Receipt of Pharmacotherapy for Alcohol Use Disorder By Justice-Involved Status Among Veterans Health Administration Patients

Andrea Finlay, PhD
HSR&D Career Development Awardee
Center for Innovation to Implementation (Ci2i)
VA Palo Alto Health Care System
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Contact: Andrea.Finlay@va.gov
Alcohol use disorder (AUD) common among justice-involved veterans

• 8% of the incarcerated population is veterans

• Self-reported alcohol abuse or dependence in 12 months prior to incarceration
  – 43% of veterans in state prisons
  – 36% of veterans in federal prisons

• More common among justice-involved veterans than general population of veterans served at VA
  – 57% of veterans with a history of jail/court involvement
  – 33% of veterans with a history of prison involvement
  – 7% of general veteran population at VA

Finlay et al., 2015; 2016; Noonan & Mumola, 2007; Oliva et al., 2013
Pharmacotherapy for alcohol use disorder (AUD) – naltrexone, acamprosate, topiramate, and disulfiram – is effective

- increased the number of days of abstinence and reduced heavy drinking days
  (Arbaizar et al., 2010; Jonas et al., 2014; Krazler & Van Kirk; 2001; Maisel et al., in press; Skinner et al., 2014)

- Among adults in a drug court who received extended-release naltrexone, reduced recidivism (Finigan et al., 2011)
Access barriers to treatment for justice-involved populations

• More patients with criminal justice history – treatment program less likely to use pharmacotherapy for AUD

• Treatment provided in limited circumstances

• Stigma in seeking substance use disorder treatment

(Chandler et al., 2009; Ducharme et al., 2006; Friedmann et al., 2012; van Olphen et al., 2009)
VA’s Veterans Justice Programs

Health Care for Re-Entry Veterans
- Prisons
  ~63,000+ served

Veterans Justice Outreach
- Jails
- Courts
- Law enforcement

~87,000+ served

Blue-Howells et al., 2013; Clark et al., 2010

Photo: http://www.justiceforvets.org/sites/default/files/images/Orange%20County%2020200.jpg
To examine whether being involved in the justice system, as indicated by Veterans Justice Programs contact, is a barrier to receipt of pharmacotherapy for AUD, controlling for other patient- and facility-level correlates.
Study design

- Retrospective observational study of veterans with an AUD diagnosis in fiscal year 2012
- National VA patient clinical/pharmacy records
- Measures:
  - Patient: Demographic characteristics and mental and medical conditions
  - Facility: available services, ratio of prescribers to patients
- Analysis:
  - Mixed effects logistic regression with a random effect for facility
  - Outcome: receipt of pharmacotherapy for AUD, adjusting for all patient and facility characteristics
Sample: Veterans diagnosed with AUD

Veterans prison-involved = 4,347 (34%)

Veterans jail/court-involved = 17,492 (57%)

Veterans not justice-involved = 305,809 (5%)
Receipt of pharmacotherapy for alcohol use disorder

- Prison-involved: 8%
- Jail/court-involved: 11%
- Not justice-involved: 5%
Wide variation in receipt of pharmacotherapy within and across VA facilities
Odds of receiving pharmacotherapy for compared to veterans not justice-involved

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<th>Prison-involved</th>
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Summary/Implications

- Best practices at facilities with 30-40% rate of receipt
- Unique challenges of linking Veterans prison-involved to pharmacotherapy
- Receipt of pharmacotherapy for AUD is low, especially compared to receipt of pharmacotherapy for opioid use disorder and mental health disorders.
Questions

Andrea Finlay
Andrea.Finlay@va.gov

Center for Innovation to Implementation (Ci2i):
http://www.hsrdrresearch.va.gov/centers/ci2i.cfm

Veterans Justice Programs
Health Care for Reentry Veterans: http://www.va.gov/HOMELESS/Reentry.asp
Veterans Justice Outreach: http://www.va.gov/HOMELESS/VJO.asp
References


References
