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## Questions & answers

By Elizabeth Cooney

Globe Correspondent / November 15, 2010

It wasn't the first time someone in a doctor's office had asked Richard Cofield whether he drank or used drugs. But this was the first time he decided to answer.

"It was a surprise to me. You go there for some physical stuff and here comes somebody asking you about your life," he said.

Earlier this year, a young woman working as a health promotion advocate walked into the exam room while he was waiting to see a Boston Medical Center doctor about shoulder and arm pain. She asked his permission to talk about alcohol and other drugs.

"At that stage in my life I was in a lot of depression," he recalled, having lost his job as a cook a few months before. "When she came in, a door started opening. Like light shining through."

Her questions about alcohol and other drugs are part of a federally funded, state-administered program called the Massachusetts Screening, Brief Intervention, Referral, and Treatment program, known as MASBIRT for short. Its purpose is to screen all patients who come to participating hospital emergency rooms, doctors' offices, or community health centers in order to find people using risky amounts of alcohol or other drugs, talk to them about the implications of their behavior, and offer help.

"We know that unhealthy substance use is prevalent in society in general," said Dr. Daniel Alford, MASBIRT medical director and a primary care physician at Boston Medical Center. "The goal is to screen everybody universally, like we check everybody's blood pressure when they come to their primary care doctor. We weigh everybody. Why not ask them about substance use and try to find people who are using unhealthy [amounts] and do something about it?"

The program may take on increased prominence after the repeal earlier this month of the state's sales tax on alcohol. The vote left a \$110 million hole in support for alcohol treatment programs. That makes it more crucial that health care providers be able to bill public and private insurers for the time they spend talking to patients about their substance use. To do that, providers will use a billing code fought for and won by Harvard's Bertha Madras, when she was part of the White House Office of National Drug Control Policy.

A cornerstone of the program is identifying people before they reach the point where drinking or drug use — either illicit or prescription — has taken over their lives.

"If we can make people aware, they may not need the full force of specialty treatments," said Madras, who is a professor of psychobiology at Harvard Medical School. "The most compelling statistic that drives me — I was a zealot while in office — is that 94 percent of people who harbor a medical diagnosis of addiction are unaware. So 94 percent of the population that screens positive has no idea."

Most people would say someone in the health care system has asked them about their substance use. Many people would also say the question was couched in an apology — "I'm sorry, but I have to ask everybody this" — or a foregone conclusion — "You don't use street drugs, do you?"

People are trained to approach the issue in a different way by MASBIRT, or programs like it in a dozen other states. MASBIRT is funded by a \$14 million, five-year federal grant. The questionnaire used at Boston Medical Center, St. Elizabeth's Medical Center, Quincy Medical Center, and five Boston community health centers has been tested in randomized clinical trials that show it successfully reduces alcohol intake, drunk driving, and injuries related to drinking.

"Unfortunately we don't have blood tests or X-rays that can diagnose unhealthy substance use so we are left with questions," Alford said. "If I ask you something like 'Do you use drugs?' you're going to say no, even if you use drugs. But if I ask you how often you have used street drugs in the past month, you might be more willing to say, 'not very often.' You ask in a way that's more normative . . . in a way that makes people feel comfortable."

For alcohol, people are asked how often over the past three months they had had five or more drinks in a day. That qualifies as binge drinking, but to many people that amount is nothing unusual, said Carol Girard, MASBIRT coordinator at the Massachusetts Department of Public Health.

"However much they drink, they probably drink with people who drink the same amount. To them it's normal," she said. "Most people don't know what usage limits are."

Most of the people screened — 82 percent — do not meet the definition of problem use, according to data based on more than 100,000 sessions since MASBIRT was launched in 2006. About 15 percent were positive, triggering either a brief intervention or a referral for treatment. Intervention could be as simple and immediate as the same health promotion advocate spending 15 minutes discussing risky drinking and inviting the patient to consider what the consequences could be. Further counseling to help the patient reduce their drinking could follow. For 2 percent of the patients, residential treatment including time in a detox center was recommended and arranged.

Patients make the decision about which steps to take, Lee Ellenberg, clinical program supervisor at Boston Medical Center, emphasized.

"This is about providing good care, not about trying to catch people or get people into legal problems," he said. "If the question is asked in a way that expresses interest and not critical judgment, people are willing and able and honest and forthcoming about their use."

The program works, based on follow-up surveys. Among a sample of people contacted six months after they screened positive for use in the past month, about a third were currently abstaining from alcohol and drugs compared with 6 percent on the day they were first asked about their prior use. A national study found that six months after screening, brief interventions and referrals to treatment cut drug use by two-thirds and heavy alcohol use by more than a third.

"For a long time, people had to hit bottom before they were willing to ask for help. We say that's not true any longer," said Michael Botticelli, director of Substance Abuse Services at the state health department.

Helping people earlier saves money and misery. A study conducted in 2005 concluded that for every \$1 spent on early intervention, \$4 was saved in future health care costs. In Washington State, the SBIRT program saved Medicaid about \$2,000 for each patient who received services, mostly from reducing hospitalizations.

So far Massachusetts' Medicaid program does not use the billing code, Botticelli said, but he said he hopes to see MassHealth reimbursement at some point. He is also talking to private insurers about authorizing payment for these brief interventions beyond just the MASBIRT program. The grant is in its last year.

Richard Cofield was part of the 2 percent of people who screened positive and were referred to treatment by MASBIRT. He had been drinking steadily but didn't know how to stop.

After his encounter with the health promotion advocate, his life changed. He went to detox, lived in a halfway house, had surgery to treat disc degeneration in his spine, and enrolled in an education program about the hospitality business. And Cofield, now 46, saw one of his six sons graduate from Marine Corps boot camp.

"For years I sat in many doctors' offices and nine times out of 10 I would say, 'No, it's not a good time' " to talk about substance use, he said. "MASBIRT, they put me on track. I think I'm one of the ones they caught at the right time."

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