



# Massachusetts SBIRT News



Winter **Number 1**

Screening, Brief Intervention, Referral and Treatment

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[www.mass.gov/dph/bsas](http://www.mass.gov/dph/bsas)



*This is the fourth and final in a series of articles highlighting SAMHSA-funded SBIRT Professional Training Grantees in Massachusetts.*

## In Their Own Words SBIRT: The Power of Nursing to Change Health



In its second year of a three-year grant funded by Substance Abuse and Mental Health Services (SAMHSA), the University of Massachusetts College of Nursing trains students in Screening, Brief Intervention, and Referral to Treatment (SBIRT). The SBIRT program addresses the growing need for health care providers working across a variety of service delivery settings to be trained in SBIRT.

**Guiding philosophy:** The Power of Nursing to Change Health narrative leadership philosophy recognizes the expertise of key stakeholders and has designed a structure to encourage mutual dialogue. These conversations occur within a structure developed to support the goals of the grant, including the SBIRT Council of Directors (COD), Student Advisory Group (SAG), weekly leadership meetings and scheduled community (stakeholder) conversations.



The diverse perspectives of faculty, students, and partners inform decisions about integrating SBIRT into the nursing curriculum, with our clinical sites and within our everyday conversations. By listening and responding, our program's leadership charts SBIRT's course towards true north.

Each year, national expert, Paul Grossberg, MD, builds local capacity by training student nurses, clinical faculty, and community partners in SBIRT. Dr. Grossberg's training uses culturally relevant, age appropriate, experiential techniques to create an interactive engaging learning environment.

***" I love this training. Students feel very empowered."***

Cheryl Sabola, clinical faculty

Our local SBIRT expert, Diane Fedorchak, MEd, CAGS, uses a similar training approach and together they teach 150 student nurses yearly. Student nurses also learn SBIRT through simulation using Kognito<sup>®</sup> and a locally developed online curriculum. In addition to these face-to-face and online training modalities, as suggested by our Student Advisory Group (SAG), we now start

training with our new freshman where they learn about SBIRT during RAP sessions as part of orientation to campus and residential life.

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### Clinical Practice

After training, student nurses apply these skills to address risky use and addiction through risk appraisal, motivational interviewing (MI), and SBIRT in community, maternity and psychiatric clinical rotations.

Karen Carpenter, clinical faculty, describes one experience students had using SBIRT:

After the training, one of the nursing students reflected about the strategies learned, "This class was amazing! It's surprising what a great difference an enthusiastic and passionate instructor can make. He really made a difference in how to speak with patients about sensitive issues. I will definitely use these techniques in my patient care."



### Lessons Learned

By listening and responding to the various perspectives students, faculty, and community partners have become our greatest champions. Our stakeholders- community based organizations and clinical practice sites- have contributed to our processes and strategies for long term sustainability.

#### We learned student nurses:

- Want SBIRT integrated into the curriculum earlier because they see the need for these skills;
- Use SBIRT skills in clinical work and appreciate role playing with clinical faculty;
- Apply the skills with seasoned health care professionals to help them reflect on their own personal biases and negative attitudes towards people who misuse substances; and
- Have an affinity for developing trusting relationships with peers while doing SBIRT.

***" We learned how to ask open ended questions to guide a conversation without controlling it. We learned how to create a non-judgmental space with the intent of hearing their story and not forcing change. We learned how to commend people for finding a way to cope because this means they care about themselves."***

Avery Klepaki, UMass College of Nursing graduate

#### We learned clinical faculty and preceptors:

- Are eager to work with students to facilitate student nurse learning of SBIRT and MI;
- Are the experts in knowing how to reinforce SBIRT training with their students; and
- Support and coach student nurses by increasing their confidence and skills in a supervised clinical structure.



While this Power of Nursing to Change Health [student video](#) uses an example with addiction, its focus is on development of brief intervention skills.

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THE SUBSTANCE USE  
**HELPLINE**

<https://helplinema.org> 800-327-5050

#### To learn more about SBIRT contact:

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## NIH study shows steep increase in rate of alcohol-related ED visits

*More evidence of narrowing gender gaps in alcohol-related harms*

The rate of alcohol-related visits to US emergency departments (EDs) increased by nearly 50 percent between 2006 and 2014, especially among females and middle-aged or older drinkers. This new research was conducted by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health.

"In just nine years, the number of people transported to the ED annually for medical emergencies caused or exacerbated by alcohol increased from about 3 million to 5 million," said NIAAA Director George F. Koob, PhD. "These findings show the detrimental effects that acute and chronic alcohol misuse have on public health, and the significant burden they place on our healthcare system."

Researchers analyzed data from the Nationwide Emergency Department Sample (NEDS), the largest US ED database, and part of the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project. The team assessed trends in ED visits between 2006 and 2014 involving acute and chronic alcohol consumption among individuals ages 12 and older.

Visits related to acute alcohol consumption were identified by standard diagnostic codes related to alcohol misuse over a short period of time, such as acute alcohol intoxication and accidental alcohol poisoning.

Visits involving chronic alcohol misuse were identified by diagnostic codes for conditions related to long-term drinking, such as alcohol withdrawal and alcohol-related cirrhosis of the liver.

The rate of all alcohol-related ED visits increased 47 percent between 2006 and 2014, an average annual increase of 210,000 alcohol-related ED visits. The rate of visits for acute alcohol consumption rose by 40 percent, and the rate of visits related to chronic alcohol

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## School Nurses & School Health Teams

To arrange an SBIRT Essentials Trainings go to:

<http://www.masbirt.org/training-request>

For more information:

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Register for **FREE SBIRT Trainings**

**SHIELD**

(School Health Institute for Education and Leadership Development)

<http://bucme.org/node/1045>



Check out **SBIRT in Schools Resources**

**MASBIRT Training and Technical Assistance**

[www.masbirt.org/schools](http://www.masbirt.org/schools)



**FREE materials on alcohol and drugs for students and parents**

**Massachusetts Health Promotion Clearinghouse**

<https://massclearinghouse.ehs.state.ma.us/>



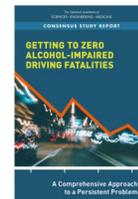
## MASBIRT Training and Technical Assistance

- ◆ Consultation on clinical protocol development, selection of screening tools, and brief intervention strategies;
- ◆ Training and on-going skills coaching for all staff levels: professional and administrative;
- ◆ Help with administrative elements, such as data collection, and documentation protocols;
- ◆ Identification and development of resources for patients needing specialty care, including medication assisted treatment for alcohol and opioids; and
- ◆ Train the trainer sessions to sustain organizational practice

[www.masbirt.org](http://www.masbirt.org) 617-414-3749

## Getting to Zero Alcohol- Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem

Alcohol-impaired driving is an important health and social issue that remains a major risk to US health today. Progress has been made over the past decades to reduce deaths and long term disabilities from head and spinal injuries, but it has been incremental and has recently stagnated.



[National Academies of Sciences, Engineering, and Medicine. 2018. Getting to zero alcohol-impaired driving fatalities: A comprehensive approach to a persistent problem. Washington, DC: The National Academies Press.](#)

consumption chronic alcohol consumption increased 58 percent. These increases far outpaced changes in the number and rate of ED visits for any cause during the years studied.

The NEDS data also showed that total annual costs of alcohol-related visits increased from \$4.1 billion to \$15.3 billion during this time.

“During the study period, the number of people in the US who drank alcohol and the total amount of alcohol consumed each year remained about the same,” said Aaron White, PhD, who led the research team. “We suspect the increase in ED visits is related to an increase in the intensity of alcohol use among a subset of drinkers.”

Although men had more alcohol-related ED visits than women, the rate of visits increased more among females than males.

“The larger increase in the rate of ED visits among females compared to males shows further evidence of narrowing gender gaps in alcohol use and related harms. This trend is concerning given that females appear to be more susceptible to some of the detrimental health effects of alcohol,” said White.

Analyses of trends in acute alcohol misuse-related ED visits by age group revealed that the highest rates occurred among 45 to 54-year-olds for males and females, with the largest increases occurring in the 45 to 54 and 55 to 64 age groups.

For chronic alcohol misuse-related ED visits, rates were highest among 45 to 54-year-olds and 55 to 64-year-olds, but the steepest increases occurred in 25 to 34-year-olds and 55 to 64-year-olds.

Among 12 to 17-year-olds, acute alcohol misuse-related visits decreased significantly between 2006 and 2014, consistent with recent declines in binge drinking in this age group.

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The study showed that other drugs were involved in 14 percent of alcohol-related ED visits, though this study did not explore specific alcohol and drug combinations. Other drug involvement with alcohol increased the likelihood that an individual would be admitted to the hospital.

These findings highlight the growing burden of acute and chronic alcohol misuse on public health and underscore the opportunity for healthcare providers to conduct evidence-based interventions, ranging from brief interventions to referral to treatment, during alcohol-related ED visits.

NIH, the nation's medical research agency, is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases.

White A, et al. Trends in Alcohol-Related Emergency Department Visits in the United States: Results from the Nationwide Emergency Department Sample, 2006 to 2014. *Alcohol Clin Exp Res.* 2018 Jan 2. [10.1111/acer.13559](https://doi.org/10.1111/acer.13559).

## Save the Date

**Wednesday, April 11, 2018**

**Women Recover! Conference**

Four Points Sheraton, Norwood, MA

## FREE on-line CDC Trainings

The US Centers for Disease Control and Prevention offers free [on-line training resources](#) for family physicians, pediatricians and OB/Gyn physicians, nurses, and social workers on promoting alcohol-free pregnancies and recognizing FASD.

<https://nccd.cdc.gov/FASD/>

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# CAREERS OF SUBSTANCE

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