Alcohol, Other Drugs, and Health: Current Evidence

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Grayken Center for Addiction
Boston Medical Center

INTERVENTIONS & ASSESSMENTS

Strategies to Link Patients Initiating Medications for Opioid Use Disorder in Acute Care Settings to Ongoing Care Following Discharge

To address the ongoing overdose crisis, acute care settings are developing programs to increase initiation of medications for opioid use disorder (MOUD). However, barriers remain to successfully linking patients to MOUD after hospital discharge. Researchers utilized a modified Delphi process to determine consensus among experts in addiction research, care transitions, and inpatient addiction clinical care on both the impact and feasibility of MOUD transition intervention strategies for acute care settings.

- Over three survey rounds, participants rated the impact and feasibility of 14 OUD care transition strategies identified in the literature. There were 71 participants invited; 45 completed the first round, representing 27 institutions from 14 US states and British Columbia, Canada.
- The original 14 strategies—plus eight additional items proposed by the participants—were deemed medium or high-impact and incorporated into the final taxonomy.
- Strategies with the highest impact and feasibility ratings included MOUD initiation during hospitalization, discussing community MOUD treatment options with patients, and providing a bridge buprenorphine prescription or medication to patients at, or prior to, discharge.

Comments: The 22 MOUD transition interventions identified in this study are a useful reference for both acute care and outpatient clinicians and researchers in developing and evaluating programmatic interventions to improve care for people with OUD. Strategies submitted by Delphi participants only underwent one round of voting, which may have negatively influenced impact and feasibility scores due to lack of a consensus-building round.

Ximena A. Levander, MD

Reference: Krawczyk N, Miller M, Englander H, et al. Toward a consensus on strategies to support opioid use disorder care transitions following hospitalization: a modified Delphi process. *J Gen Intern Med*. 2025;40(5):1048–1058.

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Behavioral Interventions Delivered by Peer Recovery Support Specialists and Social Workers in the Emergency Department Have Similar Effects on Subsequent Overdose Rates

Non-fatal opioid overdose is an important predictor of fatal overdose, and often leads to an emergency department (ED) visit. Some EDs offer behavioral interventions with Peer Recovery Support Specialists (PRSS), but there is limited evidence to support their effectiveness. In this trial conducted in two EDs in Rhode Island, patients receiving treatment for opioid overdose or complications of opioid use disorder were randomized to a behavioral intervention delivered either by a PRSS or by a licensed clinical social worker (LCSW). The primary outcome was non-fatal overdose in the 18 months following the index ED visit.

- Of the 648 trial participants, 176 (27 percent) experienced at least one ED encounter for an opioid overdose.
- There was no difference in the rates of overdose between those randomized to PRSS or LCSW. An analysis adjusting for baseline characteristics hypothesized to be associated with the outcome of interest likewise found no difference.

Comments: ED visits for non-fatal opioid overdose are an opportunity to connect patients with resources and to initiate medications for opioid use disorder, which are the most effective intervention. A previous paper from this trial* reported that 25 percent of participants in both arms accessed methadone or buprenorphine within 30 days; this probably accounts for the lack of difference between groups. Future efforts should focus on improving these numbers.

Darius A. Rastegar, MD

References: Chambers LC, Li Y, Hallowell BD, et al. Effect of peer-led emergency department behavioral intervention on non-fatal opioid overdose: 18-month outcome in the Navigator randomized controlled trial. *Addiction*. 2024;119:2116–2128.
* Beaudoin FL, Jacka BP, Li Y, et al. Effect of a peer-led behavioral intervention for emergency department patients at high risk of fatal opioid overdose: a randomized clinical trial. *JAMA Netw Open*. 2022;5(8):e2225582.

HEALTH OUTCOMES

Prescribing Short-acting Full-agonist Opioid Medications to Hospitalized Patients Experiencing Withdrawal

Guidelines support the administration of methadone, buprenorphine, and non-opioid adjuncts for the treatment of opioid withdrawal in hospitalized patients, but this approach may be inadequate in the fentanyl era. Short-acting full-agonist opioids (SAFAO) are another option in this setting. Through retrospective chart review, researchers at a US urban safety net hospital aimed to characterize the administration of SAFAO and pertinent outcomes among adult inpatients with opioid use disorder who received SAFAO between March and June 2023.

- There were 124 hospitalizations among 108 patients; 83 percent had fentanyl use. The mean age was 42; 64 percent were cisgender male, and 62 percent were white.
- Medications for opioid use disorder (MOUD) were started in 94 percent of hospitalizations.
- Twenty-five percent of hospitalizations ended in patient directed discharges (PDD). Patients with PDD were more likely to have at least moderate withdrawal symptoms (i.e., COWS >12*), compared with those with non-PDD discharges (55 percent versus 32 percent, respectively).

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Prescribing Short-acting Full-agonist Opioid Medications to Hospitalized Patients Experiencing Withdrawal

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- SAFAO were administered in intravenous and oral forms. The most common initial regimen was a combination oral oxycodone and intravenous hydromorphone (88 percent of hospitalizations). The mean oral morphine equivalents during the week were 278 mg with a peak of 409 mg on day six.
- Average daily COWS was inversely correlated with SAFAO oral morphine equivalents (Spearman rank correlation, -0.96).
- There were five adverse events with no deaths.

* Clinical Opioid Withdrawal Scale, which is scored: 5–12 = mild; 13–24 = moderate; 25–36 = moderately severe; >36 = severe withdrawal.

Comments: In this cohort, relatively high doses of SAFAO were required for adequate treatment of opioid withdrawal, supporting the observation that methadone or buprenorphine alone may not be sufficient. Results suggest that, in certain patients, the benefits may outweigh risks for treatment of opioid withdrawal with additional SAFAO, compared with MOUD alone.

Elliott Brady, MD, MPH** & Darius A. Rastegar, MD

** 2024–2025 Rich Saitz Editorial Intern & Addiction Medicine Fellow, Montefiore Einstein Addiction Medicine Fellowship Program

Reference: Steiner G, Suen LW, Martin M, et al. Treatment of inpatient opioid withdrawal with short-acting full agonist opioids at a safety-net hospital. *J Gen Intern Med*. 2025 [Epub ahead of print]. doi: 10.1007/s11606-024-09321-5.

Prevalence and Outcomes of Recurrent Alcohol-associated Hepatitis

Alcohol-associated hepatitis (AH) is a life-threatening complication of heavy alcohol use; recurrent alcohol-associated hepatitis (RAH) is when AH returns following a period of recovery. This study examined the prevalence of RAH and related clinical outcomes among 1118 patients from 28 Spanish hospitals who had an initial diagnosis of AH from 2014 to 2021.

- Among the 51 percent of patients who resumed alcohol consumption during follow-up for AH, 22 percent developed RAH; 100 percent of those who developed RAH had resumed alcohol consumption. Of those who survived RAH, 81 percent subsequently resumed alcohol consumption.
- Independent risk factors for RAH were higher baseline alcohol consumption, age <50 years, and a history of hepatic decompensation.
- Compared with patients with AH, those with RAH had lower platelet levels, decreased liver function, higher incidences of acute-on-chronic liver failure and hepatic encephalopathy, and higher rates of mortality (39 percent versus 21 percent).

Comments: After an initial diagnosis of AH, a substantial fraction of patients who continue to drink will develop RAH. RAH is more clinically severe than AH, with a significantly increased risk of death compared with the initial episode. Addressing alcohol use disorder, including through specialty treatment and/or medication, is the cornerstone of prevention and management of AH and RAH, and is especially vital for those who continue alcohol use after their first course of AH. Intervention for these patients may also increase eligibility for liver transplantation among those who develop liver failure.

Alyse Nelson* & Timothy S. Naimi, MD, MPH

* Contributing Editorial Intern & Grayken Women's Health Initiative MSW Intern, Boston Medical Center

Reference: Gratacós-Ginès J, Ruz-Zafra P, Celada-Sendino M, et al. Recurrent alcohol-associated hepatitis is common and is associated with increased mortality. *Hepatology*. 2024;80(3):621–632.

Cannabis Use Associated with Poor Academic Outcomes in Adolescents and Young Adults

Cannabis has detrimental effects on brain development, cognition, memory, and attention in youth. This systematic review examined the association between cannabis use and academic achievement in adolescents and young adults ≤24 years old (63 studies with 438,329 individuals).

- Moderate-certainty evidence indicated that cannabis use in youth was associated with decreases in the following measures: school grades (odds ratio [OR], 0.61), likelihood of high school completion (OR, 0.50), university enrollment (OR, 0.72), and postsecondary degree attainment (OR, 0.69). Cannabis use in youth was associated with increases in school dropout rate (OR, 2.19) and school absenteeism (OR, 2.31).
- Low-certainty evidence suggests that cannabis use may be associated with increased unemployment.
- Subgroup analyses demonstrated worse academic outcomes for youth who initiated cannabis use at a younger age (≤16 years old) and with greater frequency (weekly or daily).

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Cannabis Use Associated with Poor Academic Outcomes in Adolescents and Young Adults *(continued from page 3)*

Comments: This systematic review strengthens the association between cannabis use and poor academic outcomes in youth. It remains unclear whether cannabis use is a cause, correlate, or consequence of suboptimal academic achievement. Future studies could help clarify this dynamic and drive the development of interventional strategies, particularly as cannabis potency and legalization are on the rise and perceived risk is dropping in youth.

Emily Nields, DO

Reference: Chan O, Daudi A, Ji D, et al. Cannabis use during adolescence and young adulthood and academic achievement: a systematic review and meta-analysis. *JAMA Pediatr*. 2024;178(12):1280–1289.

HIV & HCV

Integrated Stepped Therapy Improves Outcomes for Individuals With HIV and Unhealthy Alcohol Use

Unhealthy alcohol use can be particularly harmful for people with HIV. Integrated stepped treatment (ISAT) is an evidenced-based strategy to collocate tailored care for unhealthy alcohol use into HIV clinics. Contingency management (CM) added to ISAT may also reduce alcohol use. This randomized controlled trial assessed the effectiveness of an ISAT+CM intervention (i.e., management by an addiction physician, motivational enhancement therapy, and CM) compared with treatment as usual (TAU; a health handout and referral to substance use treatment for participants meeting criteria for alcohol use disorder [AUD]). The primary outcome was self-reported abstinence from alcohol consumption in the past 21 days at week 24.

- Participants (N=120) had HIV and unhealthy alcohol use and were mostly male (96 percent) and Black (83 percent); the majority had severe AUD. Of these participants, 83 percent provided data at week 24.
- At week 24, the rates of abstinence in the ISAT+CM group were higher than in the TAU group (posterior mean proportion,* 9.4 percent versus 0.3 percent, respectively).
- In adjusted analyses, the odds of abstinence among participants in the ISAT+CM group were 14 times higher than in the TAU group.
- Individuals in the ISAT+CM group were more likely to receive naltrexone for AUD than those receiving TAU (25 percent versus 5 percent, respectively).

* Defined as "the adjusted proportion of participants reporting abstinence at week 24."

Comments: This study adds evidence of the feasibility and acceptability of integrated treatment for unhealthy alcohol use in outpatient care, and importantly supports the addition of CM as an effective treatment option. However, these treatments only work if they are offered to patients; efforts to expand access to evidence-based substance use treatment are needed.

Melissa B. Weimer, DO, MCR

Reference: Edelman EJ, Dziura J, Deng Y, et al. Integrated stepped alcohol treatment with contingency management for unhealthy alcohol use among people with HIV: a randomized controlled trial. *J Acquir Immune Defic Syndr*. 2025;98(1):72–81.

PRESCRIPTION DRUGS & PAIN

Higher Dose and Duration of Initial Opioid Prescriptions Associated With Long-term Opioid Use

Prescribing opioid medications, even when intended for short -term use, can lead to long-term opioid use (LTOU), which is a risk factor for use disorders and overdose. As a result, guidelines recommend limiting the prescribing of opioids and the dose and days supplied for initial opioid prescriptions. Researchers used a commercial pharmacy database to investigate the association between initial opioid prescription characteristics and LTOU. They included individuals >14 years old who were prescribed an opioid analgesic between 2016 and 2020 and had not received one in the 180 days before that; they excluded those with a cancer or substance use disorder diagnosis. LTOU was defined as ≥365 days of continued opioid use after the initial prescription.

- A total of 578,403 individuals in the database met criteria for this study; 4186 (0.7 percent) had subsequent LTOU; after excluding those who were not followed for ≥365 days, the estimated likelihood of LTOU was 5 percent.
- In adjusted analysis, the probability of LTOU increased with the duration and cumulative daily dose of the initial opioid prescription. Compared with an initial opioid prescription of a 1–2 day supply, receipt of a 3–4 day supply decreased the likelihood of discontinuation by >30 percent; a ≥22 day supply decreased it by >80 percent.

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Higher Dose and Duration of Initial Opioid Prescriptions Associated With Long-term Opioid Use *(continued from page 4)*

Comments: A substantial proportion of individuals who receive an initial opioid prescription continue taking opioids for a year or more after. These findings support recommendations to limit opioid prescribing in general, and to limit the dose and duration when prescribing.

Darius A. Rastegar, MD

Reference: Smith AM, Shah A, Martin BC. An updated view on the influence of initial opioid prescription characteristics on long-term opioid use among opioid naïve patients. *Drug Alcohol Depend*. 2024;265:112463.

Listen to our podcast, "Behind the Evidence," supported by the Grayken Center for Addiction at Boston Medical Center

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

Contact Information:
Alcohol, Other Drugs, and Health: Current Evidence
Boston Medical Center
801 Massachusetts Ave., 2nd floor
Boston, MA 02118
aodhce@bu.edu