



Abstract

Aims: To understand patterns of daily self-reported drug use among patients enrolled in the National Drug Abuse Treatment Clinical Trials Network (NIDA CTN)-sponsored Screening, Motivational Assessment, Referral and Treatment in the Emergency Department (SMART-ED) clinical trial.

Methods: In the SMART-ED study, daily self-reported drug use data were collected via Time-line Follow Back (TLFB) at baseline to assess the 30-day baseline measure of substance use and for 90-day periods during follow-up prior to the 3, 6 and 12 month follow-up visits. Plots of daily drug use (self-reported drug use percent on a given day) using line plots over the one-year period were created to describe temporal variations over short-term (7-day) and longer periods of time.

Results: There was a reduction in self-reported drug use over the one-year period. For cocaine, baseline self-reported drug use reduced from 12% for the 30 days prior to baseline to 8% for the 90 days preceding the Month 3 visit, 6.4% for the 90 days preceding the Month 6 visit, and 5.4% for the 90 days preceding the Month 12 visit. Although self-reported use was highest for cannabis, similar trends were observed over the one-year period for all substances. For temporal patterns within a week, self-reported drug use percent was always higher on Friday and Saturday (Any drug = 46%-47%, Cannabis = 30%-31% and Cocaine = 9.1%-9.5%) compared with other days of the week (Any drug = 40%, Cannabis = 25%-26% and Cocaine = 6%-6.4%). Moreover, the weekly self-reported drug use pattern was similar throughout the one year assessment period.

Conclusions: This study describes the pattern of the self-reported drug use in patients presenting in an emergency department. Overall, the percent of drug use days decreases over time, suggesting attending a follow-up visit as part of the research study may impact self-reported drug use. Higher drug use observed on Fridays and Saturdays shows a weekend effect on the self-reported drug use.

Introduction

Self-reported drug use depends heavily on patients' ability to recall. It is likely that the longer the look-back period, the harder it is to accurately recall drug use. The NIDA CTN SMART ED study provides a unique opportunity to describe patterns of drug use reporting in an Emergency Department setting over 30 and 90-day recall periods, such as short-term temporal variations by day of the week and over longer periods of time, and the impact of attending a visit as part of the research study since self-report data are collected both at baseline and at follow-up visits.

Methods

Presentations are purely descriptive, and no statistical comparisons are provided.

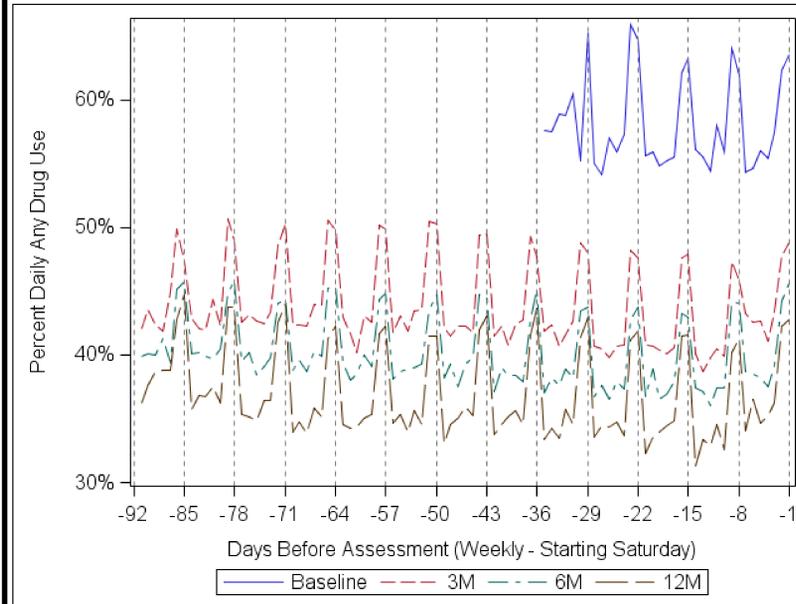
Figures show percent daily drug use in the past 30 days at **baseline** and in the past 90 days at **3-month**, **6-month**, and **12-month** follow-up visits as a function of the day of the week. Grey dashed vertical lines at -1, -8, -15 etc. on the X-axis represent Saturdays, with numbers closer to 0 noting a shorter recall period. Friday is represented on the X-axis as -2, -9, ..., Thursday as -3, -10, ..., etc. Figures 1, 2 and 3 show percent daily drug use for any drug, cannabis and cocaine, respectively.

Table 1 shows the drug use days percent reported by visit and drug and Table 2 shows the drug use percent reported by day of the week and drug.

Results

At a given visit, patients reported similar drug use with weeks over time (Figures 1, 2, and 3).

Fig 1: Daily Any Drug Use Pattern



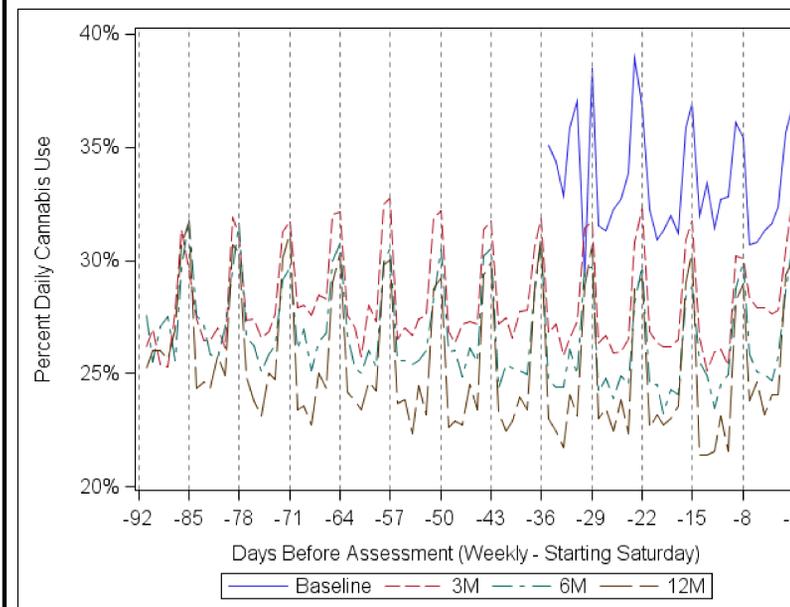
Day -1 during the baseline visit (approx drug use days = 58%) and Day -90 at the 3-month visit (approx drug use days = 44%) approximately correspond to the same week but the self-reported drug use differs by 14%. This may suggest inaccuracies in recall at 90 day look-back periods.

Table 1: Drug Use Days % (Visit by Drug)

Visit	Any Drug	Cannabis	Cocaine
Baseline	58%	33%	12%
3M	44%	28%	8.0%
6M	40%	27%	6.4%
12M	37%	25%	5.4%

From baseline there is a reduction in self-reported drug use at the 3-month visit and continues to decrease without any crossover at the 6 and 12-month. This finding could be attributed to either attending a follow-up visit as part of the research study may impact self-reported drug use or regression to the mean.

Fig 2: Daily Cannabis Use Pattern



Cannabis and cocaine were most prevalent primary substances. Cannabis use % (Fig 2 above) was higher compared to cocaine use % (Fig 3 below).

Similar patterns emerged for cannabis and cocaine –

- (1) Consistent weekly pattern at each visit
- (2) Difference in day -1 during baseline visit and day -90 at the 3-month visit
- (3) Reduction in use at each visit.

Fig 3: Daily Cocaine Use Pattern

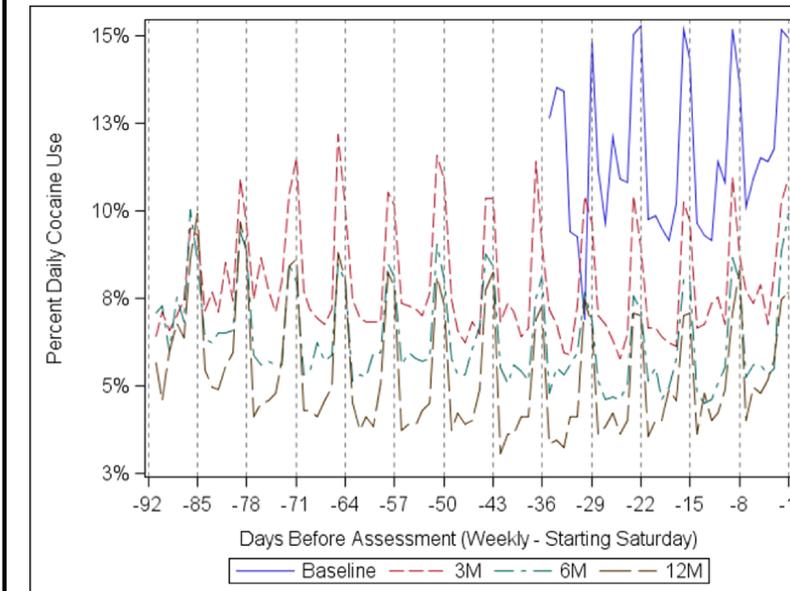


Table 2: Drug Use % (Day of Week by Drug)

Day of Week	Any Drug	Cannabis	Cocaine
Sunday	40%	26%	6.0%
Monday	40%	26%	6.0%
Tuesday	40%	25%	6.0%
Wednesday	40%	26%	6.1%
Thursday	40%	26%	6.4%
Friday	46%	30%	9.5%
Saturday	47%	31%	9.1%

Percent of drug use was highest on Friday and Saturday.

Conclusions/Discussions

• This study helps describes the pattern of drug use reporting behavior over a one-year period in a patient population presenting in an emergency department.

• Drug use pattern within a week was consistent. One explanation could be that the 30 and 90 day recall periods are too large and patients report weekly patterns of use rather than recall actual drug use on a given day.

• We would expect day -1 at baseline visit and day -90 at 3-month visit to be similar but have observed a 14% difference. A patients' drug-use reporting behavior and recall may depend on how he/she is feeling on the day of the visit.

• There was reduction in drug use at each visit. This suggests that attending a follow-up visit as part of the research study may impact self-reported drug use.

• Weekend effect on the self-reported drug use was observed.

References

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