

# An Overview of Bureau of Substance Abuse Services Prevention Programs



Massachusetts Behavioral Health Partnership – June Conference | Hilton Garden Inn  
Boston located Waltham, MA and Sturbridge Host Hotel and Conference Center  
located – Sturbridge, MA  
June 2016

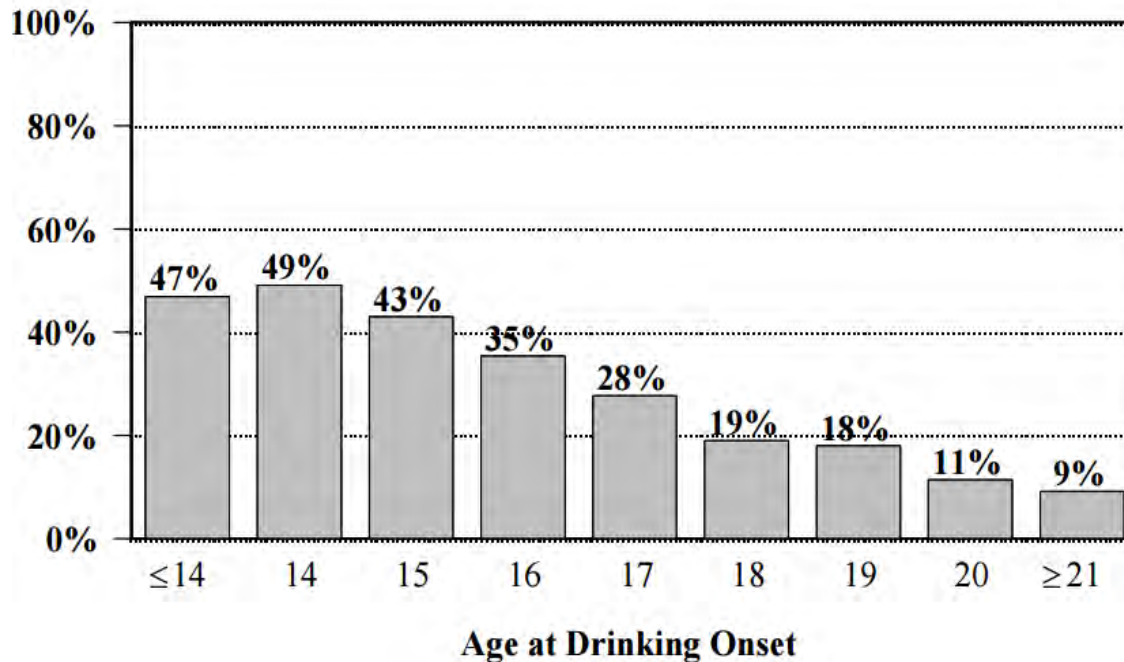
Fernando Perfas, *Assistant Director of Prevention*  
Massachusetts Department of Public Health  
Bureau of Substance Abuse Services



# The Need for Primary Prevention



**Percentage of U.S. Adult Drinkers Who Ever Used Other Drugs Illicitly, by Age at Drinking Onset**  
(N=27,616)



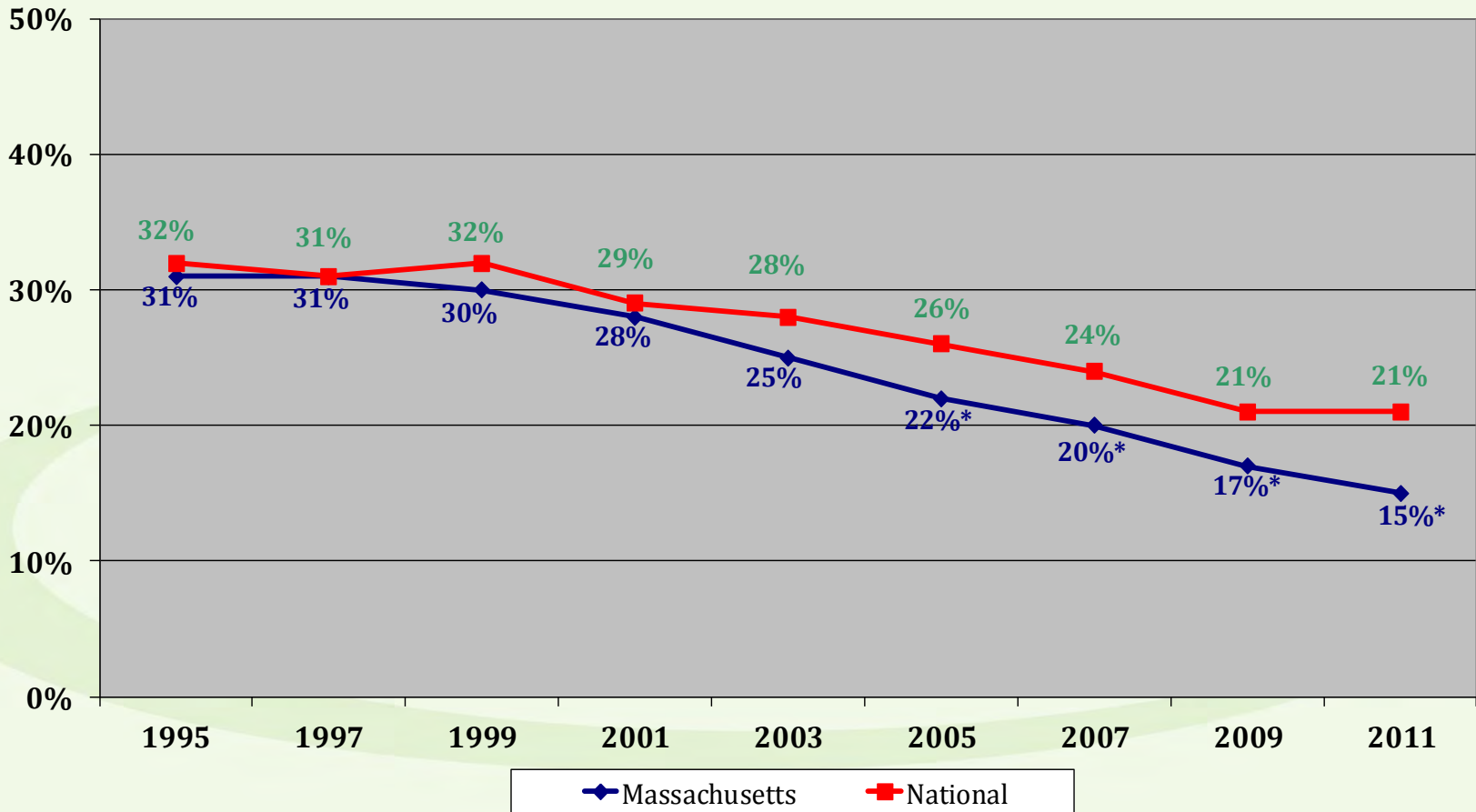
SOURCE: Adapted by CESAR from Hingson, R.W., Heeren, T., and Edwards, E.M. "Age at Drinking Onset, Alcohol Dependence, and Their Relation to Drug Use and Dependence, Driving Under the Influence of Drugs, and Motor-Vehicle Crash Involvement Because of Drugs," *Journal of Studies on Alcohol and Drugs* 69(2):192-201, 2008.



# The Need for Primary Prevention



Age of First Alcohol Use in Massachusetts and the United States (Age <13)





# What Do We Do?



The Prevention Unit at the Department of Public Health's Bureau of Substance Abuse Services works to **prevent and reduce substance use disorders and related issues** by providing **leadership and financial support** to communities throughout the Commonwealth. In addition, we provide **support, training, and educational materials for substance abuse prevention** to communities and residents across the state.



# Types of Prevention



- Prevention includes a wide range of activities — known as “interventions” — aimed at reducing risks or threats to health.
  - **PRIMARY**: Those activities that decrease the likelihood of use ever happening in the first instance.
  - **Secondary**: Those activities that reduce the likelihood that use/misuse will continue or reoccur.
  - **Tertiary**: Those activities that seek, over time, to ameliorate or lessen the harm already done as a result of the misuse/disorder.





# The Scope of Prevention



- Prevention interventions can be classified according to their target populations, based on levels of risk:
  - UNIVERSAL programs reach the general population, such as all students in a school or all parents in a community.
  - Selective programs target subsets of those at risk, such as children of those with substance misuse issues or those exhibiting problems at school.
  - Indicated programs are for those already experimenting with alcohol, tobacco, and other drugs or showing signs of other risky behaviors.



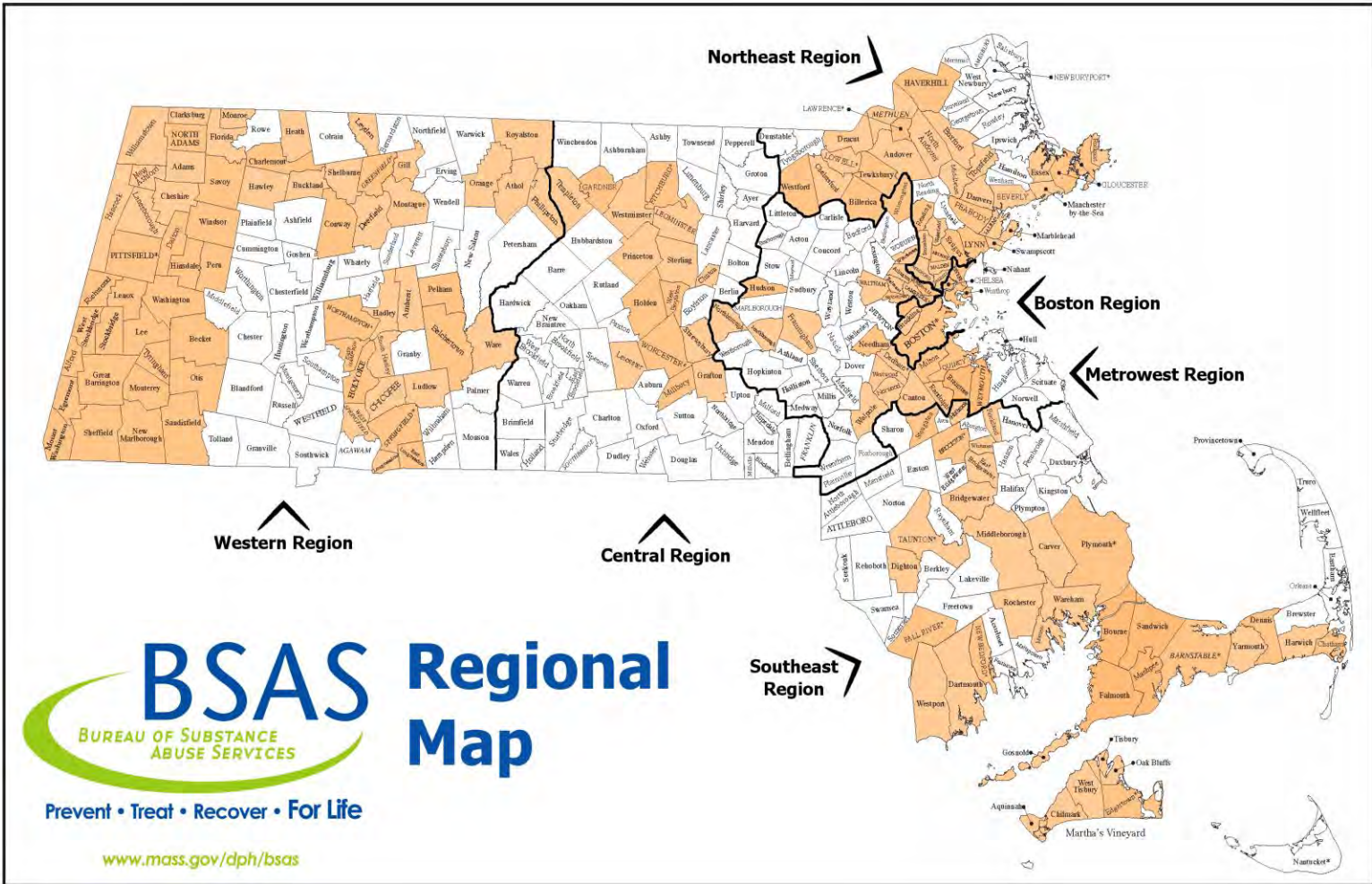
# What and Where Are Our Programs?



- **Substance Abuse Prevention Collaborative (SAPC)**
  - 28 municipal “clusters” (138 cities/towns) *underage drinking and other substance use prevention* (ending in June 2018 and up to June 2022).
- **Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)**
  - 18 municipal “clusters” (111 cities/towns) focused on *opioid abuse and opioid overdose prevention* (funded until June 2016 and up to June 2020).
- **SAMHSA Partnership for Success 2015 (PFS2015)**
  - 16 cities focused on *prescription drug misuse and abuse prevention* among high school aged youth (ending in September 2020).
- **192+ Prevention Partnerships Statewide**



# What and Where Are Our Programs Across the State?



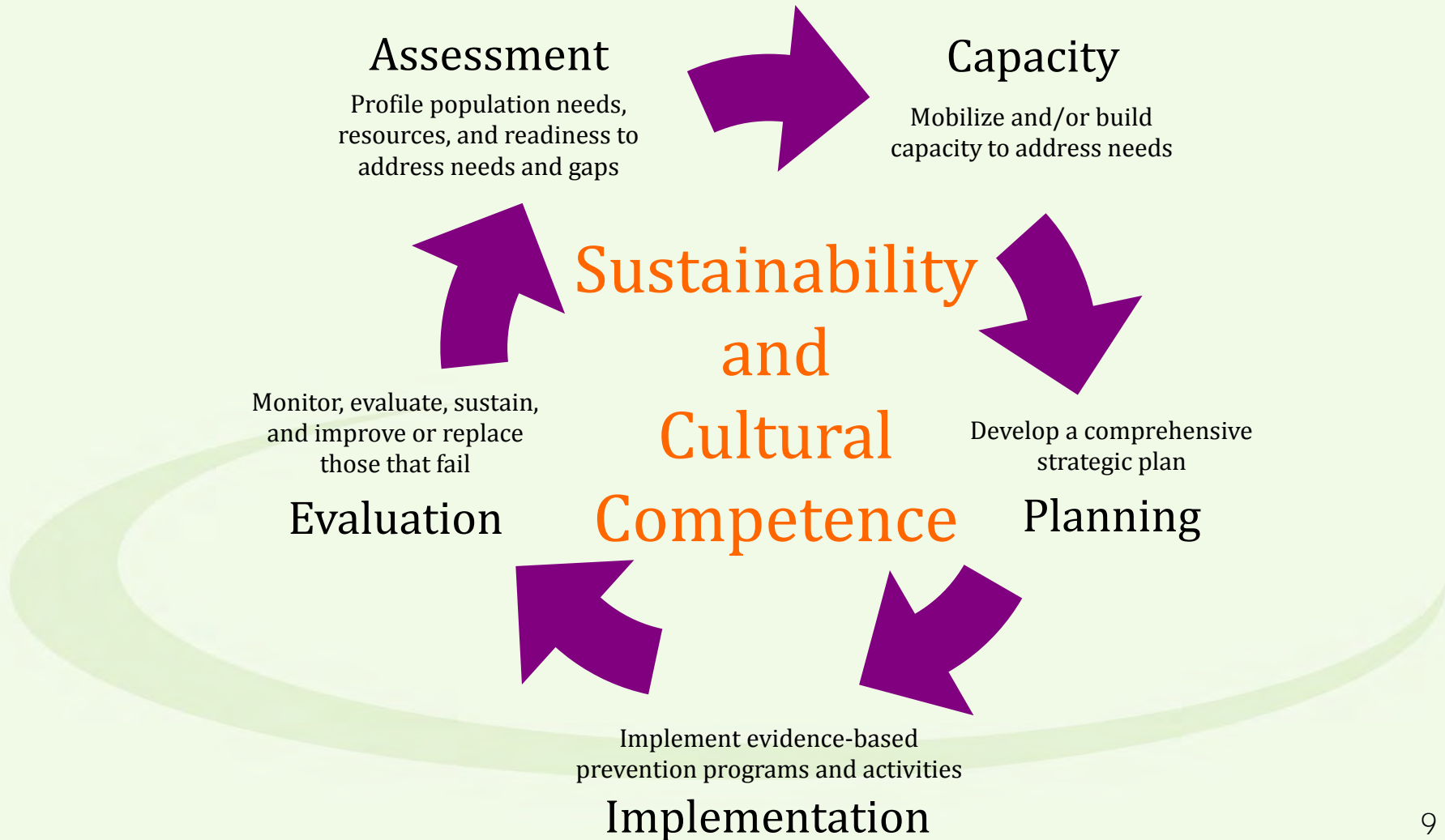
## Regional Map

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





# SAMHSA's Strategic Prevention Framework (SPF)





# A Few Examples of Evidence-Based Strategies



- **Underage Drinking Prevention**

- Compliance Checks
- Sticker Shock
- Shoulder Tap (with the right training and partners at the table)
- Local Ordinances (signage, outlet density, hours of operation, staff training)
- School Policies (discipline, curriculum, fundraising, student surveys)
- Positive Social Norms (data informed well developed campaigns)



# A Few Examples of Evidence-Based Strategies



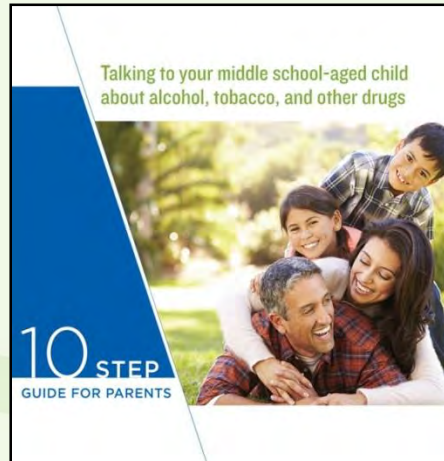
- **Opioid Overdose and Non-Medical Use of Rx Drugs Prevention**
  - Rx Drug Take-Back Drop Boxes
  - Safe Rx Drug Storage/Disposal in the home
  - Promotion of Naloxone Pharmacy Access/Other Access
  - Opioid Prescriber Education (Scope of Pain)
  - Positive Social Norms (data informed and well developed campaigns)
  - Local Assessment (school based, qualitative/quantitative)
  - Addressing Stigma/Promotion of State Without Stigma Campaign



# BSAS Public Information



- The BSAS Prevention Unit provides Public Information through print and web-based initiatives developed for parents, youth, older adults, and those who serve them.
- All BSAS printed materials are available for **free** download or in bulk quantities (at no charge) from the Massachusetts Health Promotion Clearinghouse: [www.maclightinghouse.com](http://www.maclightinghouse.com).



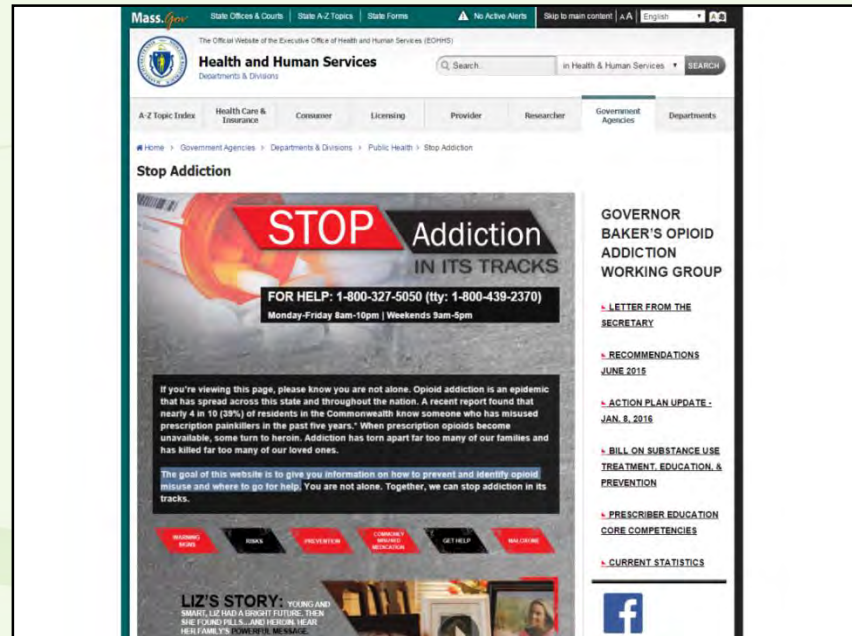




# BSAS “Stop Addiction” Website



- The BSAS “Stop Addiction” website was developed for parents, youth, older adults, and those who serve them. The goal of this website is to make available information on how to prevent and identify opioid misuse and where to go for help.





# 'State Without Stigma' Campaign



- The 'State Without Stigma' campaign was developed to address the stigma surrounding drug misuse that keeps people from seeking treatment by providing resources and facts to help change the dialogue around how the Commonwealth thinks about, talks about and treats people with substance use disorders.

**Addiction** is not a Choice. It's a **Disease**.

How others treat you, talk to you, or think about you can hurt.

**You deserve treatment.**  
**You deserve recovery.**

**#StateWithoutStigMA**

Looking for treatment or information about addiction services? **STOP** Addiction IN ITS TRACKS

HELPLINE: 800-327-5050 [mass.gov/StateWithoutStigMA](http://mass.gov/StateWithoutStigMA)

**Addiction is not a *Choice*. It's a Disease.**

You deserve treatment.  
You deserve recovery.

Massachusetts Department of Public Health

SA3551

**#StateWithoutStigMA**

**STOP** Addiction IN ITS TRACKS

**HELPLINE: 800-327-5050**  
[mass.gov/StateWithoutStigMA](http://mass.gov/StateWithoutStigMA)



# Program Support



- **Massachusetts Technical Assistance Prevention Partnerships (MassTAPP)**
  - The Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) supports communities across the Commonwealth of Massachusetts in addressing substance use/misuse prevention.
  - MassTAPP's expert staff offers technical assistance, capacity building, and resources to BSAS-funded programs and other communities across the state.



# BSAS Resources for Communities



- **BSAS Website ([www.mass.gov/dph/bsas](http://www.mass.gov/dph/bsas))**
  - Prevention Information
  - Provider Guidelines for Services and Planning
  - Data and Statistics
- **MA Substance Abuse Information and Education Helpline ([www.helpline-online.com](http://www.helpline-online.com))**
  - Treatment and Prevention Services
  - FREE and Confidential Information and Referrals





# BSAS Resources for Communities



- **Massachusetts Health Promotion Clearinghouse** ([www.mass.gov/maclearinghouse](http://www.mass.gov/maclearinghouse))
  - FREE Substance Use/Misuse Prevention Materials
- **MassTAPP Website** ([www.masstapp.edc.org](http://www.masstapp.edc.org))
  - FREE Prevention Program Planning Tools and Guidance Documents
  - Successful Evidence-Based Strategies and Promising Practices
  - Community Resources
  - Funding Opportunities
  - Webinars, Trainings, and Events



# Contact Information



Fernando Perfas

*Assistant Director of Prevention*

Bureau of Substance Abuse Services

Massachusetts Department of Public Health

[fernando.perfas@state.ma.us](mailto:fernando.perfas@state.ma.us)

# Screening and Brief Interventions: Addressing Unhealthy Alcohol and Drug Use in Healthcare Settings



Carol Girard, Coordinator, SBIRT Programs  
MA Department of Public Health  
Bureau of Substance Abuse Services  
June 9, 2016



# Alcohol and Health Risks



## Immediate risks

- Motor Vehicle crashes
- Pedestrian injuries
- Drowning
- Falls
- Fires
- Homicide & suicide
- Unintended firearm injuries
- Alcohol poisoning
- Unintended pregnancies
- Sexually transmitted infections
- Depressed Mood

## Long term risks

- Hypertension/stroke
- Ischemic heart disease
- Permanent liver damage
- Pancreatitis
- Diabetes
- Cancers – breast, prostate, larynx, pharynx, esophagus, colon, rectum
- Chronic depression
- Neurologic damage
- Addiction to alcohol
- FASD





# Alcohol Use Harm



Alcohol use disorders

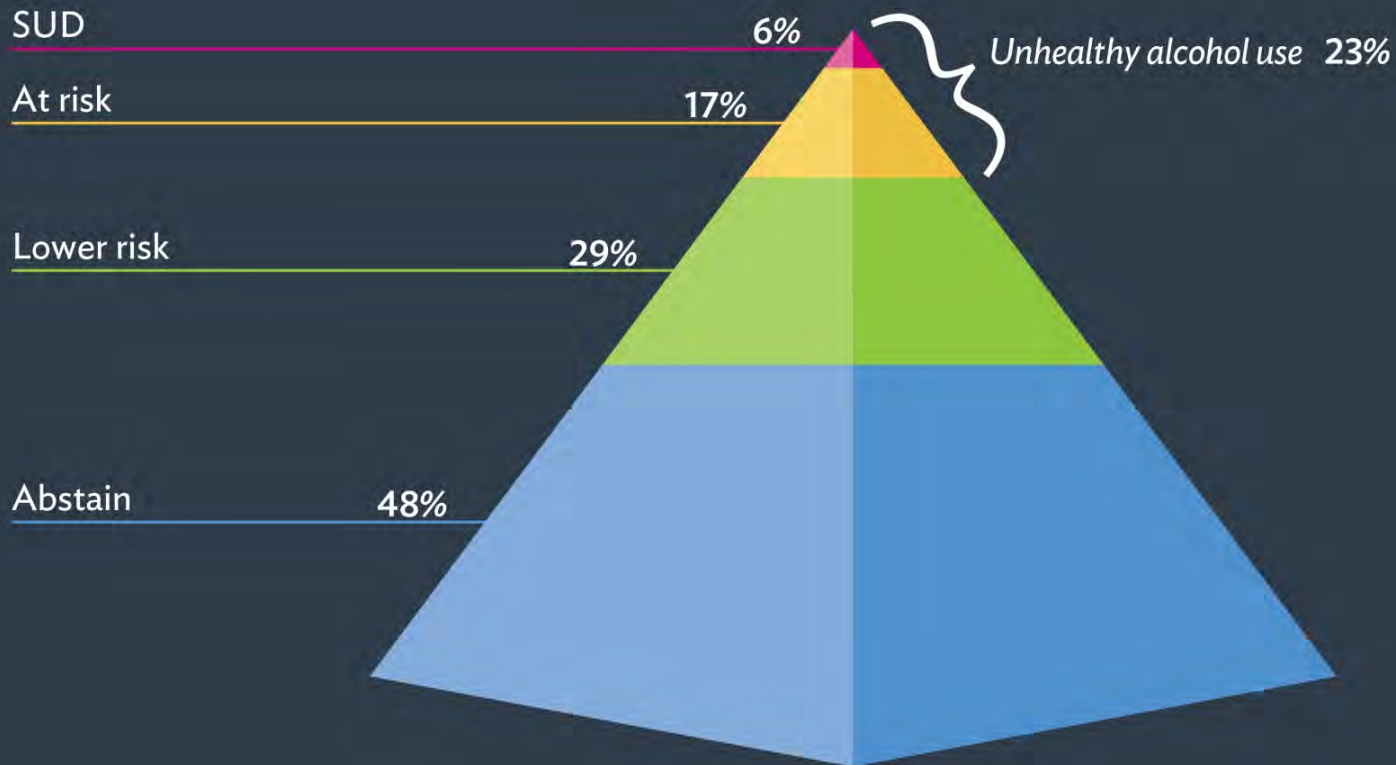
**Harm from alcohol**

Non-dependent excessive drinking

\*\* Injuries from car crashes, boating accidents, falls, suicides, assaults and fights, occupational injuries, etc.



# The Drinker's Pyramid





# What Is a Drink?







# A Drink

## What is a “standard drink” in the US?



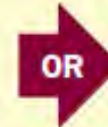
**12 ounces  
of beer**  
5% Alcohol



**8 ounces  
of malt liquor**  
7% Alcohol



**5 ounces  
of wine**  
12% Alcohol



**1.5 ounces of distilled spirits**  
40% alcohol (80 proof)  
*e.g., vodka, whiskey, gin, rum*



# How much? How often?



## Men & Women ages 65+

No more than 1 drink on any day AND no more than 7 per week.





# Avoid Alcohol When...



- Planning to get pregnant and during pregnancy
- Before and while operating machinery
- When taking particular medications
- Medical conditions, like Hep C
- Under age 21

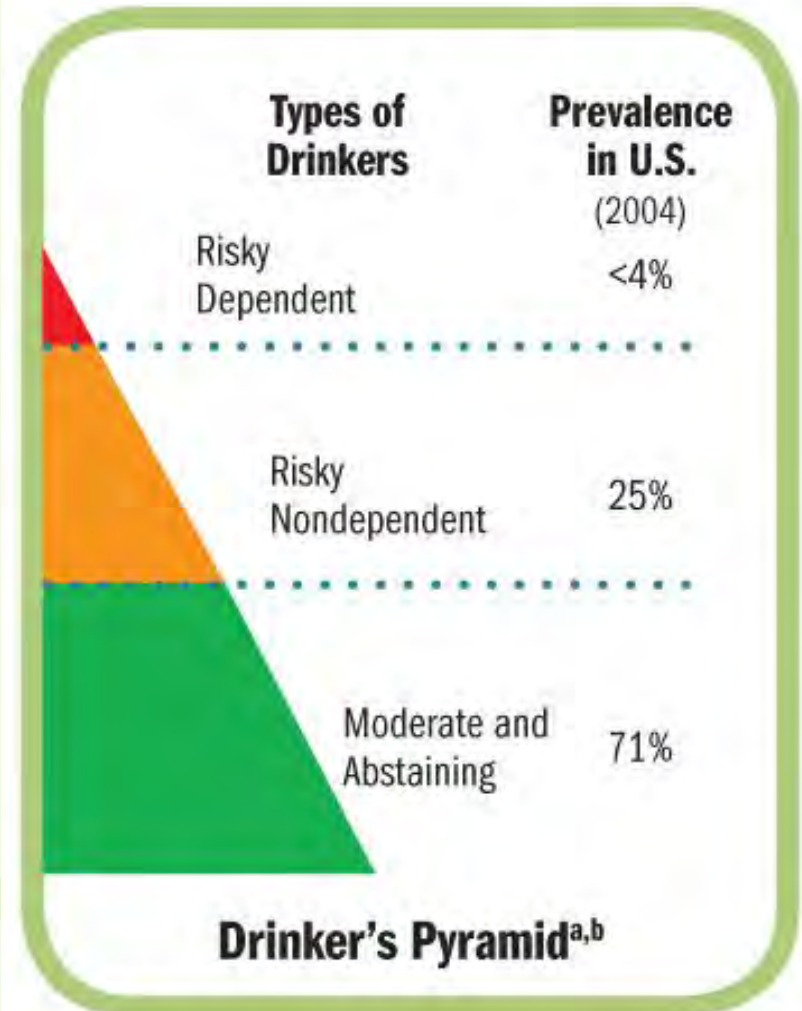




# What is unhealthy or risky alcohol use?

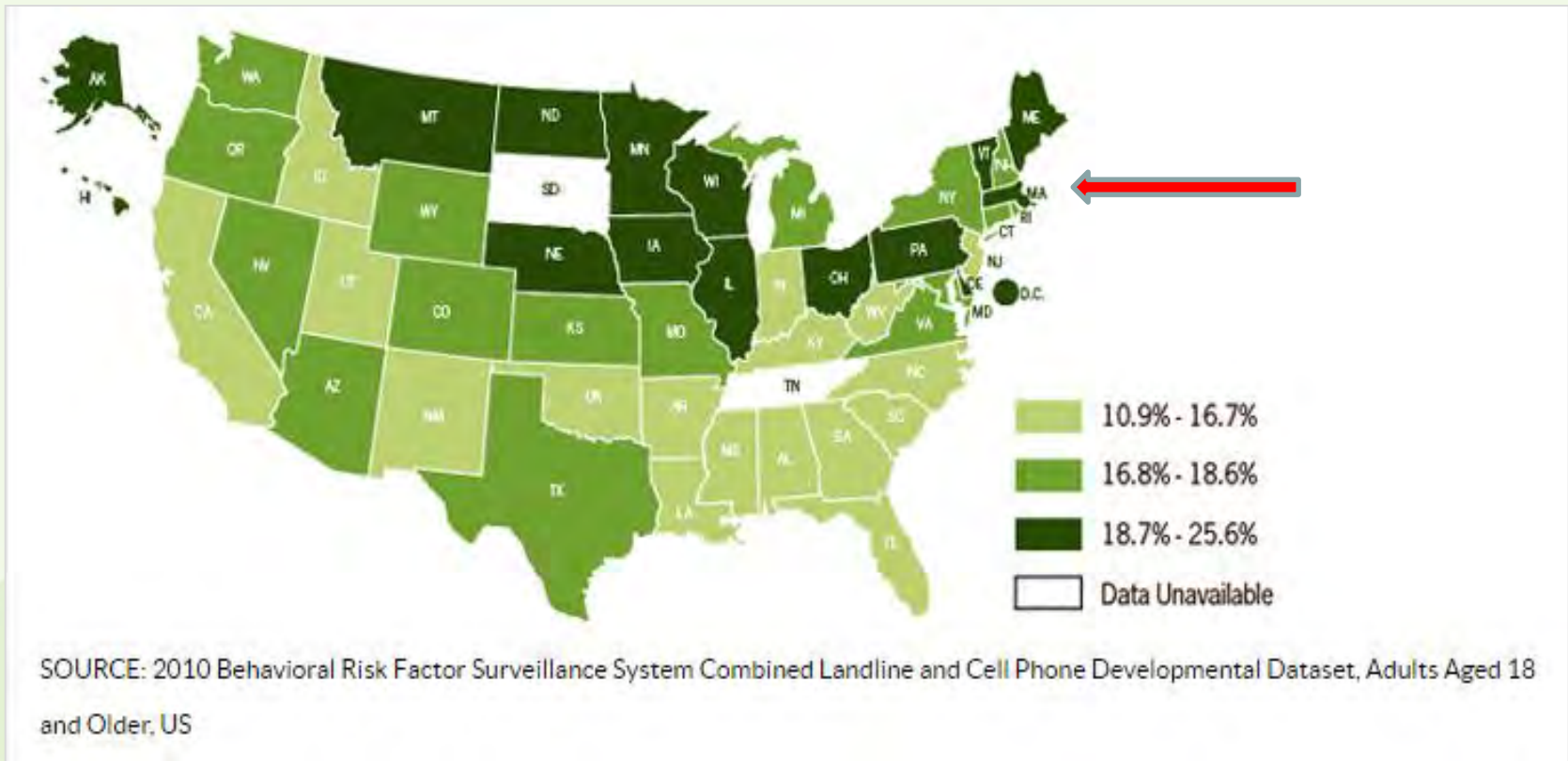


- Any level of alcohol use that **increases risk of harm** to a person's health or well-being or that of others
- Most risky drinkers are NOT dependent





# Percent of adults who binge\* drink



**Massachusetts: 1.3 million excessive drinkers**

\* 5/4 or more drinks (M/W & 65+) on one occasion



# Binge Drinkers



- Age group with most binge drinkers - 18-34
- Age group that binges most often - **65+**
- More than **50%** the alcohol adults drink is while binge drinking  
(Same for more than **90%** of alcohol youth drink)
- Most alcohol impaired drivers binge drink



**Most binge drinkers are not dependent**





# SBI Essentials



- Screening and brief intervention (SBI) is an evidence-based practice to address unhealthy alcohol use
  - **Screening:** Asking a validated set of questions to identify patients' drinking patterns
  - **Brief Interventions:** Feedback and a short conversation about the harmful effects of risky drinking with patients who are drinking too much
- Addresses full spectrum of unhealthy substance use





# Why Universal Screening?



- Clinician suspicion of alcohol problems had poor sensitivity (27%) but high specificity (98%)<sup>1</sup>
- Few patients are aware of drinking guidelines; don't realize the impact of unhealthy substance use on health



<sup>1</sup>Vinson, D, *Annals of Fam Med.* 2013



# Effectiveness



Alcohol SBI is effective for adults in primary care outpatient settings ([Saitz, 2010](#), [Kaner et al., 2009](#), [Bertholet et al., 2005](#))



Alcohol SBI reduces:

Alcohol use

Hospitalizations

Injuries

Injuries under  
the influence

Mortality



# Alcohol SBI

## Rankings of Preventive Services for the U.S. Population<sup>1</sup>

Rank	Clinical Preventive Services	CPB	CE	Total Score
1	Discuss daily aspirin use—men 40+, women 50+	5	5	10
2	Childhood immunizations	5	5	
3	Smoking cessation advice and help to quit—adults	5	5	
<b>4</b>	<b>Alcohol screening and brief counseling—adults</b>	<b>4</b>	<b>5</b>	<b>9</b>
5	Colorectal cancer screening—adults 50+	4	4	8
6	Hypertension screening and treatment—adults 18+	5	3	
7	Influenza immunization—adults 50+	4	4	
8	Vision screening—adults 65+	3	5	
9	Cervical cancer screening—women	4	3	7
10	Cholesterol screening and treatment—men 35+, women 45+	5	2	
11	Pneumococcal immunizations—adults 65+	3	4	
12	Breast cancer screening—women 40+	4	2	6



CPB (clinically preventable burden): disease, injury and premature death prevented if delivered to full target population

CE (cost effectiveness): a standard measure for comparing services' return on investment

Services with the same total score tied in the rankings:

10 – highest impact, most cost effective among these evidence-based preventive services

2 – lowest impact, least cost effective among these evidence-based preventive services



# SBI Effectiveness



- SBI:
  - Most effective with lower severity alcohol use identified in primary care<sup>1</sup>
  - Least effective with most severe cases<sup>2</sup>
  - Decreases hospital days and associated costs post-hospitalization<sup>3</sup>
- US Preventive Services Task Force recommends alcohol SBI (grade B);<sup>4,5</sup> evidence insufficient for drug SBI



# SBI not as effective with drug use



- Brief Intervention did not have efficacy for decreasing drug use identified by screening
  - Findings don't support widespread drug screening and brief intervention for drug use <sup>1</sup>
  - One time BI with follow-up telephonic booster had no effect on drug use for patients in safety-net primary care settings <sup>2</sup>

## BUT ...

<sup>1</sup> Saitz R et al. *JAMA*, 2014; <sup>2</sup> Roy-Byrne, P et al *JAMA* , 2014.





# Ask and Engage



- **Ask validated question about drug use**
- **Engage patient in conversation about health risks**
- Let the patient know you are available to help him/her find help to cut back/stop





# Single Item Questions



## Alcohol

- How many times in the past year have you had X or more drinks in a day? <sup>1</sup>
  - where X was 5 drinks for men / 4 drinks for women.

## Drugs

- How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? <sup>2</sup>
  - To clarify *non-medical reasons* say ‘for instance because of the experience or feeling it caused.’

<sup>1</sup>Smith PC, Schmidt SM, Allensworth- Davies D, et al. *J Gen Intern Med.* 2009.

<sup>2</sup>Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. *Arch Intern Med.* 2010.

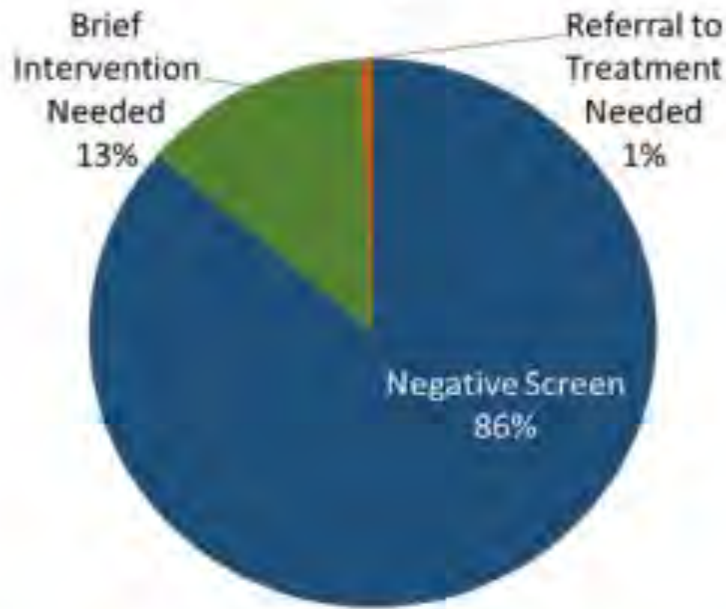


# MASBIRT Findings

## March 2007 - March 2012



### MASBIRT Screening Results Primary Care Clinics (N=86,699)





# Training and Technical Assistance



- Consults on clinical protocol development; screening instruments/methods, brief intervention strategies
- Training/on-going skills coaching for all staff levels: professional and administrative; train-the-trainer
- Helps with administrative aspects
- Helps identify/develop resources for patients needing specialty care



**617 - 414 - 3749**

**[www.MASBIRT.org](http://www.MASBIRT.org)**

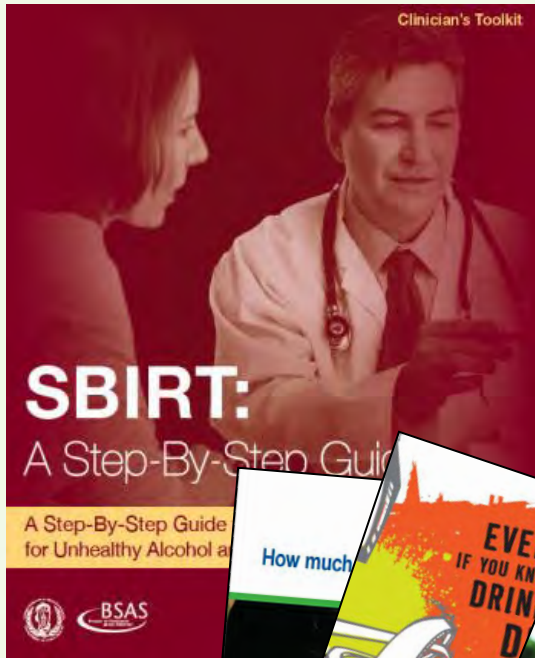




# SBI Tools and Resources



[www.mass.gov/maclearinghouse](http://www.mass.gov/maclearinghouse)



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







# Referral to Treatment



## Massachusetts Substance Abuse Information and Education HELPLINE

Help with finding services  
for alcohol & drug problems

**800 - 327 - 5050**

[www.helpline-online.com](http://www.helpline-online.com)





Carol Girard

617-624-5189

[Carol.D.Girard@state.ma.us](mailto:Carol.D.Girard@state.ma.us)