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# Alcohol, Other Drugs, and Health: Current Evidence

JANUARY - FEBRUARY 2026

## INTERVENTIONS & ASSESSMENTS

### Rapid Initiation of Extended-release Buprenorphine for Opioid Use Disorder is Feasible

Extended-release (XR) injectable formulations of buprenorphine are a relatively new treatment option for patients with opioid use disorder (OUD). Initiation strategies for both sublingual (SL) and XR buprenorphine are rapidly evolving now that high-potency synthetic opioids such as fentanyl, are ubiquitous in the North American illicit opioid supply. However, the evidence base to guide clinical practice is limited. This industry-funded, multicenter, open-label, randomized controlled trial sought to compare safety and treatment retention among 729 patients receiving: (1) a rapid initiation (RI) strategy (n=474; one dose of 4mg SL buprenorphine followed by XR buprenorphine 300mg one hour later on day one of initiation); or (2) a standard initiation (SI) strategy (n=255; 7–14 days of SL buprenorphine followed by XR buprenorphine 300mg on day 7–14 of initiation). Both groups had the opportunity for a second XR buprenorphine injection seven days after the initial XR buprenorphine injection.

- Overall, 90 percent of all participants received  $\leq 12$ mg buprenorphine on the first day of initiation, and 11% of all participants experienced precipitated withdrawal after the first dose of SL buprenorphine.
- Of participants in the SI group, 41 percent dropped out before receiving their first XR buprenorphine injection.
- Of participants in the RI group, 14 percent dropped out before receiving the first XR buprenorphine injection.
- Compared with the SI group, 12 percent more participants received the second XR buprenorphine injection in the RI group.
- Among participants exposed to fentanyl (77 percent), retention was 15 percent higher in the RI group.

*Comments:* This study shows that rapid initiation of XR buprenorphine after one low dose of SL buprenorphine leads to greater retention when compared with receipt of 7–14 days of SL buprenorphine prior to XR buprenorphine initiation, including in individuals exposed to high-potency synthetic opioids. The study's design may have introduced performance bias because the 7–14-day SL buprenorphine lead-in provided relatively low doses of buprenorphine. Future studies should compare initiation of therapeutic doses of SL buprenorphine with rapid initiation of XR buprenorphine.

Melissa B. Weimer, DO, MCR

*Reference:* Shiwach R, Le Foll B, Alho H, et al. Rapid vs standard induction to injectable extended-release buprenorphine: a randomized clinical trial. *JAMA Netw Open.* 2025;8(10):e2537319.

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## Receipt of Long-acting Injectable Buprenorphine Associated With Lower Opioid Use Disorder Treatment Retention Than Sublingual Formulation

Buprenorphine is an effective treatment for opioid use disorder (OUD) and can be delivered in sublingual (SUB) or long-acting injectable (LAI) form. In trials comparing the two, treatment retention was comparable, but less is known about efficacy in clinical practice. This study examined adults with OUD treated at a network of eight office-based OUD treatment practices in Maryland between 2019 and 2024. Researchers compared treatment retention among patients who received at least one dose of LAI (n=538) with propensity-matched controls who received only SUB (n=538). All patients had received SUB initially and standard services, including case management and mental health and substance use counseling.

- The median time retained in treatment was shorter for patients receiving LAI (269 days), compared with those receiving SUB (389 days).
- In subgroup analyses, patients who transitioned to LAI earlier in treatment (<5 appointments) had a shorter time in treatment than the SUB controls, but those who transitioned later did not.

*Comments:* The decreased treatment retention of patients with OUD who received LAI in this study could be due to a number of factors, including the logistics of receiving LAI, pharmacokinetics (lower or variable potency), or unmeasured confounders. Treatment retention may be improved by combining LAI with SUB, or developing higher-dose and longer-lasting formulations of LAI.

Darius A. Rastegar, MD

*Reference:* Deng C, Oviedo E, Fishman M, Burgess-Hall A. A comparative study of treatment retention in opioid use disorder: subcutaneous injectable versus sublingual buprenorphine. *Addiction*. 2025;120(10):2127–2133.

## HEALTH OUTCOMES

### Any Alcohol Consumption is Associated With Increased Dementia Risk

Observational studies suggest a “U-shaped” relationship between alcohol use and dementia, in which light drinking appears to be protective. This study combined large-scale cohort analyses with Mendelian randomization to investigate this association. Data were drawn from the US Million Veteran Program and the UK Biobank (n=559,559 adults aged 56–72; >90 percent reporting alcohol use at baseline), with follow-up periods of 4–12 years. Researchers used summary data from 45 genome-wide association studies cohorts to assess genetic variants linked to self-reported weekly alcohol use and alcohol use disorder (AUD) diagnoses coded in medical records.

- During follow-up, 14,540 individuals (3 percent) developed dementia.
- Observational analyses demonstrated a U-shaped association, with higher dementia risk among abstainers, people with heavy drinking (>40 drinks per week), and individuals with AUD; the lowest risk was observed among people with light drinking (<7 drinks per week).
- However, Mendelian randomization analyses demonstrated a monotonic increase in dementia risk with greater genetically proxied alcohol consumption. A one-standard deviation increase in drinks per week was associated with 15 percent higher odds of dementia. A twofold increase in the genetic liability for AUD was associated with a 16 percent higher dementia risk.

(continued page 3)

## Any Alcohol Consumption is Associated With Increased Dementia Risk *(continued from page 2)*

- Longitudinal analyses suggested that individuals with early cognitive decline tend to reduce alcohol consumption, likely creating the illusion of benefit among people with light drinking in observational studies.

*Comments:* These findings challenge long-standing beliefs that light-to-moderate drinking may be neuroprotective. Instead, this analysis supports a dose-dependent harmful effect, suggesting there is no safe level of alcohol consumption for brain health. For clinicians, this reframes counseling for older adults and underscores the im-

portance of identifying and treating AUD as a dementia-prevention strategy. Public health messaging may need to evolve as well, as the perceived benefits of “moderate” drinking are increasingly inconsistent with causal evidence.

John Fomeche, MD\* and Darius A. Rastegar, MD

\*2025–26 Rich Saitz Editorial Intern & Addiction Medicine Fellow, Yale University

*Reference:* Topiwala A, Levey DF, Zhou H, et al. Alcohol use and risk of dementia in diverse populations: evidence from cohort, case-control and Mendelian randomisation approaches. *BMJ Evid Based Med.* 2026;31(1):13–22.

## Provision of Medications for Opioid Use Disorder in Jails Associated with Reductions in Mortality and Re-incarceration

Among persons with opioid use disorder (OUD), release from incarceration is strongly associated with overdose death and all-cause mortality, but few jails offer medication for OUD (MOUD). In 2019, Massachusetts began a pilot MOUD program in seven of 13 jails statewide. This study used extensive state administrative data to evaluate the association between provision of MOUD while incarcerated and post-release MOUD continuity, opioid-related overdose, mortality, and re-incarceration.

- Among a cohort of 6400 persons with probable OUD, 42 percent received MOUD in jail (68 percent buprenorphine, 26 percent methadone, 7 percent naltrexone). Continuation of community MOUD made up 74 percent of those receiving MOUD in jail.
- Compared with not receiving MOUD in jail, receipt of MOUD while incarcerated was associated with higher incidence of post-release MOUD initiation (60 percent versus 18 percent), three-month

MOUD engagement (50 percent versus 12 percent), and six-month MOUD retention (58 percent versus 23 percent).

- Compared with those not receiving MOUD in jail, individuals receiving MOUD had lower risk of post-release fatal overdose (adjusted hazard ratio [aHR], 0.48), non-fatal overdose (aHR, 0.76), death from any cause (aHR, 0.44), and re-incarceration (aHR, 0.88), but not incidence of hospitalization.

*Comments:* This study extends to the jail setting the robust evidence of improved treatment retention and survival associated with MOUD receipt that has been observed in community treatment settings. The novel finding of reduced re-incarceration associated with MOUD receipt while incarcerated adds to the public health rationale for expanding MOUD treatment to all carceral settings. The current widespread practice of withholding MOUD in jails and prisons, even for those already engaged in treatment, is putting lives and the community at risk and should be ended.

Joseph Merrill, MD, MPH

*Reference:* Friedmann PD, Wilson D, Stopka TJ, et al. Medications for opioid use disorder in county jails—outcomes after release. *N Engl J Med.* 2025;393(10):994–1003.

## Clinician Stigma Toward People With Substance Use Disorder is Common and Associated With Clinical Practices

Clinician stigma (i.e., negative attitudes and behaviors) is a barrier to addressing substance use disorder (SUD). In a US national survey of primary care physicians (PCPs), emergency medical physicians (EMPs), and dentists, researchers assessed stigma toward patients with three categories of SUD—opioid, stimulant, and alcohol—and their association with clinical practices.

- The response rate was 54 percent with 503 PCPs, 352 EMPs, and 385 dentists completing the survey.

- Stigma scores were highest for stimulant use disorder, followed by opioid use disorder, then alcohol use disorder. Stigma scores for SUD were significantly higher than for other stigmatized conditions including depression, diabetes, and HIV; over 30 percent of clinicians reported preferring not to work with patients with opioid or stimulant use disorders.
- EMPs had the highest stigma scores, followed by PCPs, then dentists.

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## Clinician Stigma Toward People With Substance Use Disorder is Common and Associated With Clinical Practices *(continued from page 3)*

- The following clinical practices were associated with lower stigma scores: provision of SUD referrals, provision of medications for opioid use disorder, and having access to SUD consultation services.

*Comments:* Negative attitudes toward people with SUD are highly prevalent among clinicians and associated with clinical practices. This association is probably bidirectional: stigma

leads to negative attitudes toward effective treatments, and having little experience with—or exposure to—effective treatments reinforces this stigma.

Darius A. Rastegar, MD

*Reference:* Parish CL, Feaster DJ, Pollack HA, et al. Healthcare provider stigma toward patients with substance use disorders. *Addiction*. 2025;120(10):2005–2019.

## Among Pregnant Patients With Substance Use Disorder, Stigmatizing Language in Clinical Notes Undermines Willingness to Engage in Care

In April 2021, the US adopted an “Open Notes” rule, requiring that patients have immediate access to their electronic medical record via patient portals. Medical and test result communications between healthcare clinicians can include stigmatizing language (actual or perceived). It is not known how the language and tone of clinical notes are viewed by patients who experience substantial stigma—women with substance use disorder (SUD) who are pregnant—and how these perceptions may impact patients’ willingness to engage in care. Researchers recruited adult US females with a history of SUD and pregnancy to answer survey (five-point Likert scale) and free-text questions regarding two hypothetical patient notes.

- Of the 407 respondents (of 489 recruited), 79 percent reported that “words healthcare providers write in my health records make me feel different about the medical care I receive.” Almost half (45 percent) reported not sharing information because they did not want it to show up in their record or their child’s.

- Participants preferred certain phrases, including “substance use disorder” over “addiction.”
- Respondents endorsed that the use of quotation marks (63 percent) and “denies” (72 percent) signified that the clinician did not believe the patient.

*Comments:* What clinicians write in care notes may alter patients’ perceptions of themselves and their healthcare team, and could impact their willingness to discuss sensitive topics. Interventions are needed to improve the patient-centeredness of “Open Notes,” and to provide feedback to clinicians on what could be considered stigmatizing language, including strategies to adjust language.

Ximena A. Levander, MD

*Reference:* Sharko M, Ancker JS, Sharma M, et al. Pregnant patients are less likely to disclose substance use if they perceive stigma in their clinic notes. *J Gen Intern Med*. [Epub ahead of print] 2025. doi:10.1007/s11606-025-09869-w

## More Resources, Training, and Data Are Needed to Improve Adolescent and Young Adult Substance Use Disorder Inpatient Management in the US

Managing adolescent and young adult (AYA) substance use disorder (SUD) presents a unique set of challenges. Researchers conducted semi-structured interviews to explore the experiences of physicians (N=12) treating AYA patients hospitalized for substance-related concerns at nine US academic pediatric hospitals, November 2023–June 2024.

- All nine institutions reported involvement of adolescent health, child and adolescent psychiatry, and social work services among AYA with SUD-related hospitalizations.
- There were differences across the institutions in medications and types of psychosocial support offered, and linkage to other levels of care.

- Qualitative analyses also revealed the following themes:
- training and experience in AYA SUD care is insufficient;
- clinical pathways and algorithms help standardize SUD care;
- medical problems take precedence over SUD care during hospitalizations;
- facilitators and barriers to access to AYA SUD care include provider attitudes, insurance coverage, location, and legal concerns;

*(continued page 5)*

## More Resources, Training, and Data Are Needed to Improve Adolescent and Young Adult Substance Use Disorder Inpatient Management in the US *(continued from page 4)*

- AYA SUD is likely under-recognized and under-coded, leading to inadequate allocation of resources;
- SUD in AYAs suffers from lack of recognition, while the need for interventions is growing; and
- individual or group champions for AYA SUD care are facilitators to institutional improvement.

*Comments:* Identification of common challenges to the provision of AYA SUD care can inform solutions at educational, institutional, and policy levels. Future

studies could focus on implementing potential solutions with the goal of achieving evidence-based standardization and optimization of inpatient substance use-related care for the AYA demographic. It should be noted this study occurred at nine academic pediatric medical centers, so generalizability to resource-limited settings is unknown.

Emily Nields, DO

*Reference:* Kronish A, MacFarlane Z, Miller V, Herrera MC. Physician experiences of substance use disorder management in pediatric hospitals: a qualitative study of key informant interviews. *J Adolesc Health.* 2025;77(6):1108–1114.

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