



Massachusetts SBIRT News



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Fall 2015, **Number 4**

Screening, Brief Intervention, Referral and Treatment (SBIRT)

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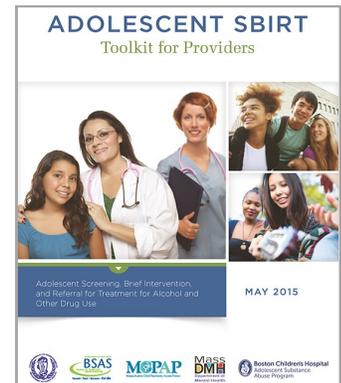
AUDIT Adjustment Needed?

New SBIRT Toolkit for Pediatricians, Family Medicine Physicians and other Healthcare Providers Who Care for Adolescents

The *Adolescent SBIRT Toolkit for Providers* introduces the [S2BI](#) screening tool which was developed and validated by Sharon Levy, MD, MPH and colleagues at [Boston Children's Hospital](#). It also features the CRAFFT screening tool developed by John Knight, MD, also of Boston Children's Hospital.

The toolkit can be ordered free of charge at the [Massachusetts Health Promotion Clearinghouse](#).

The toolkit was developed through a partnership involving The Massachusetts Department of Public Health Bureau of Substance Abuse Services (DPH BSAS), Department of Mental Health (DMH), Boston Children's Hospital and The Massachusetts Child Psychiatry Access Project ([MCPAP](#)).



Toolkit development came about as part of the Affordable Care Act's State Innovation Models (SIM) Initiative, funded through the Centers for Medicare &

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<http://helpline-online.com>

OR

800-327-5050

From the CDC's Vital Signs

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



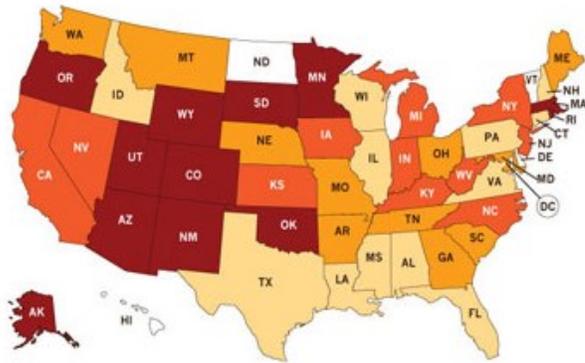
...more likely to be addicted to heroin.



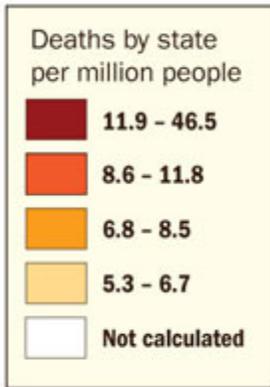
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Alcohol Poisoning Deaths Vary by State



CDC Vital Signs January 2015

Light to moderate drinking linked to increased risk of certain cancers in women and in male smokers

Limit alcohol to one drink a day for women and two drinks a day for men, say experts

Even light and moderate drinking (up to one drink a day for women and up to two drinks a day for men) is associated with an increased risk of certain alcohol-related cancers in women and male smokers, suggests a large [study](#) published by *The BMJ*.

Overall, light to moderate drinking was associated with minimally increased risk of total cancer in both men and women.

However, among women, light to moderate drinking (up to one drink per day) was associated with an increased risk of alcohol related cancer, mainly breast cancer.

Risk of alcohol related cancers was also higher among light and moderate drinking men (up to two drinks per day), but only in those who had ever smoked. No association was found in men who had never smoked.

Heavy alcohol consumption has been linked to increased risk of several cancers.

The association between light to moderate drinking and overall cancer risk, however, is less clear. The role of alcohol independent of smoking has also not been settled.



A team of US researchers based at Harvard T.H. Chan School of Public Health and Brigham and Women's Hospital in Boston, set out to determine whether light to moderate drinking is associated with an increased risk of cancer.

They used data from two large US studies that tracked the health of 88,084 women and 47,881 men for up to 30 years. They assessed risk of total cancer as well as known alcohol-related cancers including cancer of the colorectum, female breast, liver, oral cavity, pharynx, larynx and esophagus.

Influential factors, such as age, ethnicity, body mass index, family history of cancer, history of cancer screening, smoking, physical activity and diet were also taken into account.

During the follow-up period, a total of 19,269 and 7,571 cancers were diagnosed in women and men, respectively. The researchers found that overall, light to moderate drinking was associated with a small but non-significant increased risk of total cancer in both men and women, regardless of smoking history.

New Toolkit

Continued from p 1

Medicaid Services (CMS) and was also supported by the Bureau of Substance Abuse Services. A key element of the Massachusetts SIM project is primary care/behavioral health integration activities.

One focus of the SIM program has been to enhance MCPAP's ability to provide substance abuse support to pediatricians for adolescent patients. The S2BI Toolkit will provide concrete information and resources for MCPAP Hub providers and for the practices they work with.

Through a statewide network of regionally-based child psychiatry consultation teams, MCPAP supports access to mental health services for children in primary care settings. Regional teams provide telephone-based physician-to-physician consultations between pediatrician and psychiatrist, and access to a referral network of community resources for the mental health treatment of children. MCPAP is funded by the DMH.

Levy S, Weiss R, Sherritt L, Ziemnik R, Spalding A, Van Hook S, Shrier LA. An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. *JAMA Pediatr.* 2014;168(9):822-828. doi:10.1001/jamapediatrics.2014.774

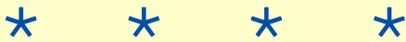
<http://archpedi.jamanetwork.com/article.aspx?>

Resources



New BSAS Resource Youth & Young Adult Substance Use Services Directory

This updated service directory and quick guide to the youth and young adult treatment system from the Massachusetts Department of Public Health (DPH) Office of Youth and Young Adult Services (OYYAS) can be ordered for free from the [Massachusetts Health Promotion Clearinghouse](#)



What is Most Needed to Integrate Adolescent SBIRT Education into Social Work and Nursing School Curricula?

[Take the Survey](#)

CDC reports on US Adult Alcohol-Impaired Driving

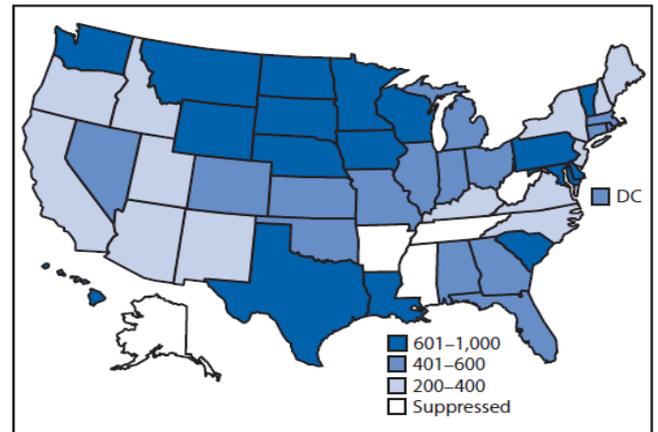
Alcohol-impaired driving crashes account for nearly one third of all motor vehicle crash fatalities.

In 2012, an estimated 4.2 million U.S. adults reported at least one episode of alcohol-impaired driving during the preceding 30 days, equating to an estimated 121 million annual alcohol-impaired driving episodes.

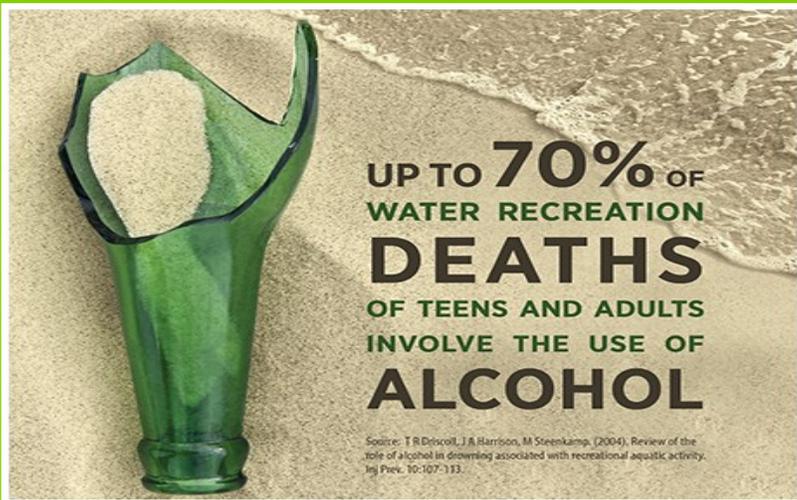
Men accounted for 80% of episodes, with young men aged 21–34 years accounting for 32% of all episodes. Additionally, 85% of alcohol-impaired driving episodes were reported by persons who also reported [binge drinking](#), and the 4% of the adult population who reported binge drinking at least four times per month accounted for 61% of all alcohol-impaired driving episodes.

Annual rate* of self-reported alcohol-impaired driving episodes per 1,000 population, among adults — Behavioral Risk Factor Surveillance System, US, 2012

- ◇ Rates suppressed if sample size was <50 or relative standard error was >30%.
- ◇ Abbreviation: DC = District of Columbia.



http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a2.htm?s_cid=mm6430a2_e



CANCER

Continued from page 2

For alcohol-related cancers, risk was increased among light and moderate drinking men who had ever smoked, but not among men who never smoked.

However, even in never smoking women, risk of alcohol-related cancers, mainly breast cancer, increased even within the range of up to one drink a day.

Note:

The Centers for Disease Control and Prevention (CDC) highlights the connection between alcohol use and cancers at its [website](#). In addition, the CDC provides a [listing](#) of conditions with Alcohol-Related Disease Impact and includes both ICD-9 and ICD-10 codes.



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SUBSTANCE ABUSE INFORMATION
AND EDUCATION HELPLINE

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To learn more contact:

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MA Department of Public Health

Carol.D.Girard@state.ma.us

Does your AUDIT questionnaire need adjusting?

If you are teaching or implementing the AUDIT or AUDIT-C, you may want to consider these two changes:

- ◆ Question #3 on the AUDIT and AUDIT-C should read "How often do you have **four** or more drinks on one occasion?"

Many forms in the US still ask about "six drinks" for question #3. When the World Health Organization first validated the AUDIT, researchers used a 10-gram drink as a standard drink (less than the standard drink of 14 grams in the U.S). So asking about four drinks in the U.S. (56 grams) more closely resembles the amount of alcohol found in six drinks as defined in the original AUDIT (60 grams).

Page 32 of the official WHO guide¹ to using the AUDIT says: "Questions 2 and 3 assume that a standard drink equivalent is 10 grams of alcohol. You may need to adjust the number of drinks in the response categories for these questions in order to fit the most common drink sizes and alcohol strength in your country."



- ◆ Apply a scoring guide for the AUDIT that accounts for gender.

The original suggested cut-off value of 8 points on the AUDIT was selected to detect at least problematic drinking for both men and women. However, this cut-off score misses risky drinkers - a prime population SBI processes intend to identify. Selecting two, lower cut-off scores, one for men and one for women, is supported by a recent study² as well as NIAAA guidelines that give different low-risk drinking limits for men (14 drinks per week/4 per day) and women (7 per week/ 3 per day).

1. [Babor T, Higgins-Biddle J, Saunders J, Maristela M. "The Alcohol Use Disorders Identification Test - Guidelines for Use in Primary Care. Second Edition". Department of Mental Health and Substance Dependence, World Health Organization. 2001.](#)
2. [Johnson JA, Lee A, Vinson D, Seale JP. "Use of AUDIT-based measures to identify unhealthy alcohol use and alcohol dependence in primary care: a validation study." Alcohol Clin Exp Res. 2013 Jan.](#)



CAREERS OF SUBSTANCE

Supporting the Massachusetts Substance Use and Addictions Workforce

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.

www.careersofsubstance.org

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.
- ◆

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