

Understanding Demand for Alcohol Pharmacotherapy among Patients with Mental Illness and Co-Occurring Alcohol Use Disorder

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A Team Effort

Thank you to my colleagues:

- Elizabeth Bromley, M.D., Ph.D.
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Background

~20-% of people with serious mental illness (SMI) have a co-occurring AUD

MAUD are underutilized

Medications for alcohol use disorder (MAUD) help decrease frequency and severity of relapse

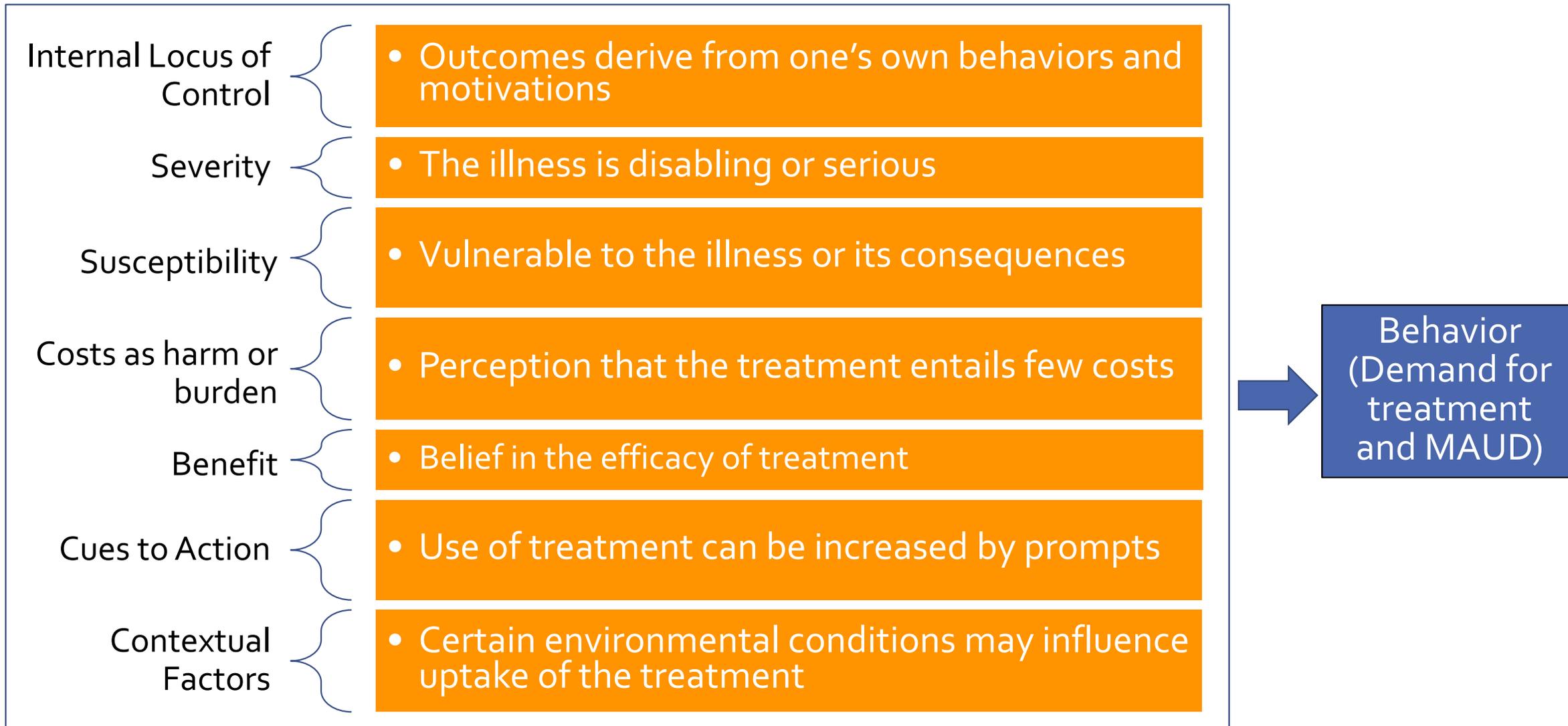
Little research has looked at patient knowledge and perspectives on MAUD

Research question

How do individuals with co-occurring SMI and alcohol use disorder view MAUD?

- Knowledge
- Attitudes/Perceptions
- Beliefs

Conceptual framework: Health belief model



The model hypothesizes that as these beliefs increase in strength, so does the likelihood of the behavior

Study sites

8 (out of 25) clinics operated by the Los Angeles County Department of Mental Health (DMH)

- DMH treats 250,000 individuals yearly, covering the 4,750 square miles of LA County
- Purposely selected one in each of the 8 Service Planning Areas, including large, small, semi-rural, suburban and urban sites, with ethnic diversity

Participants and Methods

- Participants recruited from groups for co-occurring disorders, flyers and provider referral
- Focus groups guided by Health Belief Model
- Data analyzed using deductive and then inductive techniques
- 20% of transcripts double coded

Results

87 total participants

Average age: 47 years

- 53% female
- 47% had a current or past diagnosis of a co-AUD
- 65% were currently drinking
- 13% reported not drinking and did not have a current or past co-AUD diagnosis
- Three-quarters had not heard of naltrexone, and familiarity with other MAUDs was lower

Most clients viewed drinking as a problem of internal locus of control and did not perceive MAUD as potentially helpful

"I don't care what kind of pill they make, whatever it is....if you don't deal with the issues that's making you drink...then that's useless..."

An individual's desire to quit "is definitely the most important thing. You're not going to stop unless you want to. If somebody else forced you to stop, you're not going to stop."

"I'm an alcoholic, so that (medication) would not even be a deterrent for me. If I'm not going to feel it, I'm just going to keep drinking, drink until I black out."

Views of the cost and benefits of MAUD were shaped by presumed impact on internal locus of control. When MAUD was seen as a threat to self-reliance, perceptions worsened. When it was seen as a tool to strengthen internal locus of control, perceptions became more favorable.

Costs as Harm or Burden

"My thing is I don't want to become dependent on a pill to make me stop or quit or whatever....[H]ow long do I have to take this? I might not want to take this pill no more, then what? Am I going to relapse?"

"Plus, we don't want to be taking all different kind of meds. I'm already on some meds and I'm like they're going to give me this...I'm not willing to do that. It's a little too much for me."

Benefit

"Don't think of it as a thing that...is gonna magically cure you of your alcoholism. It's the foundation to helping you, but it's a tool, but you need to put in the hard work yourself. You need to go to your meetings, you need to go to therapy."

Clients acknowledged the severity of the illness and susceptibility to relapse, but these did not influence their desire for MAUD

Severity

"My relationship with alcohol is vital because for me to drink is for me to use drugs, me to come up missing, me to not take care of mental health issues, and that's very important to know for yourself because I can't control alcohol, not one drop of it."

Susceptibility

"I relapse all the damn time. I do. This is like the longest I haven't relapsed in I don't know how much time. I have 40-something days. It's the longest I've had not relapsing."

"The worst thing that I've experienced ...is how socially acceptable it is. And even on the *Today Show*...every single morning they have glasses of wine or a new mixed drink.....That is challenging."

Cues to action and context were viewed as important drivers of demand once individuals perceived a need for help with their drinking

Cues to Action

Seeing a person that, "Hey, I've been on the pill, I haven't had a drink in five years and now I'm about to get off the pill" would motivate me to take MAUD.

Contextual Factors

"Until you've actually been in our shoes, you're never going to really completely fully understand what it's like to be an alcoholic."

Conclusions

When medications were seen as a tool supporting internal locus of control, demand increased.

When medications were seen as undermining internal locus of control, demand declined.

Contextual factors and cues to action shaped demand after a person had accepted the need for help.

Familiarity with *MAUD* was low. Individuals who had tried *MAUD* expressed the most optimism about its effectiveness.

Implications for practice

Framing MAUD as a tool to build self-control over drinking appears to be a promising strategy for increasing the acceptability of and demand for MAUD among individuals with co-occurring SMI and AUDs.

Limitations

- Data from one mental health system
- Focus groups can generate hypotheses, not test them
- Mix of individuals with and without a co-AUD
- Learned little about views on specific medications

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