Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

OFFICE OF ALTERNATIVE & COMMUNITY RESPONSES

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

The Link Between Alcohol Use, Treatment and Opioid-Related Harms

April 10, 2025

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Other members of the care team will receive a certificate of participation.

Additional Continuing Education Credit

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This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

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Partnership for a Drug-Free New Jersey (BOC AP#: P12171) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of one (1) Category A hours/CEUs.

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.

- WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?
  - The last slide of this webinar
  - The chat at the end of the program
  - The follow-up email you will receive tomorrow

- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.

- The links will be active for 30 days after today's event.

Faculty Dr. Dan Blalock, discloses he serves as a consultant or on the advisory board for Eating Recovery Center/Pathlight Mood & Anxiety Center. PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson. All other planners, faculty, and reviewers have no relevant financial relationships to disclose. All relevant financial relationships have been mitigated.

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ADAPT

Center of Innovation to Accelerate Discovery and Practice Transformation

A Veterans Affairs Health Services Research and Development Center of Innovation

Duke Psychiatry & Behavioral Sciences

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Disclosures & Funding

- No Disclosures

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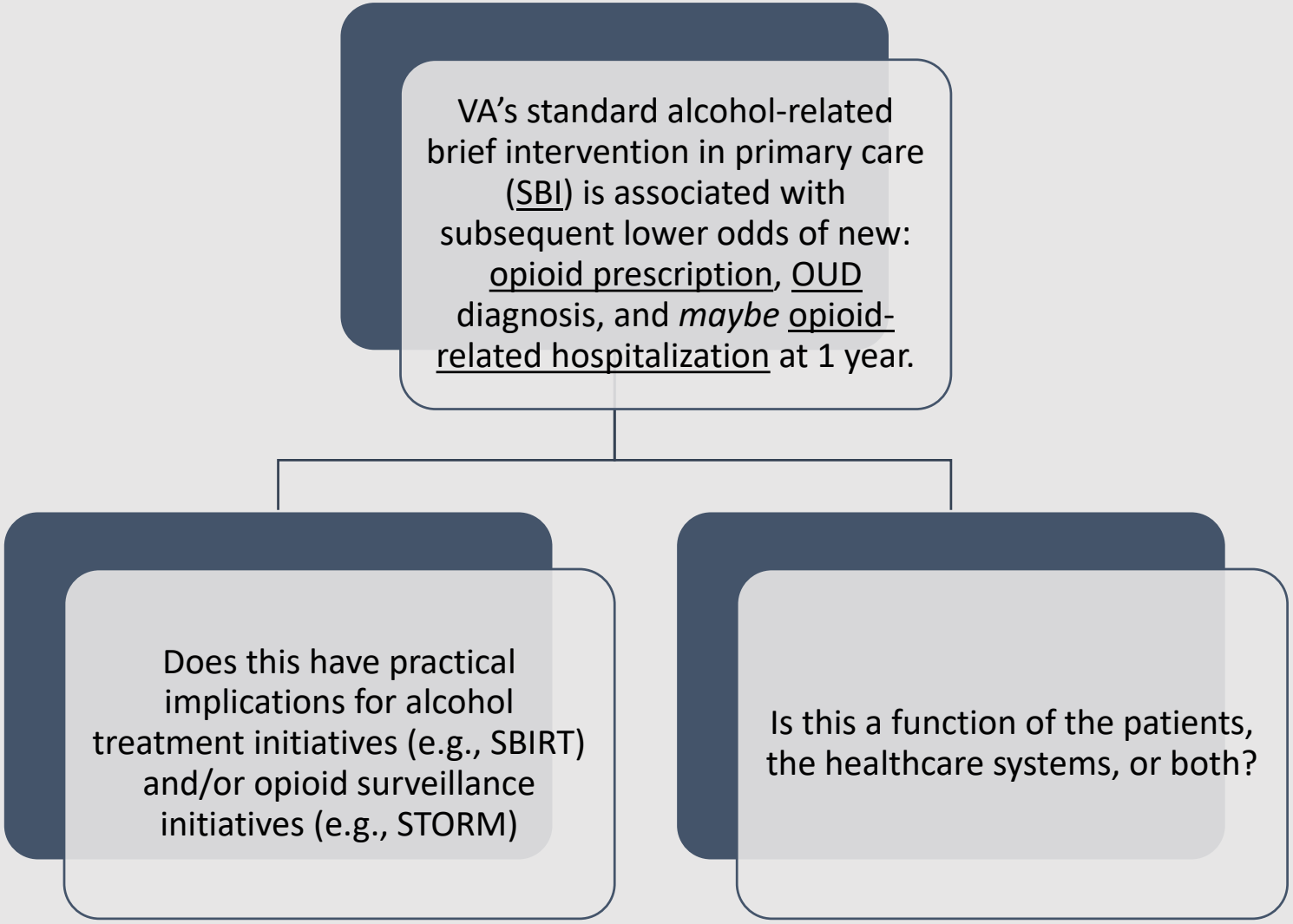
Blalock, D.V., Berlin, S.A., Berkowitz, T., Smith, V.A., Wright, C., Bachrach, R.L., & Grubber, J. (2024). Associations between primary care-delivered alcohol-related brief intervention and subsequent opioid-related outcomes. *The American Journal of Psychiatry, 181,* 434-444. DOI: 10.1176/appi.ajp.2023068.

BLUF (Bottom Line Up Front)



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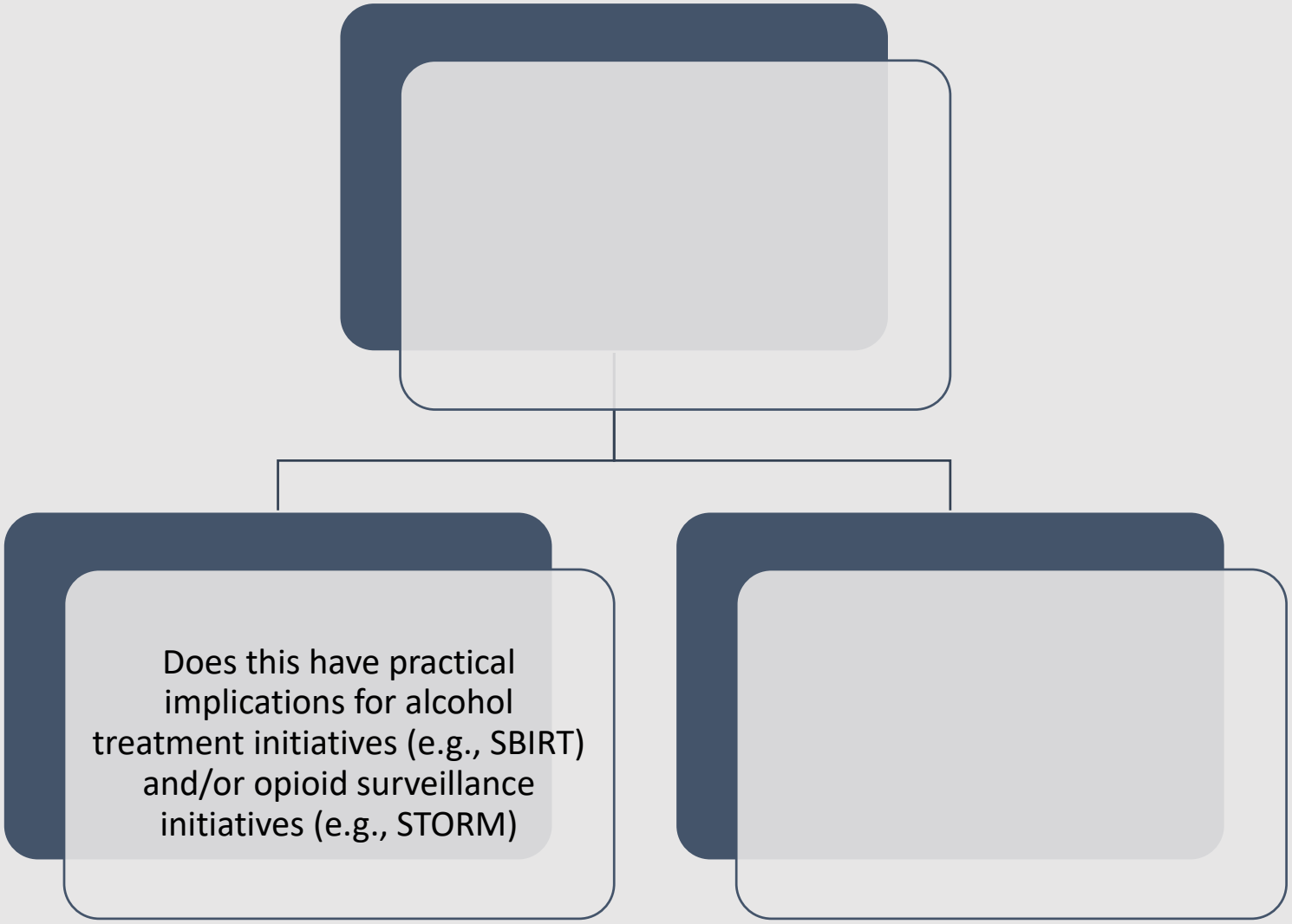
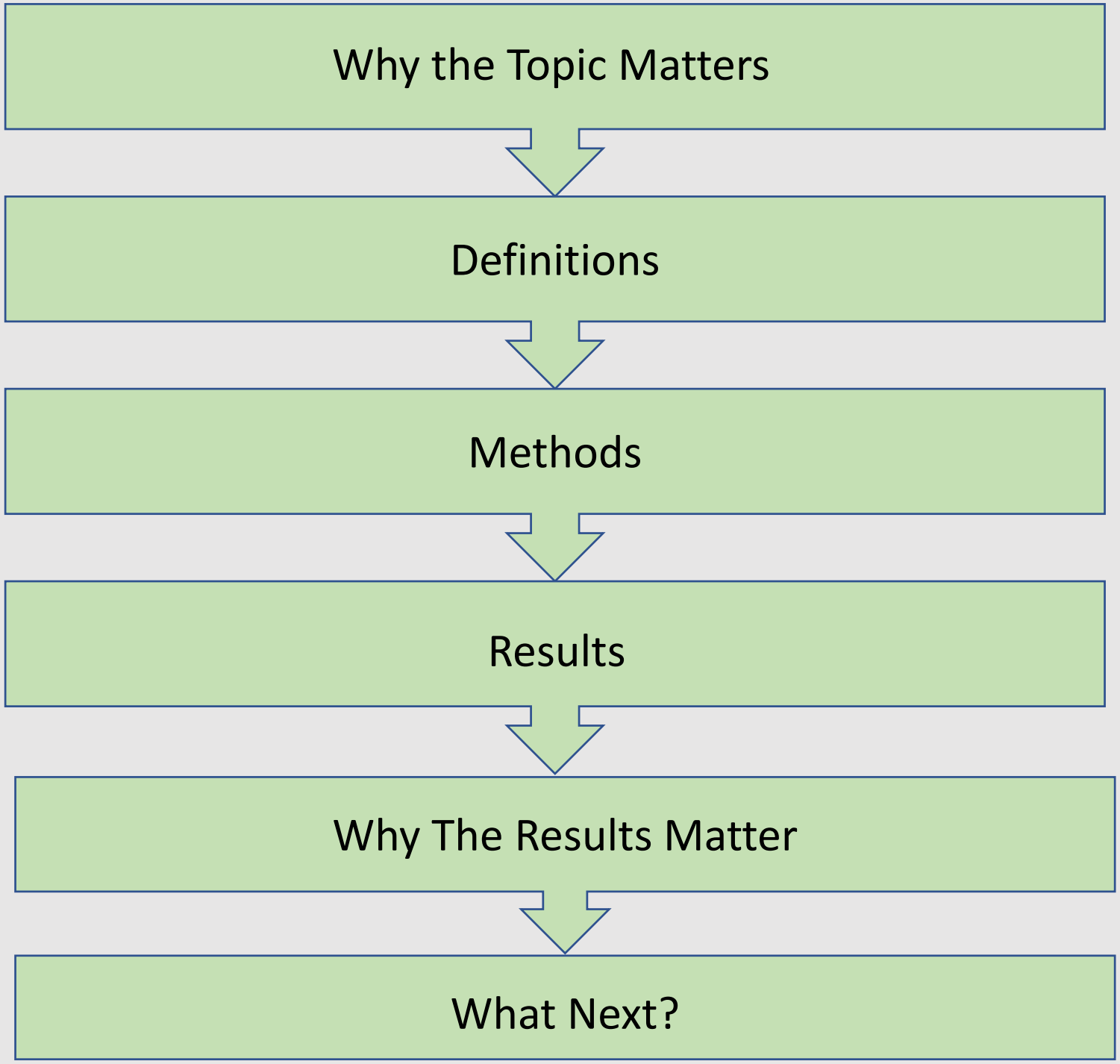


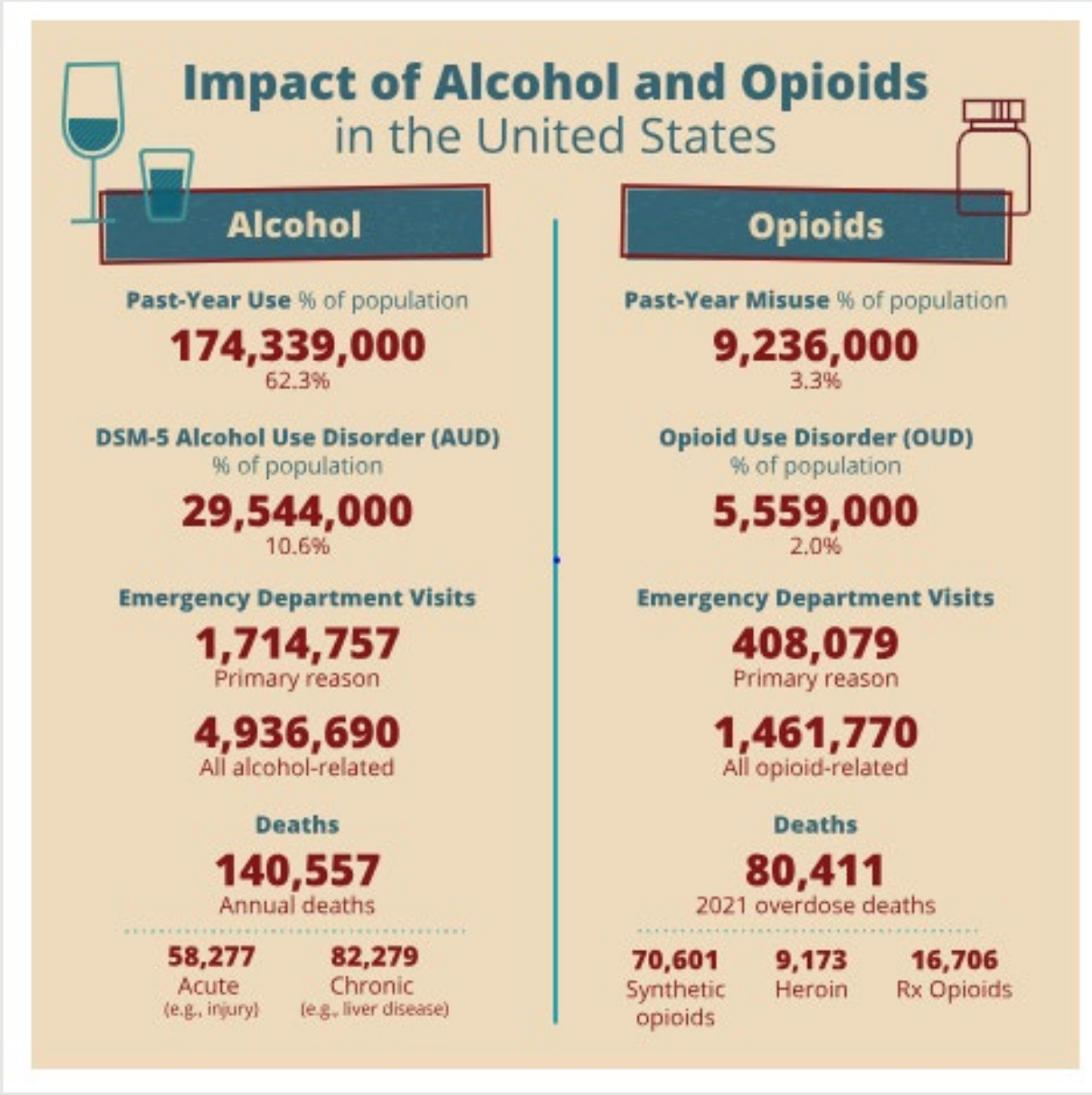
Where does the Care Team fit in?

How can you INCREASE alcohol screening and brief intervention (SBI) practices.

How can you INCREASE extent to which SBI information is used to evaluate opioid-related risks.

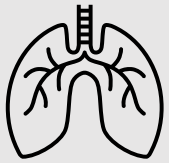

Why the Topic Matters
Definitions
Methods
Results
Why The Results Matter
What Next?


Why the Topic Matters

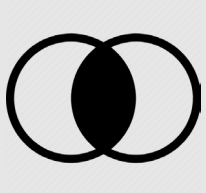


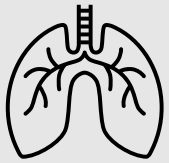
https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-related-emergencies-and-deaths-united-states

- 1 in 7 opioid-related deaths involved drinking alcohol within a few hours of using an opioid.[6]



- Because of increased risks from respiratory depression, there is no safe levels of co-use for alcohol and opioids.[22]





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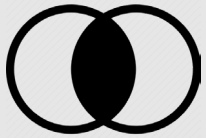
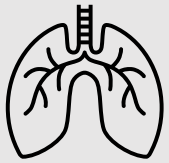


- Over half of adults with opioid use disorder (OUD) have an additional substance use disorder (SUD).[8]
- Individuals with OUD are nearly twice as likely to meet criteria for alcohol use disorder (AUD).[9, 10]
- Individuals who endorse binge drinking (consuming 4/5+ drinks in a single setting for women/men) are 3.5x more likely to misuse prescription opioids.[19]



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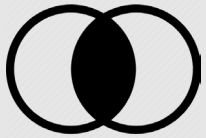

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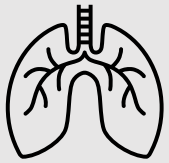
- Veterans are much more likely to endorse unhealthy alcohol use, and overdose on opioids (prescription or otherwise) than non-Veterans.[20,21]
- In 2017, almost 60% of VA patients with OUD had at least one additional SUD.
  - AUD being the most common.[11]



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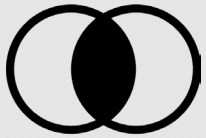

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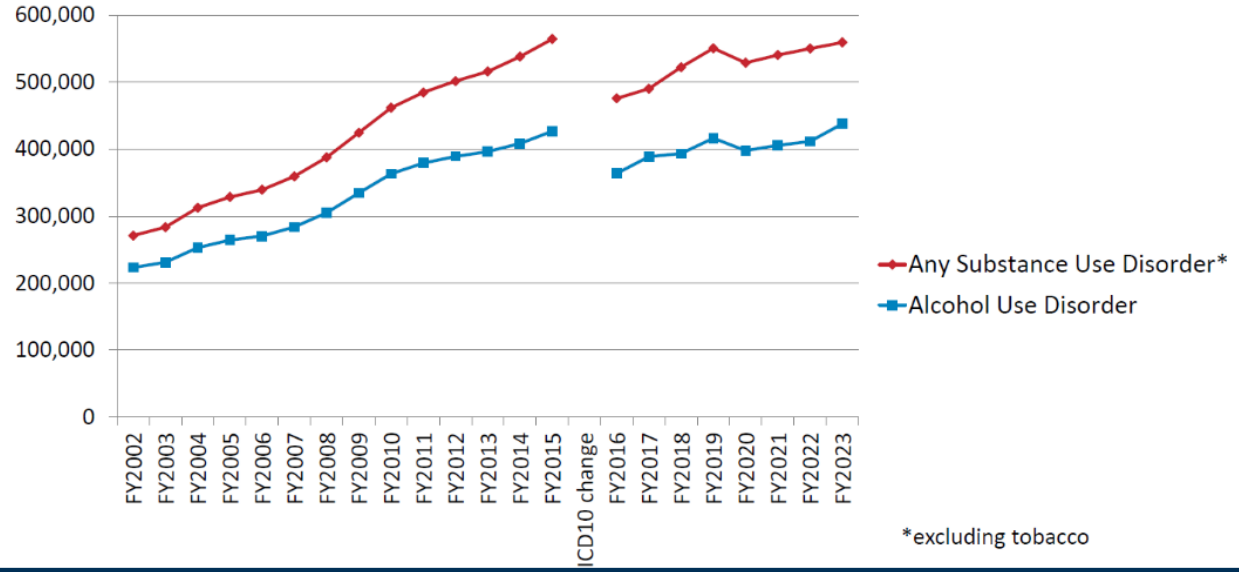
  - AUD being the most common.[11]

- Patients with multiple SUDs show higher utilization of inpatient psychiatric treatment, emergency department services, rates of homelessness, psychiatric medication prescriptions, and more severe medical and psychiatric comorbidities.[12]

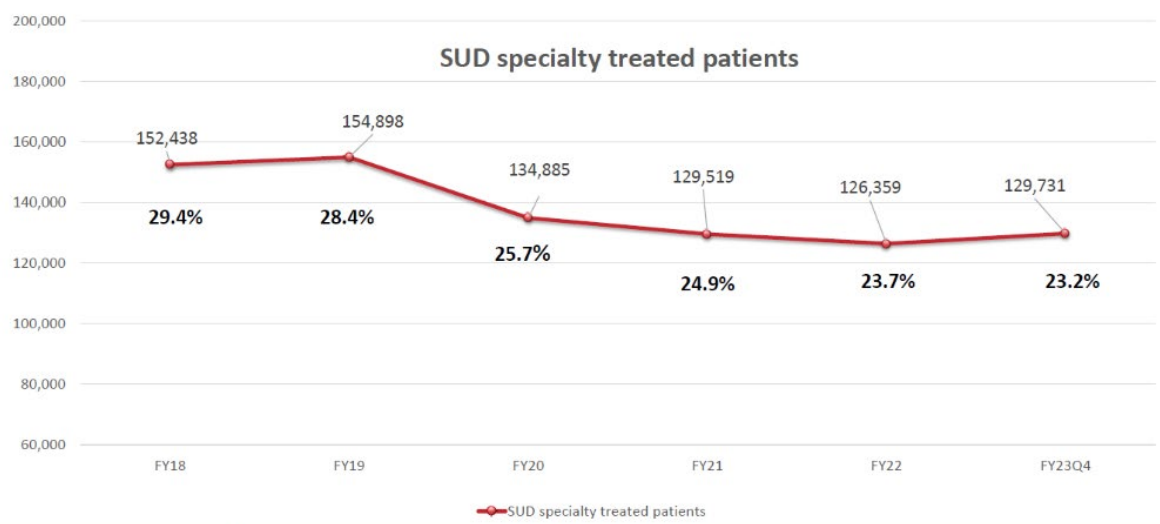
Trends

VA Trends in Alcohol & Substance Use Disorders



*excluding tobacco

Patients treated in SUD specialty clinics per year



Alcohol involvement among opioid overdoses:11.5% (2013) → 14.9% (2017)
-1.3 additional deaths per 100,000 persons.[6]
(In U.S. – not VA-specific).

https://urldefense.com/v3/__https://dvagov.sharepoint.com/sites/VHASUD

Definitions

Screening for Alcohol Use

AUDIT-C

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					**SCORE**
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	_____
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
TOTAL SCORE Add the number for each question to get your total score.					_____

Maximum score is 12. A score of ≥ 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking or alcohol use disorders.[24]

Alcohol Related Brief Intervention (BI)

- If alcohol consumption is endorsed at a level potentially harmful to a patient's health or well-being, in-the-moment brief educational and normative feedback can be provided, and if needed, referral to treatment.[1-3] -- "SBIRT"
  - ≤ 14 days from positive screen (some look at within 1 year)

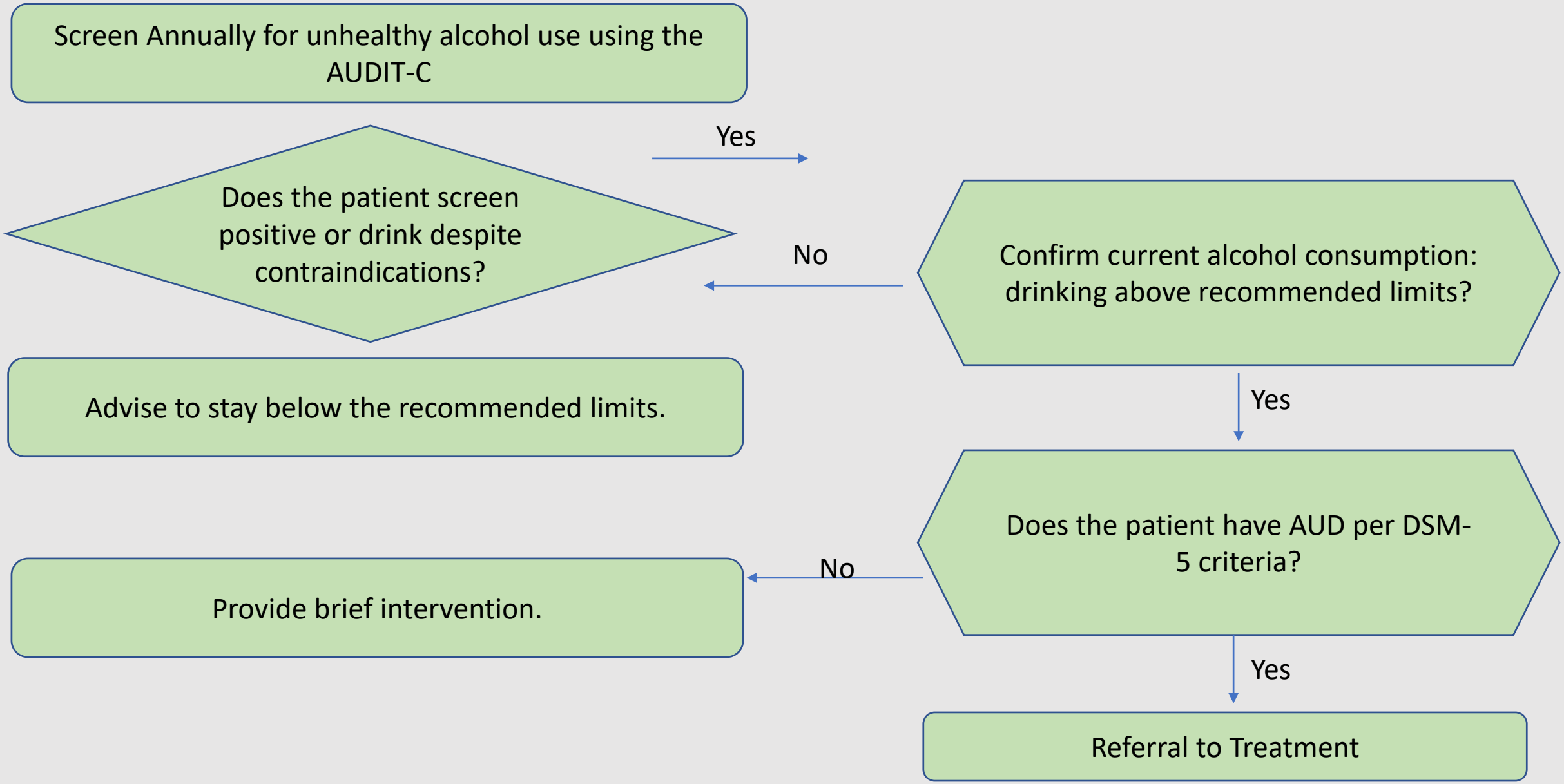
- The U.S. Preventive Services Task Force recommends routine screening and BI in primary care settings given its effectiveness at curbing unhealthy alcohol use. [4-5]

- VA was a leader in the implementation of alcohol screening and BI, implementing annual screenings in 2004 and BI in 2008.[23]

- SAMHSA releases ~$10million in funds for implementation efforts for SBI every few years.

https://www.samhsa.gov/substance-use/treatment/sbirt

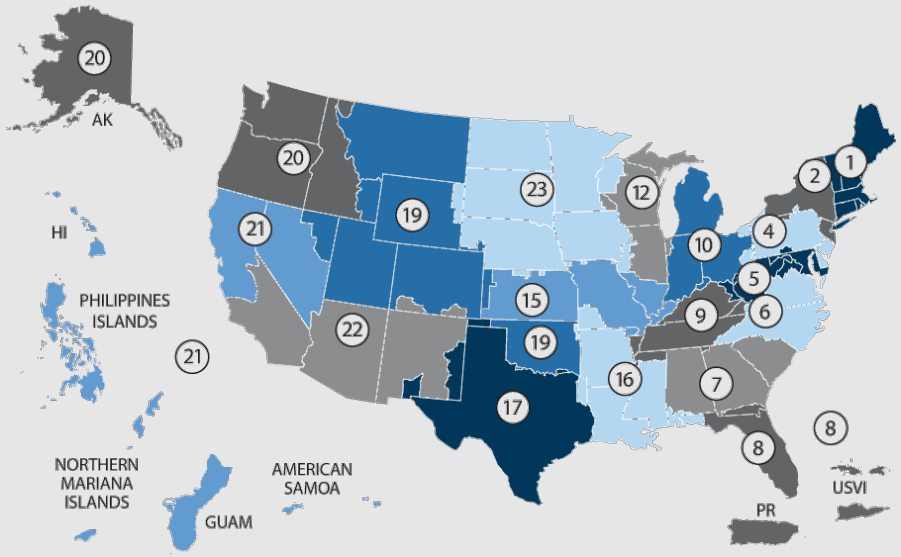
VA/DoD Clinical Guidelines



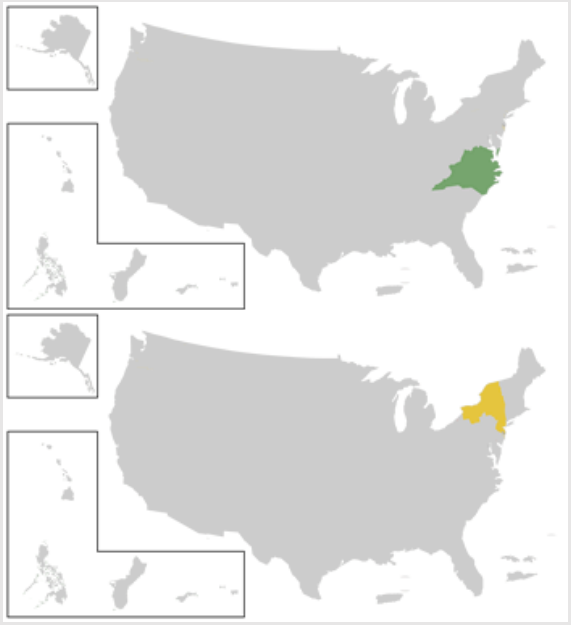
Alcohol Related Brief Intervention (BI)

- % Positive AUDIT-C with documented BI
  - (Updated August 2024)

- National average – 84.6% BI

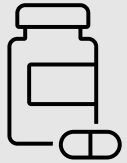


- VISN-6 average – 81.6%
- Durham VA average – 89.0% - high
- Hampton VA average – 74.1%- low



- VISN-2 average – 88.3%
- New Jersey HCS average – 79.1%

Opioid-Related Outcomes

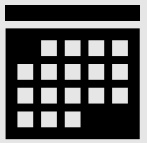


Opioid Prescriptions: Med Fills from VA's CN101 Formulary (Opioid Analgesics)

- For Study Purposes: ONLY VA, and ONLY Outpatient. Mostly tabs, some patches.
- Sensitivity Analysis: Removed MOUD Medications (in our data - buprenorphine, buprenorphine/naloxone, and methadone)

OUD Diagnosis: EHR presence of ICD-9-CM or ICD-10-CM Codes

Opioid-Related Hospitalizations: Hospitalizations with a documented reason matching OUD or Opioid-related acute events defined by set of ICD-9-CM or ICD-10-CM codes.



Long-Term Opioid Therapy:*We did not construct or examine this outcome!*

- If we did: ≥90 days in any 120-day period with opioid prescriptions on hand (filled).

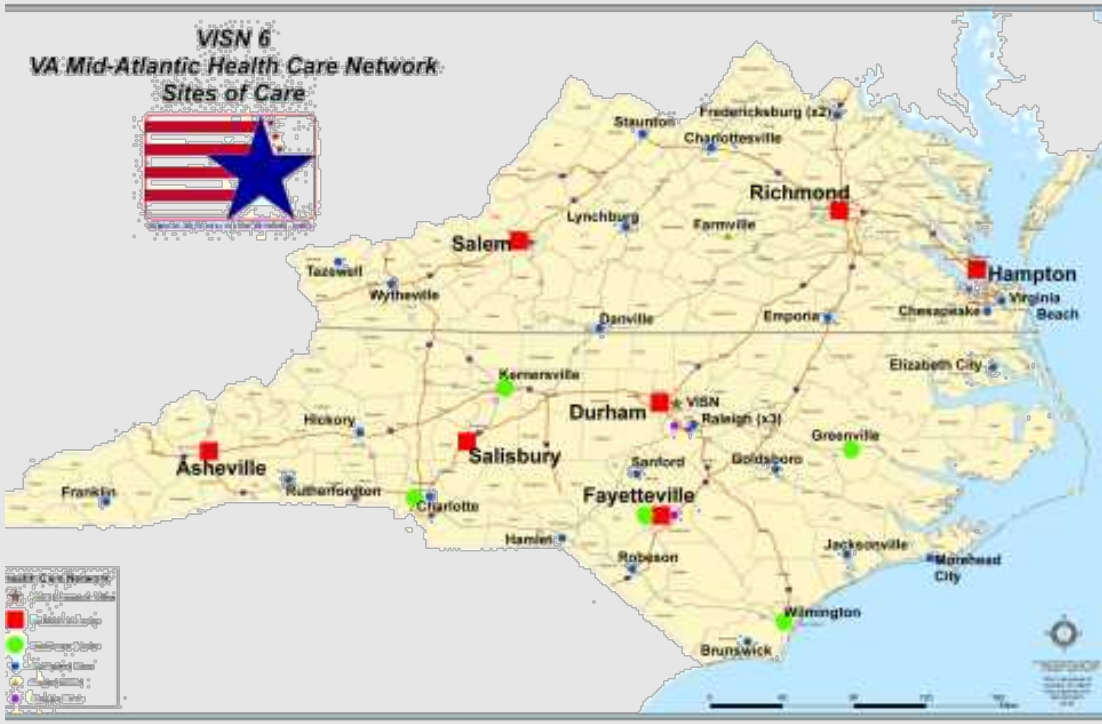
Methods

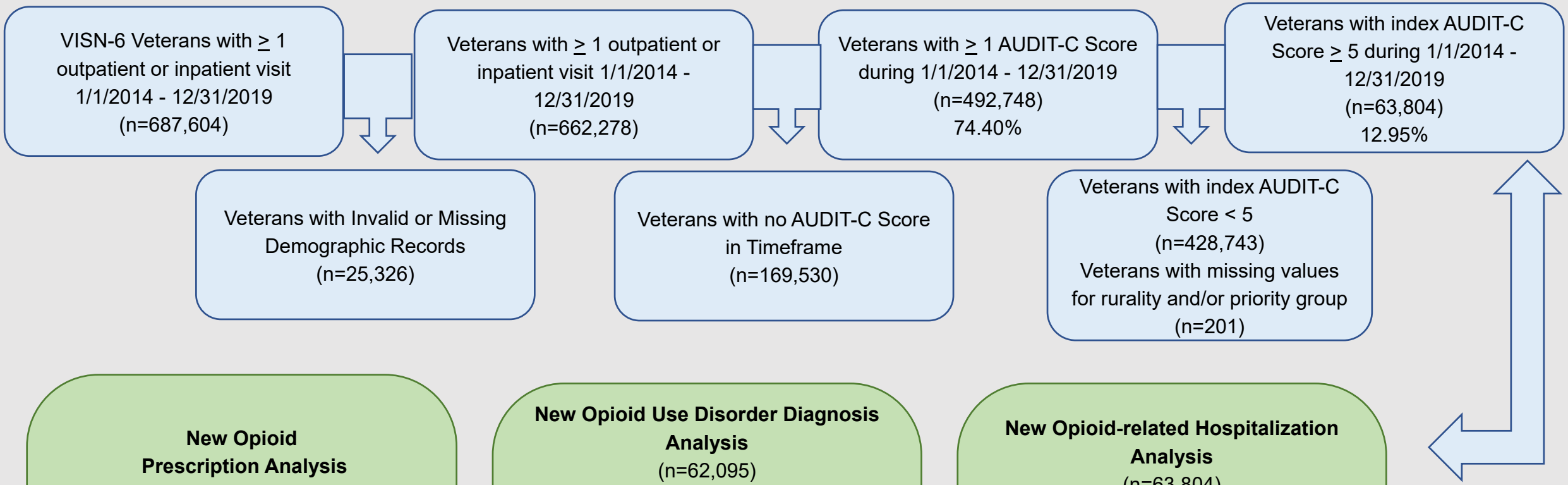
Method

- Population: All Veterans seen in a VISN 6 VA. (~60% of Veterans use VA).
- Time Period: 2014 – 2019. (Post-Opioid Safety Initiative).
- Primary Predictor: "First or Most Severe" documented alcohol-related SBI.
- Covariates: 14 demographic, clinical, & utilization variables.
- Outcomes:

1) New Opioid Rx,
2) New OUD Dx, and
3) New Opioid-Related hospitalizations

1-year after alcohol-related SBI.





New Opioid Prescription Analysis
(n=51,473)

-Veterans with **New Opioid Prescription** (opioid prescription in 15-365 days post-index AUDIT-C (n=5,430)
-Veterans with **No Opioid Prescription** +/- 365 days from index AUDIT-C (n=46,043)
Excluded:
-Veterans with **opioid prescription** in 365 days pre-index AUDIT-C through 0-14 days post-index AUDIT-C (n=12,331)

New Opioid Use Disorder Diagnosis Analysis
(n=62,095)

-Veterans with **New Opioid Use Disorder Diagnosis** (opioid use disorder diagnosis in 15-365 days post-index AUDIT-C (n=698)
-Veterans with **No Opioid Use Disorder Diagnosis** +/- 365 days from index AUDIT-C (n=61,397)
Excluded:
-Veterans with **opioid use disorder diagnosis** in 365 days pre-index AUDIT-C through 0-14 days post-index AUDIT-C (n=1,709)

New Opioid-related Hospitalization Analysis
(n=63,804)

-Veterans with **New Opioid-related Hospitalization** (opioid-related hospitalization in 15-365 days post-index AUDIT-C) (n=499)
-Veterans with **No Opioid-related Hospitalization** 15-365 days post-index AUDIT-C (n=63,305)

Excluded:
-No Veterans were excluded based on prior **opioid-related hospitalizations**

Strict Temporal Ordering

First Observed Opioid Prescription	First Observed OUD Diagnosis	Opioid-Related Hospitalization	N	%	Included in Models Predicting Opioid Rx?	Included in Models Predicting OUD?
-365 to +14 Days	-365 to +14 Days	Not in +15 to +365 Days	517	0.81	No	No
-365 to +14 Days	-365 to +14 Days	+15 to +365 Days	72	0.11	No	No
-365 to +14 Days	Never	Not in +15 to +365 Days	11449	17.94	No	**Yes**
-365 to +14 Days	Never	+15 to +365 Days	38	0.06	No	**Yes**
-365 to +14 Days	+15 to +365 Days	Not in +15 to +365 Days	184	0.29	No	**Yes**
-365 to +14 Days	+15 to +365 Days	+15 to +365 Days	71	0.11	No	**Yes**
Never	-365 to +14 Days	Not in +15 to +365 Days	821	1.29	**Yes**	No
Never	-365 to +14 Days	+15 to +365 Days	123	0.19	**Yes**	No
Never	Never	Not in +15 to +365 Days	44686	70.04	**Yes**	**Yes**
Never	Never	+15 to +365 Days	54	0.08	**Yes**	**Yes**
Never	+15 to +365 Days	Not in +15 to +365 Days	290	0.45	**Yes**	**Yes**
Never	+15 to +365 Days	+15 to +365 Days	69	0.11	**Yes**	**Yes**
+15 to +365 Days	-365 to +14 Days	Not in +15 to +365 Days	148	0.23	**Yes**	No
+15 to +365 Days	-365 to +14 Days	+15 to +365 Days	28	0.04	**Yes**	No
+15 to +365 Days	Never	Not in +15 to +365 Days	5142	8.06	**Yes**	**Yes**
+15 to +365 Days	Never	+15 to +365 Days	28	0.04	**Yes**	**Yes**
+15 to +365 Days	+15 to +365 Days	Not in +15 to +365 Days	68	0.11	**Yes**	**Yes**
+15 to +365 Days	+15 to +365 Days	+15 to +365 Days	16	0.03	**Yes**	**Yes**

Results

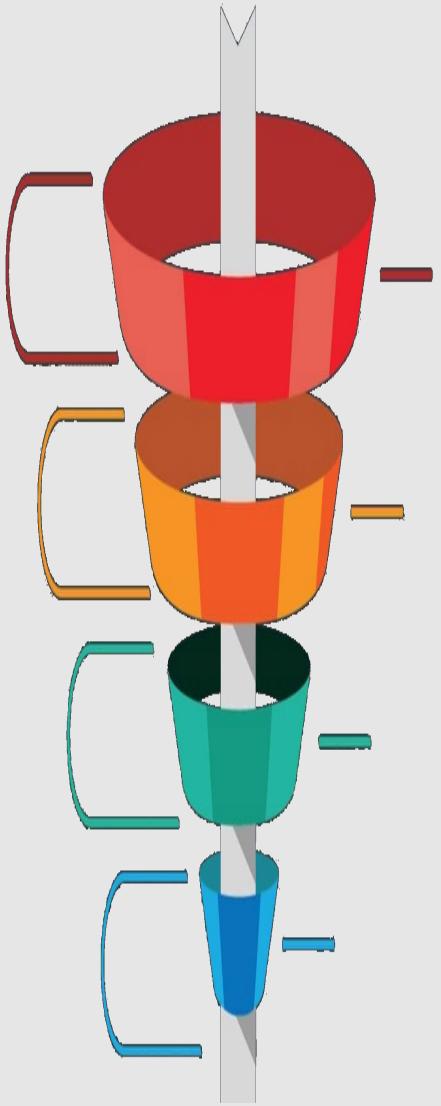
Number of Observations

<u>In the full VISN-6 Cohort over 5 years…</u>

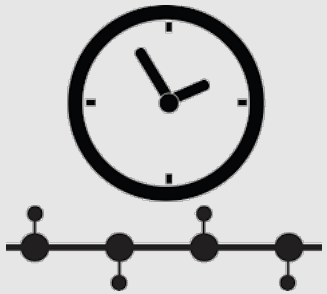
- N=492,748 with AUDIT-C alcohol screening
- N=63,804 (13%) with “elevated” alcohol screening result
- N=46,363 (72%) with alcohol-related brief intervention

<u>In the year following the index alcohol screening…</u>

- N=5,430 (4.8%) with New Opioid Rx
- N=698 (1.1%) with New OUD Dx
- N=499 (0.8%)with New Opioid-Related Hospitalization



Alcohol Screening-Oriented Opioid Outcome Timeline



	Total	
	N	(%)
All	492748	(100%)
Opioid Rx (within +/- 1 Year of Index AUDIT-C)		
None	364686	(74.01%)
Opioid Use Disorder Diagnosis (within +/- 1 Year of Index AUDIT-C)		
None	485758	(98.58%)
Opioid-related Hospitalization (within +/- 1 Year of Index AUDIT-C)		
None	489871	(99.42%)

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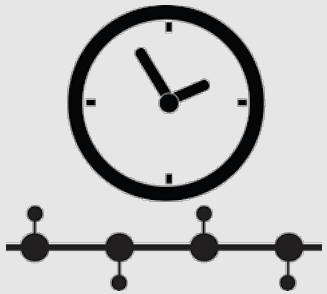

	Total	
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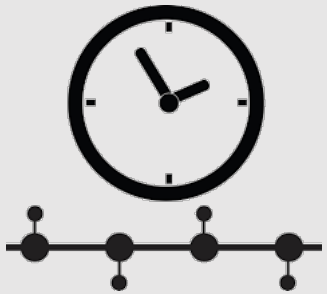
Opioid Rx (within +/- 1 Year of Index AUDIT-C)		
None	364686	(74.01%)
-365 to -1 days Pre-AUDIT-C	79995	(16.23%)
0-14 days Post-AUDIT-C	12285	(2.49%)
Opioid Use Disorder Diagnosis (within +/- 1 Year of Index AUDIT-C)		
None	485758	(98.58%)
-365 to -1 days Pre-AUDIT-C	3728	(0.76%)
0-14 days Post-AUDIT-C	1196	(0.24%)
Opioid-related Hospitalization (within +/- 1 Year of Index AUDIT-C)		
None	489871	(99.42%)
-365 to -1 days Pre-AUDIT-C	1125	(0.23%)
0-14 days Post-AUDIT-C	846	(0.17%)

Alcohol Screening-Oriented Opioid Outcome Timeline



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15+ days Post-AUDIT-C	***35782***	***(7.26%)***
Opioid Use Disorder Diagnosis (within +/- 1 Year of Index AUDIT-C)		
None	485758	(98.58%)
Pre-AUDIT-C	3728	(0.76%)
0-14 days Post-AUDIT-C	1196	(0.24%)
15+ days Post-AUDIT-C	***2066***	***(0.42%)***
Opioid-related Hospitalization (within +/- 1 Year of Index AUDIT-C)		
None	489871	(99.42%)
Pre-AUDIT-C	1125	(0.23%)
0-14 days Post-AUDIT-C	846	(0.17%)
15+ days Post-AUDIT-C	***906***	***(0.18%)***

Alcohol Screening Score & Opioid Outcome Trends

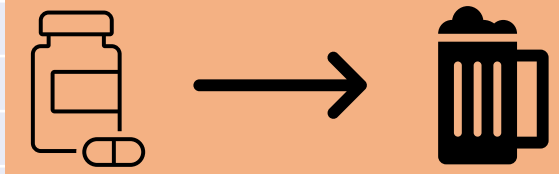
	AUDIT-C Category							
	0: No Drinking		1-4: Low-risk Drinking		5-7: Moderate-risk Drinking		8-12: High-risk Drinking	
	N	(%)	N	(%)	N	(%)	N	(%)
All	179827	(36.5)	248916	(50.5)	41128	(8.4)	22877	(4.6)
Opioid Rx (within +/- 1 Year of Index AUDIT-C)								
None	129723	(72.1)	188741	(75.8)	29785	(72.4)	16437	(71.8)
Opioid Use Disorder Diagnosis (within +/- 1 Year of Index AUDIT-C)								
None	177795	(98.9)	246368	(99.0)	40097	(97.5)	21498	(94.0)
Opioid-related Hospitalization (within +/- 1 Year of Index AUDIT-C)								
None	179219	(99.7)	247959	(99.6)	40588	(98.7)	22105	(96.6)

Alcohol Screening Score & Opioid Outcome Trends

	AUDIT-C Category							
	0: No Drinking		1-4: Low-risk Drinking		5-7: Moderate-risk Drinking		8-12: High-risk Drinking	
	N	(%)	N	(%)	N	(%)	N	(%)
All	179827	(36.5)	248916	(50.5)	41128	(8.4)	22877	(4.6)
Opioid Rx (within +/- 1 Year of Index AUDIT-C)								
-365 to -1 days Pre-AUDIT-C	32027	(40.0%)	37174	(46.5%)	7024	(8.8%)	3770	(4.7%)
0-14 days Post-AUDIT-C	4892	(39.8%)	5848	(47.6%)	1034	(8.4%)	511	(4.2%)
Opioid Use Disorder Diagnosis (within +/- 1 Year of Index AUDIT-C)								
-365 to -1 days Pre-AUDIT-C	1102	(29.6%)	1429	(38.3%)	544	(14.6%)	653	(17.5%)
0-14 days Post-AUDIT-C	319	(26.7%)	364	(30.4%)	184	(15.4%)	329	(27.5%)
Opioid-related Hospitalization (within +/- 1 Year of Index AUDIT-C)								
-365 to -1 days Pre-AUDIT-C	275	(24.4%)	387	(34.4%)	195	(17.3%)	268	(23.8%)
0-14 days Post-AUDIT-C	105	(12.4%)	289	(34.2%)	156	(18.4%)	296	(35.0%)

Alcohol Screening Score & Opioid Outcome Trends

CDC strongly recommends screening and BI for unhealthy alcohol use in opioid-using populations.



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	N	(%)	N	(%)	N	(%)	N	(%)
All	179827	(36.5)	248916	(50.5)	41128	(8.4)	22877	(4.6)
Opioid Rx (within +/- 1 Year of Index AUDIT-C)								
15+ days Post-AUDIT-C	***13185***	***(36.8%)***	***17153***	***(47.9%)***	***3285***	***(9.2%)***	***2159***	***(6.0%)***
Opioid Use Disorder Diagnosis (within +/- 1 Year of Index AUDIT-C)								
15+ days Post-AUDIT-C	***611***	***(29.6%)***	***755***	***(36.5%)***	***303***	***(14.7%)***	***397***	***(19.2%)***
Opioid-related Hospitalization (within +/- 1 Year of Index AUDIT-C)								
15+ days Post-AUDIT-C	***228***	***(25.2%)***	***281***	***(31.0%)***	***189***	***(20.9%)***	***208***	***(23.0%)***

Alcohol Screening Score & Opioid Outcome Trends

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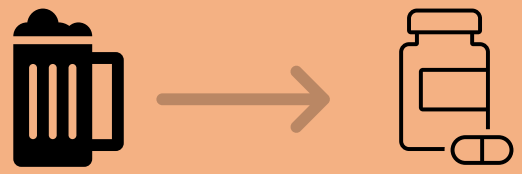
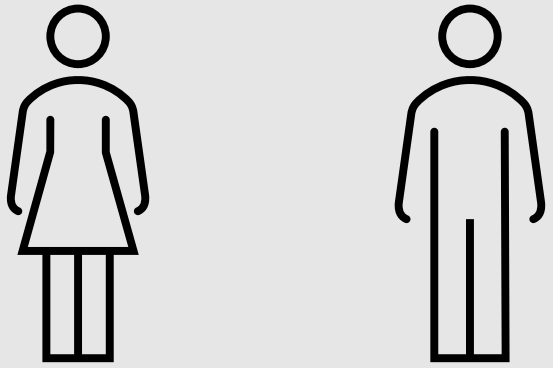
15+ days Post-AUDIT-C	***228***	***(25.2%)***	***281***	***(31.0%)***	***189***	***(20.9%)***	***208***	***(23.0%)***

No guidelines from any health org. on opioid risk screening based on alcohol use screening (not AUD)



Demographic Characteristics for Patients with AUDIT-C ≥ 5 (Analytic Sample)

- Age = 52 Yrs
- Race = 37% Black or African American, 57% White
- Ethnicity = 3% Hispanic or Latino
- Sex = 7% Female
- Rurality = 37% Rural



Findings

1-Year post-screening Opioid Outcomes	Low score on alcohol use screening (no BI required) N=428,743 (77%)	High score on alcohol use screening (BI required) N=63,804 (13%)
Opioid Rx	30,338 **(7.1%)**	3,045 **(4.8%)**
OUD Dx	1,366 **(0.3%)**	698 **(1.1%)**
Opioid-Related Hospitalization	509 **(0.1%)**	499 **(0.8%)**

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		No BI (N=17,642)	BI (N=46,363)
Opioid Rx		1546 **(8.8%)**	3898 **(8.4%)**
OUD Dx		236 **(1.3%)**	464 **(1.0%)**
Opioid-Related Hospitalization		143 **(0.8%)**	254 **(0.5%)**

Findings

1-Year post-screening Opioid Outcomes	Low score on alcohol use screening (no BI required) N=428,743 (77%)	High score on alcohol use screening (BI required) N=63,804 (13%)		Unadjusted Odds Ratio [95% C.I.]	Adjusted* Odds Ratio [95% C.I.]
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		No BI (N=17,642)	BI (N=46,363)		
Opioid Rx		1546 (8.8%)	3898 (8.4%)	**1.15** [1.08,1.23]	**1.10** [1.03,1.17]
OUD Dx		236 (1.3%)	464 (1.0%)	**1.35** [1.15,1.58]	**1.19** [1.02,1.40]
Opioid-Related Hospitalization		143 (0.8%)	254 (0.5%)	**1.41** [1.17,1.70]	**1.19** [0.99,1.44]

*Adjusted for age, sex, race, ethnicity, marital status, rurality, priority group, AUDIT-C Score, Other SUD, Depression or Mood Dx, Non-PTSD Anxiety Dx, PTSD Dx, SMI Dx, and NOSOS Score.

Results

Absence of BI was associated with 10% higher odds of obtaining a new opioid prescription within one year and 19% higher odds of receiving an OUD diagnosis within one year.

Absence of BI may be associated with higher odds of an opioid-related hospitalization within one year, but more work should be conducted.

Current Findings' Potential Impact

A **new opioid prescription** is prevented for every **126** patients receiving BI.

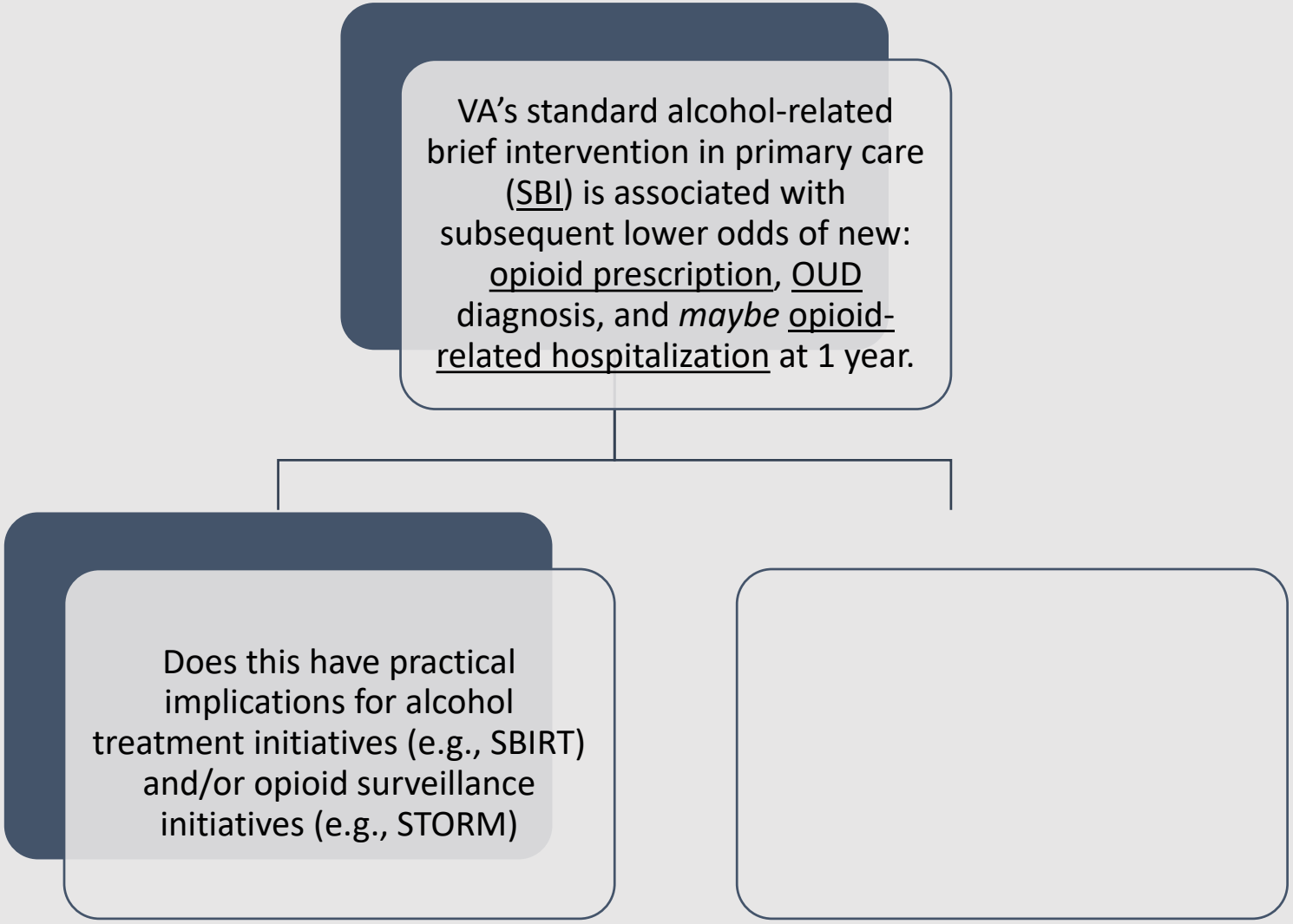
A **new OUD diagnosis** is prevented for every **411** patients receiving BI.

A **new opioid-related hospitalization** is prevented for every **664** patients receiving BI.

From our data: VISN 6 performs ~26 BI's per day (~6% of VA, which is ~20% of national healthcare).

Every Day: Nationally, BI may prevent 20 new opioid prescriptions, 5 new OUD dx, and >3 opioid-related hospitalizations.
Every Year: Nationally, BI may prevent 7,300 new opioid prescriptions, 1,825 new OUD dx, and 1,216 opioid-related hospitalizations.


Why The Results Matter


VA's standard alcohol-related brief intervention in primary care (SBI) is associated with subsequent lower odds of new: opioid prescription, OUD diagnosis, and *maybe* opioid-related hospitalization at 1 year.
Does this have practical implications for alcohol treatment initiatives (e.g., SBIRT) and/or opioid surveillance initiatives (e.g., STORM)

Potential Impact

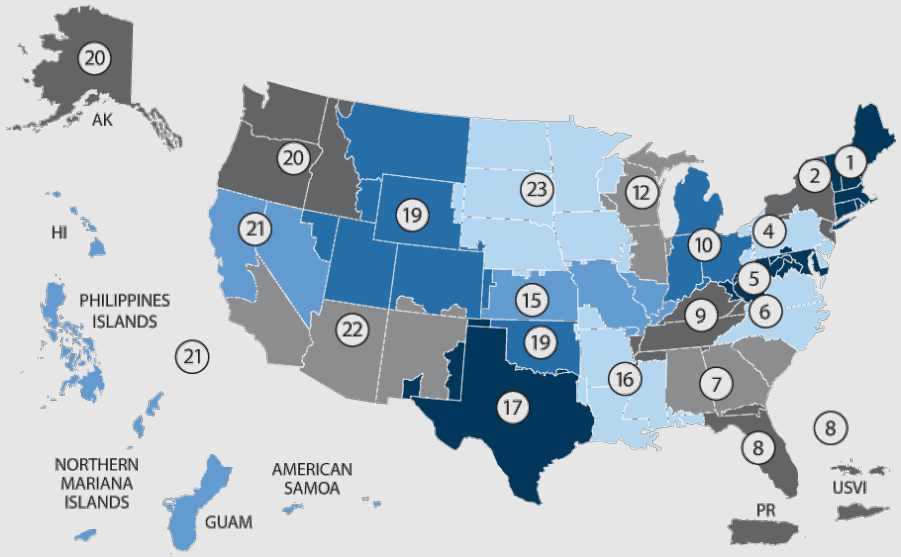
- Findings may speak to the transdiagnostic nature of BI's, and importance of improving BI delivery in primary care.

- AUDIT-C screening scores and evidence of BI delivery may provide useful information for opioid risk surveillance.
  - OSI-relevant supplemental information.
  - Integration with existing dashboards (STORM, OEND).

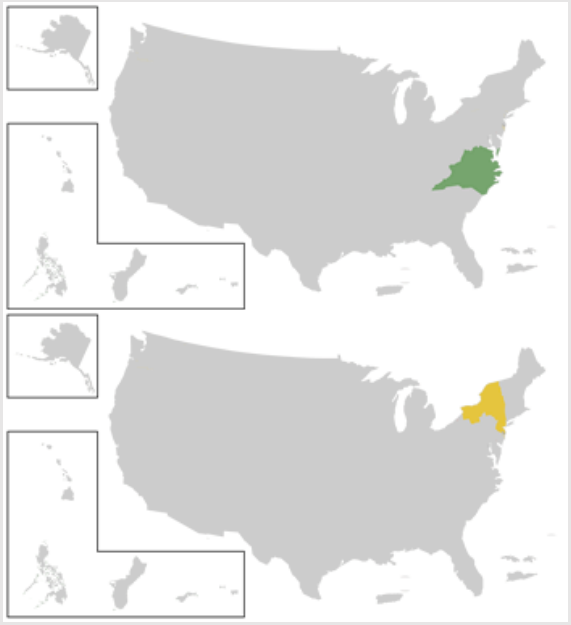
Alcohol Related Brief Intervention (BI)

- % Positive AUDIT-C with documented BI
  - (Updated August 2024)

- National average – 84.6% BI

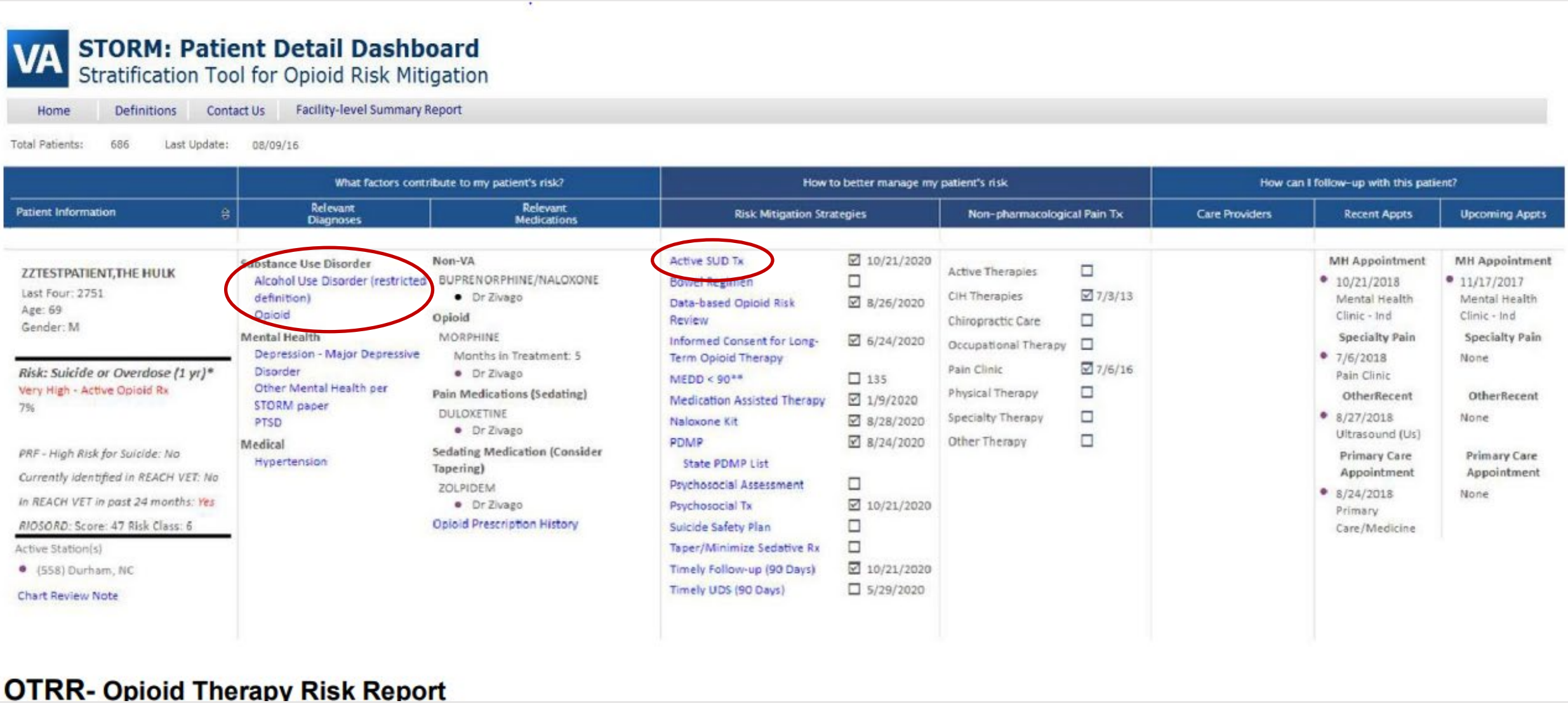


- VISN-6 average – 81.6%
- Durham VA average – 89.0% - high
- Hampton VA average – 74.1%- low



- VISN-2 average – 88.3%
- New Jersey HCS average – 79.1%

STORM tool:



VA **STORM: Patient Detail Dashboard**
Stratification Tool for Opioid Risk Mitigation

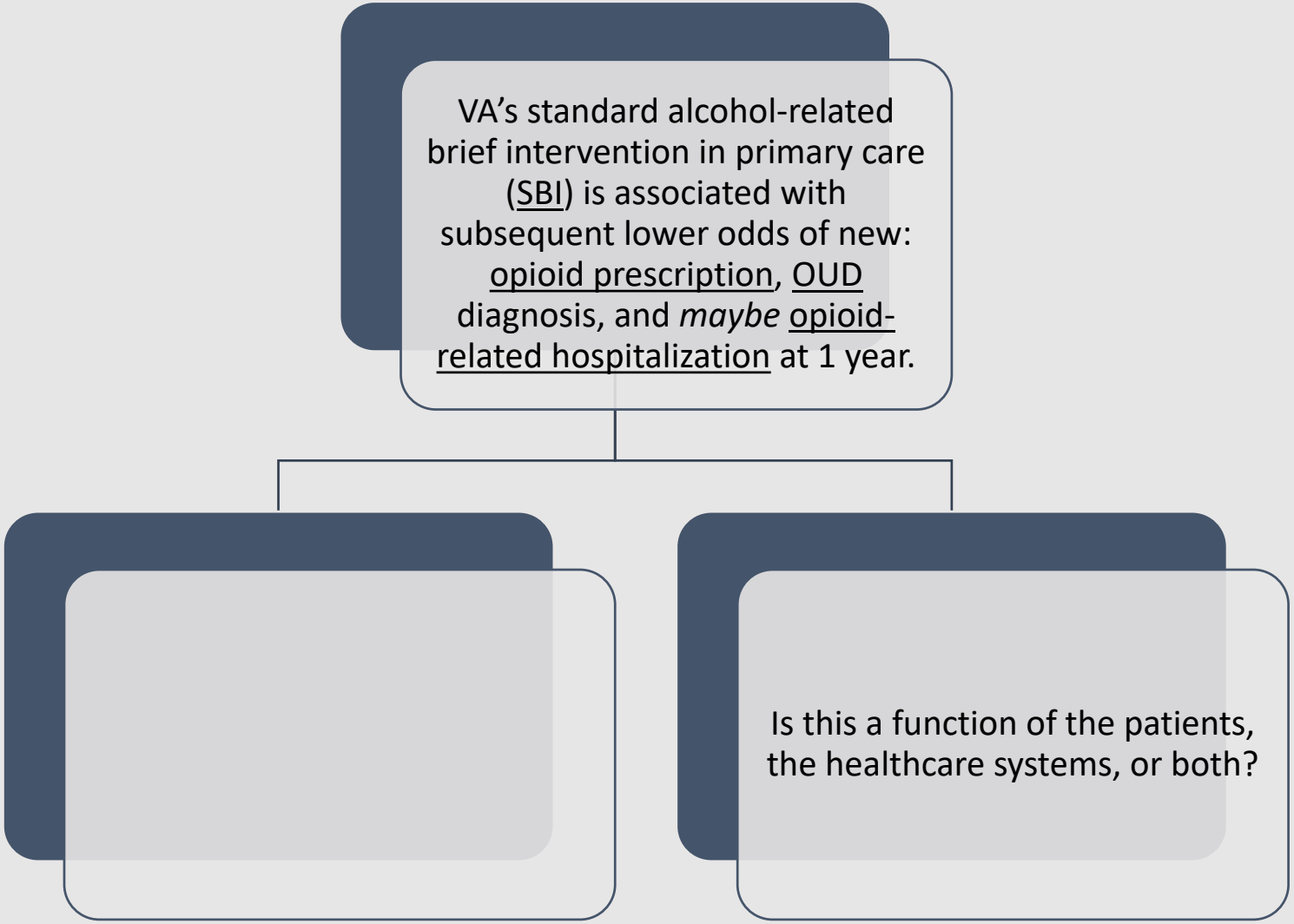
Home | Definitions | Contact Us | Facility-level Summary Report

Total Patients: 686 Last Update: 08/09/16

Patient Information	What factors contribute to my patient's risk?		How to better manage my patient's risk		How can I follow-up with this patient?		
	Relevant Diagnoses	Relevant Medications	Risk Mitigation Strategies	Non-pharmacological Pain Tx	Care Providers	Recent Appts	Upcoming Appts
ZZTESTPATIENT,THE HULK Last Four: 2751 Age: 69 Gender: M *Risk: Suicide or Overdose (1 yr)** Very High - Active Opioid Rx 7% *PRF - High Risk for Suicide:* No *Currently identified in REACH VET:* No *In REACH VET in past 24 months:* Yes *RIOSORD:* Score: 47 Risk Class: 6 Active Station(s) • (558) Durham, NC Chart Review Note	**Substance Use Disorder** Alcohol Use Disorder (restricted definition) Opioid **Mental Health** Depression - Major Depressive Disorder Other Mental Health per STORM paper PTSD **Medical** Hypertension	**Non-VA** BUPRENORPHINE/NALOXONE • Dr Zivago **Opioid** MORPHINE Months in Treatment: 5 • Dr Zivago **Pain Medications (Sedating)** DULOXETINE • Dr Zivago **Sedating Medication (Consider Tapering)** ZOLPIDEM • Dr Zivago Opioid Prescription History	Active SUD Tx ☑ 10/21/2020 Bowel Regimen ☐ Data-based Opioid Risk Review ☑ 8/26/2020 Informed Consent for Long-Term Opioid Therapy ☑ 6/24/2020 MEDD < 90** ☐ 135 Medication Assisted Therapy ☑ 1/9/2020 Naloxone Kit ☑ 8/28/2020 PDMP ☑ 8/24/2020 State PDMP List Psychosocial Assessment ☐ Psychosocial Tx ☑ 10/21/2020 Suicide Safety Plan ☐ Taper/Minimize Sedative Rx ☐ Timely Follow-up (90 Days) ☑ 10/21/2020 Timely UDS (90 Days) ☐ 5/29/2020	Active Therapies ☐ CIH Therapies ☑ 7/3/13 Chiropractic Care ☐ Occupational Therapy ☐ Pain Clinic ☑ 7/6/16 Physical Therapy ☐ Specialty Therapy ☐ Other Therapy ☐		**MH Appointment** • 10/21/2018 Mental Health Clinic - Ind **Specialty Pain** • 7/6/2018 Pain Clinic **OtherRecent** • 8/27/2018 Ultrasound (Us) **Primary Care Appointment** • 8/24/2018 Primary Care/Medicine	**MH Appointment** • 11/17/2017 Mental Health Clinic - Ind **Specialty Pain** None **OtherRecent** None **Primary Care Appointment** None

OTRR- Opioid Therapy Risk Report


What Next?


VA's standard alcohol-related brief intervention in primary care (SBI) is associated with subsequent lower odds of new: opioid prescription, OUD diagnosis, and *maybe* opioid-related hospitalization at 1 year.
Is this a function of the patients, the healthcare systems, or both?

Potential Mechanisms

Patient-Level

1) BI may directly reduce the chances of opioid-related harms irrespective of opioid use.

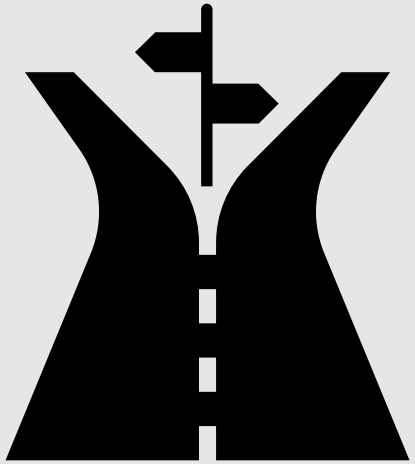
2) BI may indirectly reduce the chances of opioid-related harms by reducing initial opioid use.

Systems-Level

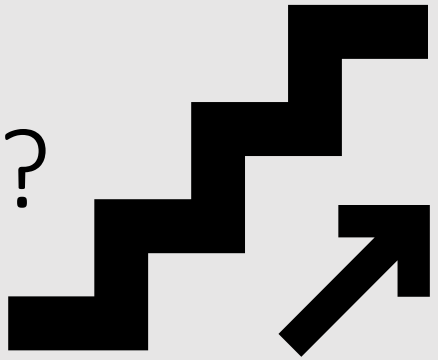
3) BI may indirectly reduce opioid-related harms by improving substance use service utilization more broadly.

4) BI and opioid-related harms may both be associated with other patient attributes, behaviors, or healthcare processes.

5) ?



What would you do next?



Key Takeaways for the Care Team

- There is no safe level of alcohol use in conjunction with opioid use.
- Screening, brief intervention, and treatment practices for unhealthy alcohol use may reduce the risk of adverse opioid-related outcomes.
- Most alcohol screening & brief intervention practices take minimal training or expertise to enact. And they may have substantial benefits across an entire population of patients.

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Thank you!

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Durham VA & Mental Health Leadership

TDE Collaboratory

- Project would never have happened without Collaboratory Support.

VA HSR&D, IMR, & Duke

- Project required significant administrative times to create agreements between three organizations.

Project Team

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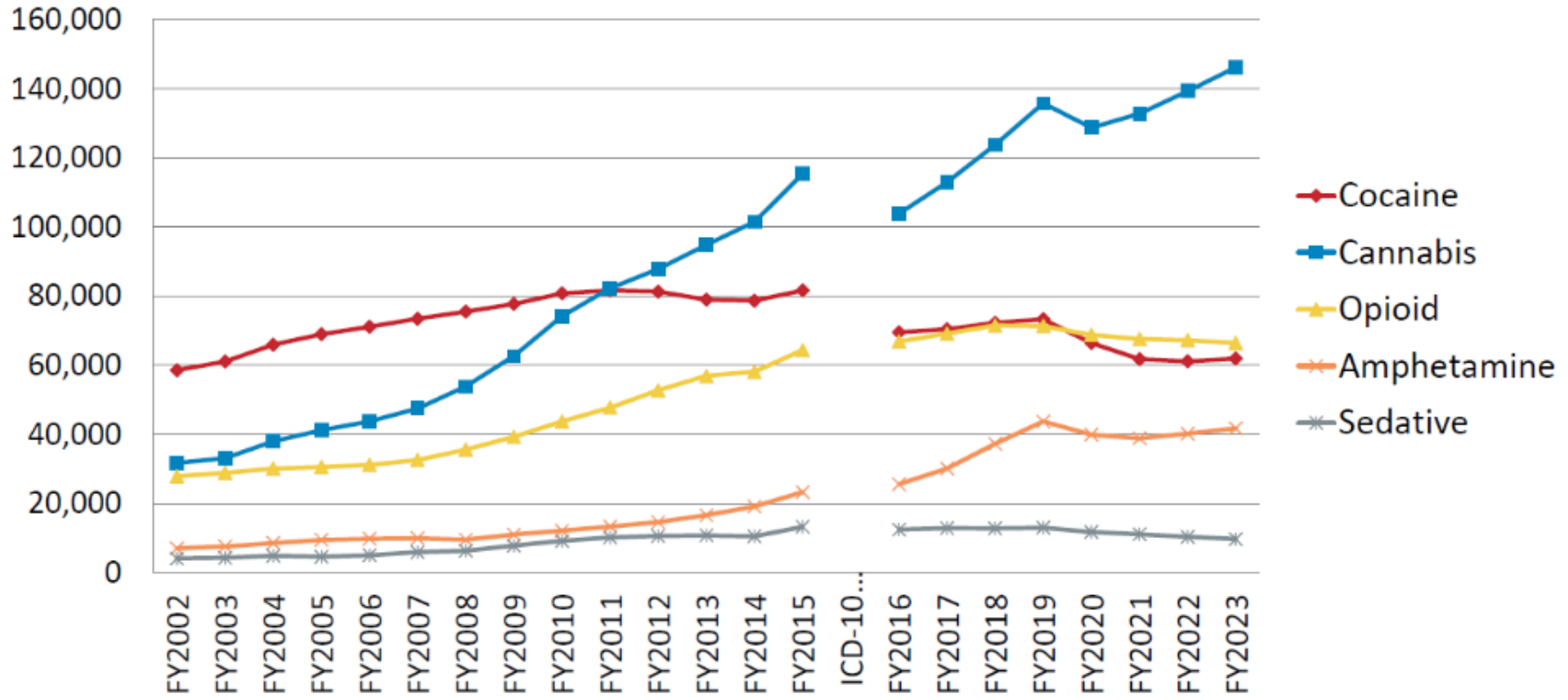
Additional Slides Following

VA Trends in Drug Use Disorders



SBIRT Model informing current VA/DoD Treatment Guidelines

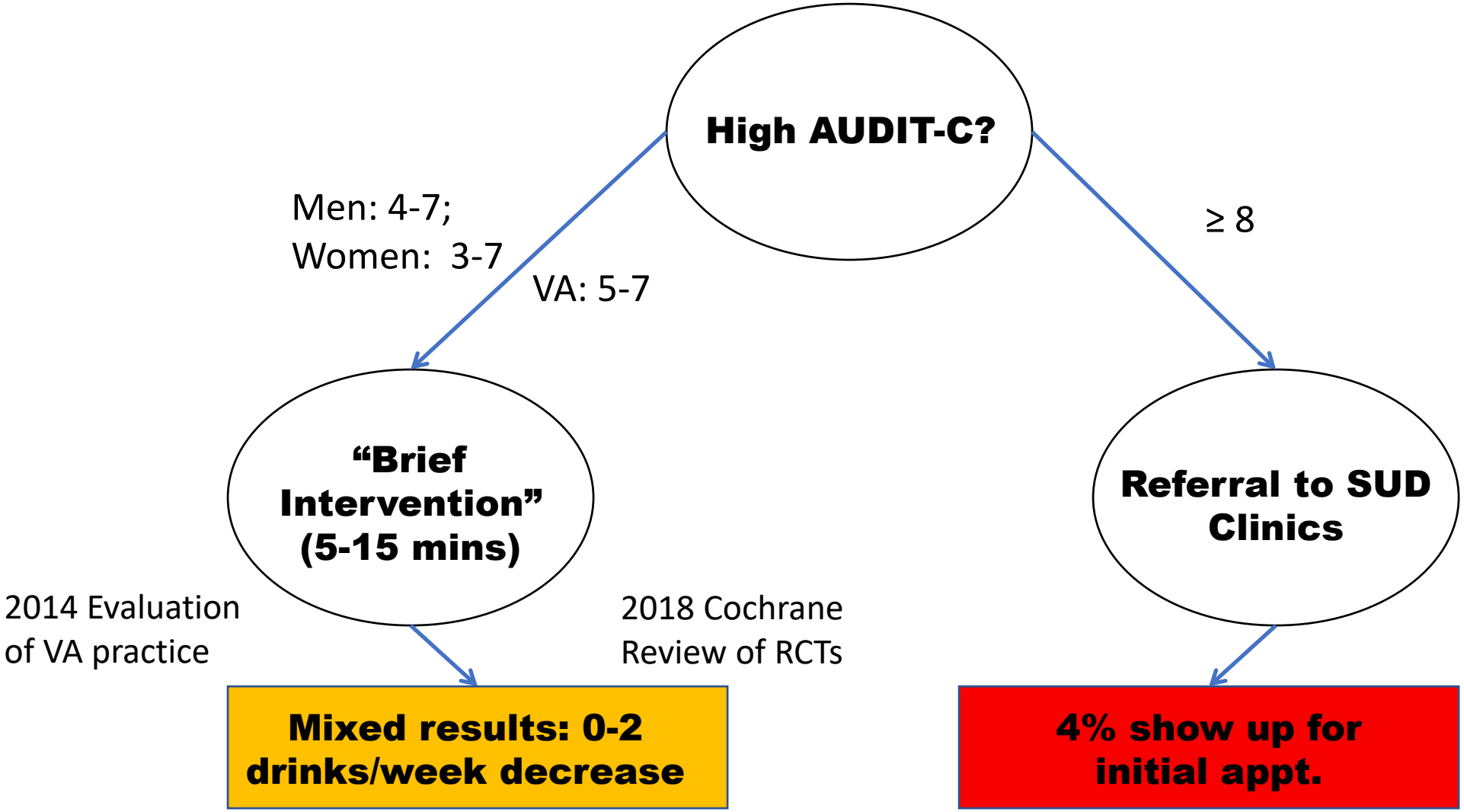


Table 1	Total		Brief Intervention Documented within 0-14 Days after Index AUDIT-C				
			No		Yes		
	N	(%)	N	(%)	N	(%)	SMD[a]
Total	63804	(100.0)	17588	(100.0)	46216	(100.0)	
Age (n, mean, std dev)	63804	52 (15)	17588	52 (15)	46216	52 (15)	0.02
<35	11527	(18.1)	3236	(18.4)	8291	(17.9)	
35-49	14657	(23.0)	3995	(22.7)	10662	(23.1)	
50-64	23006	(36.1)	6297	(35.8)	16709	(36.2)	
≥ 65	14614	(22.9)	4060	(23.1)	10554	(22.8)	
Gender							0.05
Female	4451	(7.0)	1400	(8.0)	3051	(6.6)	
Male	59353	(93.0)	16188	(92.0)	43165	(93.4)	
Race							0.06
American Indian or Alaska Native	473	(0.7)	129	(0.7)	344	(0.7)	
Asian	282	(0.4)	72	(0.4)	210	(0.5)	
Black or African American	23786	(37.3)	6937	(39.4)	16849	(36.5)	
Native Hawaiian or Other Pacific Islander	327	(0.5)	92	(0.5)	235	(0.5)	
White	36539	(57.3)	9725	(55.3)	26814	(58.0)	
Unknown	2397	(3.8)	633	(3.6)	1764	(3.8)	
Ethnicity							0.03
Hispanic or Latino	1745	(2.7)	515	(2.9)	1230	(2.7)	
Not Hispanic or Latino	61245	(96.0)	16889	(96.0)	44356	(96.0)	
Unknown	814	(1.3)	184	(1.0)	630	(1.4)	
Marital Status							0.05
Separated/Divorced/Widowed	17359	(27.2)	5004	(28.5)	12355	(26.7)	
Single/Never Married	8883	(13.9)	2456	(14.0)	6427	(13.9)	
Married	21657	(33.9)	5735	(32.6)	15922	(34.5)	
Unknown	15905	(24.9)	4393	(25.0)	11512	(24.9)	
Rurality							0.10
Rural/Highly Rural	23744	(37.2)	5947	(33.8)	17797	(38.5)	
Urban	40060	(62.8)	11641	(66.2)	28419	(61.5)	

Table 1	Total		Brief Intervention Documented within 0-14 Days after Index AUDIT-C				
			No		Yes		
	N	(%)	N	(%)	N	(%)	SMD[a]
VA Priority Group[b]							0.04
1-6	55548	(87.1)	15475	(88.0)	40073	(86.7)	
7-8	8256	(12.9)	2113	(12.0)	6143	(13.3)	
Clinical Substance Use and Mental Health Diagnoses in Year Prior to Index AUDIT-C							
High Risk Alcohol Use (AUDIT-C ≥ 8)							<0.001
No	41015	(64.3)	11309	(64.3)	29706	(64.3)	
Yes	22789	(35.7)	6279	(35.7)	16510	(35.7)	
Other Substance Use Disorder							0.10
No	57833	(90.6)	15547	(88.4)	42286	(91.5)	
Yes	5971	(9.4)	2041	(11.6)	3930	(8.5)	
Depression or Mood Disorder							0.15
No	49511	(77.6)	12809	(72.8)	36702	(79.4)	
Yes	14293	(22.4)	4779	(27.2)	9514	(20.6)	
Non-PTSD Anxiety							0.10
No	56091	(87.9)	15040	(85.5)	41051	(88.8)	
Yes	7713	(12.1)	2548	(14.5)	5165	(11.2)	
PTSD							0.12
No	51607	(80.9)	13603	(77.3)	38004	(82.2)	
Yes	12197	(19.1)	3985	(22.7)	8212	(17.8)	
Schizophrenia or Bipolar Disorder							0.07
No	61521	(96.4)	16784	(95.4)	44737	(96.8)	
Yes	2283	(3.6)	804	(4.6)	1479	(3.2)	
Nosos Score[c]							0.18
< 0.50	9672	(15.2)	2386	(13.6)	7286	(15.8)	
0.50 - < 1.00	19951	(31.3)	5640	(32.1)	14311	(31.0)	
1.00 - < 1.50	8084	(12.7)	2448	(13.9)	5636	(12.2)	
1.50 - < 2.00	3254	(5.1)	1091	(6.2)	2163	(4.7)	
> 2.00	4690	(7.4)	1698	(9.7)	2992	(6.5)	

Table 2. ORs

		New Opioid Prescriptions (N=51,473[a])				New OUD Diagnoses (N=62,095[a])				New Opioid-Related Hospitalizations (N=63,804[a])			
		Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted	
		OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Absence of BI when Clinically Indicated		1.15	1.08, 1.23	1.10	1.03, 1.17	1.35	1.15, 1.58	1.19	1.02,1.40	1.41	1.17,1.70	1.19	0.99,1.44
Presence of BI when Clinically Indicated		1.00	reference	1.00	reference	1.00	reference	1.00	reference	1.00	reference	1.00	reference
Covariates													
Age	35-49			1.11	1.01,1.22			0.78	0.62,0.99			0.65	0.49,0.85
	50-64			1.29	1.18,1.41			0.86	0.69,1.08			0.60	0.46,0.78
	≥65			0.95	0.85,1.05			0.35	0.25,0.48			0.47	0.34,0.67
	<35			1.00	reference			1.00	reference			1.00	reference
Gender	Female			1.05	0.94,1.17			0.97	0.73,1.28			0.71	0.49,1.03
	Male			1.00	reference			1.00	reference			1.00	reference
Race	American Indian or Alaska Native			1.05	0.76,1.45			1.06	0.46,2.41			1.76	0.81,3.84
	Asian			0.80	0.50,1.27			0.97	0.31,3.06			0.84	0.20,3.48
	Black or African American			0.92	0.87,0.98			0.70	0.59,0.83			0.54	0.44,0.67
	Native Hawaiian or Other Pacific Islander			0.62	0.38,1.00			0.78	0.25,2.48			0.28	0.04,2.06
	Unknown			0.86	0.72,1.03			0.93	0.59,1.47			0.75	0.42,1.34
	White			1.00	reference			1.00	reference			1.00	reference
Ethnicity	Hispanic or Latino			0.88	0.73,1.16			0.66	0.37,1.16			0.91	0.50,1.65
	Unknown			0.63	0.45,0.87			0.53	0.19,1.46			0.50	0.12,2.08
	Not Hispanic or Latino			1.00	reference			1.00	reference			1.00	reference
Marital Status	Separated/ Divorced/ Widowed			1.18	1.09,1.27			1.60	1.30,1.97			1.70	1.32,2.21

Table 2. ORs

		New Opioid Prescriptions (N=51,473[a])				New OUD Diagnoses (N=62,095[a])				New Opioid-Related Hospitalizations (N=63,804[a])			
		Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted	
		OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
	Single/ Never Married			1.02	0.93,1.13			1.60	1.25,2.04			2.00	1.50,2.66
	Unknown			1.16	1.08,1.26			1.09	0.86,1.39			1.03	0.75,1.40
	Married			1.00	reference			1.00	reference			1.00	reference
Rurality	Rural/ Highly Rural			1.02	0.96,1.08			0.98	0.83,1.16			0.94	0.77,1.14
	Urban			1.00	reference			1.00	reference			1.00	reference
Priority Group	1-6			1.04	0.95,1.14			1.35	0.99,1.84			1.36	0.91,2.05
	7-8			1.00	reference			1.00	reference			1.00	reference
Clinical Substance Use and Mental Health Diagnoses in Year Prior to Index AUDIT-C													
High Risk Alcohol Use (AUDIT-C ≥ 8)	Yes			1.12	1.06,1.19			1.79	1.54,2.10			1.38	1.15,1.66
	No			1.00	reference			1.00	reference			1.00	reference
Other Substance Use Disorder	Yes			1.07	0.96,1.19			2.95	2.43,3.60			4.13	3.29,5.19
	No			1.00	reference			1.00	reference			1.00	reference
Depression or Mood Disorder	Yes			1.05	0.97,1.14			1.51	1.25,1.82			1.55	1.24,1.94
	No			1.00	reference			1.00	reference			1.00	reference
Non-PTSD Anxiety	Yes			1.04	0.95,1.14			0.98	0.80,1.20			1.19	0.95,1.48
	No			1.00	reference			1.00	reference			1.00	reference
PTSD	Yes			1.05	0.96,1.13			1.10	0.91,1.32			1.15	0.93,1.41
	No			1.00	reference			1.00	reference			1.00	reference

Table 2. ORs

		New Opioid Prescriptions (N=51,473[a])				New OUD Diagnoses (N=62,095[a])				New Opioid-Related Hospitalizations (N=63,804[a])			
		Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted	
		OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Schizophrenia or Bipolar Disorder	Yes			0.64	0.54,0.76			1.49	1.16,1.92			1.61	1.24,2.08
	No			1.00	reference			1.00	reference			1.00	reference
NOSOS Score	<0.50			0.45	0.40,0.51			0.72	0.52,1.02			0.94	0.61,1.45
	0.50- <1.00			0.69	0.63,0.75			0.68	0.51,0.89			0.83	0.58,1.19
	1.5- <2.00			1.34	1.17,1.54			1.52	1.10,2.09			1.67	1.10,2.53
	≥2.0			1.20	1.05,1.37			1.97	1.51,2.58			3.19	2.30,4.43
	Unknown			0.56	0.51,0.62			1.03	0.78,1.36			1.26	0.87,1.82
	1.00 - < 1.50			1.00	reference			1.00	reference			1.00	reference

[a] Sample sizes for analyses vary by outcome due to exclusion of patients with opioid outcomes of interest in the -365 to +14 day observational window around index AUDIT-C for opioid prescription and opioid use disorder.

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