Failure to get into drug treatment

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Aims: Understanding why illicit drug users are not able to access drug treatment is an important health services research question.

Methods: 3561 individuals were recruited in Long Beach, CA and administered the Risk Behavior Assessment, and the Barratt Impulsivity Scale (BIS).

Results: Those who were not able to get into treatment were more likely to have: had previous treatment (OR = 3.9), injected amphetamines (OR = 2.7), be homeless (OR = 1.7), ever used amphetamines (OR = 1.6), traded sex for drugs (OR = 1.6), had higher scores on the Nonplanning subscale of the BIS, and were less likely to have a paid job (OR = 0.7). The major reasons for the failure to access treatment were: 1. Program did not have room, 2. Not enough money, 3. Did not qualify.

Conclusions: Findings highlight the importance of targeting treatment interventions for individuals at risk for rapid drop out of treatment, and increased opportunities for relapsed and chronic users.

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A randomized clinical trial of emergency department initiated treatment for opioid dependence: Two and six month outcomes

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Aims: Screening and Brief Intervention (SBIRT) followed by ED-initiated buprenorphine (Bup) with ongoing treatment in primary care (BupPC) is superior to referral to community-based treatment (RT) and SBIRT alone in engaging opioid dependent patients in treatment and decreasing drug use at 30-days. We evaluated the impact of these methods at 2 and 6 months.

Methods: We conducted a randomized clinical trial in 329 opioid dependent ED patients that compared RT, SBIRT, and BupPC. RT patients ($n = 104$) received a referral to a substance use disorder (SUD) provider, SBIRT patients ($n = 111$) received a Brief Negotiation Interview and a facilitated referral to a SUD provider, BupPC patients ($n = 114$) received SBIRT and ED-initiated BUP with ongoing BUP in primary care for 10 weeks followed by transfer to ongoing SUD treatment or taper as per patient request. Primary outcomes were self-report of current engagement in SUD treatment and illicit opioid use at 2 and 6 months. Analyses were conducted using chi-square and analysis of variance.

Results: Patients in RT and SBIRT groups were less likely to be engaged in treatment compared with the BupPC group at 2 months, 53%, 47%, and 76%, respectively, $p < 0.001$. There was no difference in treatment engagement between groups at 6 months, 56%, 57%, 55%; $p > 0.05$. At 2 months, the mean number of days of illicit opioid use in the past week for RT, SBIRT and BupPC was 1.8, 2.0 and 1.1 days; $p = 0.04$ for comparison between SBIRT and BupPC. There was no difference in illicit opioid use between treatment groups at 6 months: 1.5, 2.0, 1.6 days; $p = 0.54$.

Conclusions: BupPC was superior to RT and SBIRT for engaging opioid dependent patients in treatment and reducing illicit drug use during the period that primary care-based BUP was provided. While all treatments engaged patients and decreased illicit opioid use, BupPC offers the greatest benefit to opioid dependent ED patients.

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"Time for dabs": Analyzing Twitter data on butane hash oil use

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Aims: While media reports about the popularity of butane hash oil (dabs, budder) use in the U.S. have been increasing, data on the epidemiology of its use remain limited. The overall goal of the study is to explore Twitter data on hash oil use in the U.S. The study builds on mixed methods approach, and has the following aims: (1) examine differences in the volume of dabs-related tweets among states with varying cannabis legalization policies; (2) describe user attitudes towards dabs.

Methods: Tweets were collected over a 7-day period, November 3–9, 2014, using Twitter's streaming API. Twitter data filtering framework was available through eDrugTrends/Twitris system. SPSS was used to analyze differences among states with varying cannabis legalization policies. A sub-sample of tweets was manually coded using QDA to identify sentiments towards hash oil use.

Results: Over a 7-day period, we collected 18,333 tweets posted by 14,490 users. Over 20% ($n = 3938$) of tweets contained identifiable state-level geolocation information. Hash oil-related tweet volume for each state was adjusted to account for the number of tweets per state based on a randomly generated sample. Adjusted ratios of hash oil-related tweets were significantly higher in the states that allowed recreational and medical use of cannabis. Qualitative analysis revealed that the majority of tweets conveyed positive views towards hash oil use.