Department of Public Health Bureau of Substance Abuse Services



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- Introduction to BSAS
- Descriptive data on persons served
- Inventory of current programs and services
- Best treatment practices



BSAS History Key Dates



- 1950 Division of Alcoholism established within DPH
- 1970 Division of Drug Rehabilitation established within DMH
- 1986 two divisions merged within DPH as the Bureau of Substance Abuse Services



BSAS Major Responsibilities



- Single State Authority
- Overall responsibility for system development
- Overall responsibility for quality of care
- Fund prevention, intervention, treatment and recovery support services
- License treatment facilities
- License addiction counselors



What **BSAS** funds



- Prevention services
- Licensed treatment services
 BSAS is the payer of last resort for clients with no other resources or where there is no other payer

Non licensed services

- Case management
- Recovery High Schools
- Recovery Support Centers
- Narcan distribution

Workforce development

- Training
- Free materials for providers and clients
- Pilot programs (via federal grants)



BSAS Enrollments FY 2013



• 104,143 new enrollments

• 153,289 total enrollments served

Notes: Enrollment totals on all slides are primary enrollments only Data is as of 10/22/13



Characteristics of FY 13 enrollments served N=153,289



Client Gender

- 69% male
- 31% female
- < 1% transgender</p>

• Primary Drug of Choice

- 46% heroin
- 9% other opiate drugs
- 32% alcohol

Other Characteristics

- 59% report opiates as their primary or secondary drug of choice
- 40% between the ages of 16 and 29
- 64% unemployed
- 14% homeless



Characteristics Transitional Age Youth (TAY) FY13 Enrollments Served (16-24 years old)



- 30,387 enrollments served
- Client Gender
 - 66% male
 - 34% female
 - < 1% transgender</p>
- Primary Drug of Choice
 - 49% heroin
 - 12% other opiate drugs
 - 21% alcohol
- Other Characteristics
 - 65% report opiates as their primary or secondary drug of choice
 - 65% unemployed
 - 11% homeless
 - 20% had children under 6 years old



Health Concerns in Transitional Age Youth (TAY) (16-24 years old)



National Data:

- Less likely to be insured or have a PCP and more likely to use ED
- Highest rate of drug use, including prescription misuse (NIDA)
- Accounted for 40% of 2010 ED visits related to club drugs (SAMHSA)
- Highest HIV incidence rates in 20-24 year olds (CDC)
- Emerging mental illness

MA Data TAY represent:

- 24% of all ED visits for opioid poisoning (2011)
- 11% of all in-patient hospitalizations for opioid poisonings (2011)
- 10% of all opioid poisoning deaths (2011 preliminary data)
- CDC estimates for every opioid death in 2011 there were:
 - 9 abuse treatment admissions
 - 35 emergency room visits
 - 161 who are abuse/are dependent
 - 761 non-medical users



Opioid-related Overdoses



Fatal and Non-Fatal Opioid-related Poisoning Overdoses for Boston and Massachusetts			
		City of Boston	Massachusetts
Non-fatal Overdoses, 2009-2011			
Number	Total Number	1,439	10,990
	Relative City/Town Rank	1	NA
Rate per 100,000 population	Rate	77.6	55.9
	City/Town Rank of rate	47	NA
Fatal Overdoses, 2008-2010			
Number	Total Number Relative City/Town Rank	164 1	1,686 NA
Rate per 100,000 population	Rate	8.9	8.6
	City/Town Rank of rate	107	NA

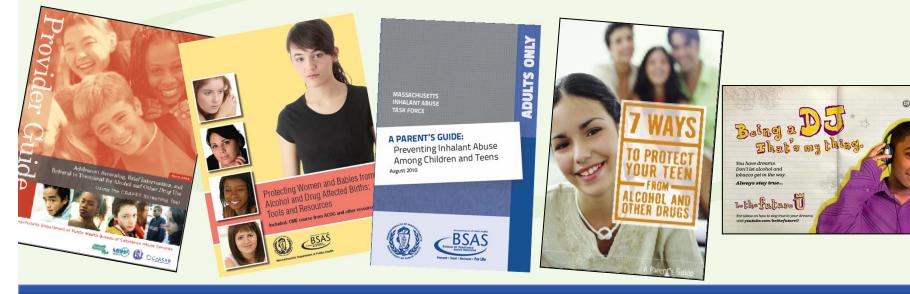


Prevention



Prevent substance abuse across the life span

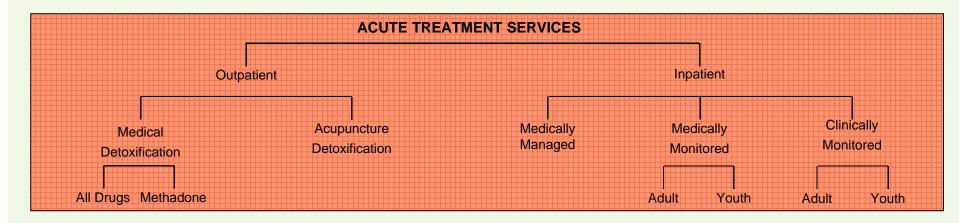
- Target various communities in the Commonwealth, focusing on highrisk groups,
- supporting coalitions that work with multiple systems in a community
- Prevent Alcohol and Other Drug Abuse through Social Marketing
- Massachusetts Technical Assistance Partnership for Prevention





Licensed Acute Treatment Programs (detoxification)



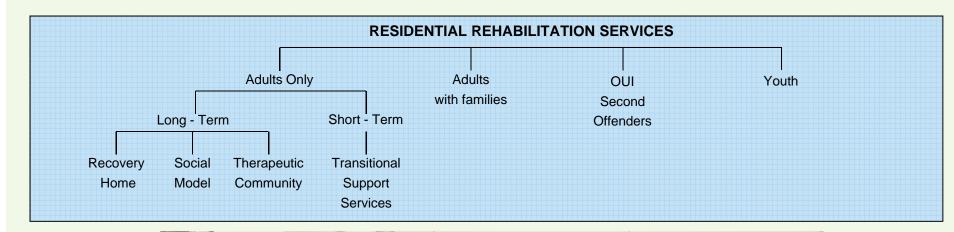






Licensed Residential Treatment Programs





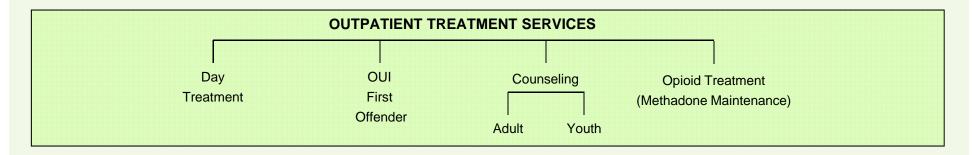




Licensed Outpatient Programs and Services



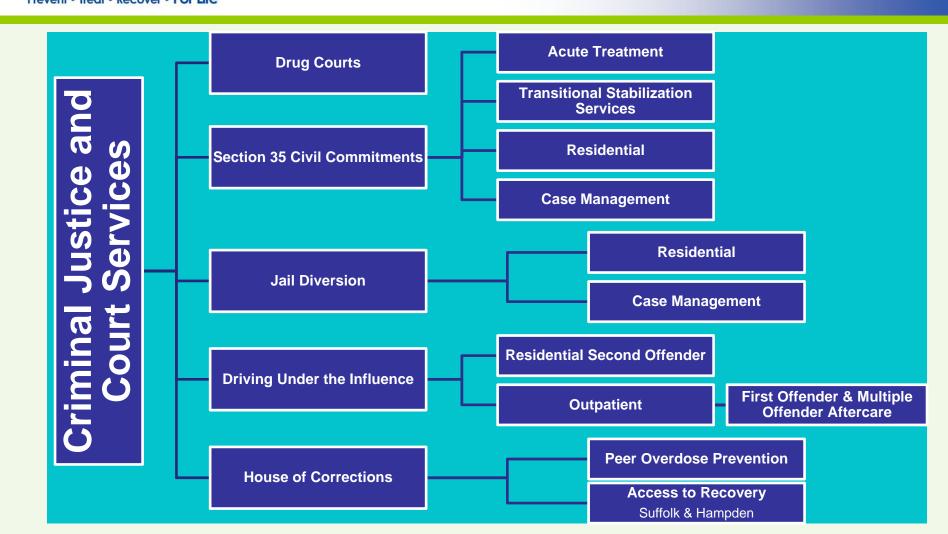






Criminal Justice and Court Services

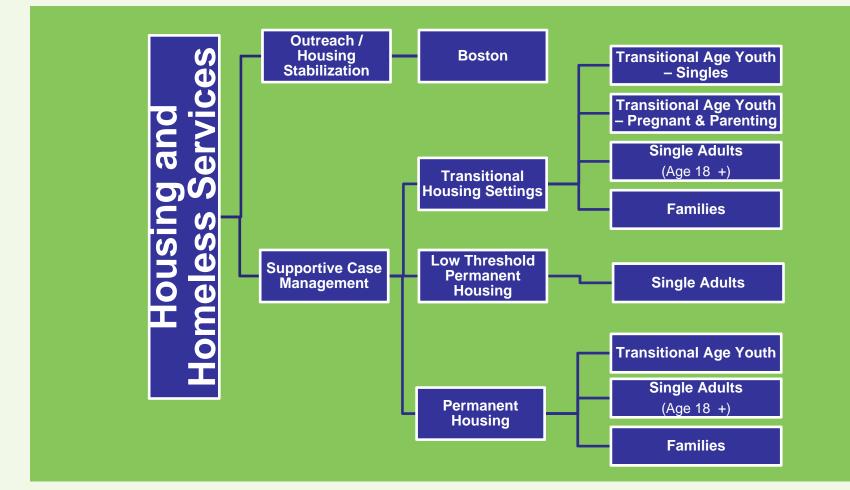






Non-licensed Services to Support Community Tenure Housing & Homeless

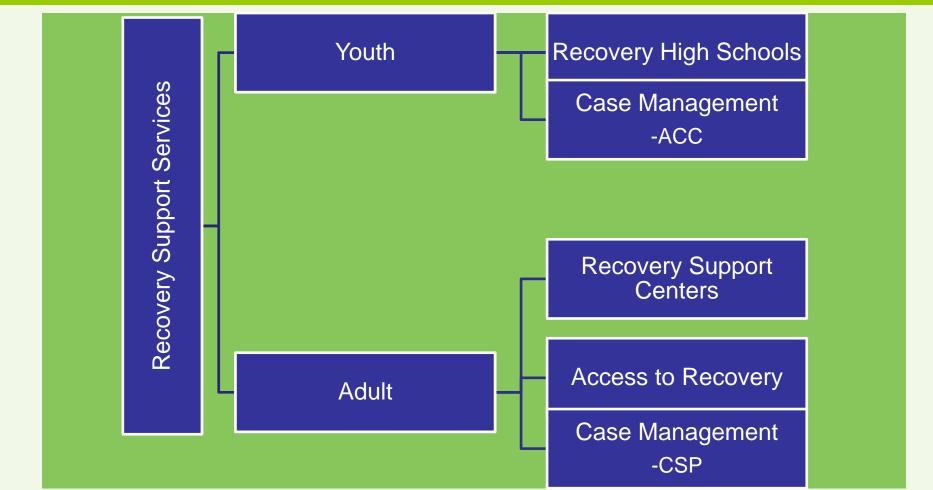






Non-licensed Services to Support Community Tenure





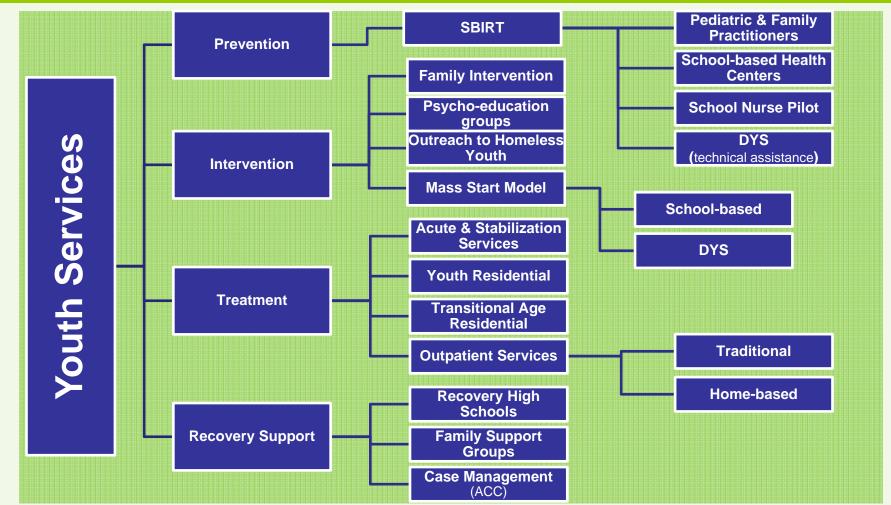
ACC = Assertive Continuing Care CSP = Community Support Program



Youth Services



Prevent • Treat • Recover • For Life



SBRIT = Screening, Brief Intervention & Referral to Treatment

DYS = Department of Youth Services

ACC = Assertive Continuing Care



BSAS Guiding Principles



- Addiction is a chronic, progressive, relapsing disorder
- Cannot be cured, but managed effectively with long term, ongoing support
- Adherence to prescribed treatment regimens are on par with other chronic conditions such as asthma, diabetes and hypertension
- Effective treatment attends to the multiple needs of the individual, not just substance use
- Paradigm shift away from acute and episodic care to a more holistic approach over the life cycle



Screening and Early Intervention



- Brief motivational conversations with patients can promote significant, lasting reductions in unhealthy alcohol and drug use.
- SBIRT low intensity, low cost, public health approach to identify and intervene with people with unhealthy substance use.
 Screening: Universal, brief screen that identifies unhealthy substance use and Assessment: additional questions to determine severity and consequences of use
- *Brief Intervention:* Brief conversation to raise awareness of risks and build motivation to change
- Referral to Treatment: Referral for those with more serious problems, when appropriate



Best Practices Learned from MassCALL 2



•Provide information/training on overdose prevention and risk factors to opioid users and bystanders, including Narcan provision

•Provision of information/training on overdose recognition/response in treatment facilities

•Permanently installed drug take back boxes

•Use of the Prescription Monitoring Program

•Train healthcare providers on making treatment referrals for opioid dependent patients, including Medication Assisted Treatment

- Treatment assessments changed to include history of overdose
- Inter-Church Outreach Network created to empower faith leaders to be referral sources



BSAS Resources



BSAS Website

www.mass.gov/dph/bsas

- Substance Abuse Info and Referral Helpline and online directory 1-800-327-5050 www.helpline-online.com
- Buprenorphine/Suboxone Referral Helpline 1-866-414-6926
- Youth Central Intake 617-661-3991
- Problem Gambling Info and Referral Helpline
 1-800-426-1234
- Workforce Development Website http://maworkforce.adcare-educational.org



REMEMBER



TREAT ADDICTION

SAVE LIVES