CHERISH

Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV

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Newsletter - *January 2018*

Keeping Up With CHERISH

CHERISH advisory board member and Center for Technology and Behavioral Health (CTBH) Director **Lisa Marsch, PhD** presented at the Center for Drug Use and HIV/HCV Research (CDUHR) AIDS Seminar held October 10, 2017.

Pictured (l to r): **Lisa Marsch, PhD**, CHERISH advisory board member and Center for Drug Use and HIV Research (CDUHR) Co-Director **Sherry Deren, PhD**, **Bruce Schackman, PhD**, CDUHR Co-Director **Holly Hagan, PhD, MPH, RN**.
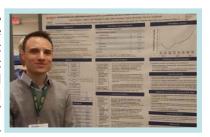
Methodology Core Co-Director **Kathryn McCollister, PhD** presented "Economic Data Harmonization for Substance Use Disorder Research: Criminal Justice Measures" at the 2017 Addiction Health Services Research Conference held October 18 - 20, 2017 in Madison, WI.

CHERISH staff member **Sarah Gutkind, MSPH** presented "Cost-effectiveness of HCV Treatment Models for People Who Inject Drugs in Opioid Agonist Treatment Programs" at the 29th Annual Meeting of the Society for Medical Decision Making (SMDM) held October 22 - 25, 2017 in Pittsburgh, PA.

Consultation Service Director **Sean Murphy, PhD** presented "Implementation of a Nationwide Health Economics Consultation Service to Assist Substance Use Researchers: Lessons Learned" at the 41st Association for Medical Education and Research in Substance Abuse (AMERSA) Annual National Conference held November 2 - 4, 2017 in Washington, DC.

On November 17, 2017 CHERISH held a networking event for substance use researchers in the New York metropolitan area. The event served as an opportunity to meet, mingle, and discuss current research projects with like-minded local professionals.

Pictured (l to r): CHERISH advisory board member and HIV Center for Clinical and Behavioral Studies Director **Robert Remien, PhD**, **Holly Hagan, PhD, MPH, RN**, **Bruce Schackman, PhD**.

In This Newsletter

▶ Introduction to the MA Chapter 55 dataset and a summary of related findings

▶ Recommendations for non-stigmatizing language in substance use research

▶ Information on upcoming training opportunities

▶ Information on our consultation services and resources for researchers

▶ Where you can find us at upcoming conferences and talks

Congratulations Corner

▶ Center Director **Bruce Schackman, PhD** has joined the NIH Office of AIDS Research Advisory Council as an ad hoc member

▶ Dissemination & Policy Core Co-Director and Leonard Davis Institute Executive Director **Daniel Polsky, PhD** has been appointed to the Health and Medicine Division Committee (HMD) of the National Academies of Sciences, Engineering, and Medicine

▶ HCV & HIV Core Co-Director **Jeffrey Samet, MD, MPH, MA** has received the American College of Physicians (ACP) Richard and Hinda Rosenthal award from the Rosenthal Family Foundation for his efforts to bring addiction medicine into the mainstream of clinical care; the award will be presented at ACP's Convocation Ceremony on April 19, 2018 in New Orleans, LA

▶ CHERISH mentee **Shashi Kapadia, MD** was awarded best health services abstract for his oral presentation of "Barriers to Hepatitis C Treatment Access Across the United States: Perspectives of Public Health Officials and Advocates" at the 6th International Symposium on Hepatitis Care in Substance Users (INHSU) held September 6 - 8, 2017 in Jersey City, NJ

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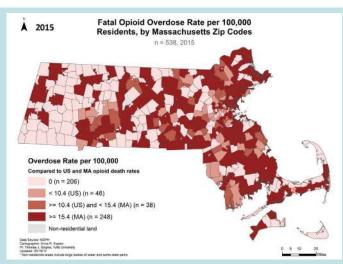January 2018

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Burden of Opioid Epidemic Mapped in Massachusetts Using a Unique Dataset

Using a legislatively-mandated, integrated dataset, the Massachusetts Department of Public Health has published its first comprehensive look at the state's opioid-related overdoses between 2011 and 2015. The dataset was created as part of 2015 "Chapter 55" legislation. It links information on an individual level across diverse state databases, including mental health data, jail and prison data, vital records, substance abuse treatment data, prescription drug monitoring program (PDMP) data, ambulance trip information, and many others. It then maps this information to the Massachusetts all-payer claims database. The findings highlight the need to improve treatment access for people who experience a non-fatal overdose, and to tailor treatment to the needs of vulnerable populations. Here we highlight a few of the findings:

Fatal Opioid Overdose Rate per 100,000 Residents, by Massachusetts Zip Codes
n = 538, 2015

Overdose Rate per 100,000
Compared to US and MA opioid death rates
- 0 (n = 206)
- < 10.4 (US) (n = 46)
- >= 10.4 (US) and < 15.4 (MA) (n = 38)
- >= 15.4 (MA) (n = 248)
- Non-residential land

- 4% of Massachusetts residents over the age of 11 have an opioid use disorder and this population is growing.
- The number of non-fatal overdoses increased by about 200% between 2011 to 2015, totaling more than 65,000. About 1 in 5 of them were young adults.
- Veterans were at high risk for fatal and non-fatal overdoses with higher prevalence of serious mental illness and homelessness.
- Former prison inmates had 50 times the risk of an overdose than the general public, with the highest risk occurring in the first month of release.
- Repeat overdoses were common, with 14.9% having one or more repeat overdoses within one year and 19.1% within two years. Of those who had a non-fatal overdose, 6.2% experienced a fatal overdose within one year and 9.3% experienced a fatal overdose within two years.
- In 2013-14, 2,192 people died of opioid-related overdoses.
- According to ambulance data, naloxone was administered in 40% of overdose events and the number of naloxone administrations has increased.gh
- Only 25%-35% of those who experienced a non-fatal overdose received treatment afterwards. The likelihood of receiving treatment and the type of treatment depended on the age of the individual.

The Chapter 55 dataset is a unique resource for substance use researchers, who are leveraging it to better understand the opioid epidemic in Massachusetts in different communities. Many of the findings described in the report could not have been discovered without linking across several datasets. Several states have the capacity to create similar datasets starting from their existing all-payer claims database, and Maryland has already taken steps to do so.

> *Massachusetts should be commended for creating a data sharing framework that will enable the state to use evidence to inform policymaking. The public health response to the opioid epidemic across the country has been hindered by the fact that we have a limited understanding of how populations most closely affected by the epidemic interact with different health and social service systems. With the information being linked under Chapter 55, researchers will be able to measure factors that increase risk for overdose, align resources with existing needs, and test possible models for policy response. In short, Chapter 55 creates the basis for a system where different entities can finally begin to work together on a shared challenge.*

- **Brendan Saloner, PhD** (CHERISH Research Affiliate)
Assistant Professor, Johns Hopkins Bloomberg School of Public Health

To read more CHERISH blog posts:
www.cherishresearch.org/blog

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How to Talk and Write About Substance Use Disorder:
Tools for Researchers to Reduce Stigma and Improve Accuracy

News and feature stories about the opioid epidemic appear daily in a variety of media outlets. To draw interest, these outlets often using provocative language to describe substance use disorders and those affected by substance use across the country. The 2017 Associated Press Stylebook, however, now encourages journalists and the media to use person-first language such as person who injects drugs to describe people with substance use disorders. The style guide directs reporters to avoid certain words such as "addict" or "junkie," to reduce stigmatization of substance use disorders and improve reporting accuracy. These changes come with growing pains – for example the New York Times recently used several different headlines in its printed and online coverage of a story covering neonatal abstinence syndrome, updating the headline to reflect more clinically appropriate language.

Michael Botticelli, former Drug Czar at the White House Office of National Drug Control Policy, and Dr. Howard Koh at the Harvard T. H. Chan School of Public Health have pointed out how language may be detrimental to those with substance use disorders. In a 2016 viewpoint article in JAMA, they discussed the loaded language of substance use and its social consequences. They emphasize that the stigma created by commonly used phrases such as "substance abusers" may affect patients' willingness to seek treatment, and the type of treatment prescribed by providers. They instead encourage use of clinically accurate language from the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) that no longer references dependence or addiction.

The American Medical Association, the American Society of Addiction Medicine and other professional organizations have called on providers, researchers and governmental agencies to use non-stigmatizing language in order to address access and barriers to care. In January 2017, Mr. Botticelli issued a memorandum to federal executive departments and agencies with a report on Changing the Language of Addiction. The report reviews study findings that show that language regarding substance use affects attitudes of providers and the public and may negatively impact quality and access to substance use treatment. Most importantly, the report emphasizes the need for person-centered language with regard to substance use by replacing substance user or addict with person with a substance use disorder. This distinguishes the person from his or her disease and creates space and hope for treatment among people with this chronic disorder.

Recommendations for Non-Stigmatizing Language in Substance Use Research

Definition	Clinical and Scientific Terminology	Words to Replace
Term to describe constellation of impairments caused by repeated misuse of a substance.	substance use disorder (SUD) opioid use disorder (OUD) drug use disorder (DUD) heroin use disorder (HUD) prescription opioid use disorder (POUD)	drug habit, substance use, substance abuse, substance misuse, addiction, substance dependence, drug dependence, drug addiction, addictive disease, misuse, non-medical use
An individual with a substance use disorder, opioid use disorder, or someone who is actively injecting drugs.	person with a substance use disorder (PWSUD) person who uses substances (PWUS) person who injects drugs (PWID)	abuser, addict, junkie, user, dope fiend, injection drug user (IDU), injection drug abuser, intravenous drug user (IVDU)
An individual that once had a substance use disorder who is no longer using substances or has reduced substance use to a safer level and reflects a process of change.	person in recovery	clean, straight
Results of a toxicology screening that identifies a person who is currently using substances.	negative or positive toxicology screening	strung out, clean or dirty
The use of any medication approved to treat substance use disorders.	opiate agonist treatment* treatment pharmacotherapy	opiate substitution therapy, medication assisted therapy (MAT)

*For methadone or buprenorphine

To learn more about CHERISH resources for researchers:
www.cherishresearch.org/resources

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Consultation Service

The consultation service provides guidance to researchers on the design and implementation of observational and interventional studies related to treatment interventions for substance use disorder, HCV, and HIV, to ensure that planned economic analyses are methodologically sound and feasible.

We have health economic evaluation expertise in:

- Budget impact and costing
- Cost-effectiveness
- Cost-benefit
- Quality of life
- Qualitative data collection
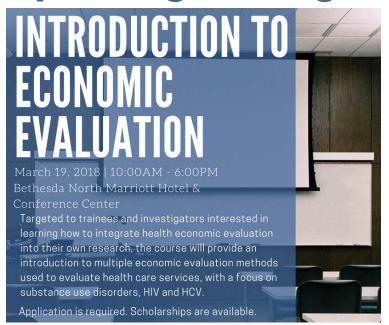- Statistical analysis / econometrics

We have health economic modeling expertise in:

- Markov modeling
- Monte Carlo simulation
- Discrete event simulation
- Compartmental modeling
- Agent-based modeling
- Longitudinal data

To learn more about CHERISH consultation services for researchers:

www.cherishresearch.org/consultation

Upcoming Trainings

INTRODUCTION TO ECONOMIC EVALUATION

March 19, 2018 | 10:00AM - 6:00PM
Bethesda North Marriott Hotel & Conference Center

Targeted to trainees and investigators interested in learning how to integrate health economic evaluation into their own research, the course will provide an introduction to multiple economic evaluation methods used to evaluate health care services, with a focus on substance use disorders, HIV and HCV.

Application is required. Scholarships are available.

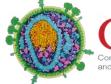### Conducting Health Economic Analyses Alongside CTN Trials

For those attending the National Drug Abuse Treatment Clinical Trials Network Annual Scientific and Steering Committee Meetings to be held March 20 - 22, 2018 in North Bethesda, MD, CHERISH will also be holding a "Conducting Health Economic Analyses Alongside CTN Trials" workshop. The workshop will take place on **March 20, 2018** in North Bethesda, MD at the Bethesda North Marriott Hotel & Conference Center. The day will begin at 9:30 AM and end by 12:00 PM. Application is not required.

National Drug Abuse Treatment Clinical Trials Network

For more information and to apply:

www.cherishresearch.org/pgt/training/upcoming

Find Us

Center investigators and staff are looking forward to promoting CHERISH at the following upcoming conferences:

CROI Conference on Retroviruses and Opportunistic Infections · **EASL** The Home of Hepatology | THE INTERNATIONAL LIVER CONGRESS 2018 APRIL 11-15, PARIS, FRANCE · **ASAM THE ANNUAL CONFERENCE** Innovations in Addiction Medicine and Science San Diego, CA | April 12-15, 2018

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