



Massachusetts SBIRT News



Prevent • Treat • Recover • For Life

www.mass.gov/dph/bsas

Winter 2012, Issue 4

Screening, Brief Intervention, Referral and Treatment (SBIRT)

In This Issue

- **Binge Drinking Report**
- **EAPA Endorsement**
- **MASBIRT TTA**
- **New Toolkit**
- **Older Adults**
- **Upcoming Meetings**
- **Resources**

Vital Signs: Binge Drinking Among Women and High School Girls

In 2011, binge drinking was common among US women—as reported by one in eight adult women and one in five high school girls. Those who binge drank tended to do so frequently (average of three times per month) and intensively (average of six drinks on occasion), placing themselves and others at a greater risk for alcohol-attributable harms.

The prevalence of binge drinking was similar among high school girls (especially in grades 11 and 12), women aged 18–24 years, and women aged 25–34 years.

Binge drinking was most prevalent among women living in households with annual incomes of \$75,000 or more.

Alcohol consumption by high school girls strongly correlated with alcohol consumption by adult women. This may reflect the influence of adult drinking behavior on young people, who often obtain alcohol from adults and often aspire to behave like young adults. Drinking behavior of both groups is also affected by the price and availability of alcoholic beverages and religious and cultural factors.

... offers recent data and calls to action for important public health issues.

www.cdc.gov/vitalsigns/

Continued on page 3

The Pediatrician and Substance Use:

Practical strategies to minimize the impact of tobacco, alcohol and other drugs on infants, children, teens and young adults

April 26 to 28, 2013

Revere Hotel Boston

National Conference sponsors

The American Academy of Pediatrics, Boston Children's Hospital and The National Center on Addiction and Substance Abuse at Columbia University

Major topics

Tobacco use, drug-endangered children, risk and protective factors for adolescent substance use, interviewing adolescents, SBIRT, parent guidance, opioid misuse and important new information about the adolescent brain and its special susceptibility to the effects of TAOD. Special sessions will focus on cannabinoid physiology and marijuana policy, treatment for opioid dependence and "new" psychoactive drugs used by teens and youth.

Who Should Attend

Pediatricians, family physicians, child psychiatrists, nurse practitioners, physician assistants, providers working in the field of substance use, and other providers involved in the medical care of infants, children, teens and young adults.

Attending participants can earn a maximum of 13.25 *AMA PRA Category 1 Credits*™.

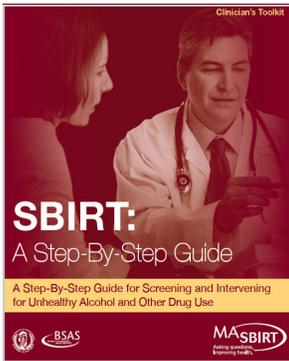
For more information, including registration, go to: pedialink.org/cmefinder



Toll Free Helpline
1-800-327-5050

TTY (Toll Free):
1-888-448-8321

www.helpline-online.com



AVAILABLE FOR PRIMARY CARE PROVIDERS

SBIRT: A Step by Step Guide Toolkit

This toolkit, developed with input from primary care physicians and nurse practitioners, provides a rationale for SBIRT. It then lays out two screening approaches, pointers on providing feedback and eliciting change talk through brief interventions, and suggested resources for making referrals and obtaining consents.

Order number SA3522

maclearinghouse.com/

First Annual Addictions Nurse Conference

Brockton, MA

Thursday, April 4th

MA Chapter of Addictions Nurses



Who should attend:

- ◆ Nurses in the addiction field and
- ◆ Nurses not working directly in addictions but encountering addiction issues and needing more education and support.

Brochure, agenda and registration information at

www.addictionnurses.org

MASBIRT Training and Technical Assistance

Massachusetts Screening, Brief Intervention and Referral to Treatment or MASBIRT was a 5 year, federally funded project which completed over 173,000 screens in primary care, emergency department and inpatient hospital settings.

MASBIRT Training and Technical Assistance is an outgrowth of that effort, and can provide your site with these **FREE** services:

- **Grand Rounds** – explaining the intersection of alcohol, drugs and health, and the importance of early identification;
- **Training and on-going skills coaching** for all levels of professional and administrative staff. Train-the-trainer programs are also available to ensure sustainability;
- **Help and guidance with clinical protocol development;** screening instruments and methods, brief intervention strategies and referral resources and procedures;
- **Assistance with administrative aspects,** such as data collection strategies, documentation protocols; revenue generation potential and more;
- **Identification and development of resources for patients who need specialty care,** including medication assisted treatment for alcohol and opioids, and development of referral and communication protocols for co-located, integrated medical homes.
- **Expert guidance for work with special populations,** such as people with HIV, women of childbearing age/pregnant women, people who identify as LGBTQ, adolescents, people who are homeless, older adults, and individuals with co-occurring disorders (such as mental health issues or trauma).



To learn more or to discuss bringing SBIRT to your practice, contact:

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SAVE THESE 2013 DATES

Thursday, February 28

1:00 – 2:30 p.m. EST

WEBINAR

**Patient Privacy and
Confidentiality in the Chang-
ing Health Environment:
HIPAA, 42 CFR Part 2 and
Health Care Reform**

Registration info on page 4



Friday, May 10

**Innovations in Addictions:
Integrating Systems and
Services**

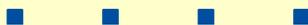
Highlighting new and emerging
innovations in prevention,
intervention, treatment, research
and recovery in Massachusetts



Friday, April 26

**Fetal Alcohol Spectrum
Disorders: Why FASD
Is Relevant to You!**

Doubletree Hotel
Westborough



Wednesday, June 5

Aging with Dignity

Preventing and Responding to
Substance Use and Related
Problems in Older Adults

Check

adcare.neias.org/home/savedates

**for upcoming
meeting details**

3.

Employee Assistance Professional Association - EAPA - Endorses SBIRT as Standard of Care for EAP Professionals

EAPA has endorsed the SBIRT process as a standard of practice for all employee assistance program clients, regardless of presenting concern. The process includes screening for risky alcohol and/or drug use with evidence based questions, followed by brief intervention and, when appropriate, referral to treatment and follow-up.



SBIRT screening uses a brief, scientifically valid questionnaire (e.g. AUDIT or AUDIT-C) to identify whether drinking or drug use could place a client at risk for negative consequences. Depending on screening results, the EA professional may provide education, advise, motivational interviewing, help with an action plan and/or a referral for treatment. The process also includes appropriate support and follow-up, as indicated by the individual's situation. The SBIRT process has been shown to improve identification, successful rehabilitation, and productivity of people whose drinking or drug use is, or may become, problematic.

To help Employee Assistance professionals and network providers implement SBIRT in their organizations, EAPA and other groups collaborated to produce a free online core training course.

To learn more go to

<http://www.eapassn.org/i4a/pages/index.cfm?pageid=3293>.

From page 1 **Vital Signs: Binge Drinking**

Unlike other leading risk behaviors, binge drinking has not been the subject of intense prevention efforts. Underage girls are overexposed to alcohol marketing for women – even more than underage boys are relative to men. This increases the risk that girls will begin alcohol use and consume more alcohol when they drink. New alcoholic beverages (e.g., flavored malt beverages) known to appeal to underage girls have also been developed and marketed.

Though binge drinking is more prevalent among men, women who binge drink are at high risk for alcohol-attributable harms.

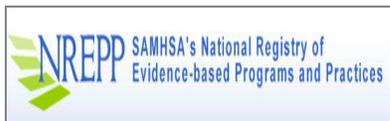
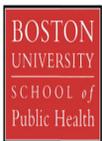
They tend to reach higher blood alcohol levels than men at the same amounts, even after taking into account differences in body size, food intake and other factors.

Binge drinking also increases the risk for unintended pregnancy.

Women with unintended pregnancies tend to have delayed pregnancy recognition, **increasing the risk for alcohol-exposed pregnancy.** Premature birth, low birth weight and/or fetal alcohol spectrum disorder may result.

The U.S. Preventive Services Task Force recommends screening and behavioral counseling interventions for alcohol misuse, including adult binge drinking. Study findings also support the need to monitor binge drinking routinely among women and girls to understand its public health impact, and to evaluate evidence-based strategies to prevent it.

For the full report go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/>



Older Adults. Workforce Issues and SBI

Of the growing US population over age 65, between 5.6 and 8 million have mental health or substance use disorders. A recent *New England Journal of Medicine* article notes that a 2012 Institute of Medicine (IOM) workforce report, 'In Whose Hands,' discusses the increasing shortage of specialists in geriatric medicine and geriatric psychiatry.

The article also notes that, while mental health and substance abuse issues in the older population are connected with poorer health and higher rates of hospitalizations and ED use, Medicare spends only 1% of its claims dollars on mental health and substance abuse services.

Though the new Medicare Annual Wellness visit requires screening for depression, few providers know how to follow up with those who need further attention. The IOM recommended that all primary care clinicians, nurses, care managers, social service providers and allied health professionals be trained in evidence based treatments for both mental health and substance use disorders.

The authors suggest that health coaches and lay community health workers could be trained to provide screenings and brief interventions for geriatric mental health and substance use issues.

The authors call for integrating geriatric mental health and substance use expertise into chronic disease management and health coaching skills training. They also emphasize the importance of recognizing mental health (including substance use) as a core component of health care for older adults.

Bartels, SJ and Naslund, JA. 'The Underside of the Silver Tsunami — Older Adults and Mental Health Care.' published on January 23, 2013 at NEJM.org

www.nejm.org/doi/full/10.1056/NEJMp1211456?query=TOC

SBIRT Efforts Continue at These Hospital Emergency Departments

Boston Medical Center
Pediatric ED

Heywood Hospital

Mercy Medical Center

South Shore Hospital

St. Anne's Hospital

Project ASSERT is a key component of the BNI-ART Institute

www.ed.bmc.org/sbirt/

Funded through a BSAS contract with the BNI-ART Institute, Boston University School of Public Health

National Screening, Brief Intervention & Referral to Treatment ATTC



www.ATTCnetwork.org/sbirt

HIPAA/42 CFR Webinar registration instructions from page 3

- Go to <https://jbsinternational.webex.com/jbsinternational/onstage/g.php?t=a&d=576164902>
 - Enter first and last name, and email address; click "Join."
 - Once you join the online session you will see a dialog box with the teleconference information.
- To the extent possible, persons affiliated with the same agency/organization/project are encouraged to call in from one location.
- For help Cisco WebEx Technical Support: 1-866-229-3239

www.mass.gov/dph/bsas

Find SBIRT under Prevention Information

To learn more contact:

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