Award Number: W81XWH-14-1-0060

TITLE:
Preventing Risky Drinking in Veterans with Prescription Opioids

PRINCIPAL INVESTIGATOR:
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14. ABSTRACT

Veterans who are taking prescription opioids for chronic pain and are engaging in risky drinking are at heightened risk for drug interactions, including overdose and other negative effects, particularly if they are also using benzodiazepines. In this application, we propose to test an integrated prevention intervention, designed to reduce rates of risky drinking in veterans receiving prescription opioids to treat their chronic pain. This adaptive, patient-centered intervention provides integrated clinical assessment, brief intervention, monitoring, and extended prevention services delivered through a combination of clinical visits, telephone calls, and text messages. We propose to conduct a study in which returning OEF/OIF individuals and other veterans receiving medical care at the Philadelphia VAMC (N=300) who are on daily doses of prescription opioids and screen positive for risky alcohol use will be randomized to receive 12 months of an adaptive integrated prevention intervention (IPI) or to standard care (SC), which consists of a Brief Intervention (BI) with 2 follow-up contacts. Potential participants will be veterans at the Philadelphia VAMC who, based on pharmacy records are using opioids daily to treat chronic pain.

15. SUBJECT TERMS

NONE LISTED

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1. Introduction

Veterans who are taking prescription opioids for chronic pain and are engaging in risky drinking are at heightened risk for drug interactions, including overdose and other negative effects, particularly if they are also using benzodiazepines. In this application, we propose to test an adaptive prevention intervention, designed to reduce rates of risky drinking in veterans receiving prescription opioids to treat their chronic pain. This adaptive, patient-centered intervention provides clinical assessment, brief intervention, monitoring, and extended prevention services delivered through a combination of clinical visits, telephone calls, and text messages. We will conduct a study in which returning OEF/OIF individuals and other veterans receiving medical care at the Philadelphia VAMC, Pittsburgh VA, and the University of Pennsylvania (Original projected N=300; current goal N=150 who are on daily doses of prescription opioids and screen positive for risky alcohol use will be randomized to receive 12 months of an adaptive prevention intervention (API) or to standard care (SC), which consists of a Brief Intervention (BI) only. For veterans randomized to the API condition, a BI is first provided and the effects are monitored for one month. Veterans who reduce alcohol use to non-hazardous levels during this one-month period continue in a monitoring track, consisting of tailored text messages and brief monthly telephone contacts. Veterans who continue to drink at risky levels are instead placed in a track that provides tailored text messages and more frequent telephone calls. These calls provide monitoring and further prevention/BI services to help the veteran reduce alcohol use to non-hazardous levels. Key components of these services are motivational enhancement and development of more effective ways to cope with stress and other triggers for risky alcohol use. Veterans in the API condition who are initially placed in the monitoring track but whose drinking increases again during the 12 month intervention are transferred to the more intensive prevention track, until their alcohol use has again decreased. Additionally, Veterans who do not admit to drinking are placed in a monitoring track and if they admit to drinking, they are then placed into the treatment arm in which they were randomized to. API is hypothesized to produce better alcohol and other drug use outcomes than SC over an 18-month follow-up.

2. Key words

veterans, opioid medication, pain treatment, risky drinking, prevention, brief intervention, monitoring, adaptive interventions, benzodiazepines, overdose, follow-up

3. Accomplishments

Major Goals of the Project

The goal of the proposed study is to test an adaptive prevention approach designed for returning OEF/OIF individuals and other veterans who are engaging in risky drinking while being treated with prescription opioids for chronic pain. We propose to conduct a study in which returning OEF/OIF individuals and other veterans receiving medical care at the Philadelphia VAMC, Pittsburgh VA, and University of Pennsylvania (current goal of N=150; original planned N=300) who are on daily doses of prescription opioids and screen positive for risky alcohol use will be randomized to standard care (SC) or to 12 months of the adaptive prevention intervention (API) described above. The primary outcome at each follow-up point will be a dichotomous measure of alcohol use status (any risky alcohol use since the prior follow-up: yes/no). Secondary outcomes will include self-reported frequency of heavy drinking, biological measures of heavy drinking, urine toxicology tests to assess other drug use, opioid overdoses, depression, and pain.

Objectives and Hypotheses

a. Primary objective: To compare the effectiveness of a 12-month adaptive prevention intervention (API) with standard care (SC) over an 18-month follow-up period, for veterans treated with prescription opioids and who are engaging in risky/hazardous drinking, as defined by NIAAA guidelines. Note that the inclusion criteria have been modified to enroll veterans with a lower level of alcohol use and those who do not admit to alcohol use.

- *Hypothesis 1*: API will produce better outcomes than SC, as indicated by lower rates of risky/hazardous alcohol use across the follow-up period.

b. Secondary objectives: To examine secondary outcome measures, moderator effects, and mediation effects:

- *Hypothesis 1*: API will produce better outcomes than SC on frequency of heavy drinking, biological measures of heavy drinking (i.e., GGT and CDT), urine toxicology tests to assess other drug use, depression, and pain.
- *Hypothesis 2:* Rates of opioid overdoes will be lower in API than in SC
- *Hypothesis 3*: Intervention effects will be greater in higher-risk veterans, including those with higher prescription opioid dosages, co-occurring benzodiazepine use, poor social support, and low readiness for change.
- *Hypothesis 4*: Results favoring API over SC on risky drinking will be mediated by greater readiness for change, self-efficacy, and coping.

Progress Toward Year 5 Milestones:

Milestone	Base Line Plan Date
Task 1: Prepare the text messaging system for the study, and finalize all manuals for the adaptive prevention intervention (API)	15-Oct-2014
Task 2: Pilot test methods to identify veterans with chronic pain who are receiving daily opioid medication through VANC pharmacy records, and the screening procedures to detect risky alcohol use in these individuals	15-Oct-2014
Task 3: Complete training for the two prevention counselors in API, and identify and begin training a third prevention counselor	15-Oct-2014
Task 4: Begin enrollment of study participants	15-Jan-2015
Task 5: Complete enrollment of study participants	01-May-2017
Task 6: Complete all 18-month follow-ups	15-Oct-2018
Task 7: Complete and submit all main outcome papers	30-Jun-2019

The primary milestone for Year 5 was to have completed all 18 month follow ups. We have clearly not achieved this milestone and with our no cost extension, we continued to recruit through 01-October-2019, and will finish follow up visits by 01-October-2020. We did continue to recruit, enter participants into the study, deliver the study interventions, and conduct follow-up assessments throughout the past year. Notably, veterans who have been randomized to the prevention intervention are participating at a high rate. Almost a third of these veterans (30%) start out in the active prevention track, because they have not reduced their drinking down to safe levels in the

month after receiving a brief intervention. However, 78% of these individuals eventually do reduce their drinking while receiving the enhanced prevention services and are able to transfer to the monitoring only track for the rest of the intervention. Moreover, veterans are staying engaged, regardless of whether they are in the active prevention or monitoring only tracks of the intervention. The mean number of completed telephone prevention sessions among veterans who have been in the prevention condition for more than a month is 8. This indicates the prevention intervention we are testing is feasible to deliver and veterans are likely to engage in it and sustain their participation. However, these observations are based on relatively small numbers to this point.

Recruitment Activities

Recruitment in Year 6

- **Corporal Michael J. Crescenz Medical Center (CMCVAMC- Formerly the Philadelphia VAMC)**
  - Reviewed 123 new electronic medical records to identify potentially eligible Veterans.
  - Mailed 123 letters
  - Performed 119 phone screens, including going back through the list to re-screen Veterans from previous mailings.
    - Positive screens (N=29)
      - Enrolled 20
    - Screening/enrollment failures (N=107)

Screen/Enrollment Fail Reason	N	%
Met criteria for moderate or severe use disorder	3	2.8
Not currently taking prescription opioids	3	2.8
Not interested	85	79.4
No show to baseline assessment	11	10.3
Does not have a cell phone capable of receiving text	2	1.9
Travel difficulty	2	1.9
Found ineligible upon baseline assessment	0	0
Other	1	1
Total	107	

  - Enrolled and randomized 20 Veterans (see below for totals for entire grant period)
    - Prevention Intervention: 10
    - Brief Intervention Only: 10

- **University of Pennsylvania**
  - Reviewed 762 University of Pennsylvania Health System (UPHS) electronic medical records to identify potentially eligible Veterans
  - Screened 25 Veterans
    - Positive Screens: 4
      - Enrolled: 3, see below
    - Screening Failures:

Screen/Enrollment Fail Reason	N	%
Does not have a cell phone	0	0
Found ineligible at Baseline	1	4.5
Met criteria for moderate or severe use disorder	0	0
No show to baseline	0	0

Not a Veteran	0	0
Not interested	17	77.3
Unreachable	4	18.2
Not taking prescription opioids	0	0
Eligible but not yet scheduled	0	0
Other	0	0
Total	22	

  - Enrolled and randomized 3 Veterans
    - Prevention Intervention: 2
    - Brief Intervention Only: 1

- **Pittsburgh VAMC**
  - Per IRB requirements, recruitment at the Pitt VAMC must go through each Veteran's primary care provider. Thus, after the study team reaches out to a Veteran's PCP, the PCP has to pitch the study to the Veteran and offer a handoff to the study team for screening. There are a few providers who allow letters to be sent to their patients For these patients if the provider fails to present the study then a letter can be sent to the Veteran. After two weeks have passed the research coordinator can then cold call the Veteran.
  - This site was closed to recruitment prior to the last yearly report. All activities ceased September 30, 2019.

Total Recruitment Activities for Grant Period Years 1-6

- **CMCVAMC (Updated with clean spreadsheet to eliminate double counting, numbers are lower than previous reports)**
  - **Reviewed 4,622 electronic medical records to identify potentially eligible Veterans with 1,855 eligible to receive letters**
  - **Mailed 1,643 letters**
  - **Completed 1,144 Screens**
    - Positive screens (N=159)

Result	N	%
Enrolled	74	46.5
Met Criteria for Moderate or Severe Use Disorder	1	0.6
Does Not Meet Criteria for Risky/Hazardous Alcohol Use	3	1.9
Not Interested	32	20.1
Not Taking Prescription Opioids	3	1.9
No Show to Baseline	46	28.9
Total	159	

- Screening/Enrollment Failures (N=985)

Reason	N	%
Not Interested	436	44.3
Does Not Have A Cell Phone	21	2.1
Does Not Meet Criteria for Risky Alcohol Use	387	39.3
Not Taking Prescription Opioids	53	5.4
Met Criteria for Moderate or Severe Use Disorder	35	3.6
Other	53	5.4
Total	985	

- Enrolled Veterans 74:
  - Prevention Intervention: 39
  - Brief Intervention Only: 35
  - Active: 30
    - Prevention Intervention: 14
    - Brief Intervention only: 16
  - Completed Study: 32
  - Withdrawn: 5
  - Lost to Follow Up: 4
  - Deceased: 3 (all in Brief Intervention only condition)

- **University of Pennsylvania**
  - Reviewed 3,509 UPHS electronic medical records to identify potentially eligible Veterans
  - Screened Veterans: 311
    - Positive Screens: 61
      - Randomized: 29
    - Screening & Enrollment Failures: 282

Reason	N	%
Does not have a cell phone	3	1
Does not meet criteria for risky alcohol use	6	2.1
Found ineligible at Baseline	4	1.4
Met criteria for moderate or severe use disorder	9	3.2
No show to baseline	13	4.6
Not a veteran	4	1.4
Not drinking	1	0.4
Not Interested	156	55.3
Not taking prescription opioids	66	23.4
Unreachable	9	3.2
Waiting to Schedule	1	0.4
Other	10	3.5
Total	282	

- **Pittsburgh VA**
  - Reviewed 657 electronic medical records to identify potentially eligible Veterans
    - 252 eligible for provider email
      - 24 eligible for letter
    - 405 ineligible
      - 153 on hold (expired or discontinued opioid prescriptions, not yet on opioids for three months, did not have an upcoming appointment with a prescriber)
      - 25 AUDC = 0
      - 222 not eligible
      - 4 Other
    - Number of PCP's contacted: 55
    - 250 Emails Sent

Email Correspondences	N	%
Provider Asked Patient and Willing to Be Contacted/Interested	25	10
Provider Asked Patient and Not Willing to Be Contacted/Declined	30	12
Provider Did Not Respond to Correspondence	158	63.1
Provider Contacted/Responded But Was Seeing Another Colleague/Provider	3	1.2
Provider Forgot to Ask	8	3.2
Provider Not Willing to Ask	2	0.8
Provider Tried Calling Patient But Could Not Reach	4	1.6
Patient No Showed	8	3.2
Provider Deemed Patient Ineligible/Do Not Contact	4	1.6
Patient Cancelled Appointment	8	3.2
Total	250	

  - Screened Veterans: 32
    - Positive Screens (N=9)

Result	N	%
Enrolled	5	55.6
Not Interested	1	11.1
No Show to Baseline	3	33.3
Total	9	

    - Screening/Enrollment Failures (N=23)

Reason	N	%
Not Interested	11	47.8
Does Not Have a Cell Phone	1	4.3
Does Not Meet Criteria for Risky Alcohol Use	4	17.4
Not Taking Prescription Opioids	1	4.3

Met Criteria for Moderate or Severe Use Disor-	3	13
Does not have Chronic Pain	1	4.3
Other	2	8.7
Total	23	

Total Enrollment (across all three sites)
Enrolled: 108 (3 ineligible after completion of baseline and not randomized)

- Prevention Intervention: 55
- Brief Intervention Only: 50
- Ineligible at Baseline: 3
- Active: 44
  - Prevention Intervention: 22
  - Brief Intervention Only: 22
- Dropout: 6
- Deceased: 3 (all in control intervention—Brief Intervention only)

Regulatory Activities

Year 6 Regulatory Activities

- **CMCVAMC IRB**
  - **Modifications:**
    - 10/7/2019 modification approved removing Katherine Crockett, Sean Lydon, Kristin Jones, and adding Janelle Purnell to research staff form.
  - **Continuing Review**
    - Approved 02/13/2020
- **University of Pennsylvania IRB**
  - **Modifications:**
    - Modification approved 6/24/2019 removing Kristin Jones from project and adding Janelle Purnell.
    - Modification approved 6/27/2019 adding Sydney Gwynn to project.
  - **Continuing Review**
    - Continuing Review submitted 5/7/2019 and approved 5/10/2019.
- **Pittsburgh VAMC**
  - Final Closure Report
    - 10/1/2019

Opportunities for Training and Professional Development
Nothing to report

Dissemination of Results
Nothing to report

Plans During the Next Reporting Period to Accomplish Goals and Objectives
During the final six months of the grant period, we will complete the remaining research follow-ups and telephone prevention sessions, conduct analyses of study data, and commence work on the primary outcome papers from the study. Due to the Coronavirus pandemic, we are currently conducting all research follow-ups via telephone, and will continue to do so for the foreseeable future. This means that we will not be obtaining biological measures of drinking at the final follow-up from some participants.

4. Impact

Development of the principal discipline of the project:
Nothing to report

Other disciplines:
Nothing to report

Technology transfer:
Nothing to report

Society beyond science and technology:
Nothing to report

5. Changes/Problems

Changes in approach and reasons for change
As noted above, we are conducting the remaining research follow-ups over the telephone due to the pandemic.

Actual or anticipated problems or delays and actions or plans to resolve them
Nothing to report

Changes that had a significant impact on expenditures
Nothing to report

Significant changes in use or care of human subjects
Nothing to report

6. Products
Nothing to report

7. Participants & Other Collaborating Organizations

Name:	James McKay, Ph.D.
Project Role:	PI
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	2.0
Contribution to project:	Dr. McKay is directing this research project, which includes chairing weekly staff meetings, preparing all study reports, supervising staff working on the study, representing the study in discussions with the VA and other organizations, coordinating efforts to address problems that emerge, and presenting information about the study and results in professional meetings and publications.
Funding Support:	$31,862

Name:	Martin D. Cheatle, M.D.
Project Role:	Co-Investigator
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to project:	Dr. Cheatle is an expert in the treatment of pain, and he has led efforts to recruit participants from pain clinics, provided consultation on issues related to the assessment and management of pain, participated in regular staff meetings, and contributed to the writing of reports.
Funding Support:	$14,094

Name:	Katherine Crockett
Project Role:	Research Coordinator
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	4
Contribution to project:	Ms. Crockett has completed amendments to the VA and Penn IRBs, supervised research technicians, monitored the quality and accuracy of data collected, engaged in problem solving around recruitment issues, worked with the Penn Data Analytics Center to assist with recruitment, obtained UPHS patient lists and screened medical records to identify potential participants, and attended all staff meetings. - Terminated
Funding Support:	$7,540

Name:	Conor Crowley
Project Role:	Project Manager
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	2
Contribution to project:	Mr.Crowley has provided administrative support for the study. He assists in preparing scientific and financial reports and processes purchase orders and payments to subcontractor.
Funding Support:	$5,682

Name:	Remona Gary
Project Role:	Scheduler
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	2
Contribution to project:	Assisting with Scheduling appointments
Funding Support:	$6,315

Name:	April Howard
Project Role:	Counselor
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	3
Contribution to project:	Ms. Howard has provided the prevention intervention to study participants, attended all staff meetings, contributed to the development of the text messaging and counseling components of the intervention, and completed all required VA trainings and documentation of clinical contacts. - Terminated
Funding Support:	$7,596

Name:	Megan Ann Ivey
Project Role:	Coordinator
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	9
Contribution to project:	Ms. Ivey has been the coordinator for the study. She has completed protocol amendments to the VA and Penn IRBs, supervised research technicians, monitored the quality and accuracy of data collected, engaged in problem solving around recruitment issues, and attended all staff meetings.
Funding Support:	$30,290

Name:	Henry R. Kranzler, Ph.D.
Project Role:	Co-Investigator
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to project:	Dr. Kranzler has participated in staff meetings, provided expertise on interactions between opioids and other medications, and contributed to discussions regarding ways to increase recruitment
Funding Support:	$8,509

Name:	Kevin Lynch, Ph.D.
Project Role:	Statistician
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to project:	Dr. Lynch has contributed to discussions about research design and statistical analyses, and provided updated power calculations to address reduced sample size.
Funding Support:	$9,302

Name:	Linda Mangino
Project Role:	Manager of Administration and Finance
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to project:	Ms. Mangino is responsible for reviewing and ensuring the site and prime compliance. She reviews study activities and transactions for accuracy and allowability. Ms. Mangino sets up sub-ward sites with contracts and manages invoicing. .
Funding Support:	$13,178

Name:	Christopher Petro
Project Role:	Data Manager
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to project:	Mr. Petro manages the Data Management Unit and oversees the database infrastructure wherein study data is entered and maintained.
Funding Support:	$14,123
Name:	Janelle Purnell
Project Role:	Research Tech
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	12
Contribution to project:	Ms. Purnell has screened potential participants, enrolled participants, conducted baseline and follow-up interviews, tracked participant progress over time, provided information to determine which track participants in the active intervention were placed in, generated data for quarterly and yearly reports, and facilitated connections between study participants and counselors.
Funding Support:	$29,993

Name:	Tyrone Thomas
Project Role:	Prevention Counselor
Research Identifier (e.g. ORCID ID):	
Nearest person month worked:	9
Contribution to project:	Mr. Thomas has provided the prevention intervention to study participants, attended all staff meetings, contributed to the development of the text messaging and counseling components of the intervention, and completed all required VA trainings and documentation of clinical contacts.
Funding Support:	$45,509

Change in active other support of the PD/PI(s) or senior/key personnel since last reporting period:

OTHER SUPPORT

McKay, J

ACTIVE

W81XWH-14-1-0060 (McKay) 04/01/14 – 09/30/20 1.2 cal months
DOD $374,430 (NCE)
Preventing risky drinking in veterans treated with prescription opioids
The major goals of this project are: 1) To compare the effectiveness of a 12-month integrated prevention intervention with standard care over an 18-month follow-up period, for veterans treated with prescription opioids and who are engaging in risky/hazardous drinking, as defined by NIAAA guidelines; and 2) To examine secondary outcome measures, moderator effects, and mediation effects.
Role: Principal Investigator

K24-DA029062-6 (McKay) 05/01/17 – 04/31/22 4.08 cal months
NIDA $167,024
Adaptive Treatment Models for the Management of Drug Use Disorders
The proposed competing renewal grant provides support to Dr. James McKay to sustain and expand his mentoring of postdoctoral fellows and new clinical investigators conducting patient oriented research in the addictions. The grant will also support new research, which builds on Dr. McKay's current research program on the development and evaluation of adaptive approaches to continuing care.
Role: Principal Investigator

R01-AA025539 (Witkiewitz) 07/01/17 – 06/30/22 0.36 cal months
NIAAA $51,339 (subcontract)
Mechanisms of behavior change in alcohol use disorder treatment
The data analysis grant involves combining data from seven completed clinical trials and developing and testing new methods to study mediation effects in the treatments included in these trials.
Role: Subaward Principal Investigator

U34 DA045177 (Kampman) 08/01/18-07/31/21 0.36 cal months
NIH/NIDA $150,000
Remote observed dosing to improve Suboxone compliance in clinical practice
This project proposes to develop and test the use of remote compliance monitoring of Suboxone to improve medication adherence and treatment outcomes.
Role: Co-Investigator

R01-AA025957 (Brooks) 07/01/17 – 06/30/20 0.36 cal months
NIAAA $48,781 (subcontract)
Can a group relapse prevention tool kit enhance fidelity in community treatment?
The proposed project will test the effectiveness of a toolkit to facilitate the use of cognitive-behavioral therapy (CBT).
Role: Sub award Principal Investigator

R21 AAA027571 (Ertefaie) 06/15/19-05/31/21 1.08 cal months

NIAAA $28,465 (subcontract)
Optimal dynamic treatment strategies for controlling alcohol use: novel methods for selecting and incorporating effect modifiers
This project aims to address the need for robust, rigorous and efficient methods for estimating optimal treat-ment strategies in high-dimensional settings that paves the way for future studies of advancing personalized medicine by discovering genetic and phenotypic subgroups who respond favorably to experimental compounds. To this end, we propose to develop advanced statistical machine learning methods for detecting effect modifiers and providing valid inference for the resulting decision rules.
Role: Subaward Principal Investigator

UF1-MH121944 10/01/19-09/30/24 1.2 Cal months
(Mandell, Bogner & Kampman) $1,190,870
NIH/NIMH
The whole health study: collaborative care for OUD and mental health conditions
The major goals of this project is to refine and rigorously test a collaborative care model for patients with opioid use disorder (OUD) and major depression, post-traumatic stress disorder, or an anxiety disorder in primary care. We also will examine clinical practice characteristics associated with suc-cessful implementation and the cost effectiveness of different care models.
Role: Co-investigator

NIH/NIDA R01DA048764-01 (Ertefaie) 09/01/19-8/31/23 .96 Cal months
Analyzing sequential, multiple $127,909 (subcontract)
assignment, randomized trials (SMART) in the presence of partial compliance
The broad objective of this project is to develop methodologies that can be used to adjust for non-compliance in SMARTs. Specifically, we address several fundamental unsolved problems: 1) esti-mating the outcome mean under different design embedded ATSs in SMARTs; 2) estimating the optimal deeply tailored ATSs that take into account subjects' ongoing performance and if followed lead to an optimal outcome. The proposed methods are motivated by and applied to two SMARTs: The Adaptive Approach to Naltrexone Treatment for Alcoholism, and the Adaptive Treatme nt for Cocaine Dependence. Each of these studies consists of ~50% non-compliers, which could seriously affect the concluding results.
Role: Subaward Principal Investigator

PHMC (Festinger/Dugosh) 06/01/19-05/31/23 1.2 Cal months
Agreement No. 7604052303
Pennsylvania State Gran
Enhancing the office-based buprenorphine treatment: An adaptive psychosocial approach
This project aims to provide a mechanism to further increase the long-term efficacy of office-based opioid treatment (OBOT) using a personalized, patient-centered adaptive approach to the delivery of psychosocial treatment.
Role: Co-Investigator

<u>PENDING</u>

University of Washington (Saxon) 06/01/19-05/30/20 .6 Cal months
NIDA CTN 3UG1-DA-013714 $57,570 (subcontract)-
Pacific Northwest Node Waiting on Sub Award
Further development and evaluation of the Brief Addiction Monitor for use in measure based care
There is interest in whether the Brief Addiction Monitor (BAM) could be shortened, while maintaining good psychometric properties. Here, we put forward a brief plan to develop both a short form version of the BAM as well as a very brief version that could be used in primary care. A shorter instrument, which retained the three content areas of the current BAM (e.g., substance use, risk factors, protective factors), was seen as more feasible for measurement-based care in opioid treatment programs. However, even a shorter version of the BAM was thought to be unworkable in primary care-based MAT. To be truly feasible in primary care, an instrument would need to be even shorter, around 4-5 items at most.
Role: Subaward Principal Investigator

OVERLAP

There is no scientific or budgetary overlap.

In the event a new proposal is funded the budgets will be adjusted appropriately in conjunction with agency staff. Effort of the K24 can be reduced to 3.0 CM if necessary.

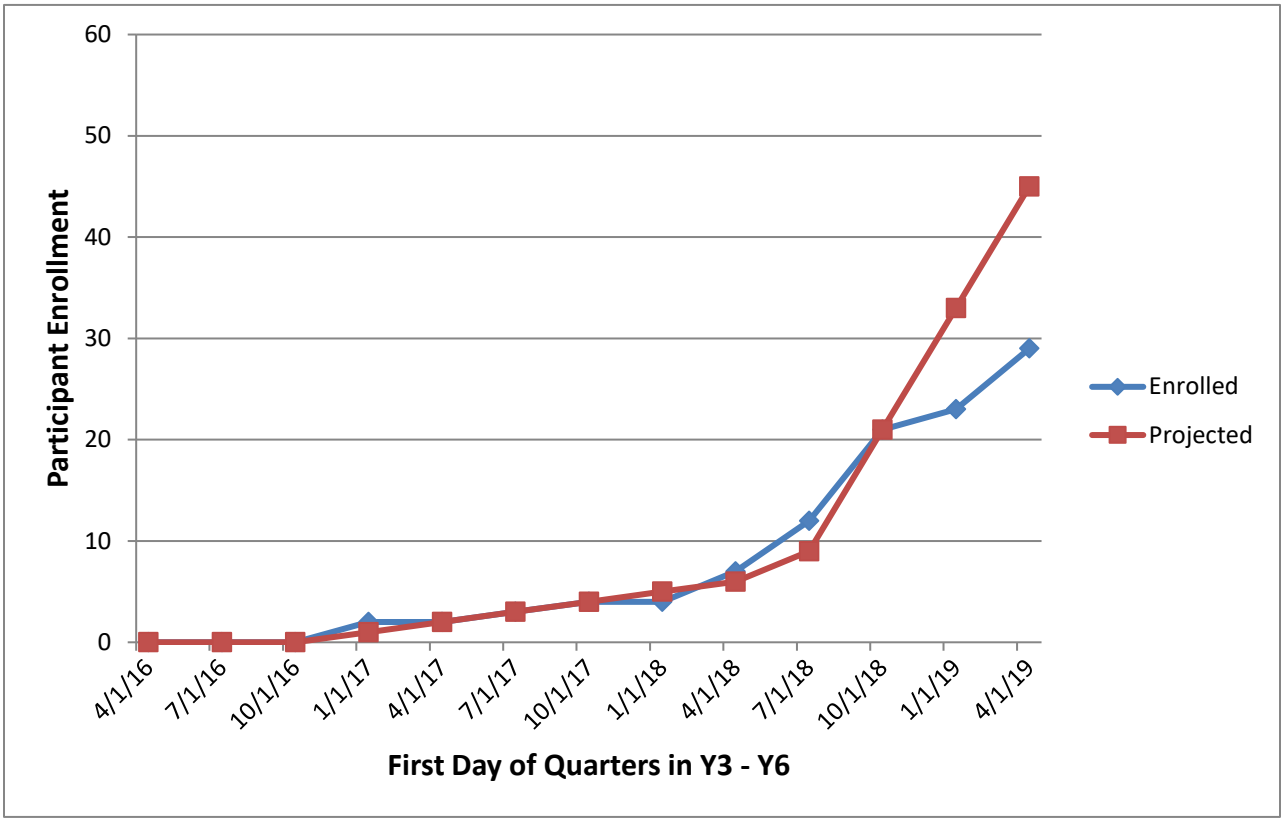
8. Special Reporting Requirements

Attached- see Quad Chart

9. Appendices

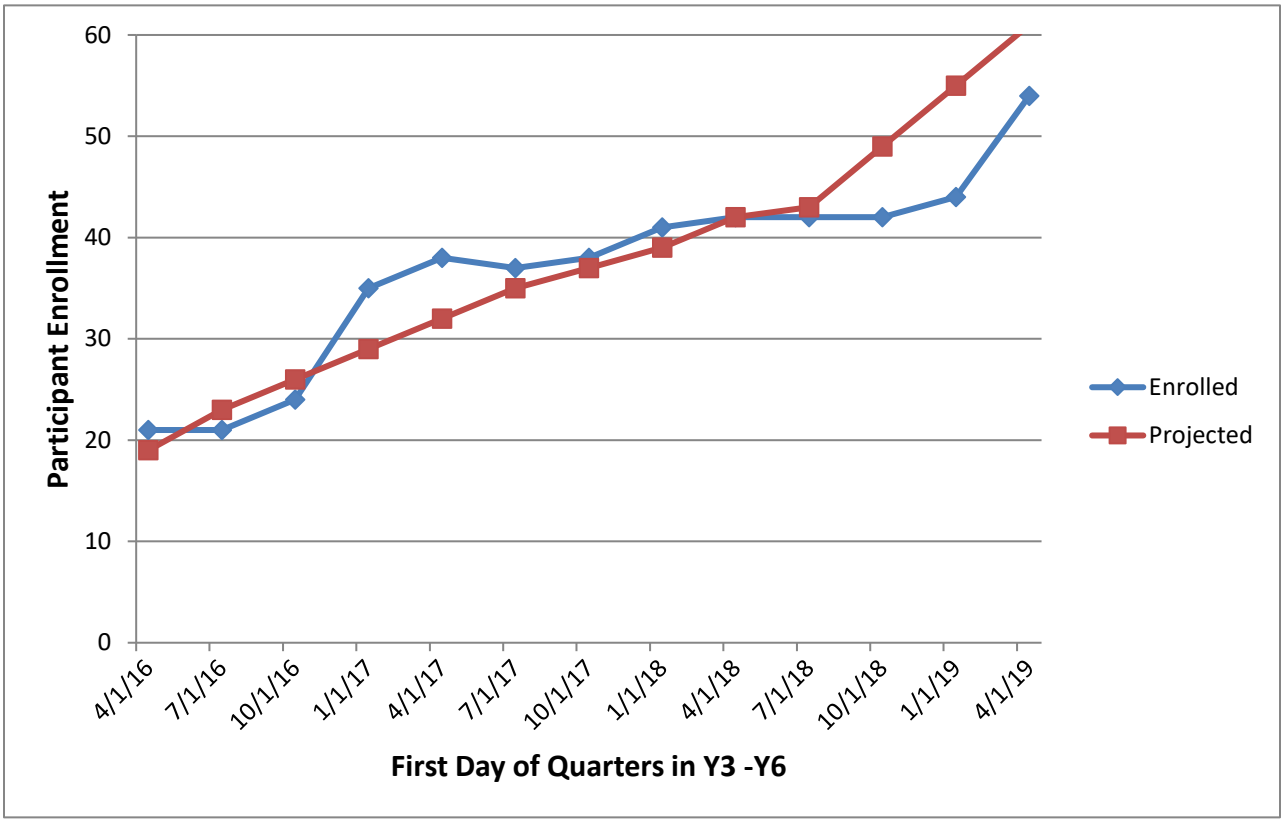
APPENDIX A

University of Pennsylvania Enrolled Versus Projected Recruitment



APPENDIX B

CMCVAMC Enrolled Versus Projected Recruitment



APPENDIX C

Pittsburgh VA Enrolled Versus Projected Recruitment