

# A Brief Intervention to Prevent Opioid Overdose and Improve Bystander Response among Patients in the Emergency Department.



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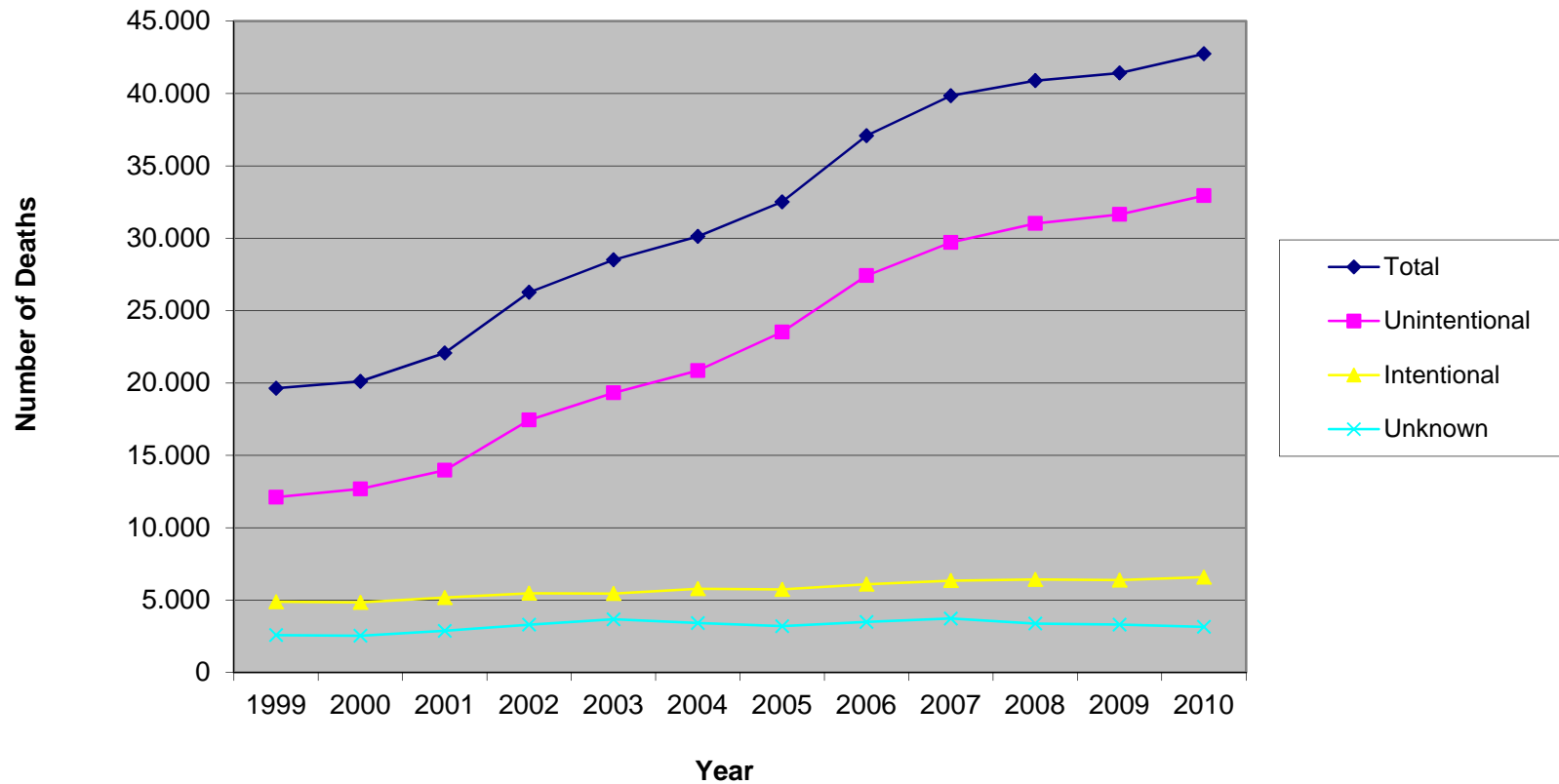
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Background

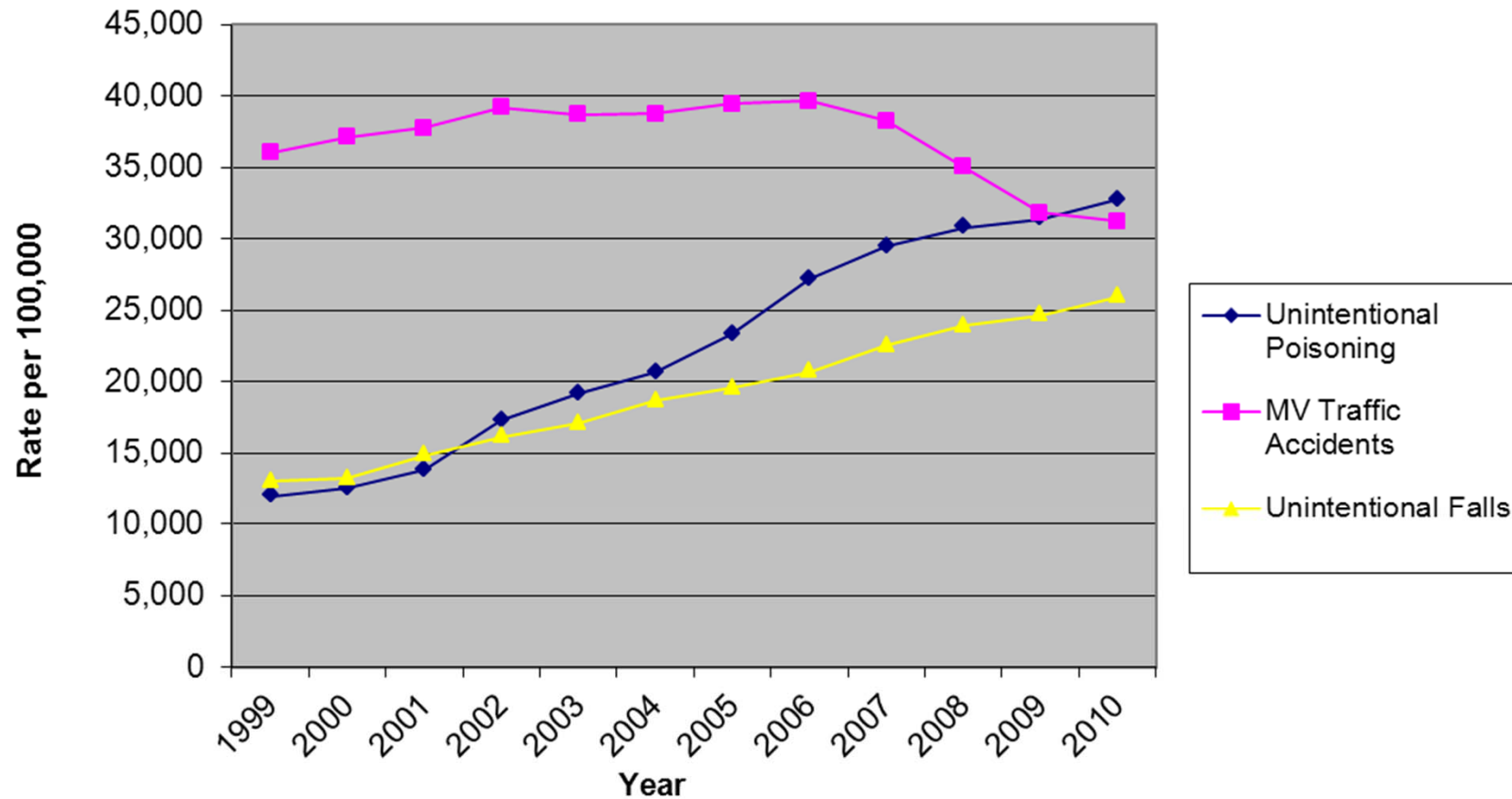
# Poisoning Mortality – Number of Deaths

Poisoning Deaths, US adults age 15+



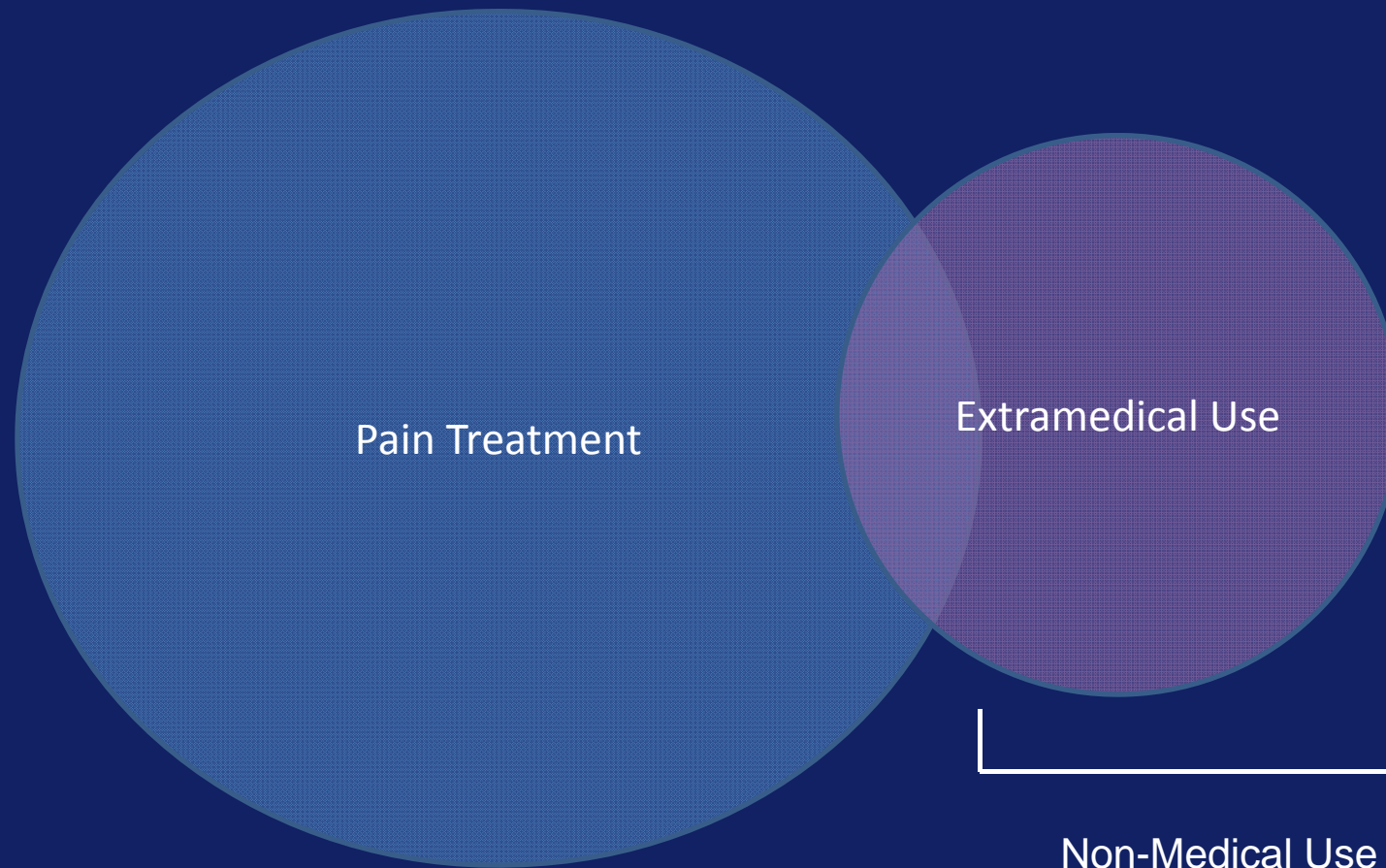
# Comparison to Other Major Unintentional Injury Causes of Death

Number of Unintentional Deaths by Selected Injury Causes among adults age 18+ in the US



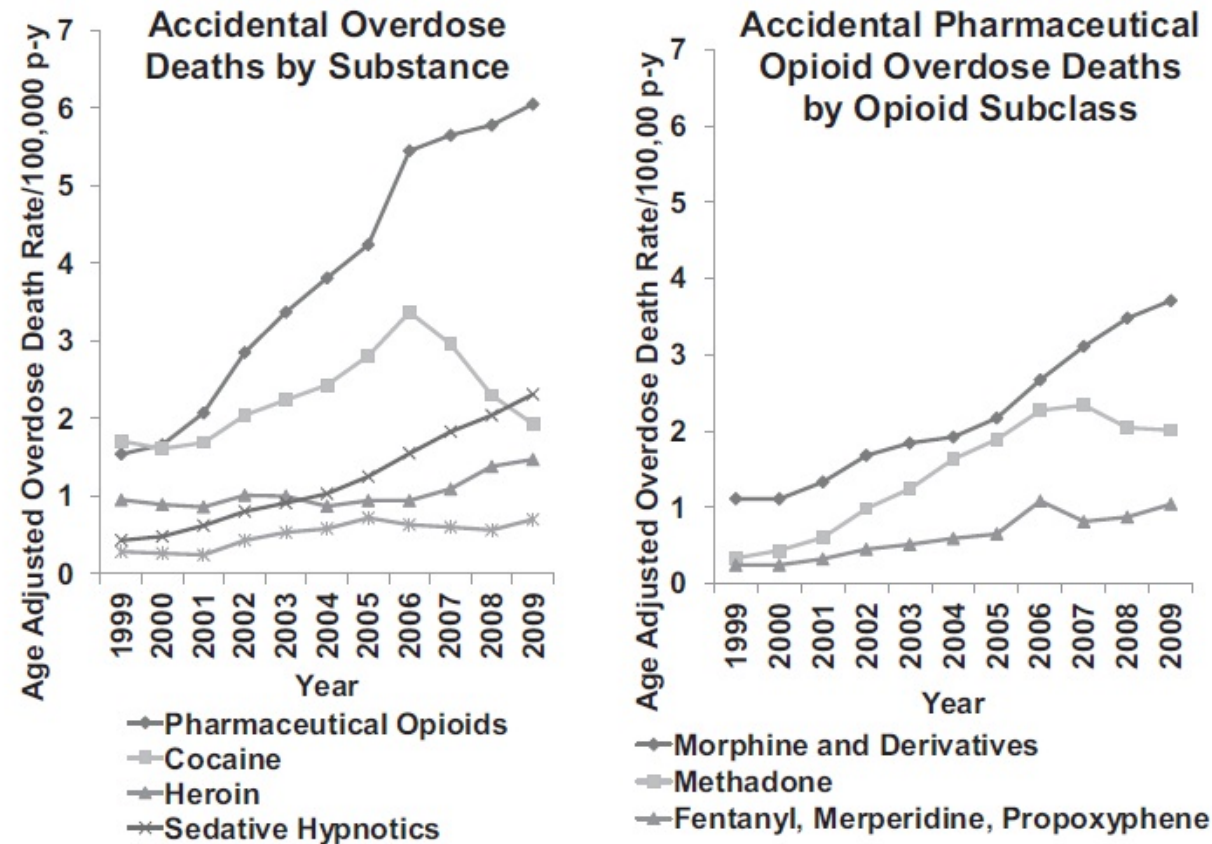
# Use of Prescription Opioids in the U.S.

Prescription Opioids: pain medications that contain opioids (naturally occurring or synthetic) and require a prescription in the U.S., including codeine, percocet, fentanyl etc.



# Opioid Analgesics and Overdose

S. Calcaterra et al. / Drug and Alcohol Dependence xxx (2013) xxx–xxx



All trends in rates are significant by the Cochrane Armitage Trend test ( $p < 0.001$ )

Fig. 1. Age adjusted overdose death rates in 15–64 year olds 1999–2009.

# Methods



# Objective

- To develop and conduct a randomized controlled trial of a BI aimed at:
  - Reducing risky overdose-related behaviors
  - Improve response when witnessing an overdose
  - Outreach to at-risk friends

# Setting

- Location: University of Michigan Emergency Department
- Rationale: 1/3 of patients leave ED with an opioid, non-medical use of opioids common, setting where overdoses are treated



# Eligibility Criteria

- Past 3 month extramedical prescription opioid use
- Age 18-60
- Able to provide informed consent
- Oversampled individuals with prior overdose

# Protocol

- Research staff approach while waiting for care
- Consent and screen via computer tablet (Part 1)
- Those eligible recruited and consented for Part 2
- Baseline survey via computer tablet, computer randomized to intervention or enhanced usual care

# Intervention

- Brief Motivational Enhancement (ME) Interventions
  - Non-judgmental, empathetic
  - Focused on increasing self-efficacy, setting goals, overcoming barriers to change
- Overdose Witness Response Interventions

# Intervention Delivery

- Master's level trained therapists
- Computer aid to enhance fidelity and provide prompts as needed
- Enhanced Usual Care: pamphlets

# Preliminary Results

# Sample

- N=203 completed baseline and post-test
- 64% female
- Age: mean 37 (SD=13), range 18-60
- Race: 20% Black, 75% White, 5% Other
- Overdose history: 76%



# Behavioral Intentions

- Pre- to Post-test changes
  - 5 items, scale 1-10
  - Intervention mean change 1.6
  - Control mean change 1.5
  - $t = -0.17, p = 0.9$

# Perceived Helpfulness

- Among intervention participants:
  - 93% said they “liked” or “liked a lot”
  - 83% said they found it “somewhat helpful” or “very helpful” to talk about how to reduce risk of overdose
  - 95% said they found it “somewhat helpful” or “very helpful” to talk about what to do if they saw an overdose

# Conclusions

- Brief interventions delivered in the emergency department to prevent overdose and improve overdose bystander response are feasible and highly acceptable to patients who are at risk for overdose.
- No intervention effects on behavioral intentions.

# Next Steps

- 6 month follow-up data are ~75% collected, with a few more weeks of follow-up left.

# Thank you! Questions?

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