primary care. Exactly what this is remains to be seen but it will almost certainly involve engaging patients in continued conversations and referring them to specialized care when needed and acceptable -- just as we do for other chronic medical risk factors and conditions," Saitz explained.

"It is no surprise that these issues respond similarly to our interventions just as with other so-called lifestyle risks like diet, physical activity, high cholesterol, diabetes etc.

"Many of the tools used in SBIRT continue to be applicable. It is most important to keep a focus on identifying and engaging patients, while relying on science, as National Institute of Drug Abuse (NIDA) leadership has recently advocated," said Saitz.

These unexpected findings have created a stir with SBIRT researchers and implementers, though the importance of engaging patients who use drugs was stated. [One response](#) by Denis McCarty of Oregon Health Sciences University was to suggest that physicians use Screening and Persistent Intervention with Treatment: Screen, continue to monitor signs and symptoms and to ask about drug use at every visit, support specialty care and/or use of medications, and provide guidance toward recovery.

MASBIRT Training and Technical Assistance



MASBIRT TTA can provide your site with:

- ◆ Training and on-going skills coaching for all staff levels: professional and administrative; train-the-trainer;
- ◆ Guidance with clinical protocol development; screening instruments and methods, brief intervention strategies;
- ◆ Grand Rounds on the intersection of alcohol, drugs and health, and importance of early identification;
- ◆ Help with administrative aspects, such as data collection strategies, documentation protocols;
- ◆ Identification and development of resources for patients who need specialty care, including medication assisted treatment for alcohol and opioids; and
- ◆ Expert guidance for work with special populations.
- ◆

[MASBIRT TTA](#) • 617-414-3749 • **www.masbirt.org**

Prevent • Treat • Recover • For Life