Faith and Spirituality Integrated SBIRT Network

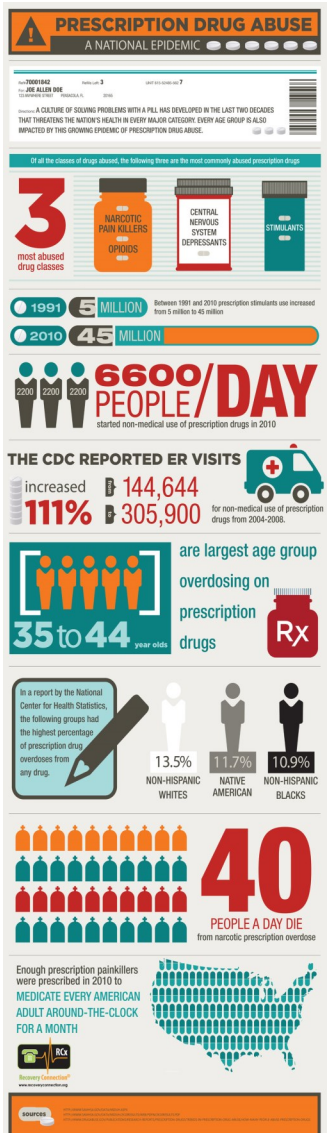
Volume 2, Issue 4

Winter 2016

SBIRT NEWSLETTER

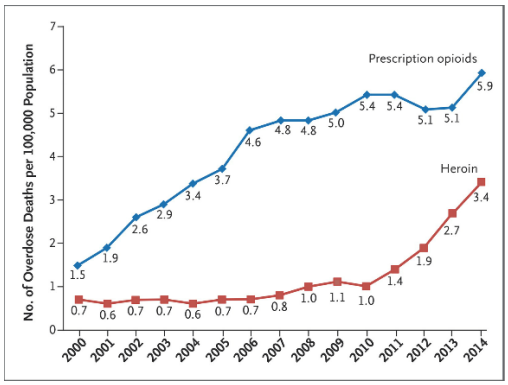
AZUSA PACIFIC UNIVERSITY

IN THIS NEWSLETTER:



THE OPIOID EPIDEMIC

Problematic use of opioids (opioid analgesics/heroin) among the general population 12 years and older is among the most pressing public health issues in the United States (Volkow et al., 2014). Currently, 2.1 million Americans suffer from an opioid substance use disorder (Volkow, 2014). The rate of fatal opioid-related overdoses to prescription drugs and heroin has more than doubled between 2000 and 2013 (see Figure, Below). In 2014 alone, there were close to 30,000 opioid related overdose deaths. Data reveal that there were well over 240 million prescriptions written for opioid-related pain relievers, enough to provide each American adult with their own bottle of pills (Department of Health and Human Services, 2016). The growing trends in new heroin users (145% increase since 2007) has been linked to the increased use of prescription opioids, with 4 out of 5 new heroin users starting out misusing and abusing prescription opioids (Compton et al., 2016; American Society of Addiction Medicine, 2016).



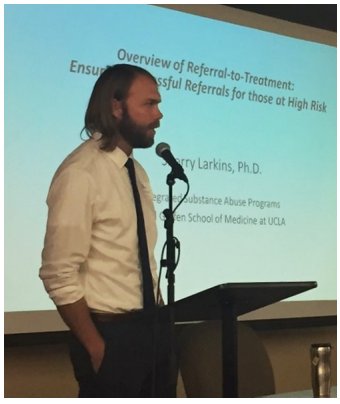
September unveiled the designation of a *Prescription Opioid and Heroin Epidemic Awareness Week*, to raise awareness about the significant opioid related problems challenging individuals, families, and public health systems in local communities across the country. To address the growing number of opioid overdoses and other opioid use disorder related issues, the federal government [U.S. DHHS] implemented a strategic opioid initiative aimed at:

> *"During Prescription Opioid and Heroin Epidemic Awareness Week, we pause to remember all those we have lost to Opioid Use Disorder, we stand with the courageous individuals in recovery, and we recognize the importance of raising awareness of this epidemic."*
>
> --Proclamation by President Obama, September 16, 2016

- improving opioid prescription prescribing practices
- limiting the amount of fentanyl imported
- expanding use of medications, like naloxone, to prevent opioid overdoses
- extending access to Medication Assisted Treatment (MAT) programs to treat opioid use disorders
- increasing support for telemedicine programs that provide access to treatment and recovery services in remote and rural areas (The White House, 2016).
- See the proposed opioid initiative funding for California.

Summit Highlights

Above: Drs. Sam Girguis (left), Mary Rawlings (center), and Lynda Reed (right) participate in a faculty panel to discuss SBIRT implementation and sustainability within healthcare fields of psychology, social work, and nursing.



Above: Dr. William Whitney leads a discussion on faith integration and developing a framework for teaching faith integrated SBIRT practice in healthcare disciplines at the First Annual Summit.

Above: Attendees Kristen Watkins (left), Marie Fongwa (center), and Thalia Diaz (right) work together in an SBIRT role play exercise.

Click on the buttons below to watch a recording of the Summit:

PART 1 | PART 2

Medication-Assisted Treatment (MAT)

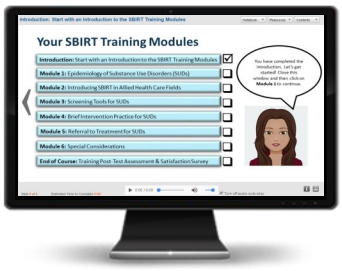
Based on a multitude of studies in various settings, MAT has been recognized as the treatment of choice for treating opioid use disorders and preventing opioid-related overdose and relapse (WHO, 2009). The Substance Abuse Mental Health Service Administration (SAMHSA) actively supports and promotes access to the use of MAT to individuals suffering from opioid use disorders (SAMHSA, 2016). Current evidence-based MAT medications available for use include methadone, buprenorphine/naloxone (suboxone), and naltrexone (The White House, 2012). Other important services that should be provided in combination with MAT, include evidence-based therapeutic counseling/therapies and case management services to address critical social and health related needs (SAMHSA, 2016).

What exactly do MAT medications do? Methadone is an opioid agonist that works to slow down the effects of opioids and prevent withdrawal. At high doses, methadone blocks the effects of heroin and other drugs containing opiates. Suboxone, which is buprenorphine and naloxone combined, is a partial opioid agonist that suppresses withdrawal symptoms. Lastly, naltrexone is an opioid antagonist that blocks opioid receptors, preventing the drug from exerting its effect on the patient. The prescribing of MAT medications should be dispensed and systematically monitored (dosing and duration) in office-based health care/treatment settings by qualified practitioners. For more information on MAT, please visit SAMHSA's website at http://www.samhsa.gov/medication-assisted-treatment.

1st Annual Training Summit

The Faith & Spirituality Integrated SBIRT Network hosted its first Annual Training Summit (on September 23rd, 2016) for over 40 faculty/staff trainers from Azusa Pacific University, Biola University, California Baptist University, Fresno Pacific University, and La Sierra University who will be implementing the Project's interactive, web-based SBIRT training into courses and practice settings during the Spring of 2017. The purpose of the Summit was to expose faculty and staff to what SBIRT is, how to screen using standardized and validated tools, what Motivational Interviewing is and how it is an integral part of the Brief Intervention and Referral to Treatment components, and how to integrate a cultural competency framework of faith and spirituality into SBIRT practice. The training included an opportunity for attendees to practice SBIRT using didactic role plays. The core SBIRT training was led by Drs. Rachel Castaneda and Sherry Larkins. Drs. William Whitney, Curtis Lehmann, and Jennifer Shepherd Payne led the training on faith and spirituality integrated SBIRT components. The Summit concluded with a SBIRT practice panel (led by Drs. Mary Rawlings, Lynda Reed, and Sam Girguis) discussing the implementation and sustainability of SBIRT training within internship sites of Social Work, Nursing, and Psychology.

SBIRT Online Student Training



Pilot-testing of our SBIRT website and training commenced this Fall at Azusa Pacific University in the Psychology Department. The two courses selected for pilot-work include a required course, Abnormal Psychology, and an elective course, Substance Use, Behavior and Society. We will incorporate student feedback about the utility and functionality of the training before our scheduled training implementation in Spring 2017.

VIEW WESBITE NOW!

CONTACT US:

healthpsychlab@apu.edu

FOR MORE INFORMATION ON OPIOID USE DISORDER:

SAMHSA: http://www.samhsa.gov/prescription-drug-misuse-abuse

White House: https://www.whitehouse.gov/the-press-office/2016/07/05/obama-administration-takes-more-actions-address-prescription-opioid-and

NIH: https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-

FOR MORE INFORMATION ON MAT:

SAMHSA: http://www.samhsa.gov/medication-assisted-treatment

MAT Pocket Guide: http://store.samhsa.gov/shin/content//SMA16-4892PG/SMA16-4892PG.pdf

American Academy of Pediatrics: http://pediatrics.aappublications.org/content/138/3/e20161893.full

Publication Flash

MAT for Opioid Dependence in Twelve Step-Oriented Residential Rehabilitation Settings

Inpatient rehabilitation settings play an essential role in providing treatment for patients with opioid use disorders. Many of these inpatient settings have utilized traditional therapeutic services that use a social model/12 step (AA/NA) approach to care, which largely focuses on total abstinence (from any substance use including medications), relinquishing personal control to a higher spiritual power, and life-long recovery vis-à-vis continued participation in twelve-step programs as a primary goal of recovery following treatment discharge. The rise in opioid use disorder has increased the number of individuals with opioid-related substance use issues admitted into inpatient rehabilitation settings. However, as of yet, MAT is not implemented in such inpatient rehabilitation settings. The present article by Galanter, Seppala, & Klein (2016) discusses the feasibility of implementing MAT services into twelve-step oriented rehabilitation inpatient programs to best address the needs of individuals suffering from opioid use disorders. The authors report on past research supporting the integration of MAT services, showing that individuals receiving MAT and attending twelve-step groups had higher retention rates and were more likely to be abstinent at follow-up than those who did not receive MAT. The authors discuss major barriers to MAT integration in twelve-step oriented rehabilitation inpatient programs, including low levels of acceptance and conflicting orientations among staff who value abstinence-based treatment and disagree with MAT services. The article ends with a recommendation to expand therapeutic ideologies within such programs, as they play a significant role in addressing opioid use disorders.

M. Galanter, M. Seppala, & A. Klein (2016) Medication-assisted treatment for opioid dependence in Twelve Step–oriented residential rehabilitation settings, Substance Abuse, 37:3, 381-383, DOI: 10.1080/08897077.2016.1187241

Read full article here: http://dx.doi.org/10.1080/08897077.2016.1187241

Highlights & Future Activites

This Fall, the Faith & Spirituality Integrated SBIRT Network:

- Held the First Annual Summit and trained 43 faculty and staff from Azusa Pacific University, Biola University, California Baptist University, Fresno Pacific University, and La Sierra University.
- Officially launched the SBIRT Website and Interactive, Web-Based Online Training System. See www.sbirtfaithandspirituality.org.
- Commenced pilot-testing of the SBIRT student training at Azusa Pacific University.
- Trained 26 chaplains and resident chaplains at the Los Angeles Department of Mental Health's Clergy Academy.
- Hosted discipline-specific learning communities with partner sites to review the implementation protocol for the SBIRT student training.

Future Activities of the Faith & Spirituality Integrated SBIRT Network:

- We will be conducting SBIRT training with Azusa Pacific University's University Counseling Center (scheduled for January 2017) to expand SBIRT practice university wide with current students who receive services at the center.
- Implementation of the SBIRT student training will occur during Spring 2017 at APU and all partner sites: Biola University, California Baptist University, Concordia University Irvine, Fresno Pacific University, and La Sierra University.
- We will be conducting focus groups from all departments of psychology, social work, and nursing to develop case models for implementing SBIRT practice into practicum and clinical sites.

SAMHSA · The Faith and Spirituality Integrated SBIRT Network · Azusa Pacific University