Alcohol, Other Drugs, and Health: Current Evidence

NOVEMBER-DECEMBER 2022

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INTERVENTIONS & ASSESSMENTS

Telehealth Has Increased Access to Medication for Opioid Use Disorder During the COVID-19 Pandemic

Telehealth has long been available in areas of US healthcare, but it was not widely used for the treatment of opioid use disorder (OUD) until emergency policy changes were enacted during the COVID-19 pandemic. Two studies reported on the increased use of telehealth to treat OUD in the US during the COVID-19 pandemic, compared with before.

A longitudinal cohort study of adult Medicare beneficiaries with OUD compared patient outcomes pre- and during the pandemic. Outcomes included receipt of and retention in treatment with medication for OUD (MOUD); receipt of OUD-related telehealth services; and experiencing medically treated overdose.

- Compared with prior to the pandemic, significantly more individuals received OUD-related telehealth services (20% versus 0.6%) and MOUD (13% versus 11%) during the pandemic.
- Receipt of OUD-related telehealth services during the pandemic was associated with increased odds of MOUD retention (adjusted odds ratio [aOR], 1.27), and lower odds of medically treated overdose (aOR, 0.67), compared with prior to the pandemic.
- Compared with those who did not receive MOUD, people treated with MOUD from an opioid treatment program (aOR, 0.54) and those receiving buprenorphine from pharmacies (aOR, 0.91) had lower odds of medically treated overdose.

The second study was a survey of programs in Pennsylvania that offer MOUD, and their descriptive data about telehealth utilization.

- Most programs offered MOUD telehealth; female, white, non-Hispanic individuals were most likely to engage in these services.
- Patient enrollment in services was high and no-show rates appeared to decline during the study period.

Comments: Policy changes in the US allowing the expansion of telehealth for treating OUD during the COVID-19 pandemic have been important tools for increasing access to MOUD. Given that opioid overdose rates continue to increase, telehealth and other innovations will be needed to ensure that all individuals with OUD have rapid, low-barrier access to these lifesaving medications.

Melissa B. Weimer, DO, MCR

References: Jones CM, Shoff C, Hodges K, et al. Receipt of telehealth services, receipt and retention of medications for opioid use disorder, and medically treated overdose among Medicare beneficiaries before and during the COVID-19 pandemic. *JAMA Psychiatry*. 2022;79(10):981-992.

Poulsen MN, Santoro W, Scotti R, Henderson C, Ruddy M, Colistra A. Implementation of telemedicine delivery of medications for opioid use disorder in Pennsylvania treatment programs during COVID-19. *J Addict Med*. 2022 [E-pub ahead of print]. doi: 10.1097/ADM.0000000000001079.

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Administration of Phenobarbital for Acute Alcohol Withdrawal in the Emergency Department May Reduce the Need for Hospital Admission

Benzodiazepine medications have long been the standard of care for patients presenting to emergency departments (EDs) for acute treatment of alcohol withdrawal syndrome (AWS). With many EDs not having ready access to hospital admission or detoxification transfer of patients, safe and effective acute AWS management that allows patients to be discharged the same day as presentation would be advantageous. This study was conducted in a rural Canadian hospital; it compared ED administration of a front-loaded phenobarbital regimen versus a symptom-triggered benzodiazepine regimen for AWS. Outcomes were ED length of stay and need for hospital admission.

- Eighty-three patients were treated during 185 visits for AWS.
- The front-loaded phenobarbital regimen employed was relatively rapid and high-dose (up to 20mg/kg during the same-day treatment).
- Median length of stay in the ED for both regimens was 4.4 hours.
- After adjusting for confounders, hospital admission odds were 71% lower with the phenobarbital regimen.
- The authors report no "significant" adverse events related to receipt of phenobarbital.

Comments: Length of stay for most patients who present for acute AWS management can range 3–7 days. In this study, front-loaded phenobarbital for the treatment of AWS appears to be an effective strategy to prevent the escalation of withdrawal symptoms and the need for hospital admission. Notably this study did not compare front-loaded phenobarbital to front-loaded benzodiazepines. Rigorous clinical trial research is needed to compare the safety and efficacy of phenobarbital versus benzodiazepine medications for the treatment of AWS.

Melissa B. Weimer, DO, MCR

Reference: Pistore A, Penney S, Bryce R, Meyer C, Bouchard B. A retrospective evaluation of phenobarbital versus benzodiazepines for treatment of alcohol withdrawal in a regional Canadian emergency department. *Alcohol*. 2022;102:59–65.

Common Factors Across Four Emergency Department-initiated Buprenorphine Programs

The emergency department (ED) is a setting that offers opportunities to deliver opioid use disorder (OUD) treatment. Notably, the American College of Emergency Physicians recommends the provision of buprenorphine to patients with OUD. This article describes the successful implementation of buprenorphine initiation programs in 4 US EDs, and identifies key common facilitators.

- *Integration of information technology and electronic medical records*. Information technology is useful in assisting screening/case finding (including with machine learning methods), workflow, and prescription orders. Clinician decision support helps minimize barriers to prescribing. Clinical pathways enhance evidence-based practice (by providing template order sets, prescriptions, referral information, instructions, etc.).
- *A clinical champion/early adopter, and support from ED and hospital leadership* are key to developing a culture favorable to buprenorphine programs. An ED physician clinical champion can disseminate information to clinical staff, provide consultations, and assist with prescriptions. Building a medical team of waivered physicians is key, allowing for ED autonomy in buprenorphine initiation. Fostering a culture of treatment of OUD and OUD education (in the broader context of the public health role of the ED) can impact residents and create practice changes.

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Common Factors Across Four Emergency Department-initiated Buprenorphine Programs

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- *Collaboration with pharmacies* is important in establishing guidelines and processes to administer buprenorphine in the ED.
- *Connection with outpatient partners.* The link with outpatient care is crucial and all programs relied on strong connections with proximal outpatient partners.
- *Quality improvement* processes—performed by local champions with feedback on successes—help enhance practice change.

Comments: This manuscript reports that implementation of ED-initiated buprenorphine is feasible. Implementation models relied on local champions and were adapted to local characteristics and resources to identify patients and provide treatment and referral to outpatient care. Common factors across all 4 sites related to information technology, ED culture, hospital-level support, and connection with outpatient facilities.

Nicolas Bertholet, MD, MSc

Reference: Whiteside LK, D'Onofrio G, Fiellin DA, et al. Models for implementing emergency department-initiated buprenorphine with referral for ongoing medication treatment at emergency department discharge in diverse academic centers. *Ann Emerg Med*. 2022;80(5):410–419.

HEALTH OUTCOMES

Georgia Counties with the Highest Opioid Overdose Rates Have Very Limited Access to Methadone Programs

Opioid use disorder (OUD) and overdose rates are at epidemic levels in the US. As a result, there is an urgent need to expand access to evidence-based treatment, including methadone. However, access to methadone for treatment of OUD is limited to licensed programs in the US, and these are not evenly distributed. Researchers used data on distribution of methadone programs and 2019 opioid overdose deaths in the state of Georgia to analyze access to programs in the 5 counties with the highest overdose rates, and to see if Federally Qualified Health Centers (FQHCs) could help close the gap. Access was assessed by calculating the percentage of the population in each county that lived within a 15-minute drive of a methadone program or FQHC.

- In 2019, the mean opioid overdose death rate per 100,000 people in the state of Georgia was 8; for the 5 counties with the highest rates, it ranged from 32 to 38.
- In the state of Georgia overall, 62% of the population live within a 15-minute drive of a methadone program. In the 4 counties with the highest overdose death rates, 0% lived within a 15-minute drive and in the fifth highest, it was only 5%.
- In the 5 counties with the highest overdose death rates, 67 to 97% of the population lived within a 15-minute drive of a FQHC.

Comments: This study shows that access to life-saving treatment is very limited in some of the locales that need it most. Expanding access to methadone through FQHCs and pharmacies can help bridge this gap.

Darius A. Rastegar, MD

Reference: Anwar T, Duever M, Jayawardhana J. Access to methadone clinics and opioid overdose deaths in Georgia: a geospatial analysis. *Drug Alcohol Depend*. 2022;238:109565.

In the US, Few Randomized Trials for Substance Use Treatment Adequately Consider Racial or Ethnic Factors

Despite observational data demonstrating that Black and Latinx populations experience worse substance use disorder (SUD)-related outcomes relative to white persons, few randomized controlled trials (RCTs) have examined differences in SUD outcomes by race/ethnicity or underlying social determinants of health. Researchers conducted a systemic review of RCTs conducted in the US (published 1995–2019) that examined non-nicotine SUD outcomes (i.e., treatment initiation, treatment engagement, and substance use) by race or ethnicity. They aimed to determine whether SUD intervention effectiveness varies by race or ethnicity, or by intervention type or substance used within Black and Latinx populations.

- Of 5204 RCTs identified, 50 met inclusion criteria.
- Twenty-four studies reported outcomes by race or ethnicity. Nine studies found a significant main effect of race or ethnicity, including the fact that Black and Latinx participants had poorer SUD treatment retention and abstinence outcomes compared with white participants.
- Of the 15 studies that evaluated participants' baseline social determinants of health (e.g., socioeconomic status, education) by race/ethnicity, 100% found significant differences. Few of these studies, however, accounted for these differences in primary analyses.

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In the US, Few Randomized Trials for Substance Use Treatment Adequately Consider Racial or Ethnic Factors

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- Within studies focusing on Black (n=12) or Latinx (n=12) participants, interpretation of differences between intervention type and substance used was limited by the small number of studies.

Comments: Few RCTs appropriately include racial or ethnic minorities, or adequately evaluate whether baseline differences in social determinants of health by race or ethnicity influence study results. Future RCTs examining SUD outcomes should focus on both improved inclusion of racial and ethnic minorities, as well as evaluation of the impact of social determinants of health on treatment outcomes among these populations.

Carrie M. Mintz, MD

Reference: Jordan A, Quainoo S, Nich C, et al. Racial and ethnic differences in alcohol, cannabis, and illicit substance use treatment: a systematic and narrative synthesis of studies done in the USA. *Lancet Psychiatry*. 2022; 9:660–674.

In the US, Young Adults From Minoritized Communities More Likely to Use Flavored Tobacco

Flavored tobacco products, including mint and menthol, present a risk for youth initiation and use, and nicotine use disorder. This study assessed racial/ethnic patterns of flavored tobacco use among young adults from the US Population Assessment of Tobacco and Health survey (N=8114, aged 18–34 years).

- The use of flavored tobacco products was more common among Black (odds ratio [OR], 1.4) and Hispanic (OR, 1.4) young adults, compared with white/non-Hispanic individuals.
- Compared with white young adults who smoke, Black individuals who smoke were more likely to use menthol cigarettes (OR, 4.5).

Comments: To avoid regulation, the tobacco industry has long lobbied to hold out "cooling flavors" (i.e., mint and especially menthol) as a separate category with predominantly adult use. A growing body of evidence has shown that these flavors are commonly used by youth, especially youth of color. Exempting menthol from flavor bans contributes to health disparities.

Sharon Levy, MD

Reference: Watkins SL, Pieper F, Chaffee BW, et al. Flavored tobacco product use among young adults by race and ethnicity: evidence from the population assessment of tobacco and health study. *J Adolesc Health*. 2022;71(2):226–232.

Most Children With Fetal Alcohol Spectrum Disorder Are Prescribed Psychotropic Medications

Fetal alcohol spectrum disorders (FASD) are characterized by problems within 3 domains: self-regulation, neurocognition, and adaptive skills. In the US, it is estimated that 1–5% of children meet criteria for FASD. Researchers used data from the 2017 IBM Watson Health MarketScan Multistate Medicaid and Commercial Claims database for children aged 0–17 to explore the prescribing of psychotropic medications to children with FASD. The authors also collected data on co-occurring medical and mental health diagnoses.

- The most common medications prescribed to children with Medicaid and FASD were stimulants (41%), anticonvulsants (40%), alpha 2 agonists (40%), and benzodiazepines/barbiturates (31%).
- The most common medications prescribed to children with private insurance and FASD were stimulants (56%), antidepressants (30%), and alpha 2 agonists (27%).
- The 3 most common co-occurring diagnoses within the Medicaid cohort were encephalopathy (63%), attention deficit hyperactivity disorder (ADHD; 51%), and epilepsy (44%).
- The 3 most common co-occurring diagnoses within the privately-insured cohort were encephalopathy (79%), ADHD (54%), and anxiety (24%).
- In most age groups, the administration of psychotropic medications was somewhat higher in Medicaid versus privately insured patients, but the difference was not substantial.
- Psychotropic medication was prescribed to more than one-third of children with FASD who did not have a co-occurring mental health diagnosis.

Comments: This study shows that children with FASD have a high burden of co-occurring disorders. It is important for clinicians to be aware of the association of FASD with other disorders, including ADHD and seizures.

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Most Children With Fetal Alcohol Spectrum Disorder Are Prescribed Psychotropic Medications (continued from page 4)

This study also shows that many of these children, even those without a mental health diagnosis, are prescribed psychotropic medications and that prescribing rates are higher among those covered by Medicaid. It is important that these children receive social support, accurate diagnoses, and a full spectrum of treatment, including evidence-based behavioral therapy.

Corey McBrayer, DO* & Darius A. Rastegar, MD

* Rich Saitz Editorial Intern & Grant Medical Center Addiction Medicine Fellow, OhioHealth.

Reference: Senturias Y, Ali MM, West K. Psychotropic medication utilization among children diagnosed with fetal alcohol spectrum disorder. *Pediatrics*. 2022;150(4):e2022056797.

HIV & HCV

Hepatitis C Treatment Reduces Cirrhosis and Mortality in People Who Inject Drugs

The World Health Organization and the US Department of Health & Human Services have made a goal of eliminating Hepatitis C virus (HCV) by 2030. In order to achieve this, it is estimated that we need to identify 90% of people infected with HCV and treat at least 80%. In the US, over 90% of those with HCV are people with a history of injection drug use (PWID). The purpose of this study was to determine whether PWID are approaching treatment targets, and assess the impact of treatment uptake on liver disease and mortality. Researchers used 2006-2019 data from the AIDS Linked to the Intravenous Experience (ALIVE) study in Baltimore, Maryland and included patients with a positive HCV RNA and liver stiffness measurement (LSM). The main outcomes were cirrhosis on LSM and mortality, adjusting for other factors including age, gender, race, alcohol use, injection drug use in the last 6 months, body mass index, and comorbidities (including HIV, renal disease, and diabetes).

- Among the 1323 patients, HCV treatment increased from 3% in 2006 to 39% in 2019.
- HCV cure/clearance was associated with reduced liver disease burden, with a 72% reduction in odds of cirrhosis (adjusted odds ratio, 0.28).
- HCV cure/clearance was associated with reduced overall mortality (54 versus 9 deaths per 1000 person years for untreated and treated, respectively; adjusted hazard ratio, 0.42).

Comments: This study is one of the first to show HCV treatment reducing morbidity and mortality on a population level. While treatment rates are increasing, we are far from meeting the goals needed to eliminate this infection. This reinforces the importance of screening PWID for HCV and offering low-barrier treatment.

Corey McBrayer, DO* & Darius A. Rastegar, MD

* Rich Saitz Editorial Intern & Grant Medical Center Addiction Medicine Fellow, OhioHealth.

Reference: Cepeda JA, Thomas DL, Astemborski J, et al. Impact of hepatitis C treatment uptake on cirrhosis and mortality in persons who inject drugs: a longitudinal, community-based cohort study. *Ann Intern Med*. 2022;175(8):1083–1091.

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Addiction
Addiction Science & Clinical Practice
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PRESCRIPTION DRUGS & PAIN

Opioid Medication Refills After Surgery Associated With Unhealthy Opioid Use and Use Disorder Among Family Members

Many individuals are prescribed opioid medications after surgery; this can lead to unhealthy opioid use and opioid use disorder (OUD). Moreover, previous studies suggest that receipt of prescribed opioid medications by 1 person increases the risk of unhealthy opioid use and OUD among other people in their household. Researchers used 2008–2016 data from a large US commercial insurer to investigate the association of receiving an opioid medication prescription and refills after surgery, and the development among family members of "chronic" opioid use (defined as >90 days) or unhealthy opioid use (i.e., an ICD-10 diagnosis of opioid "dependence," "abuse," or overdose).

- Over the study period, 843,531 unique pairs of patient and family members met criteria for inclusion; 36% were in households with 0 opioid prescriptions and 47% with only 1 prescription; the remainder (17%) received at least 1 refill.
- Compared with households with 0 prescriptions, family members in households with only 1 prescription did not have a significantly higher hazard of unhealthy opioid use or "chronic" opioid use.
- Rates were significantly higher when there was a refill, with a 19% increase in the hazard of unhealthy opioid use, and a 22% increase in "chronic" opioid use with each additional refill.

Comments: This study reinforces prior observations that even short-term exposure to opioid medications may lead to unhealthy use and OUD, and that these risks extend to family members. These estimates are probably conservative due to their reliance on ICD-10 diagnoses. These results support limiting the prescribing of opioid medications, even when intended for short-term use. Darius A. Rastegar, MD

Reference: Agniel D, Brat GA, Marwaha JS, et al. Association of postsurgical opioid refills for patients with risk of opioid misuse and chronic opioid use among family members. *JAMA Netw Open*. 2022;5(7):e2221316.

ADDICTION SCIENCE & CLINICAL PRACTICE

Call for Papers

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.

Editors-in-Chief
Jeffrey H. Samet, MD, MA, MPH
Emily C. Williams, PhD

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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Boston University Programs in Addiction Medicine – funded by NIDA

22nd Annual Chief Resident Immersion Training (CRIT) Program in Addiction Medicine
Accepting applications through **January 23rd, 2023**
https://www.bumc.bu.edu/care/crit/

What: This is a four-day immersion training for incoming chief residents (with or without a faculty mentor) on state-of-the-art methods to diagnose, manage, and teach about addiction medicine.

Who: Chief resident candidates must have accepted a chief resident position in Internal Medicine, Family Medicine, Pediatrics, or Emergency Medicine for the next academic year. Additional spaces are available for faculty mentors of chief residents. Chief residents will develop a Substance Use Teaching Project to be implemented after the immersion training. The CARE program is committed to promoting a more diverse and representative workforce and thus encourages applications from candidates from racial and ethnic groups under-represented in medicine.

When: April 23 – April 26, 2023

Where: Wylie Inn and Conference Center, Beverly, MA

Cost: Full scholarships are available for up to 15 full chief residents that covers travel and accommodations. Faculty mentors are responsible for covering their own travel and accommodations. Course registration, course materials, and CME credits are provided at no cost. Depending on space availability, additional chief residents may be accepted and required to cover their travel and accommodations.

Funded by the National Institute on Drug Abuse (NIDA)

Program Directors: Daniel Alford, MD, MPH and Jeffrey Samet, MD, MA, MPH, Boston University Chobanian & Avedisian School of Medicine and Boston Medical Center
For more information or to apply: Visit https://www.bumc.bu.edu/care/crit or contact Ve Truong (ve.truong@bmc.org).

12th Annual Fellow Immersion Training (FIT) Program in Addiction Medicine
Accepting applications through **February 11th, 2022**
https://www.bumc.bu.edu/care/fit

What and Who: 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, Adolescent, Gastroenterology) with state-of-the-art skills and content to integrate addiction science into their research and clinical care. Fellows will develop a research action plan that will be implemented in the next year. The CARE program is committed to promoting a more diverse and representative workforce and thus encourages applications from candidates from racial and ethnic groups under-represented in medicine.

When: April 23 – April 26, 2023

Where: Wylie Inn and Conference Center, Beverly, MA

Cost: Full scholarships are available for up to 5 fellows that covers travel and accommodations. Course registration, course materials, and CME credits are provided at no cost. Depending on space availability, additional fellows may be accepted and required to cover their travel and accommodations.

Funded by the National Institute on Drug Abuse (NIDA)

Program Directors: Alexander Walley, MD, MSc and Jeffrey Samet, MD, MA, MPH, Boston University Chobanian & Avedisian School of Medicine and Boston Medical Center

For more information or to apply: Visit https://www.bumc.bu.edu/care/fit or contact Ve Truong (ve.truong@bmc.org).

1st Annual CARE Faculty Scholars (CFS) Program in Addiction Medicine
Accepting applications through **January 23rd, 2023**
https://www.bumc.bu.edu/care/cfs

What: The Clinical Addiction Research and Education (CARE) Faculty Scholars Program is a competitive scholarship program for residency program/medical school faculty interested in implementing addiction medicine programs or curricula at their institutions. The program entails a four-day in-person immersion training followed by virtual ECHO Learning Collaborative sessions. Scholars will develop an Addiction Medicine Enhancement Project that will aim to enhance addiction education or clinical programs at the Scholar's institution.

Who: Residency program and/or medical school core faculty in primary care-based specialties, psychiatry, or emergency medicine. The CARE program is committed to promoting a more diverse and representative workforce and thus encourages applications from candidates from racial and ethnic groups under-represented in medicine.

When: In person: April 23 – April 26, 2023; virtual ECHO sessions: July 2023 – February 2024

Where: In-person training will occur at the Wylie Inn and Conference Center in Beverly, MA and virtual ECHO sessions will occur over Zoom.

Cost: $500 scholarships are available for up to 10 faculty scholars to be used towards the accommodations cost for the four-day immersion training. Course registration, course materials, ECHO sessions, and CME credits are provided at no cost.

Funded by the National Institute on Drug Abuse (NIDA)

Program Directors: Daniel Alford, MD, MPH and Ricardo Cruz, MD, MPH, Boston University Chobanian & Avedisian School of Medicine and Boston Medical Center

For more information or to apply: Visit https://www.bumc.bu.edu/care/cfs or contact Ve Truong (ve.truong@bmc.org).