

AS may enhance patient beliefs in their ability to change, which has been shown to be an important predictor of treatment outcome.

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Web-based medical school education on substance use disorders



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Aims: The implementation of the ACA and the Parity Acts have elevated the importance of training physicians to effectively identify and manage substance use disorders. The Betty Ford Institute and the Treatment Research Institute have created a 12-lecture, on-line course for medical students that also include virtual medical cases and preparation for course instructors. The course is pre-clinical to clinical and contains 12 high-quality video lectures on topics agreed as essential by NIDA, NIAAA, SAMHSA, ASAM and AMERSA. The lectures are 25–40 min each, delivered by experts in the field, and also include interactive content. The lectures can be used as a set in a full elective course; and/or individually as part of other existing courses during any year of medical school. Because medical education also involves case presentations, the course includes three “virtual cases” capturing common substance use related conditions that simultaneously illustrate important concepts in pathology, physiology, pharmacology and clinical care while also illustrating important aspects of the diagnosis, treatment and management of substance use disorders. The course and virtual cases are supplemented with preparation for course instructors through a one-week, clinical immersion education experience at the Betty Ford Center.

Conclusions: This course was developed with guidance from medical school deans and key faculty; addiction experts, government agencies, and medical/scientific associations. It will be made available through subscriptions to medical schools that will enable them to meet the demands for more education and training about substance use disorders.

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Identification and evaluation of Internet forum discussion as a component of a post market-surveillance strategy for tobacco products



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Aims: To identify relevant Internet forums and to evaluate the feasibility of utilizing discussion to understand perceptions, behaviors, and use patterns associated with new tobacco products (NTPs) as part of a new post-market surveillance program.

General consensus supports the concept that tobacco surveillance should incorporate multiple and diverse approaches to provide both quantitative and qualitative data in a timely manner, including Internet data sources. Evaluating Internet content, including discussion (i.e., posts) on forums, may be a sensitive method for understanding and evaluating users' perceptions and behaviors associated with the introduction and use of NTPs in the market. We describe the process by which we identified and assessed these data to determine their applicability for use in post-market surveillance. Forums related to tobacco, particularly e-cigarettes and snus, were systematically identified on the Internet and data collection was piloted. Informed by findings from semi-structured interviews with e-cigarette and snus users as well as iterative reviews of forum discussion, a qualitative codebook was developed to capture content communicated within posts related to use of traditional (e.g., tobacco cigarettes) and new (e.g., e-cigarettes and snus) tobacco products (including brand specification), perceptions (e.g., safety, health), and behaviors (e.g., switching, use patterns). Coding was conducted on a sample of posts to assess the feasibility of answering two questions qualitatively: (1) what are the use patterns for cigarette smokers who start using e-cigarettes and (2) what safety perceptions do individuals have regarding snus?

Conclusions: Posts from Internet forums can be systematically identified, collected, and qualitatively coded to address research questions related to tobacco use patterns, behaviors, and perceptions associated with product use.

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Validation of the substance use brief screen in primary care



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Aims: Implementation of substance use screening in general medical settings is hindered by the lack of a brief yet precise and comprehensive screening tool that is compatible with clinical workflows. To address this need, we developed the Substance Use Brief Screen (SUBS); a 4-item screener for tobacco, alcohol, and drug use (illicit and prescription) that is self-administered and may be easily integrated with electronic health records.

Methods: Adult patients were recruited consecutively in the waiting area of an urban safety net primary care clinic. The SUBS was self-administered in English on touchscreen tablet computers. Reference standard measures of unhealthy substance use and substance use disorders were then administered, including self-reported measures and saliva drug tests. The SUBS was compared against the reference standards to determine its sensitivity, specificity, and area under the curve (AUC) for each substance class.

Results: Among the 390 participants, rates of past year use reported on the SUBS were 37% tobacco, 43% alcohol (4+ drinks/day), 20% illicit drugs, and 12% prescription drugs. Sensitivity and specificity of the SUBS for detecting past year *unhealthy use* were: tobacco 99% and 91% (AUC = .95); alcohol 94% and 68%