Alcohol and substance abuse

Statement of purpose Alcohol-involved overdose deaths have increased in recent years and often occur in combination with other substances. To inform overdose prevention efforts, this study assessed patient characteristics and treatment utilization among Veterans who died from alcohol-involved overdoses nationally.

Methods/Approach Using Veterans Health Administration (VHA) records linked to National Death Index data from 2012 to 2017, trends in overdose mortality were examined and patient characteristics and treatment receipt were compared across alcohol overdose categories (alcohol alone, alcohol+opioids, alcohol+other substances).

Results Across the study period, 1497 Veterans died from alcohol overdose alone, 1078 Veterans died from alcohol+opioids and 289 died from alcohol+other substances. Veterans who overdose on alcohol+opioids and alcohol+other substances were more likely to be homeless, live in urban areas, and more likely to have comorbid depressive disorder and stimulant use disorder. Only a minority of patients who died from alcohol-involved overdose were seen in substance use disorder treatment settings within a year before their death, but the majority were seen in either mental health or primary care settings. Only about 7% of Veterans who died from alcohol overdose received any medication treatment for alcohol use disorder in the year prior to their deaths.

Conclusions The vast majority of patients who died from alcohol overdose did not receive treatment in substance use disorder settings or effective medication treatments.

Significance This study is the first to examine treatment characteristics of people who died from alcohol-involved overdose and suggests further efforts are needed to prevent the spectrum of alcohol overdose deaths including implementing alcohol use disorder treatment in settings outside of substance use disorder settings.

Firearms

Statement of purpose To assess feasibility and caregiver acceptability of providing firearm safety education and free safe-storage devices in the ED.

Methods/Approach Prospective feasibility study of caregivers in a pediatric ED. Participants completed electronic surveys on firearm safe-storage knowledge and practices, and received video-based firearm-safety education. We offered those with firearm access free cable locks and device education. We contacted subjects two weeks post-ED visit to assess firearm safety practices, cable lock use, and acceptability of the intervention.

Results We enrolled 307 participants. 43 participants (14%) reported a firearm in the home at some point during the week. 16/43 (37%) of families with guns had never received safe-storage information prior to this ED visit. Among those with handguns, 17% reported not using a safety device and 17% reported storing the gun loaded. 47 (15%) of all participants received one or more cable locks from the study team.

Conclusions It is feasible to provide firearm-safety education and cable locks to caretakers in the ED. Caretakers considered these practices acceptable and appropriate. The education and device distribution led to a change in intended and actual practices of firearm safety.

Significance Providing firearm safety education in the ED can lead to improved firearm safety practices.
Alcohol and substance abuse

WITHIN-PERSON PREDICTORS OF SAME DAY ALCOHOL AND PRESCRIPTION OPIOID USE AMONG YOUTH PRESENTING TO AN URBAN EMERGENCY DEPARTMENT

J Goldstick, E Bonar, M Myers, Bohanet, M Walton, R Cunningham. University of Michigan Injury Prevention Center, Ann Arbor, USA; Department of Psychiatry, University of Michigan School of Medicine, Ann Arbor, USA; University of Michigan, Ann Arbor, USA.

Statement of purpose To use longitudinal data collected from youth presenting to an urban emergency department to determine predictors of within-person changes in alcohol and prescription opioid same day use frequency.

Methods/Approach Research assistants recruited youth age 14–24 presenting past-six-month substance use into the Flint Youth Injury Study from 11/2009–9/2011 (n=599; 349 violently-injured at baseline). Participants self-administered validated measures of alcohol use severity, cannabis use severity, mental health symptoms, social support/influences, and violent injury at baseline and four biannual follow-ups. In addition, participants completed Time Line Follow Back calendars (baseline: 30-days; follow-ups: 90-days) which allowed ascertainment of same day use of alcohol and prescription opioids. We calculated the prevalence of same day alcohol and prescription opioid at each follow-up, and used negative binomial regression with person-level fixed effects to isolate within-person predictor effects on same-day use frequency.

Results Between 2.0% (baseline) and 5.7% (18-month follow-up) of youth reported same-day use of alcohol and prescription opioids across follow-ups, with 19.9% reporting same-day use in at least one follow-up. Within-person increases in alcohol use severity, cannabis use severity, and depression and anxiety symptoms all corresponded to increases in same-day alcohol and prescription opioid use frequency. Increased exposure to positive peer influences, and decreased exposure to delinquent peers, both coincided with lower same-day alcohol and prescription opioid use frequency.

Conclusions Same day use of alcohol and prescription opioids is common in this population, and within-person changes are predictable. Interrupting worsening trajectories of substance use severity and mental health symptoms, and enhancing social support and reducing delinquent peer exposures, may reduce same day use frequency.

Significance Co-use of alcohol and prescription opioids dramatically increases acute risks (e.g., overdose) associated with each; understanding within-person predictors of same day use may point to catalysts for behavior change.