



Introduction

- Approximately 29.5 million individuals suffer from alcohol use disorder (AUD).
- Complications of AUD are becoming more prevalent
 - 60% increase between 2007 and 2017 in the number of alcohol-associated liver disease patients listed for transplant.
- FDA approved medications for AUD (MAUD) include naltrexone, acamprosate, and disulfiram
 - All have positive impact on reducing drinking and increase abstinence to alcohol.
- Despite the existence and evidence in support of MAUD only 2.2% of individuals with AUD >18 years old received it in the past year.

Objectives

- We sought to investigate factors associated with the provision of MAUD and its rate changes in substance use treatment settings.

Methods and Materials

- We conducted a retrospective review of publicly available data available through the National Survey of Substance Abuse Treatment Services (N-SSATs) between 2017-2020.
- Data from N-SUMHSS for 2021-22 were analyzed separately due to differences in survey design.
- Primary outcome: frequency that at least 1 type of MAUD was offered at any substance use treatment center.
- Secondary outcome: the trend for each specific type of MAUD over the study period; factors that predict offering specific types of services.
- Descriptive statistics were used to describe the study data, Pearson's correlation (r) or Spearman's rho (s) as appropriate to describe trends, and binomial logistic regression to determine factors associated with the primary outcome.

Results

- In 2017, of 13,585 facilities, 4,592 (33.8%) and in 2020, of 16,066 facilities: 7,182 (44.7%) offered at least 1 form of MAUD
- There was a 32% linear increase in the proportion of facilities that offered at least 1 form of MAUD during the entire study period (r=0.97, p=0.014)
- The proportion of facilities that offered naltrexone ER (r=0.99, p=0.007), naltrexone oral (r=0.98, p=0.01), acamprosate (r=0.97, p=0.009), and disulfiram (r=0.96, p=0.023) all increased. (Figure 1)
- Predictors of offering at least 1 form of MAUD: drug or alcohol urine screening (aOR: 3.5, 95% CI: [3.0,4.1], p<0.001), comprehensive mental health assessment or diagnosis (aOR: 2.99, 95% CI: [2.7, 3.3], p<0.001), buprenorphine extended-release (aOR: 56.3, 95% CI: [44.0,72.0], p<0.001).
- Utilizing the N-SUMHSS data, we found that in 2021, of 14,069 substance use treatment facilities with complete data, 5,381 (38.2%) of facilities offered at least 1 form of MAUD, and this increased to 6,270 (42.0%) out of 14,916 facilities in 2022 (p<0.001).

Conclusions

- Using several complimentary datasets between 2017-2022, there was an increase in availability of at least one type of MAUD across all substance use treatment facilities.
- This was also true for availability of each type of MAUD, including naltrexone, disulfiram, and acamprosate.
- Although not directly indicated by this study, the increase in provision of these services could be associated with increasing acceptability of medication-based treatments for substance use disorders, new regulations and policies, financial incentives, or secular or cultural trends.

Future Directions

- Future studies should further investigate reasons for implementation barriers as well as interventions that can help improve provision of MAUDs in these treatment settings.

Disclosures

- None

References

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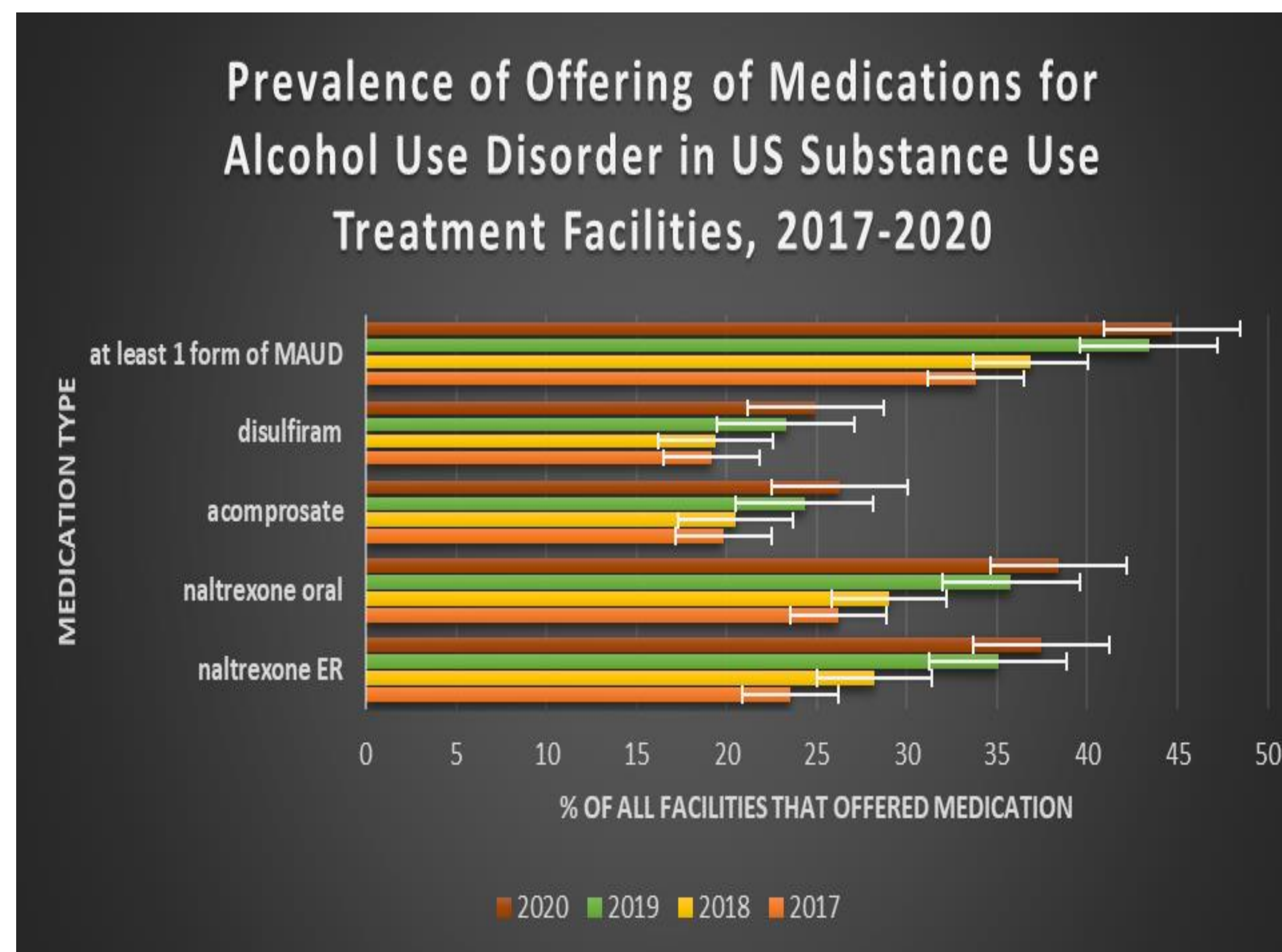


Figure 1: Offering of MAUD in US Substance Use Treatment Facilities