The Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI) has several programs of research aimed at diagnosing, understanding, and addressing variation in SARRTP practices and quality, as well as implementing evidence-based treatments. Currently, SUD-QUERI is conducting research in four major areas: 1) Overdose Education and Naloxone Distribution (OEND), 2) Developing Metrics and Identifying Quality Improvement Opportunities, 3) PTSD-SUD Treatment, and 4) Tobacco Treatment.

Overdose Education and Naloxone Distribution (OEND) in RRTPs

Residential treatment is one treatment context for the growing number of VA patients with opioid use disorders. However, there may be an iatrogenic effect of residential treatment on patients’ risk for opioid overdose, with an almost 16-fold increase in excess mortality risk in the four weeks immediately following treatment discharge from abstinence-based programs. Overdose Education and Naloxone Distribution (OEND) is a cost-effective intervention associated with reduced opioid overdose mortality that trains individuals to prevent, recognize, and respond to an opioid overdose, including responding with naloxone, a medication used to reverse opioid overdose.

SUD-QUERI investigators will conduct a formative evaluation of the initial implementation of OEND in RRTPs in VISNs 10 and 21. They also will identify barriers and facilitators of OEND implementation, subsequently developing tools to improve future implementation efforts. Given that OEND is a low-intensity and cost-effective intervention, it is imperative that VA identify strategies to facilitate and speed adoption of this life-saving intervention and disseminate these strategies to the field in a way that will promote adoption.

Developing SARRTP Process Metrics and Identifying Implementation Priorities

This SUD-QUERI project aims to develop a suite of SARRTP-specific metrics, linked to pre-existing survey data, in order to identify high-value targets for quality improvement efforts, which then can be discussed with SARRTP program managers and staff, as well as partners in the Offices of Mental Health Services and Operations. Metrics have been developed in the following domains: 1) Wait-time from initial identification/screening to SARRTP admission; 2) Nature and quantity of MH/SUD services provided between identification/screening and SARRTP admission; 3) Use of addiction pharmacotherapy; 4) Nature, timing, and quantity of outpatient MH/SUD treatment follow-up after discharge; and 5) Clinical Outcomes (e.g., number of post-discharge readmissions and detoxifications). SARRTP managers and staff will be interviewed in order to further understand the structure and treatment processes of SARRTPs, and to review the program profile report in order to identify innovative practices and areas where quality improvement solutions are needed.

PTSD Treatment in SARRTPs

SUD-QUERI investigators are completing a pilot study to provide evidence-based PTSD treatment using an effectiveness/implementation design to evaluate: 1) Veterans’ change in PTSD symptoms and substance use symptoms, and engagement in...
outpatient treatment post-discharge; and 2) SARRTP staff use of PTSD best practices in the RRTP. The study is being conducted at the San Diego VA Healthcare System.

**Implementing Tobacco Treatment in SARRTPs**

The majority of tobacco-using Veterans with SUD are not diagnosed or treated while in VA SARRTPs. While 79% of Veterans in SARRTPs in 2011 smoked or used other forms of tobacco, only 33% of these Veterans were diagnosed with nicotine dependence, and only 11% were both diagnosed and treated for tobacco dependence. The fact that VA SARRTPs are significantly under-diagnosing and undertreating tobacco dependent Veterans is of particular concern because research indicates patients may be more motivated to initiate treatment for tobacco dependence while in a residential treatment environment. The majority of smokers in SARRTPs report an interest in quitting smoking (78%), and are willing to enroll in treatment for tobacco dependence (64%). Moreover, the “VA Uniform Mental Health Services Handbook” requires implementation of evidence-based guidelines for treatment for tobacco dependence for all Veterans, especially those in mental health/SUD specialty care setting, and considerable evidence indicates treatment for tobacco dependence is appropriate and efficacious for patients in recovery from SUDs.

The specific aims of this SUD-QUERI demonstration project are to: 1) Evaluate the effectiveness of a multi-component implementation program for treatment of tobacco dependence in a sample of six programs (3 experimental and 3 control) across VISNs; 2) Examine the factors that moderate the effectiveness of the implementation program; and 3) Track costs of integrating treatment for tobacco dependence in SARRTPs, as well as conduct a cost analysis.

**How Do I Learn More**

For information or questions about Overdose Education and Naloxone Distribution, please contact:

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For information or questions about Tobacco Treatment, please contact:

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**The SUD-QUERI Executive Committee**

Each QUERI Center is led by a research expert and a clinician. The research expert and Director for SUD-QUERI is **Alex Sox-Harris, Ph.D.** The Clinical Coordinator is **Elizabeth Gifford, Ph.D.**, and the Implementation Research Coordinators are **Hildi Hagedorn, Ph.D., Matthew Boden, Ph.D., and Andrea Finlay, Ph.D.** The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, Ph.D.; Thomas Berger, Ph.D.; Katharine Bradley, M.D.; Geoff Curran, Ph.D.; Lori Ducharme, Ph.D.; John Finney, Ph.D. (Research Coordinator Emeritus); Adam Gordon, M.D.; Kim Hamlett-Berry, Ph.D.; Daniel Kivlahan, Ph.D.; Thomas Kosten, M.D. (Research Coordinator Emeritus); Dean Krahn, M.D.; Dave Oslin, M.D.; Robert Rosenheck, M.D.; Mark Shelhorse, M.D.; and Ken Weingardt, Ph.D.