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Alcohol, Other Drugs, and Health: Current Evidence

NOVEMBER–DECEMBER 2014

INTERVENTIONS & ASSESSMENTS

One-to-Two Session Brief Interventions Don't Reduce Unhealthy Substance Use in Primary Care Settings

Screening, brief intervention, and referral to treatment (SBIRT) has been widely promoted to address unhealthy substance use.

Two recent studies examined its effect on unhealthy drug use in adult primary care.

Saitz and colleagues randomized 528 adults who screened positive for unhealthy drug use to 1 of 3 conditions: a 10–15 minute structured brief negotiated interview with a health educator, a 30–40 minute motivational interview plus a 20–30-minute booster session, or no BI. Follow-up was 98% at 1.5 and 6 months.

- Marijuana was the primary substance for 63% of participants, cocaine for 19%, and opioids for 17%. Of the participants, 82% did not meet the criteria for substance dependence.
- Only 31% of participants in the MI arm received the booster session.
- No differences were found between the groups in the number of days in a month for use of the primary drug, even when stratified by primary drug and risk of drug dependence, or as detected by hair analysis.
- No effects were found on drug use consequences; injection drug use; unsafe sex; health care utilization (hospitalizations and emergency department visits, overall or for substance use or mental health reasons); or mutual help group attendance.
- Drug use remained high (>90%) in all groups and did not decrease over 6 months.

Roy-Byrne and colleagues randomized 868 adults who screened positive for unhealthy drug use in the prior 90 days to 1 of 2 groups. The intervention group received a single motivational interview from a clinic social worker, a 10-minute telephone

booster 2 weeks later, an illustrated handout indicating their score on the drug screen, and a list of substance use resources. The comparison group received just the handout and resource list. Follow-up was $\geq 87\%$ at 3, 6, 9, and 12 months.

- Only 47% of the intervention group could be reached for the booster call.
- No differences were found between the groups in the number of days in a month for use of the primary drug, even when modified for baseline drug use severity, psychiatric comorbidity, or motivation to change.
- No effects were found on drug use severity; medical, psychiatric, employment, social, or legal consequences; acceptance of referral to chemical dependency treatment; or medical care use. Arrests and deaths also did not differ between groups.
- An exploratory analysis detected an increase in chemical dependency treatment entry and a reduction in emergency department use among those with the highest severity of unhealthy drug use.

Comments: These clinical trials found that 1–2 sessions of brief motivational intervention alone are ineffective in reducing unhealthy drug use or its sequelae among primary care patients over a 6- to 12-month period. Although some have viewed these studies as repudiating SBIRT altogether, this interpretation is overly expansive. These studies cannot speak to the utility of screening, since the benefits of identifying unhealthy substance use extend beyond just cueing the clinician to provide a brief intervention. For example, the expert clinician understands that unhealthy substance use belongs in differential diagnoses for many common

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One-to-Two Session Brief Interventions Don't Reduce Unhealthy Substance Use in Primary Care Settings (continued from page 1)

conditions, represents an important risk factor for major medical and psychiatric conditions, and is an essential piece of information for safe prescribing of medications with potential for unhealthy use or interactions. These trials also cannot speak to the effectiveness of “referral to treatment” except to affirm that we need better, more accessible treatments that our patients will accept, and more reliable ways to link patients to them.

However, these studies clearly show that 1–2 motivational counseling sessions are insufficient for the effective management of substance use in primary care. Fortunately, primary care providers can see patients with unhealthy substance use over time. In multiple routine and sick visits over years, the provider has the opportunity to express continued concern and challenge the assumption that chronic substance use is benign; develop the trust and

therapeutic alliance that are essential for inducing behavior change; monitor and address consequences; mobilize family and other social support for sobriety; refer for addiction consultation or counseling and ensure that the referral was completed; and provide appropriate pharmacotherapy. Primary care clinicians use this longitudinal approach in the management of other chronic diseases like hypertension and diabetes, and it is consistent with the paradigm of unhealthy substance use as a chronic condition. But this extrapolation will require empirical validation.

Peter D. Friedmann, MD, MPH

References: Roy-Byrne P, Bumgardner K, Krupski A, et al. Brief intervention for problem drug use in safety-net primary care settings. *JAMA*. 2014;312(5):492–501.
Saitz R, Palfai TP, Cheng DM, et al. Screening and brief intervention for drug use in primary care: the ASPIRE randomized clinical trial. *JAMA*. 2014;312(5):502–513.

Brief Intervention for Drug Use Has No Efficacy in the Emergency Department

Screening, brief intervention, and referral to treatment (SBIRT) for drug use has been touted as an evidence-based practice, but methodologically sound trials suggest that it lacks efficacy in primary care settings. Now a multi-site trial finds it also lacks efficacy in emergency department patients. Investigators randomized 1285 adult patients reporting drug use and problems (≥ 3 on the Drug Abuse Screening Test) on screening at 6 academic emergency departments in the US to an information pamphlet, assessment and referral to treatment if indicated, or assessment and referral plus brief intervention with 2 telephone counseling sessions.

- Self-reported mean days use of the patient-defined primary drug was 16 days at study entry and 3 months later it was 10 days. However, there were no significant differences between groups.
- At 3 months, hair samples were more likely to be positive for the

primary drug in the assessment and referral group than in the other two groups (95% versus 88–89%).

Comments: SBIRT for drug use is not evidence-based. In fact, the weight of the evidence suggests that this approach lacks efficacy (as distinct from lack of evidence of efficacy). SBIRT advocates will likely point to trials without biological outcomes or in different contexts (e.g., help-seeking patients) that have found positive effects. They will also suggest that it might work in other populations (suburban, more severe, less severe). But this study and two recent large negative trials in primary care strongly suggest that we should not rely on SBIRT to address drug use and its consequences in general health settings.

Richard Saitz, MD, MPH

Reference: Bogenschutz MP, Donovan DM, Mandler RN, et al. Brief intervention for patients with problematic drug use presenting in emergency departments: a randomized clinical trial. *JAMA Intern Med*. 2014;174(11):1736–1745.

Bias Favoring Report of Positive Alcohol Brief Intervention Trials: Time to Get the Whole Truth

Brief intervention for unhealthy alcohol use has recently received a great deal of scrutiny, particularly from funding agencies that rely on the literature to shape medical decision-making. Investigators examined evidence of publication bias (i.e., publication of research findings is related to the direction and magnitude of effect) and dissemination bias (i.e., selective reporting, selective publication, and/or selective inclusion of scientific evidence in systematic reviews resulting in inaccurate conclusions) in a meta-analysis of 179 randomized clinical trials of brief intervention for unhealthy alcohol use in adolescents and young adults.

- Effect sizes were 0.14 standard deviations (SD) higher in funded studies, 0.03 SD higher in studies that had a shorter lag time between study completion and publication, and 0.01 SD higher in studies that were cited more frequently.
- Studies that were cited more frequently were more likely to have reported positive effects (odds ratio, 1.10).

- Studies with larger and positive effect sizes were published more promptly. There was no evidence that the magnitude or direction of effects were associated with location source, language, or journal impact factor.

Comments: Despite the retrospective study design and lack of detailed examination of other potential biases, this analysis suggests that studies of brief intervention for unhealthy alcohol use do show evidence of dissemination and publication bias—biases favoring reporting of studies with bigger and more positive effects. These results underscore the importance of reporting all data—including negative studies—to most accurately inform evidence-based practice.

Jeanette M. Tetrault, MD

Reference: Tanner-Smith EE, Polanin JR. A retrospective analysis of dissemination bias in the brief alcohol intervention literature. *Psychol Addict Behav.* 2014 [Epub ahead of print]. doi: 0.1037/adb0000014.

Brief Screening and Assessment for Substance Use Disorders in Adolescents

In this study, 213 adolescents (aged 12–17 years, 67% female, 32% black) from 3 outpatient primary care clinics (1 devoted to substance use treatment) completed an electronic screen of past-year frequency of use for 8 substance types* and, if indicated, an electronic assessment of the severity of use. Participants also completed a Composite International Diagnostic Interview-Substance Abuse Module structured interview to assess DSM-5 diagnoses. Sensitivity and specificity of the full screening/assessment instrument and of the screening frequency questions** alone were calculated for detecting: 1) past-year use without a substance use disorder (SUD); 2) DSM-5 mild-moderate SUD; and 3) DSM-5 severe SUD.

- Mean completion time for the screening/assessment instrument was 32 seconds.
- Prevalence of past-year non-tobacco substance use was: no substance use (58%), use without SUD (23%), mild-moderate SUD (10%), and severe SUD (9%).
- Sensitivity and specificity of the full screening/assessment instrument were 100% and 84% for any past-year non-tobacco substance use, 90% and 94% for SUD, and 100% and 94% for severe SUD.
- Sensitivity and specificity of the screening frequency questions alone were identical to the full instrument for generic SUD.

* The screening frequency questions were: “In the past year, how many times have you used [X]?” for each of 8 substance types: alcohol, marijuana, illegal drugs, prescription drugs that were prescribed for someone else, over-the-counter medications for non-medical reasons, inhalants, and herbs or synthetic drugs. Response options were: “Never,” “Once or twice,” “Monthly,” “Weekly,” “Daily,” or “Almost Daily.”

** The tested thresholds for the screening frequency questions were: “Once or twice” for use without SUD, “Monthly” use for mild-moderate SUD, and “Weekly,” “Daily,” or “Almost Daily” use for severe SUD.

Comments: This brief electronic instrument had excellent operating characteristics for detecting and typing substance use in adolescents and has the potential for practical application. However, before wider implementation, the instrument will need to be tested in a larger, multi-site sample. The number of adolescents with SUD was small and the inclusion of a substance use treatment clinic may have introduced some spectrum bias (i.e., testing in a SUD-enriched clinic may have affected the sensitivity and specificity). Further, although the authors’ use of the frequency questions alone is very intriguing, these thresholds would likely require a clinician to do further assessment before intervention or referral to specialty treatment.

Kevin L. Kraemer, MD, MSc

Reference: Levy S, Weiss R, Sherritt L, et al. An electronic screen for triaging adolescent substance use by risk levels. *JAMA Pediatr.* 2014;168(9):822–829.

Blood-Alcohol Biomarkers Not a Substitute for Self-Report Among Young People with Injection Drug Use

Phosphatidylethanol (PEth) is an aberrant phospholipid found in cell membranes synthesized only in the presence of ethanol, and can be used as a biomarker of alcohol use. Researchers examined the correlation between self-reported alcohol use over the past month and PEth among <30 year-old people with injection drug use. Alcohol use was assessed with the AUDIT-C, and individuals were categorized as having probable DSM-IV dependence (score of 10–12), “hazardous” drinking (3–9 for women, 4–9 for men), or “low-risk” drinking (0–2 for women, 0–3 for men). Additional self-reported measures were: presence of any drinking, drinking until becoming unconscious, and heavy episodic drinking (defined as ≥ 6 drinks on an occasion).

- There was a strong correlation between PEth and self-reported alcohol use categories. PEth was elevated (≥ 8 ng/ml) in 89% of individuals categorized as having probable dependence, 61% of those with “hazardous” drinking, and 19% of those with “low-risk” drinking. PEth was not elevated in 12% of those with dependence, 39% of those with “hazardous” drinking, and 82% of those with “low-risk” drinking.

- For any alcohol consumption over the past month, PEth was elevated in 66% of people who reported consumption and not elevated in 94% of those who reported no consumption.
- PEth was elevated in 83% of those reporting drinking until becoming unconscious and 72% of those reporting heavy episodic drinking.

Comments: As with other biomarkers, PEth’s use is likely limited. Even when crude self-reported estimations of drinking are used, PEth misses almost 40% of cases of self-reported hazardous drinking, and 17% of those reporting drinking until becoming unconscious. It is possible PEth would have performed better had the investigators used a higher cutoff but then detection (sensitivity) would have been even worse. Self-report appears to remain the most appropriate option to assess alcohol use in clinical populations.

Nicolas Bertholet, MD, MSc

Reference: Jain J, Evans JL, Briceño A, et al. Comparison of phosphatidylethanol results to self-reported alcohol consumption among young injection drug users. *Alcohol Alcohol*. 2014;49(5):520–524.

HEALTH OUTCOMES

Heavy Marijuana Use in Adolescence is Associated with Disability Later in Life

Heavy marijuana use in adolescence has been associated with a number of negative consequences in adulthood, including psychiatric illness and cognitive impairment. Researchers analyzed a cohort of 49,321 Swedish men who were conscripted into compulsory military service 1969–1970, all of whom completed a psychological assessment and questionnaires on substance use, family and social background, and school performance. The outcome of interest was whether participants were granted a disability pension (DP) between the ages of 20 and 59.

- Nine percent reported marijuana use by age 18; 1.5% reported having done so more than 50 times and were defined as “heavy users.” These participants were more likely to have a psychiatric diagnosis, low emotional stability, low social maturity, and to report unhealthy alcohol or any other drug use.
- Eleven percent of the cohort was awarded a DP by

age 59. On unadjusted analysis, any marijuana use was associated with future DP, and was highest for those with heavy use (hazard ratio [HR], 2.58).

- After adjusting for social background, mental function, and health behaviors, only heavy use was associated with future DP (HR, 1.30).

Comments: It is not particularly surprising that people with marijuana use are more likely to experience disability later in life. The fact that the association almost disappears when taking other factors into account suggests that this is not a causal association, but simply a marker for other factors that lead to disability. Moreover, people with heavy marijuana use only accounted for a small proportion of those receiving DP.

Darius A. Rastegar, MD

Reference: Danielsson AK, Agardh E, Hemmingsson T, et al. Cannabis use in adolescence and risk of future disability: a 39-year longitudinal cohort study. *Drug Alcohol Depend*. 2014;143:239–243.

Heavy Alcohol Consumption Associated with Risk of Liver Cancer

Heavy alcohol consumption is known to cause hepatic cirrhosis, which frequently precedes the development of liver cancer. Investigators carried out a meta-analysis to evaluate the association of alcohol consumption with liver cancer. They used data from 19 prospectively studied cohorts with a large total number of cases: 4445 incident cases and 5550 deaths from liver cancer.

- Compared with no alcohol consumption, the relative risk for developing liver cancer was 0.91 for “moderate” drinking (defined as < 3 drinks in a day) and 1.16 for heavy drinking (defined as ≥ 3 drinks in a day).
- Increasing alcohol consumption led to a linear increased risk of liver cancer, with an estimated excess risk of 46% for 50 g of ethanol (i.e., ~4 standard drinks) in a day and 66% for 100 g in a day.
- The investigators found no association between “moderate” drinking and the risk of liver cancer.

Comments: Heavy drinking appears to not only cause cirrhosis but is associated with liver cancer too. These findings are consistent with other studies that support alcohol’s carcinogenicity. Although the studies did not detect associations between “moderate” alcohol use and liver cancer, the data were limited to the average number of drinks per day. Many people who drink the average amounts defined as “moderate” in this study exceed per occasion (daily) limits (they have occasional heavy [“binge”] drinking episodes). Such individuals should not be reassured about their alcohol-related liver cancer risk. On the other hand, if those with occasional heavy drinking were removed, the protective association between “moderate” use and cancer might be greater.

R. Curtis Ellison, MD

Reference: Turati F, Galeone C, Rota M, et al. Alcohol and liver cancer: a systematic review and meta-analysis of prospective studies. *Ann Oncol.* 2014;25(8):1526–1535.

HIV AND HCV

Despite Availability of Free Antiretroviral Treatment, HIV Infection Remains a Cause of Death Among People with Injection Drug Use

Injection drug use (IDU) remains a major risk factor for HIV acquisition, accounting for 30% of new infections globally. Combined antiretroviral treatment (c-ART) has revolutionized HIV care, but people with injection drug use are often less likely to receive it due to a number of barriers, including access to care, physician fear of non-adherence and subsequent development of antiretroviral resistance, and financial burdens. Investigators sought to determine the impact of HIV infection on mortality among 2283 people with injection drug use within a system of universal free healthcare.

- The participants were followed for a mean of 61 months; 27% were infected with HIV at study initiation and 8% sero-converted during the study period. Overall, 84% had hepatitis C (HCV), 67% were male, and the mean age was 37. HIV-infected participants were more likely to be older, enrolled in a methadone treatment program, have longer time since first injection, and be HCV co-infected.

- Over the study period, 491 (22%) of the participants died. AIDS-related deaths and accidental deaths declined, while non-AIDS-related deaths (from non-AIDS-related infections, non-AIDS-defining neoplasms, respiratory disease, cerebrovascular disease, and cardiovascular disease) increased substantially.
- Although all-cause mortality declined over time, HIV infection was associated with all-cause mortality (adjusted hazard ratio [aHR], 3.15). Among those with >95% cART adherence, the association remained (aHR, 2.17).

Comments: Although there remains the possibility of unmeasured confounding and the implications may be impacted by generalizability, this study suggests that among people with injection drug use with access to free antiretroviral care, HIV infection still contributes to all-cause mortality, while causes of death have shifted away from AIDS-related etiologies.

Jeanette M. Tetrault, MD

Reference: Lappalainen L, Hayashi K, Dong H, et al. Ongoing impact of HIV infection on mortality among persons who inject drugs despite free antiretroviral therapy. *Addiction.* 2014 [Epub ahead of print]. doi: 10.1111/add.12736.

Injection Drug Use Associated with HIV Treatment Non-Adherence

Studies have demonstrated a relationship between injection drug use and worse HIV treatment outcomes. Using data from the Swiss HIV Cohort Study, the authors investigated how both injection drug use (IDU) and non-injection drug use (non-IDU, including cannabis) influence antiretroviral therapy (ART) adherence, lack of retention in HIV care (“dropout”), virologic suppression, and all cause mortality.

- The majority of non-IDU was cannabis use (948 or 14% of all participants), followed by cocaine (228, 4% of all participants).
- In multivariable analyses, current IDU was most strongly associated with dropout (relative risk [RR], 2.88). Receipt of methadone with concomitant IDU was most strongly associated with mortality (RR, 5.03). Current IDU was associated with worse ART adherence and more treatment interruptions.
- Patterns of non-IDU associated with dropout included non-IDU weekly or daily (RR, 1.58), and people with past IDU who have current non-IDU monthly or less (RR, 1.94). Patterns of drug use associated with mortality included non-IDU daily or weekly (RR, 1.97), and people with past IDU who have current non-IDU weekly or daily (RR, 2.45).
- Weekly or daily cannabis use was associated with dropout (RR, 1.7) and mortality (RR, 2.28).
- Investigators found no association between non-IDU and ART/retention outcomes.

Comments: This study is consistent with prior literature that suggests worse outcomes for HIV-infected individuals who have current IDU. Here, non-IDU was also associated with worse outcomes, but with lower relative risk. It should be noted that non-IDU was primarily cannabis use, and while cannabis was analyzed on its own, other non-IDU was not analyzed as a separate group. The analysis suggesting that regular cannabis use is associated with both dropout and mortality was not adjusted for other drug use, which may substantially confound the relationship. Interventions focusing on substance use in HIV should continue to focus on IDU; however, the role of non-IDU, including cannabis, should also be considered. Future investigations might benefit from separate analyses of cannabis and other non-IDUs.

Jessica S. Merlin, MD, MBA

Reference: Weber R, Huber M, Battegay M, et al. Influence of noninjecting and injecting drug use on mortality, retention in the cohort, and antiretroviral therapy, in participants in the Swiss HIV Cohort Study. *HIV Med.* 2014 [Epub ahead of print]. doi: 10.1111/hiv.12184.

Living as a Couple Is Associated with Hepatitis C Risk Practices

People with illicit opioid use are at risk for acquiring hepatitis C (HCV) through shared injection paraphernalia. Researchers investigated HCV risk practices among 176 patients initiating methadone maintenance treatment, including: sharing injection paraphernalia, sharing toiletry items (e.g., razors, toothbrushes, nail scissors), having non-professional tattoos/piercings, or blood contact. Participants were asked whether they were living as a couple with someone with injection drug use.

- At baseline, 34 participants (19%) reported at least one HCV risk practice, 6% reported a drug-related risk practice, and 16% reported other practices.
- On unadjusted analysis, HCV risk practices were associated with female

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Living as a Couple Is Associated with Hepatitis C Risk Practices (continued from page 6)

gender, younger age, *DSM-IV* alcohol dependence, cocaine use, and injection drug use, as well as longer history of drug use, depressive symptoms, and suicide risk. Living with others (as a couple or not) was also associated with HCV risk factors.

- On multivariable analysis, five variables were associated with an HCV risk practice: younger age, alcohol dependence, cocaine use, suicide risk, and living as a couple (regardless of whether partner had injection drug use). When excluding sharing of toiletry items as a risk factor, only suicide risk and living as a couple with a person with injection drug use were significantly associated with HCV risk practices.

Comments: This study points out that when assessing HCV risk and counseling on transmission, we should be considering patients' partners and remember that HCV can be transmitted by means other than sharing injection paraphernalia, such as sharing razors.

Darius A. Rastegar, MD

Reference: Roux P, Lions C, Michel L, et al. Factors associated with HCV risk practices in methadone-maintained patients: the importance of considering the couple in prevention interventions. *Subst Abuse Treat Prev Policy*. 2014;9:37.

Is Strict Adherence to Antiretroviral Therapy Effective in the Setting of Daily Heavy Episodic Drinking?

Alcohol use is associated with antiretroviral therapy (ART) non-adherence in HIV-infected individuals. However, it is not known if alcohol use diminishes the effectiveness of ART in the context of strict ART adherence. Researchers randomized 24 age- and weight-matched rhesus macaques to daily intragastric infusions with 13–14 g ethanol/kg body weight/week or an isocaloric amount of sucrose. The animals were inoculated with simian immunodeficiency virus (SIV) 3 months after infusion initiation, randomized to nucleoside reverse-transcriptase inhibitor ART (tenofovir and emtricitabine) versus no ART 2.5 months after inoculation, and then followed for another 2.5 months (8 months total study period). SIV viral load and other labs were monitored approximately every 2 weeks.

- Compared with no ART, animals receiving ART had decreased plasma SIV viral load.
- There was no difference in viral load response to ART between animals in the alcohol and sucrose infusion groups (i.e., there was no interaction effect between ART and alcohol).

- There was no difference in ART toxic effects between the alcohol and sucrose groups.

Comments: This animal study suggests that daily heavy alcohol use does not decrease the effectiveness of ART in the context of perfect ART adherence. However, even if the findings could be extrapolated directly to humans and over a longer timeframe, it is not clear they would change our clinical advice to HIV-infected patients. We would still strongly advise patients to take their ART as prescribed and recommend safer levels of alcohol use to aid ART adherence and decrease other adverse consequences. Further, these results suggest that patients who drink heavily should not avoid taking ART for fear of lack of efficacy or adverse effects.

Kevin L. Kraemer, MD, MSc

Reference: Molina PE, Amedee AM, Veazey R, et al. Chronic binge alcohol consumption does not diminish effectiveness of continuous antiretroviral suppression of viral load in simian immunodeficiency virus-infected macaques. *Alcohol Clin Exp Res*. 2014;38(9):2335–2344.

Prescription and Non-Medical Use of Opioids, Benzodiazepines, Muscle Relaxants, and Stimulants Among People with HIV Infection Who Are Homeless

Non-medical use of prescription opioids is associated with overdose and is common in people with HIV infection. The impact of non-medical use of non-opioid psychotherapeutic medications in this population is not known. Researchers conducted a prospective cohort study among 296 homeless or marginally housed people with HIV to determine whether 90-day non-medical use of prescription opioids was associated with non-medical use of non-opioid psychotherapeutic medications.

- In the week prior to study enrollment, 52% of participants were prescribed opioids for chronic pain, 18%

were prescribed benzodiazepines, and 8% were prescribed muscle relaxants.

- Over 2 years of observation, 53% reported non-medical use of prescription opioids, 25% reported non-medical use of benzodiazepines, 12% reported non-medical use of muscle relaxants, and 6% reported non-medical use of stimulants.
- Non-medical use of prescription benzodiazepines was associated with non-medical use of prescription opioids (odds ratio [OR], 3.5), as well as white race (OR, 2.1) and receipt of prescribed benzodiazepines (OR, 3.7).

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Prescription and Non-Medical Use of Opioids, Benzodiazepines, Muscle Relaxants, and Stimulants Among People with HIV Infection Who Are Homeless (continued from page 7)

- Non-medical use of prescription muscle relaxants was associated with non-medical use of prescription opioids (OR, 3.4), as well as receipt of prescribed opioids (OR, 2.6) and receipt of prescribed muscle relaxants (OR, 9.9).
- Non-medical use of prescription stimulants was associated with non-medical use of prescription opioids (OR, 5.9).

Comments: Among this cohort, both prescribed and non-medical use of psychotherapeutic medications were com-

mon, particularly opioids. People prescribed psychotherapeutics were more likely to misuse that psychotherapeutic and people who misused opioids were more likely to misuse other psychotherapeutics. Prescribers should monitor for and educate patients about the risks of polypharmacy and overdose from psychotherapeutic medications.

Alexander Y. Walley, MD, MSc

Reference: Vijayaraghavan M, Freitas D, Bangsberg DR, et al. Non-medical use of non-opioid psychotherapeutic medications in a community-based cohort of HIV-infected indigent adults. *Drug Alcohol Depend.* 2014;143:263–267.

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Faculty mentors are responsible for covering their travel and accommodations. CME credits are offered to mentors at no additional cost.

Sponsors: National Institute on Drug Abuse (NIDA) and Boston University School of Medicine.

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ADDICTION SCIENCE &
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Addiction Science & Clinical Practice (ASCP), founded in 2002 by the National Institute on Drug Abuse (NIDA) and now published by leading open-access publisher BioMed Central, is seeking submissions of the following article types:

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Richard Saitz, MD, MPH
Jeffrey H. Samet, MD, MA, MPH

About the journal: ASCP provides a forum for clinically relevant research and perspectives that contribute to improving the quality of care for people with unhealthy alcohol, tobacco, or other drug use and addictive behaviors across a spectrum of clinical settings.

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Continuing Medical Education (CME) Accreditation Statements

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This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Boston University School of Medicine and Boston Medical Center. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. Boston University School of Medicine designates this enduring material for a maximum of 1.5 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity..

Target Audience

The target audience is generalist clinicians, many of whom have received limited training on detecting and treating substance abuse.

Educational Needs Addressed

Primary-care clinicians often miss the diagnosis of alcohol or drug problems and cannot stay abreast of the current substance-abuse literature in the context of a busy practice. Because of the effects of alcohol and drugs on adherence to care plans and physician-patient relationships, patients with alcohol or drug problems may receive suboptimal treatment for other conditions. Further, physicians sometimes perceive alcohol or drug dependence as less treatable than other medical conditions, and thus delegate responsibilities for screening and intervention to others. At the root of the screening and treatment gap is the inadequate provision of substance-abuse education in medical schools and mental-health fields. The newsletter addresses this not only by research dissemination but by providing free downloadable teaching tools for use by educators.

Educational Objectives

At the conclusion of this program, participants will be able to state the latest research findings on alcohol, illicit drugs, and health; incorporate the latest research findings on alcohol, illicit drugs, and health into their clinical practices, when appropriate; and recognize the importance of addressing alcohol and drug problems in primary care settings. In sum, the purpose of the newsletter is to raise the status of alcohol and drug problems in both academic and clinical culture to promote evidence-based screening and treatment and ultimately improve patient care.

Disclosure Statement

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