



# Massachusetts SBIRT News

Fall 2017 **Number 4**

Screening, Brief Intervention, Referral and Treatment

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

*This is the third in a series of articles highlighting the four SAMHSA-funded SBIRT Professional Training Grantees in Massachusetts.*

## **Boston University Evidence-Based SBIRT Student Training (BESST) Project**

The Boston University Evidence-Based SBIRT Student Training (BESST) Project is one of four organizations in Massachusetts to receive a three-year training grant through SAMHSA to train students in SBIRT.

The BESST Project has trained over 1,200 students in SBIRT over the past two years, and has created comprehensive curricula for various medical professional programs around substance use and prescription drug misuse. The program works with pre-clinical and clinical medical and physician assistant (PA) students at BU School of Medicine (BUSM), dental students at BU Goldman School of Dental Medicine, physical therapy and occupational therapy students rotating through Boston Medical Center, and pharmacy students at Northeastern University's Marjorie Bouvé College of Health Sciences.

This year the BESST Project will also work with the Sargent College at Boston University to create an online SBIRT training module for its Inter-Professional Education Department (physical therapy, occupational therapy, nutrition, athletic training, and speech therapy).

The BESST Project has worked closely with faculty in each program to determine where any content related to substance use, prescription drug misuse, or SBIRT could be updated or expanded. Each training for the different medical professional groups is tailored to fit the content areas needed and time available for the training.

The BESST Project developed three levels of brief intervention:

Ask, Assess, Advise for first year medical students: Screen using single item screening questions, assess for severity using CAGE/CAGE-AID, and advise the patient to discuss further with a primary care physician, if needed

Feedback, Advice, and Negotiating a Goal: Screen using single item screening questions, assess for severity using CAGE/CAGE-AID, and advise by giving feedback on a patient's unhealthy substance use, providing best advice, and helping the patient to negotiate a realistic goal for the future

Brief Negotiated Interview: Screen using single item screening questions, assess for severity using CAGE/CAGE-AID, and advise the patient through a discussion of the pros and cons of their substance use, review of health risks, exploration of readiness, and negotiation of a realistic goal for the future.



## New Improved Helpline

Bureau of Substance Addiction Services' new, improved [Massachusetts Substance Use Helpline](https://helplinema.org) went live in early September. The phone system and call interface, website and behind-the-scenes database have all been upgraded and enhanced. Even the call center, itself, has been reconfigured.

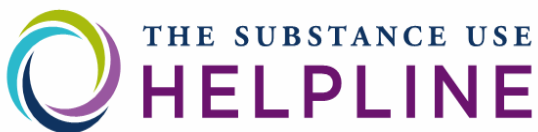
The Helpline is open 365 days/year, including holidays. Hours for callers have expanded:

- ◆ 8:00 am to 10:00 pm weekdays, and
- ◆ 8:00 am to 6:00 pm weekends.

In addition to Helpline Screening and Information Specialists who take the calls, the team now includes 2.5 masters level clinicians who provide supervision, provide training, take calls and make follow-up calls. With consent, select callers will be offered a 'call back' from a Helpline Clinician for additional recovery support.

During overnight hours, the telephone system "message tree" directs callers to emergency and/or crisis services in their region. Callers can also leave a message and be called back the next day.

The new [website](https://helplinema.org) is available 24/7 every day of the year. It offers a new, more comprehensive search function, and asks several questions of those seeking treatment to suggest appropriate options. The new site will provide an option to chat with one of the helpline specialists. The website uses plain language, and meets Section 508 and Massachusetts Accessibility standards.



<https://helplinema.org>

**800-327-5050**

## BESST Project

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One of the most in-depth pieces the BESST Project has worked on over the last two years is the Substance Use and Prescription Drug Misuse Vertical Integration Group (SUPDM VIG) within BUSM. The Medical School Dean established the VIG in response to Governor Baker's working group which mandated *Core Competencies for the Prevention and Management of Prescription Drug Misuse* for medical student education. The SUPDM VIG includes faculty, students, course directors, and curriculum committees from various departments at BUSM.

The VIG met to first identify and map all SUPDM content throughout the four year curriculum. From there, the BESST Project was able to update or add content as needed, while ensuring there were no unplanned redundancies. Lastly, each occurrence of SUPDM content was linked to its corresponding Core Competency area(s) to ensure that all students would meet the learning requirements laid out by the Governor's Medical Education Work Group. (See Core Curriculum on p 3.)

The map was added to the BUSM website so all students and faculty are able to view the comprehensive SUPDM content. To see the complete work of the SUPDM VIG, please visit: <http://bit.ly/2wJLhBs>.

In terms of training evaluations, Pre and Post surveys from student trainings have shown that this program has yielded significant improvement in students' confidence to screen for alcohol, illicit and prescription drug use, and to provide brief counseling as well as resources for treatment.

To learn more contact: Jacqueline German, MPH, Project Manager, BESST Project - [Jacqueline.German@bmc.org](mailto:Jacqueline.German@bmc.org)

### Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse

Domain	Task
<b>Primary Prevention Domain</b> - Preventing Prescription Drug Misuse: Screening, Evaluation, and Prevention	1.1: Pain assessment
	1.2: Screening for SUD & monitoring for SUD
	1.3: Treatment of acute and chronic pain
<b>Secondary Prevention Domain</b> - Treating Patients At-Risk for Substance Use Disorders: Engage Patients in Safe, Informed, and Patient-Centered Treatment Planning	2.1: Treating SUD
	2.2: Treating pain & SUD
	2.3: Patient counseling
<b>Tertiary Prevention Domain</b> - Managing Substance Use Disorders as a Chronic Disease: Eliminate Stigma and Build Awareness of Social Determinants	3.1: Overdose
	3.2: SUD as a chronic disease
	3.3: Stigma and biases
	3.4: Social determinants of health

Antman KH, Berman HA, Flotte TR, Flier J, Dimitri DM, Bharel M. Developing core competencies for the prevention and management of prescription drug misuse: a medical education collaboration in Massachusetts. Acad Med. 2016 Oct 1;91(10):1348-51.

### To learn more about SBIRT contact:

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## Boston University School of Medicine SUPDM Core Curriculum

Year	Course	Session Title/Topic	Format	
BUSM I	Basic Life Support	Overdose reversal (Naloxone)	Lecture/Skills Practice	
	Intro to Clinical Medicine 1 (ICM 1)	Substance use screening (Single Item Questions)	Lecture	
		Screening/basic brief intervention (Ask, Assess, Advise [AAA])	Online Training/Resource Materials	
	Patient to Population Medicine	Human Behavior in Medicine	Physician in recovery with previous amphetamine use	Patient Interview (Faculty)
			Tobacco use	Lecture
			Unhealthy alcohol use	Lecture
		Essentials of Public Health	Opioid epidemic	Lecture
Principles Integrating Sciences and Medicine (PRISM)	Neuroscience	Pain neurology, assessment, and management	Lecture	
		Neurobiology of SUD	Lecture	
BUSM II	Disease and Therapy (DRx)	Controlled substances regulations & mandates	Lecture	
		Opioids	Lecture	
		Substance related disorders	Lecture	
		Psychostimulants	Lecture	
		Alcohol and cannabinoids	Lecture	
	Neurology	Pain syndromes	Lecture	
		Psychiatry	Veteran with Polysubstance Use	Patient Interview (Faculty)
	Intro to Clinical Medicine 2 (ICM 2)	SBIRT: Screening/Brief Negotiated Interview and Referral to Treatment	Lecture/Skills Practice/Resource Materials	
		Substance use interview	Standardized Patient	
	Integrated Problems 2 (IP2)	Patient with HCV and substance use (opioids, alcohol) treated with medication (buprenorphine)	Case Study	
End of Second Year Assessments (EOSYA)	History taking: screening, counseling if needed (3)	Standardized Patient		
Psychiatry Clerkship	Substance use disorders	Lecture		
BUSM III	Family Medicine Clerkship	Motivational interviewing	Lecture/Skills Practice	
		AA observation	Experiential Learning	
	End of Third Year Assessments (EOTYA)	Standardized patients (habits, explore potential medical problems) (6)	Standardized Patient	
BUSM IV	Ambulatory/Surgical Selective	Safe and Competent Opioid Prescribing Education (SCOPE of Pain)	Online Training	

### BUSM also has a SUPDM Supplemental Curriculum

School Nurses &  
School Health Teams  
**ARE YOU READY?**

**Register for FREE SBIRT 1 and Essentials 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)



Order **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

- ◆ Guidance with clinical protocol development, selection of screening instruments and methods, 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 strategies, 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**

## American Society of Clinical Oncology Statement on Alcohol

Alcohol use—whether light, moderate, or heavy—is linked with increasing the risk of several leading cancers, including those of the breast, colon, esophagus, and head and neck, according to evidence gathered by the American Society of Clinical Oncology (ASCO).

In [a statement](#) identifying alcohol as a definite risk factor for cancer, ASCO cites between 5-6% of new cancers and cancer deaths globally as directly attributable to alcohol. This is particularly concerning since 70% of Americans do not recognize drinking alcohol as a risk factor for cancer, according to the *National Cancer Opinion Survey*, conducted by ASCO earlier this year.

“People typically don’t associate drinking beer, wine, and hard liquor with increasing their risk of developing cancer in their lifetimes,” said ASCO President Bruce Johnson, MD, FASCO. “However, the link between increased alcohol consumption and cancer has been firmly established and gives the medical community guidance on how to help their patients reduce their risk of cancer.”

ASCO’s *National Cancer Opinion Survey* found that only 38% of Americans were limiting their alcohol intake as a way to reduce their risk for cancer.

The statement, published in the *Journal of Clinical Oncology*, also offers some evidence-based policy recommendations to reduce excessive alcohol consumption; first among them “Provide alcohol screening and brief interventions in clinical settings.”

“ASCO joins a growing number of cancer care and public health organizations in recognizing that even moderate alcohol use can cause cancer,” said Noelle K. LoConte, MD, lead author of the statement and an associate professor of medicine at the University of Wisconsin.

[Continued in next column](#)

## ASCO Statement

[continued](#)

“Limiting alcohol intake is a means to prevent cancer. The good news is that, just like people wear sunscreen to limit their risk of skin cancer, limiting alcohol intake is one more thing people can do to reduce their overall risk of developing cancer.”

Not only does excessive alcohol consumption cause cancer, but it also can delay or negatively impact cancer treatment.

Oncologists are uniquely positioned to identify strategies to help their patients reduce their alcohol use and serve as community advisors and leaders to raise the awareness of alcohol as a cancer risk behavior.

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) represents more than 40,000 oncology professionals who care for people living with cancer.

[Noelle K. LoConte, Abenaa M. Brewster, Judith S. Kaur, Janette K. Merrill, and Anthony J. Alberg. Alcohol and Cancer: A Statement of the American Society of Clinical Oncology. \*Journal of Clinical Oncology\* 0 0:0](#)  
Published at [jco.org](#) on 11/7/17

## BSAS is now the Bureau of Substance Addiction Services

As a part of the FY 2018 Appropriation, the Massachusetts State Legislature has mandated that **BSAS** shall now be the Bureau of Substance Addiction Services (formerly Substance Abuse Services).

The name change, effective July 1, 2017, reflects the advancement in public perceptions of the addiction crisis and de-stigmatization, but has no bearing on the functions or operation of the bureau.

Please contact [Frederic Clifford](#) with any questions regarding this change.

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