SAVE THE DATE

And Register Now

May 20, 2011

In this era of healthcare reform, parity, payment reform, service integration, and an uncertain economic landscape, the field of addictions must focus, now more than ever, on new and innovative strategies to survive.

This event will highlight new and emerging innovations in addiction prevention, intervention, treatment, research and recovery in Massachusetts.

Four Points Sheraton Norwood, Norwood, MA

To learn more and to register: Click here

ENA SBIRT Mentorship Project

The Emergency Nurses Association has established a regional mentorship network to:
- Facilitate nurse-delivered alcohol SBIRT in emergency departments; and
- Increase the number of emergency departments that implement alcohol SBIRT.

Regional SBIRT mentors will guide participating facilities around the country through the process of implementing SBIRT.

Our Massachusetts Regional Mentor, Deb DiBartolo, BSN, RN, CEN, CPEN, SANE-A, SANE-P is Nursing Supervisor at Cayuga Medical Center in upstate New York and looks forward to work with interested facilities here in Massachusetts.
The MASBIRT program continues to provide universal screening for unhealthy alcohol and drug use, on-site brief intervention counseling and facilitated addiction treatment referrals in general healthcare settings.

Since March 2007, MASBIRT Health Promotion Advocates (HPAs) have screened over 147,000 patients and conducted over 25,000 brief interventions.

**Innovations**

MASBIRT Program leadership will participate in 2 breakout presentation sessions at the May Innovations Conference. The first session, *SBIRT in Different Healthcare Settings: Models for Training and Practice* will highlight MASBIRT Program experiences in 25 different clinical settings.

The second session, *New Roads to Treatment through Healthcare*, will discuss various components of making referrals to substance abuse treatment from medical settings. MASBIRT will also present a poster: *The role of SBIRT in prescription drug monitoring programs*.  

**Smoking Cessation Counseling**

Many MASBIRT HPAs recently attended a 2-day, MDPH, BPHC and University of Massachusetts Medical School Center for Tobacco Treatment Research and Training-sponsored program: *Basic Skills for Working with Smokers*. The training program is funded by the U.S. Department of Health and Human Services.

MASBIRT HPAs who attended are now certified to see patients with MassHealth for smoking cessation counseling. This is a billable service and could be a potential revenue source for clinics. The first tobacco counseling session must be 45 minutes in length and subsequent sessions can be 30 minutes.

Speak to the HPA at your MASBIRT site for more information, or contact Lee Ellenberg at Lee.ellenberg@bmc.org.

**SBIRT Dissemination**

The National Institute on Drug Abuse invited MASBIRT Associate Medical Director, Christopher Shanahan, to discuss a standardized set of unhealthy alcohol and drug screening questions that will be recommended as common data elements (CDEs) for vendors to consider incorporating into their electronic health record (EHR) products.

Daniel Alford, MASBIRT Medical Director, presented on the role of SBIRT in Prescription Monitoring Programs (PMP) at the March Tufts Health Care Institute Program on Opioid Risk Management. He continues to work toward incorporating SBIRT screening into PMP training and decision support as the new on-line PMP rolls out in Massachusetts.

**Sustainability: The Future of MASBIRT**

MASBIRT Program leadership continues to meet with sites receiving MASBIRT services to discuss plans for sustaining SBIRT activities beyond SAMHSA funding. For more information, or to schedule a visit at your MASBIRT site, please contact Alissa Almeida at Alissa.almeida@bmc.org.
ENA SBIRT Mentorship Project

ENA will provide
• a no-cost series of 5 Web-based seminars to guide ED staff through the step-by-step SBIRT implementation process, and
• access to an interactive, online community of practice that includes evidence-based tools, up-to-date Internet resources and a mentor-facilitated discussion blog.

Webinar
A complimentary Web seminar is available to any nurse interested in SBIRT on April 27 from 1:30 to 2:30 CT (2:30—3:30 EDT) for 1 contact hour. Sign-ups for this free seminar are limited to the first 200 participants.


Learn More
To join the ENA SBIRT Mentorship Project or learn more, visit www.ena.org/IQSIP.

A one page ENA project summary is available at:

8th Annual INEBRIA Conference
September 21-23, 2011 Liberty Hotel, Boston, MA USA

ABSTRACT, WORKSHOP, AND SYMPOSIUM SUBMISSIONS DUE MONDAY, MAY 30, 2011

September 21: Implementing and Sustaining Alcohol and Other Drug Screening and Brief Intervention (AOD-SBI) Meeting: Lessons from Large Scale Efforts

September 22-23: INEBRIA Conference – New Frontiers: Translating Science to Enhance Health

These conferences will communicate new findings from research on screening and brief intervention (SBI, also known as early identification and brief intervention, EIBI), foster professional collaborations, and facilitate the development and dissemination of SBI research with a particular focus on implementation and sustainability.

To submit an abstract, workshop or symposium, or to register for the conference, go to: www.inebriaboston.org or http://www.bumc.bu.edu/care/inebria/

For more information contact: info@inebriaboston.org
New Health Promotion Advocates at South Shore Hospital
The Massachusetts ED SBIRT program would like to welcome two new Health Promotion Advocates (HPAs) at South Shore Hospital in Weymouth: Loberta Lacrete and Caitlin Little. In February, they received SBIRT training from the BNI ART Institute and began working in their new role. Caitlin and Loberta have quickly become a wonderful addition to our team. Within less than two weeks of starting, our two new HPAs screened almost 70 patients and performed 36 brief interventions – a great start!

State Narcan Pilot Expanded to MA ED SBIRT Sites
Hospitals in the ED SBIRT project have begun participating in the Bystander Intra-Nasal Naloxone (Narcan) pilot program as a part of their SBIRT efforts. HPAs can now teach the administration of nasal Narcan to patients, as well as their families and friends, who come into the emergency department with an overdose or who screen positive for opiates. At a training held in February, health promotion advocates learned about opiate overdose prevention, identification of and response to opiates as well as how to administer and distribute Narcan to others.

Since ED SBIRT began in 2007, 53% of positive drug screens involved the use of opiates so there will be plenty of opportunity to make an impact in our state’s emergency departments.

Project Data Updates
Through February 2011, Massachusetts ED SBIRT has screened 31,741 of which 10,460 (33%) screened positive for risky or dependent alcohol use and/or drugs. For brief interventions, 8,866 were given a BNI (85%) and 6,956 (78%) received a referral to treatment.

Treatment referrals can range from making an appointment at a treatment center to information on AA/NA meetings in the area.
SBIRT in School Based Health Centers

The CRAFFT Refresher training in 37 school-based health centers across the state has just been completed. The trainings focused on Brief Interventions, using Motivational Interviewing (MI) strategies, and introducing local ambulatory adolescent treatment providers to nurse practitioners and other medical staff in each health center.

Evaluations for this training have shown statistically significant increases in knowledge and confidence on every item of the pre- and post-tests.

Clinician Feedback

Through role plays, clinicians have appreciated the challenging opportunity to practice their motivational interviewing skills; MI strategies may be simple, but they aren’t easy and clinicians have benefitted from this practice.

Clinicians have especially appreciated the ‘face to face’ meetings with local treatment providers, as well as the Recovery High School staff in Springfield and Boston.

Lessons

Some lessons learned from this initiative include:
- Medical staff are often unaware of current adolescent drugs of choice in their communities;
- Recent decriminalization of small amounts of marijuana has resulted in many adolescents thinking that is ‘not a problem’ to use this drug;
- Treatment providers are also eager for collaborative opportunities with SBHCs and high schools;
- Some medical staff do not understand that adolescents are significantly more sensitive to alcohol and its deleterious effects than adults of the same size; and
- A little instruction and practice in SBIRT can have an enormous positive effect on clinician comfort level and competency.

This SBHC initiative is a collaboration between the MDPH Bureaus of Community Health and Prevention and of Substance Abuse Services, and the Institute of Health and Recovery.

Further findings will be presented at the BSAS Innovations Conference in May, 2011.

New NIAA Fact Sheet

Women and Alcohol

Discusses health risks for women

SBIRT Medical Residency Program

This program continues to deliver five training modules to pediatrics residents, and six training modules to child psychiatry residents—all with positive feedback. In addition, both a module that addresses the effects of alcohol and marijuana on the adolescent brain, and a module dealing with inhalant abuse have been introduced.

Further modules in development address topics on parent guidance, co-occurring mental health disorders, infectious disease (HepC, STDs, TB, HIV), confidentiality in adolescent SBIRT, and neurobiology of addiction.

Expanding Reach

In collaboration with Emergency Department staff, the program has expanded its training into the ED, and has developed and implemented a computerized, self-administered adolescent SBIRT screen based on a detailed branching algorithm. Program staff hope to further develop and expand the training program into the Children's Hospital Boston Social Work Department.

CeASAR’s internet resource for parents  www.teen-safe.org

USDA & HHS Announce
New Dietary Guidelines for Americans

Chapter 3 - Foods and Food Components to Reduce includes Alcohol Guidelines

The Alcohol write-up and guidelines can be found on pages 30 and 31.

A drink is defined on page 21.

Guidelines reflect current scientific evidence and recommend up to one drink per day for women and up to two drinks per day for men for moderate consumers.

For the first time the new guidelines also define binge drinking and heavy drinking, and clearly state that excessive drinking has long-term health impacts.

The guidelines note that excessive drinking is “responsible for an average of 79,000 deaths” in the US each year, 50 % of which are linked to binge drinking.