



Short communication

Receipt of pharmacotherapy for opioid use disorder by justice-involved U.S. Veterans Health Administration patients



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ABSTRACT

Background: Pharmacotherapy – methadone, buprenorphine, or naltrexone – is an evidence-based treatment for opioid use disorder, but little is known about receipt of these medications among veterans involved in the justice system. The current study examines receipt of pharmacotherapy for opioid use disorder among veterans with a history of justice involvement at U.S. Veterans Health Administration (VHA) facilities compared to veterans with no justice involvement.

Methods: Using national VHA clinical and pharmacy records, we conducted a retrospective cohort study of veterans with an opioid use disorder diagnosis in fiscal year 2012. Using a mixed-effects logistic regression model, we examined receipt of pharmacotherapy in the 1-year period following diagnosis as a function of justice involvement, adjusting for patient and facility characteristics.

Results: The 1-year rate of receipt for pharmacotherapy for opioid use disorder was 27% for prison-involved veterans, 34% for jail/court-involved veterans, and 33% for veterans not justice-involved. Compared to veterans not justice-involved, those prison-involved had 0.75 lower adjusted odds (95% confidence interval [CI]: 0.65–0.87) of receiving pharmacotherapy whereas jail/court-involved veterans did not have significantly different adjusted odds.

Conclusions: Targeted efforts to improve receipt of pharmacotherapy for opioid use disorder among veterans exiting prison is needed as they have lower odds of receiving these medications.

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1. Introduction

Drug overdose is the leading cause of death within 4 years of prison release, with opioids involved in 59% of these deaths (Binswanger et al., 2013). Pharmacotherapy, which is therapy using medications, is one treatment option for individuals with addictive disorders. Medications to treat opioid use disorder (OUD) – methadone, buprenorphine or naltrexone – are effective in treating OUD, retaining patients in treatment, and reducing alcohol and drug use (Amato et al., 2005; Kleber, 2008; Marsch, 1998; Mattick

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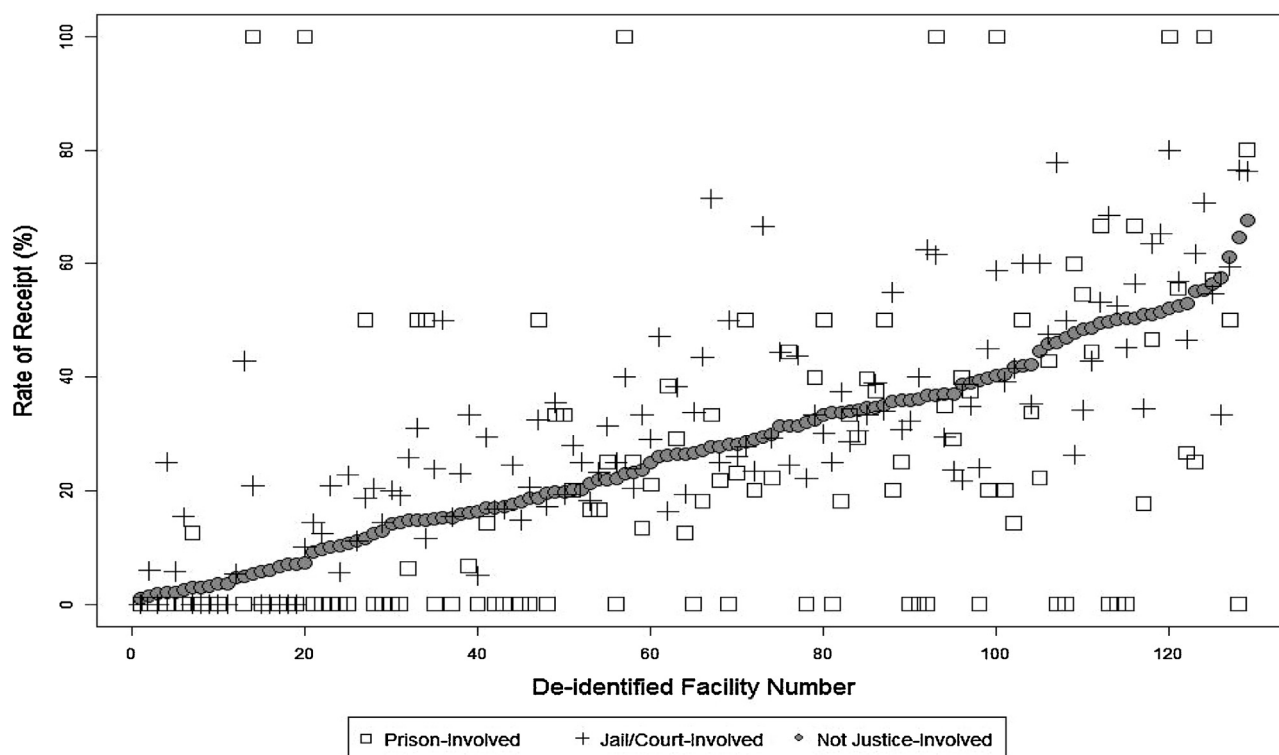


Fig. 1. Rate of receipt of pharmacotherapy for opioid use disorder by facility for veterans with prison involvement, jail/court involvement, or without justice involvement.

et al., 2009). These medications are also cost-effective (Barnett, 2009). For justice-involved adults, pharmacotherapy for OUD has been shown to reduce opioid use and incarceration (Coviello et al., 2012; Dolan et al., 2005), heroin use and illegal activity (Gryczynski et al., 2012), relapse to opioid use (Lee et al., 2015), and illegal activity (Kelly et al., 2013).

Once adults leave justice system settings, receiving pharmacotherapy can be challenging. These medications were provided or funded in only 17% of probation/parole agencies and 38–56% of drug courts (Friedmann et al., 2012; Matusow et al., 2013). Patients with a referral from the justice system had higher odds of delayed admission to methadone clinics compared to self-referred patients (Gryczynski et al., 2011). Women released from jail reported difficulty getting treatment services because of stigma related to incarceration or drug abuse (van Olphen et al., 2009). For veterans with OUD who have access to treatment through the national integrated Veterans Health Administration (VHA) system, it is unknown whether justice involvement is a barrier to pharmacotherapy for OUD.

Veterans represented about 8% of the incarcerated population in 2011–2012 (Bronson et al., 2015). After release from incarceration, veterans qualifying for services have the option of receiving treatment at VHA facilities. VHA provides treatment to more than 6 million US military veterans, approximately 35–45% of VA-eligible veterans, in over 1700 locations and is the largest addiction treatment system in the US (<http://www.va.gov/health/>). Treatment for substance use disorders is offered in over 220 outpatient and residential specialty programs. Buprenorphine and naltrexone are provided through VHA pharmacy prescriptions and methadone is dispensed at 28 clinic locations across the US. Pharmacotherapy for OUD is mandated to be available and considered for every veteran for whom it is indicated (Department of Veterans Affairs, 2008).

Receipt of pharmacotherapy for OUD at VHA facilities among veterans with a history of criminal justice involvement is unknown. Therefore, the purpose of this study is to examine receipt of

pharmacotherapy for OUD for justice-involved VHA patients compared to patients with no justice involvement in order to determine if targeted efforts are needed to increase access to these effective medications.

2. Material and methods

Using national VHA clinical/administrative records, we conducted a retrospective cohort study of all VHA users who received an OUD diagnosis (abuse or dependence, excluding in remission; International Classifications of Diseases [ICD]-9th Edition-CM codes 304.0x, 304.7x, or 305.5x) during an outpatient or inpatient visit in fiscal year 2012.

2.1. Measures

2.1.1. Outcome. Receipt of pharmacotherapy for OUD was defined as having a methadone clinic outpatient visit with a concurrent OUD diagnosis and/or receiving at least one pharmacy prescription for buprenorphine or naltrexone during the one-year period after a veteran's first OUD diagnosis in fiscal year 2012.

2.1.2. Justice involvement. Prison-involved veterans were defined by a clinic code (591) indicating contact with the VHA Health Care for Reentry Veterans program. Jail/court-involved veterans were defined by a clinic code (592) indicating contact with the Veterans Justice Outreach program (Blue-Howells et al., 2013). Both groups included veterans on probation or parole. All other patients were coded as not justice-involved. Although there may have been veterans with justice involvement in the not justice-involved group, less than 3% of veterans are justice-involved (Blue-Howells et al., 2013) and it is therefore likely only a small number of veterans were misclassified.

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