**New Dedicated Section: Prescription Drugs and Pain**

# Alcohol, Other Drugs, and Health: Current Evidence

SEPTEMBER–OCTOBER 2016

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## PRESCRIPTION DRUGS & PAIN

### Naloxone Rescue Kits for Primary Care Patients Receiving Opioids for Chronic Pain May Reduce Opioid-Related Emergency Department Visits

Studies have demonstrated reductions in opioid overdose mortality among populations with non-medical prescription opioid or heroin use that receive overdose education and naloxone distribution interventions. Co-prescribing naloxone rescue kits to patients treated with long-term opioid analgesics may reduce the incidence of opioid overdose. The NOSE study examined the implementation of a naloxone rescue kit co-prescription program among 1985 adult patients with chronic pain in primary care. Researchers reported the rates of naloxone co-prescription, subsequent opioid-related emergency department (ED) visits, and prescribed opioid dose at 6 and 12 months.

- 38% of patients treated with long-term opioid therapy were prescribed naloxone rescue kits.
- Patients with higher opioid doses and previous opioid-related ED visits were more likely to be prescribed naloxone kits.
- Opioid-related ED visits were reduced by 47% at 6 months and 63% at 12 months among those who were co-prescribed naloxone, compared with those who were not.
- No change was detected in the net prescribed opioid doses for patients who were co-prescribed naloxone.

*Comments*: This study demonstrates the feasibility of naloxone rescue kit co-prescription in primary care. Although fewer than half of eligible patients were prescribed naloxone rescue kits within a program designed to promote universal co-prescribing, patients at higher risk for overdose were more likely to receive naloxone prescriptions. This implementation study provides practical guidance and demonstrates important outcomes to support guidelines by the CDC and the Department of Veterans Affairs to encourage naloxone co-prescription for patients receiving long-term opioid analgesics.

Benjamin Dossetter† and Alexander Y. Walley, MD, MSc

† Contributing Editorial Intern and Medical Student, Tufts University School of Medicine

*Reference*: Coffin PO, Behar E, Rowe C, et al. Nonrandomized intervention study of naloxone coprescription for primary care patients receiving long-term opioid therapy for pain. *Ann Intern Med*. 2016;165(4):245–252.

### Chronic Opioid Use After Surgical Procedures In Opioid-Naïve Patients

Opioid medications are often used to treat postoperative pain, which may place some individuals at risk for chronic opioid use. To assess the incidence and predictors of such use, researchers analyzed US national private health insurance claims data of 641,941 opioid-naïve patients (mean 44 years old, 26% male) after 1 of 11 surgical procedures* and 18,011,137 opioid-naïve non-surgical patients (mean 42 years old, 49% male). "Chronic opioid use" was defined as ≥10 filled opioid prescriptions or >120 days' opioid supply during 90–365 days postoperative in the surgical group, or following a randomly assigned "surgical date" in the non-surgery group.

- The 1-year incidence of chronic opioid use ranged from 0.119% for cesarean delivery to 1.41% for total knee arthroplasty in surgical patients and 0.136% in non-surgical patients.

*(continued page 2)*

**Free CME: ABAM-Approved MOC Activity!**

*See page 6*

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### Chronic Opioid Use After Surgical Procedures In Opioid-Naïve Patients

(continued from page 1)

- In adjusted analyses, the risk of postoperative chronic opioid use was lowest for cataract surgery (odds ratio [OR], 0.87) and highest for open cholecystectomy (OR, 3.60) and total knee arthroplasty (OR, 5.10), compared with the non-surgical group.
- Risk for chronic opioid use increased significantly for male sex (OR, 1.34), age >50 years (OR, 1.74), preoperative medication use (ORs: benzodiazepines, 1.82; antidepressants, 1.65), depression (OR, 1.15), "alcohol abuse" (OR, 1.83), and "drug abuse" (OR, 3.15).**

* Total knee arthroplasty, total hip arthroplasty, laparoscopic cholecystectomy, open cholecystectomy, laparoscopic appendectomy, open appendectomy, cesarean delivery, functional endoscopic sinus surgery, cataract surgery, transurethral prostate resection, and simple mastectomy.
** Alcohol or drug abuse defined as having "at least 2 claims with a substance use disorder ICD-9 code prior to the year of their surgery."

*Comments*: Although the overall incidence of chronic opioid use was low following surgical procedures, the potential public health impact is large given the thousands of surgical procedures performed each year. Except for age >50, the risk factors for chronic opioid use in this study are similar to risk factors identified by several validated opioid risk instruments. Clinicians should screen opioid-naïve surgical patients for risk factors and, if opioids are prescribed, strive for a brief period of treatment.

Kevin L. Kraemer, MD, MSc

*Reference*: Sun EC, Darnall BD, Baker LC, Mackey S. Incidence of and risk factors for chronic opioid use among opioid-naïve patients in the postoperative period. *JAMA Intern Med*. 2016;176(9):1286–1293.

## INTERVENTIONS & ASSESSMENTS

### A Comparison of Buprenorphine Implants with Sublingual Buprenorphine Among Abstinent Adults with Opioid Use Disorder

The effectiveness of sublingual buprenorphine treatment for opioid use disorder (OUD) may be limited by medication adherence. Diversion, and unintentional pediatric exposure are also of concern. Buprenorphine implants may address these problems. Researchers conducted a 6-month non-inferiority, double-blind, double-dummy, active-controlled, randomized trial of buprenorphine implants versus sublingual buprenorphine. Participants were 18–65 years old and had received sublingual buprenorphine for ≥24 weeks at a stable dose of ≤8 mg/day before enrollment, with no illicit opioid-positive urine samples for ≥90 days prior to study entry. Response to treatment was defined as ≥4 of 6 months without illicit opioid use, based on monthly urine testing (plus 4 random tests) and self-report.

The proportion of responders was 81/84 (96.4%) in the implant and 78/89 (87.6%) in the sublingual buprenorphine group, indicating non-inferiority of implants.

- Over 6 months, 86% of those who received implants and 72% of those who received sublingual buprenorphine maintained opioid abstinence.
- In sensitivity analyses including all 177 participants (with missing samples imputed as positive), 70/87 (81%) in the implant and 60/90 (67%) in the sublingual buprenorphine group were opioid abstinent.

*Comments*: This study supports the use of buprenorphine implants for long-term treatment among a subset of adult patients with OUD – those who are stabilized on sublingual buprenorphine for ≥24 weeks at a dose of ≤8 mg/day. The study

*(continued page 3)*

## A Comparison of Buprenorphine Implants with Sublingual Buprenorphine Among Abstinent Adults with Opioid Use Disorder (continued from page 2)

population was primarily white, employed, had non-medical use of prescription opioids, and were clinically stable on a relatively modest dose of buprenorphine with abstinence of ≥90 days prior to enrollment, limiting generalizability of the results.

Nicolas Bertholet, MD, MSc

*Reference*: Rosenthal RN, Lofwall MR, Kim S, et al. Effect of buprenorphine implants on illicit opioid use among abstinent adults with opioid dependence treated with sublingual buprenorphine: a randomized clinical trial. *JAMA*. 2016;316(3):282–290.

## Pregnant Women with Opioid Use Disorder Experience Better Neonatal Outcomes with Buprenorphine than Methadone

Methadone has been the standard of care for treatment of pregnant women with opioid use disorder (OUD) and has been shown to improve outcomes for mothers and their neonates. Previous trials have shown that buprenorphine is associated with less severe neonatal abstinence syndrome, but provided limited data on other outcomes. This systematic review looked at neonatal and maternal outcomes of pregnant women with OUD treated with buprenorphine or methadone, using data from participants in 3 randomized controlled trials (N=223) and 15 observational studies (N=1923).

- There were no significant differences in rates of spontaneous fetal death or fetal/congenital abnormalities, but there were few events and the strength of evidence was low.
- Buprenorphine was associated with lower rates of preterm birth, as well as higher birth weight and greater head circumference (strength of evidence was moderate).
- There were insufficient data to compare neurodevelopmental outcomes of the children as well as serious and non-serious maternal adverse events.

*Comments*: This study adds to previous evidence that buprenorphine is somewhat better than methadone for the neonates of women with OUD. Both medications are better than no treatment or abstinence-based treatments. While there are probably still some pregnant women who would do better with methadone, these findings need to be taken into consideration when making decisions about treatment. We need to learn more about long-term outcomes and how to match individual women with the best treatment option for them and their children.

Darius A. Rastegar, MD

*Reference*: Zedler BK, Mann AL, Kim MM, et al. Buprenorphine compared with methadone to treat pregnant women with opioid use disorder: a systematic review and meta-analysis of safety in the mother, fetus and child. *Addiction*. 2016 [Epub ahead of print]. doi: 10.1111/add.13462.

## Inpatient Buprenorphine Initiation And Linkage To Outpatient Continuation Did Not Significantly Decrease Illicit Opioid Injection

Buprenorphine initiation in hospitalized patients with opioid use disorder and subsequent linkage to outpatient buprenorphine treatment have the potential to reduce illicit opioid use. However, it is not known whether this approach can reduce injection behavior among people who inject drugs (PWID). This planned sub-group analysis of PWID in a randomized trial compared inpatient buprenorphine initiation and linkage to outpatient buprenorphine (N=51) with 5-day inpatient buprenorphine detoxification (N=62). Thirty-day timeline follow-back self-report of injection opioid use was measured at 1, 3, and 6 months and compared between groups.

- At 1 month, the linkage group was more likely than the detoxification group to initiate with a buprenorphine program (71% versus 10%), but there was no difference between groups in continued engagement with a buprenorphine program at 6 months.
- Across groups, the odds of injection opioid use were 4.6 times greater on days when buprenorphine was not used.
- In Poisson regression models, injection opioid use did not differ significantly between linkage and detoxification groups at any follow-up point (incidence rate ratios [IRR], 1 month: 0.73 [p=0.32]; 3 months: 1.20 [p=0.54]; 6 months: 0.73 [p=0.23]). Given significant missing data (at each time-point, follow-up was <70% in the linkage group and <60% in the detoxification group), analyses were repeated with complete imputed datasets, yielding IRRs of 0.59, 0.77, and 0.55 for the linkage group, but between-group differences remained insignificant.

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### Inpatient Buprenorphine Initiation And Linkage To Outpatient Continuation Did Not Decrease Illicit Opioid Injection (continued from page 3)

*Comments*: This subgroup analysis of a well-done randomized trial did not show a decrease in injection opioid use for inpatient buprenorphine initiation and outpatient linkage, compared with inpatient detoxification alone. The main and imputed analyses gave a hint of benefit in the linkage group, but the sample size may have been too small. Among such challenging populations (e.g., safety net hospital with over one-third of participants experiencing homelessness), more intensive programs may be needed to decrease frequency of injection opioid use.

Kevin L. Kraemer, MD, MSc

*Reference*: Cushman PA, Liebschutz JM, Anderson BJ, et al. Buprenorphine initiation and linkage to outpatient buprenorphine do not reduce frequency of injection opiate use following hospitalization. *J Subst Abuse Treat.* 2016;68:68–73.

## HEALTH OUTCOMES

### Alcohol Intake Among Postmenopausal Women Associated with Increased Risk of Breast Cancer And Decreased Risk of Coronary Heart Disease

Observational studies with limited information regarding alcohol intake over time have consistently suggested that alcohol use in women is associated with an increased risk of breast cancer and a decreased risk of coronary heart disease. However, few prospective studies have looked at the effect of increasing alcohol use over time in a large cohort of postmenopausal women. Researchers followed 21,523 postmenopausal Danish women, who increased their alcohol intake over a 5-year period, and measured incident breast cancer and coronary heart disease over 11 years of follow-up.

- During the study, 1054 cases of breast cancer and 1750 cases of coronary heart disease occurred.
- Increasing alcohol intake by 7 or 14 drinks in a week resulted in hazard ratios for development of breast cancer of 1.13 and 1.29,* respectively, compared with women with stable alcohol intake.
- Increasing alcohol intake by 7 or 14 drinks in a week resulted in hazard ratios for development of coronary heart disease of 0.89 and 0.78,** respectively, compared with women with stable alcohol intake.
- Women with moderate (7–13 drinks in a week) to high (14–20 drinks in a week) alcohol intake who changed their alcohol intake to low (<7 drinks in a week) or heavy (≥21 drinks in a week) intake had higher mortality.

* Adjusted for age, education, body mass index, smoking, Mediterranean diet score, parity, and hormone replacement therapy.
** Additionally adjusted for physical activity, hypertension, elevated cholesterol, and diabetes.

*Comments*: These results of this sophisticated analysis are consistent with prior simpler observational studies. However, it is a bit surprising that relatively short term changes in drinking would impact these chronic disease risks. Despite statistical adjustment, other factors associated with choosing to increase or decrease use may explain the findings. The finding that those who did not change their drinking had the lowest mortality further suggests that the small associations are not causal.

Jeanette M. Tetrault, MD

*Reference*: Dam MK, Hvidtfeldt UA, Tjønneland A, et al. Five year change in alcohol intake and risk of breast cancer and coronary heart disease among postmenopausal women: prospective cohort study. *BMJ.* 2016;353:i2314.

### Patient Activation for Medical Care Does Not Improve Substance Use or Depression Outcomes

Patient activation has been associated with better self-management of chronic health conditions. This nonrandomized clinical trial alternately assigned 503 patients receiving addiction treatment to either six 45-minute manual-guided group sessions focused on patient activation, skills training in communication with health care professionals, and use of the electronic health record's patient portal (LINKAGE intervention, N=252); or to usual care (N=251). Mean age was 43 years; 31% were women; 55% had an income of ≥$55,000 per year; and 65% had *DSM-IV* alcohol dependence. At baseline, 73% of patients had ever talked with their primary care physician (PCP) about their substance use.

- Compared with usual care, assignment to the LINKAGE intervention was associated with increased use of the portal and likelihood of talking with the PCP about addiction (71% versus 51% for usual care).
- Overall, ≥70% of patients in both groups were abstinent and reported improved depression symptoms, but no overall differences were detected between groups.
- In the LINKAGE group, patients who talked with the PCP about addiction had longer length of stay in addiction treatment (mean 93 days versus 50 days), greater abstinence from alcohol (84% versus 63%), and reductions in any heavy drinking (27% versus 7%), compared with those who did not.

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### Patient Activation for Medical Care Does Not Improve Substance Use or Depression Outcomes

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*Comments*: Although the LINKAGE intervention increased addiction treatment patients' communication and engagement with their PCP, it did not improve substance use outcomes or depression. This result is not surprising given the activation was not focused on self-management of the chronic disease of addiction, physicians' limited skills in managing substance use disorder, and the high rates of prior discussions about addiction with physicians at baseline. Subgroup analyses suggest that facilitated communication may improve outcomes in alcohol use disorder, but confirmatory study will be needed.

Peter D. Friedmann, MD, MPH

*Reference*: Weisner CM, Chi FW, Lu Y, et al. Examination of the effects of an intervention aiming to link patients receiving addiction treatment with health care: the LINKAGE clinical trial. *Addiction*. 2016;73(8):804–814.

### In Youth, Alcohol and Marijuana Use Associated with Poor Academic Performance, Mental Health Outcomes

Alcohol and marijuana use during adolescence have a profound impact on a range of outcomes and these effects may vary by race and ethnicity. This longitudinal study examined alcohol and marijuana use trajectories in 6059 Southern California high school students, compared across racial/ethnic groups.

- White youth consumed more alcohol and the same amount of marijuana as black and multi-ethnic groups. Asian youth consumed less alcohol and less marijuana compared with white youth.
- Higher rates of alcohol use were associated with higher rates of academic unpreparedness and delinquency. Higher rates of marijuana use were associated with higher rates of academic unpreparedness, lower academic performance, poorer mental health, and greater delinquency.
- Controlling for substance use, Hispanic and multi-ethnic youth reported lower academic performance than white youth. Asian, black, and Hispanic youth reported significantly higher academic unpreparedness than white youth.

*Comments*: This study found higher rates of substance use among white youth compared with other racial/ethnic groups; a finding that is consistent with other large national surveys. Alcohol and marijuana use were both associated with poorer functioning; notably, marijuana use, which is sometimes promoted as "safer" than alcohol use, was associated with impact in more domains than alcohol use. The study also found lower academic preparedness and performance in non-white youth when controlling for substance use, suggesting heightened vulnerability. These findings support the recommendation for surveillance and early intervention to delay, prevent, or reduce adolescent substance use.

Sharon Levy, MD, MPH

*Reference*: D'Amico EJ, Tucker JS, Miles JN, et al. Alcohol and marijuana use trajectories in a diverse longitudinal sample of adolescents: examining use patterns from age 11 to 17. *Addiction*. 2016;111(10):1825–1835.

## HIV AND HCV

### Open-Ended and Normalizing Questions Elicit More Accurate Disclosure of Substance Use in HIV Care

Among patients living with HIV (PLWH), substance use is associated with non-adherence to antiretroviral therapy (ART) and poor outcomes. To determine the best method for eliciting accurate disclosure of substance use among PLWH, this qualitative study analyzed medical encounters between 56 HIV healthcare providers and 162 PLWH who reported past-month cocaine, heroin, or heavy alcohol use in a post-encounter interview.

- Substance use was not discussed in 78 encounters (50%).
- In 16 encounters (10%), providers already knew about the substance use; patients disclosed without prompting in 39 (24%).
- Providers asked about substance use with questions that were open-ended (e.g., "How's your drinking going?") in 18 encounters (11%); normalizing queries (e.g., "When was the last time you used?") in 14 cases (9%); closed-ended in 36 (22%); and questions "leading toward non-use" in 9 (6%).
- Disclosure of substance use ensued with all open-ended or normalizing queries, but only 58% of closed-ended and 22% of leading toward non-use questions.
- Adjusting for substance type, closed-ended (relative risk [RR], 0.60) and leading questions (RR, 0.22) were significantly less likely to elicit truthful disclosure.

*Comments*: This study demonstrates that how clinicians inquire influences patients' willingness to disclose substance use. Open-ended or normalizing questions (such as those in validated screening tools) are likely associated with the non-judgmental, curious, and empathic attitude that is essential to gaining the trust of patients with substance use issues. Approaches grounded in motivational interviewing suggest that asking permission ("May I ask you about your substance use?") and using eliciting statements rather than questions ("Please tell me about your drinking") might further promote candid discussions.

Peter D. Friedmann, MD, MPH

*Reference*: Callon W, Beach MC, Saha S et al. Assessing problematic substance use in HIV care: which questions elicit accurate patient disclosures? *J Gen Intern Med*. 2016;31(10):1141–1147.

## Among People Who Inject Drugs, Benzodiazepine Use Is Associated with Hepatitis C Seroconversion

People who inject drugs (PWID) are at risk for hepatitis C (HCV) seroconversion. Benzodiazepines are commonly used medications that have been linked with risky behaviors. Researchers used data from 2 prospective cohorts in Vancouver, Canada to examine the association between benzodiazepine use and HCV seroconversion.

- Of 440 participants who were HCV antibody-negative at baseline, 158 (36%) reported benzodiazepine use (medical and/or non-medical) on at least 1 occasion during semiannual follow up.
- People with benzodiazepine use tended to be younger and were less likely to be homeless, more likely to inject heroin at least daily, and more likely to practice unsafe sex.
- A total of 142 HCV seroconversion events occurred in the cohorts, at a rate of 7.6 per 100 person-years.
- In bivariate analyses, benzodiazepine use was associated with HCV seroconversion (rate ratio [RR], 3.4), as were homelessness (RR, 1.7), at least daily heroin injection (RR, 3.5), at least daily cocaine injection (RR, 4.0), unsafe sex (RR, 1.6) and sex work involvement (RR, 3.4). In an adjusted model, benzodiazepine use remained independently associated with HCV seroconversion (RR, 1.7).

*Comments*: The fact that benzodiazepine use was associated with HCV seroconversion may be due to the effects of these medications on cognition and judgment, or it may be a marker for other risk factors. Adjusting for some risk factors attenuated the association, but there may be other factors, particularly psychiatric disorders, that were not measured and may account for some or all of the association.

Darius A. Rastegar, MD

*Reference*: Bach P, Walton G, Hayashi K, et al. Benzodiazepine use and hepatitis C seroconversion in a cohort of persons who inject drugs. *Am J Pub Health*. 2016:106(6):1067–1072.

## Missed Opportunity? Low Rates of Rapid HIV Testing In Opioid Treatment Programs

Despite the high prevalence of HIV among patients with substance use disorder, barriers to routine testing persist at treatment programs. Rapid HIV testing (RHT) presents an opportunity for increased testing and result delivery to patients. Using data from the National Drug Abuse Treatment System Survey, the authors conducted a cross-sectional analysis of the adoption and implementation of RHT in 196 opioid treatment programs (OTPs).

- 32% of OTPs offered on-site RHT to their clients.
- On-site RHT was less common in OTPs offering buprenorphine only (adjusted odds ratio [aOR], 0.21). At borderline significance, RHT was more common in large OTPs serving > 600 patients (aOR, 2.92; 95% CI 0.88–9.67), despite large variation in the size of OTPs responding to the survey.
- The availability of on-site RHT reduced the likelihood that an OTP did not test any of its clients during the prior year. However, availability of on-site RHT was not associated with an increased number of patients tested for HIV at an OTP.

*Comments*: This study confirms the low availability of RHT in OTPs nationwide, but it did not investigate theoretical barriers to offering RHT, including concerns over

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false positives (especially in low-prevalence areas) and access to public funding to

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The major journals regularly reviewed for the newsletter include:

Addiction
Addiction Science & Clinical Practice
Addictive Behaviors
AIDS
Alcohol
Alcohol & Alcoholism
Alcoholism: Clinical & Experimental Research
American Journal of Drug & Alcohol Abuse
American Journal of Epidemiology
American Journal of Medicine
American Journal of Preventive Medicine
American Journal of Psychiatry
American Journal of Public Health
American Journal on Addictions
Annals of Internal Medicine
Archives of General Psychiatry
Archives of Internal Medicine
British Medical Journal
Drug & Alcohol Dependence
Epidemiology
European Addiction Research
European Journal of Public Health
European Psychiatry
Gastroenterology
Hepatology
Journal of Addiction Medicine
Journal of Addictive Diseases
Journal of AIDS
Journal of Behavioral Health Services & Research
Journal of General Internal Medicine
Journal of Hepatology
Journal of Infectious Diseases
Journal of Studies on Alcohol
Journal of Substance Abuse Treatment
Journal of the American Medical Association
Journal of Viral Hepatitis
Lancet
New England Journal of Medicine
Preventive Medicine
Psychiatric Services
Substance Abuse
Substance Use & Misuse

Many others periodically reviewed (see www.aodhealth.org).

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## Missed Opportunity? Low Rates of Rapid HIV Testing In Opioid Treatment Programs (continued from page 6)

provide this service. Future research should investigate barriers and strategies to increase RHT adoption in OTPs.

Jeanette M. Tetrault, MD

*Reference*: Frimpong JA, D'Aunno T, Helleringer S, Metsch LR. Low rates of adoption and implementation of rapid HIV testing in substance use treatment programs. *J Subst Abuse Treat.* 2016;63:46–53.

## Men Living with HIV More Sensitive to Alcohol's Effects

The impact of HIV on a person's metabolism of alcohol remains uncertain. Investigators compared the number of standard alcoholic drinks required to "feel a buzz or high" among people living with HIV (PLWH, n=1478) and without HIV (n=1170). Participants were male US veterans; PLWH were stratified by HIV viral load (HVL). Overall, 63% of study participants were African American and among PLWH, 59% had a suppressed HVL (<500 copies/mL).

- Compared with participants without HIV, PLWH were younger and less obese,* with higher rates of HCV, less alcohol use, and worse health.**
- When asked as part of a self-completed survey, "How many drinks of alcohol does it take for you to begin to feel a 'buzz' or high?"…
  - ◊ The overall mean number of drinks reported was 3.
  - ◊ Adjusting for BMI, PLWH with a detectable HVL reported a lower mean number of drinks to feel a buzz, compared with people without HIV.
  - ◊ To feel a buzz, PLWH with a detectable HVL required >¼ of a drink less compared with participants without HIV.

* Body Mass Index (BMI) >30
** Higher mean Veterans Aging Cohort Study Index scores

*Comments*: This study demonstrates an increased sensitivity to alcohol's effects among male PLWH with a detectable HVL. Though limited by its exclusion of female participants, these findings suggest that HVL should be considered when discussing thresholds for healthy drinking limits with PLWH. Doing so may serve to minimize the adverse impact of alcohol use on HIV disease and transmission.

Seonaid Nolan, MD

*Reference*: McGinnis KA, Fiellin DA, Tate JP, et al. Number of drinks to "feel a buzz" by HIV status and viral load in men. *AIDS Behav.* 2016;20 (3):504–511.

## 16th Annual Immersion Training Program in Addiction Medicine:

***Improving Clinical and Teaching Skills for Generalists***

## A Scholarship Program for Incoming Chief Residents, Faculty Mentors & Junior Faculty

Accepting applications until **February *3*, 2017**

www.bumc.bu.edu/immersiontraining

Don't miss this terrific opportunity to join the **National Institute on Drug Abuse** (NIDA) funded **Immersion Training Program in Addiction Medicine**. It is a four-day immersion training for incoming chief residents, faculty mentors, and junior faculty on state-of-the-art methods to diagnose, manage, and teach about addiction medicine.

**Target Audience:**

- **Incoming Chief Residents** accepted into Internal Medicine or Family Medicine
- **Faculty Mentors** applying with a chief resident
- **Junior Faculty** responsible for training residents or medical students in Family Medicine or Internal Medicine

**When**: April 30-May 3, 2017

**Where:** Beverly, Massachusetts

**Cost:** The grant supports 15 full Chief Resident scholarships that cover tuition, travel and accommodations. A limited number of CRs will be accepted without a full scholarship, and can attend if able to secure their own funding for travel and accommodations.

Faculty mentors and Junior Faculty are responsible for covering their travel and accommodations. CME credit is provided at no additional cost. The curricula covers ACGME required core competencies in practice-based learning and improvement, communication skills, professionalism, and systems-based practice. The expert program faculty have years of training and clinical experience and will be on site throughout the program for informal interaction and discussion.

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## 6th Annual Fellow Immersion Training (FIT) Program in Addiction Medicine

***Research Training for Subspecialty Fellows Focusing on Addressing HIV and/or hepatitis C or enrolled in a clinical pain medicine program***

**www.bumc.bu.edu/fit**

The **Fellow Immersion Training (FIT)** program is a four-day intensive, immersion training that equips incoming and current clinical subspecialty fellows (e.g., Infectious Disease, Pain, Gastroenterology) with state-of-the-art skills and content to integrate addiction medicine into research and clinical care.

Fellows ought to be interested in a comprehensive review of addiction medicine and motivated to incorporate substance use issues into their research methods.

**April 30-May 3, 2017**
**Beverly, Massachusetts**
There is no tuition for Fellows.
Accommodations and travel for fellows are funded.

Program Directors are Alexander Walley MD, MSc and Jeffrey Samet MD, MA, MPH from Boston University Schools of Medicine and Public Health.

**Applications accepted until February 3, 2017**

**Sponsors:** The National Institute on Drug Abuse (NIDA) and Boston University School of Medicine.
**For more information or to obtain an application:** Contact Danna Gobel (danna.gobel@bmc.org, (617)414-6946).

## Continuing Medical Education (CME) Accreditation Statements

This activity has been planned and implemented in accordance with the accreditation requirements 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 claim only the 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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