

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

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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

Benefits of pharmacotherapy for AUD

- 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



Study aim

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

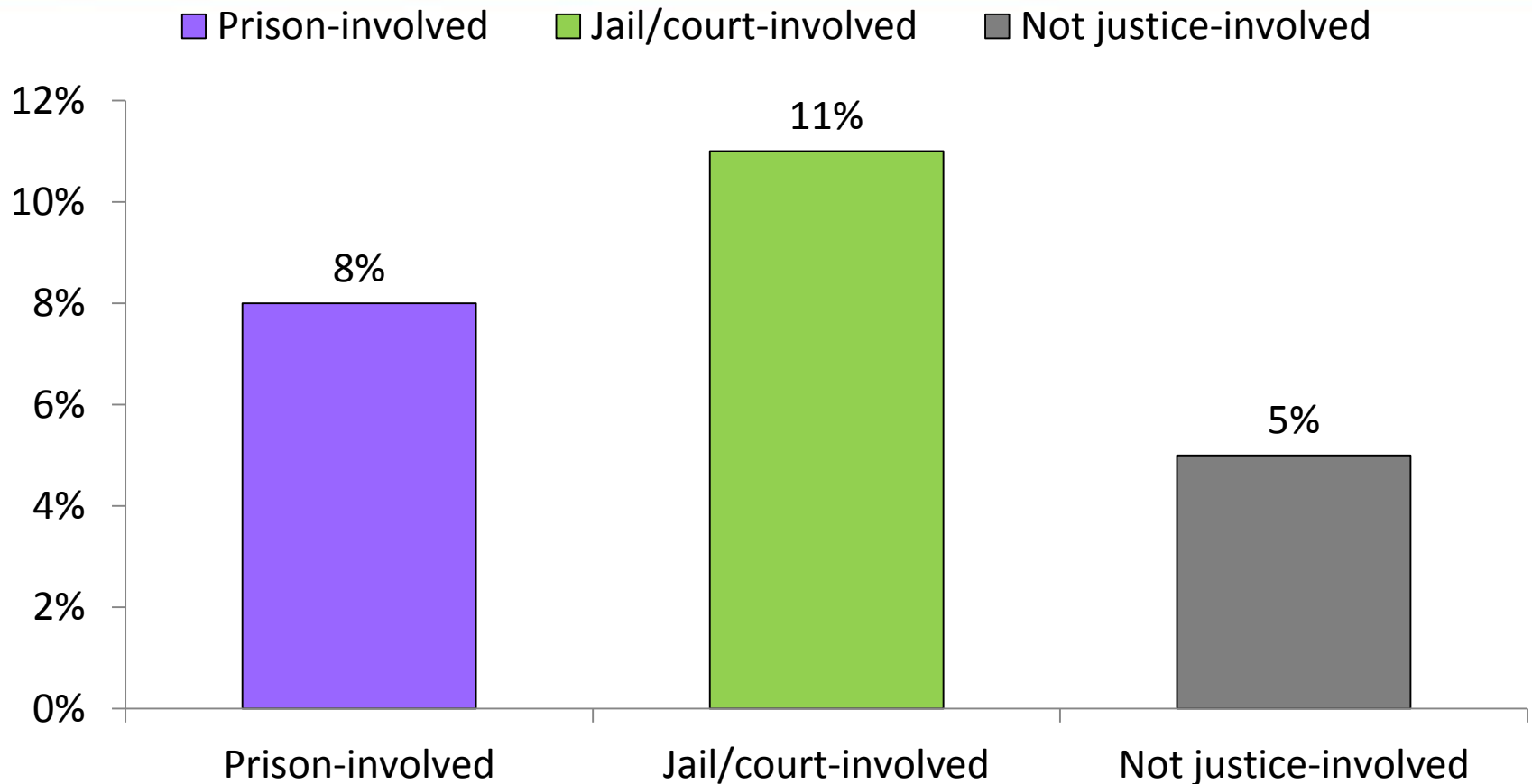
Sample: Veterans diagnosed with AUD

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

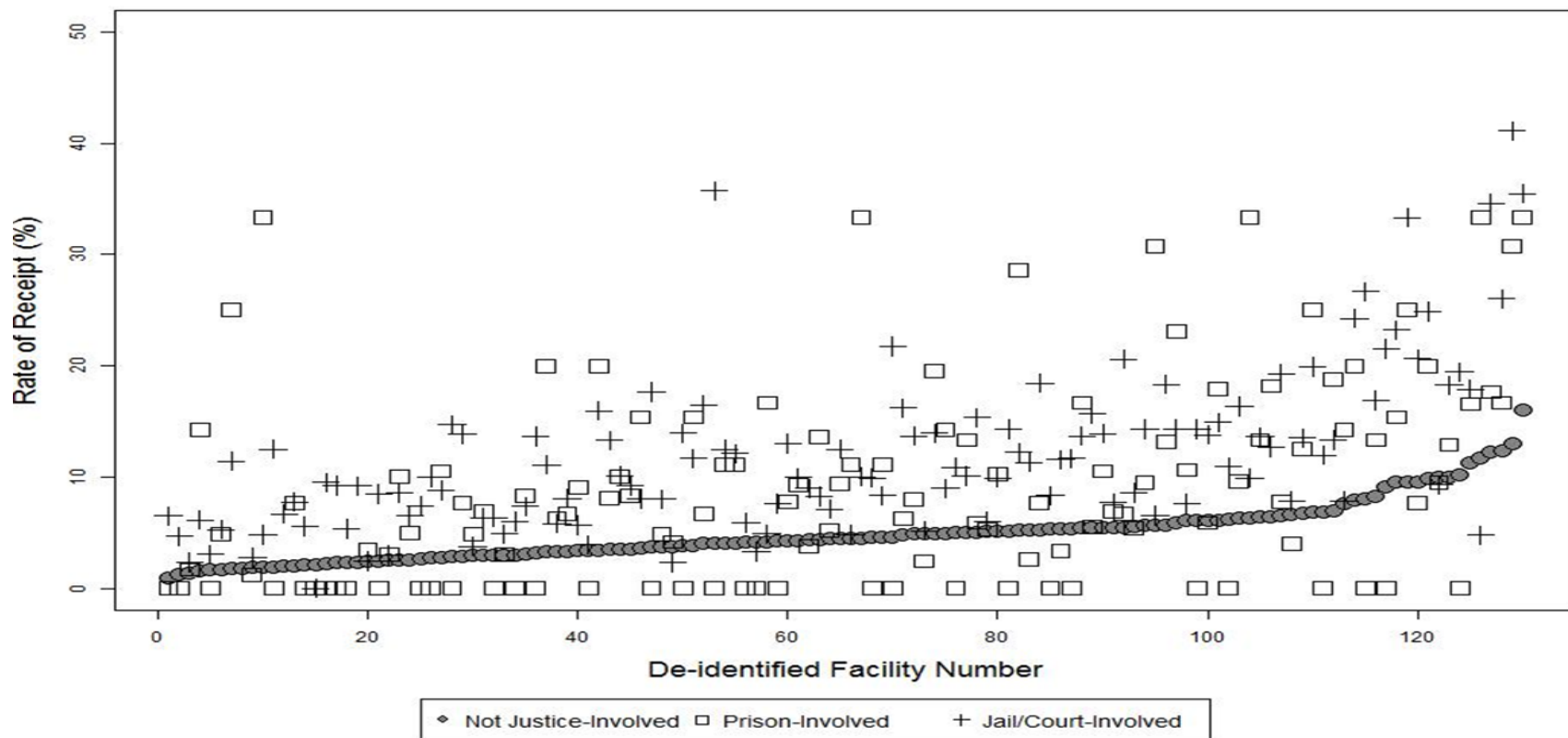
Veterans jail/court-involved = 17,492 (57%)

Veterans not justice-involved = 305,809 (5%)

Receipt of pharmacotherapy for alcohol use disorder



Wide variation in receipt of pharmacotherapy within and across VA facilities



Odds of receiving pharmacotherapy for compared to veterans not justice-involved

| | Prison-involved | Jail/court-involved |
|--|-----------------|---------------------|
| Pharmacotherapy for alcohol use disorder | 1.10 | 1.42* |

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

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Center for Innovation to Implementation (Ci2i):

<http://www.hsrd.research.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>

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