

Office of Health Equity

Veterans Health Administration

Department of Veterans Affairs



ALCOHOL USE DISORDER TREATMENT DISPARITIES AND NEW APPROACHES TO PROMOTE EQUITY DURING TREATMENT

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans.

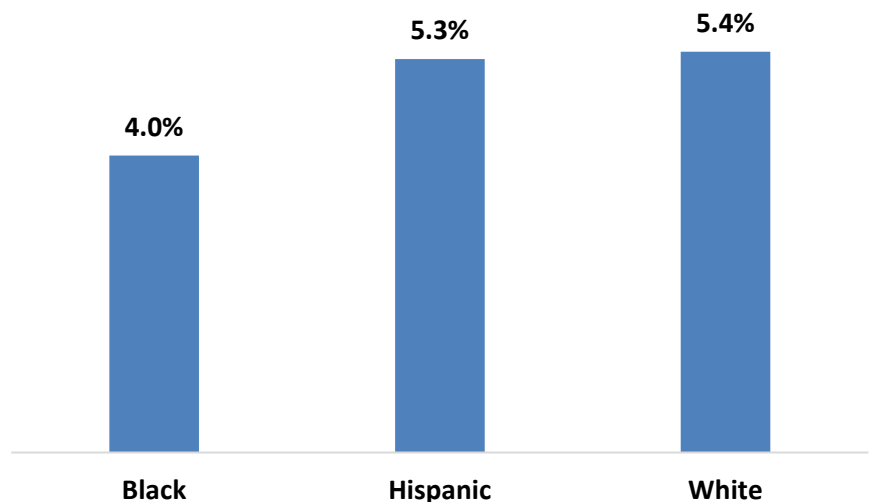
HEALTH DISPARITIES

Alcohol use disorder (AUD) is a medical condition characterized by the inability to stop or control one's alcohol use despite experiencing consequences that have negative impacts on their social lives, work, and/or health. Multiple evidence-based treatments including behavioral therapies, mutual-support groups, and/or medications, are available that can reduce drinking and increase wellness for people with AUD.

The VA is a leader in delivery of these evidence-based treatments. Compared to non-Veterans, Veterans are more likely to be asked by their medical providers about their drinking and to receive feedback and advice from their providers

about alcohol's harmful effects. However, not all Veterans with AUD receive the same care—there are racial and ethnic differences in treatment for AUD. For instance, in one study, Black patients with AUD were less likely than White patients with AUD to receive effective medications.

Percent of Veterans with an Alcohol Use Disorder who Initiated Alcohol Use Disorder Pharmacotherapy, by Race and Ethnicity (N=297,506)



From: Williams, E. C., Gupta, S., Rubinsky, A. D., Glass, J. E., Jones-Webb, R., Bensley, K. M., & Harris, A. H. (2017). Variation in receipt of pharmacotherapy for alcohol use disorders across racial/ethnic groups: a national study in the US Veterans Health Administration. *Drug and Alcohol Dependence*, 178, 527-533.



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REDUCING DISPARITIES

The Office of Health Equity supports efforts across VA working to reduce health disparities by encouraging efforts to ensure all Veterans with AUD have access to the resources and treatment they need to reduce or abstain from drinking.

All Veterans should be screened for unhealthy alcohol use and receive education from their providers about how alcohol may adversely impact health and advice to reduce or stop drinking. There are behavioral and/or pharmacologic treatments for AUD that may improve quality of life or reduce the risk of developing adverse health outcomes from excessive alcohol use. VA recommends that clinicians providing alcohol-related care use a shared decision-making approach, offering Veterans acceptance and compassion as they consider their options for making changes. These techniques focus on the Veteran's reasons for changing and openly discuss the ambivalence that often accompanies making changes. Veterans' social context and lived experience should be taken into account in these conversations to enhance equity.

Motivational Interviewing (MI) can help providers deliver evidence-based alcohol-related care through a shared decision-making lens. MI is a

collaborative, goal-oriented style of communication that strives to increase a patient's motivation for change (e.g., reducing alcohol use) by exploring the patient's own reasons for change with acceptance and compassion.

Researchers at the Ralph H. Johnson VA Medical Center in Charleston, SC explored using MI in AUD treatment groups in a racially diverse group of Veterans. Therapists generated collaborative, compassionate, and accepting interactions among group members. They found that groups utilizing MI techniques were more effective than AUD groups that did not use this approach in reducing drinking frequency, quantity, and promoting future engagement in substance-related treatment.

Although not directly explored in this study, the use of MI for those ambivalent about change and/or treatment may promote shared-decision making by helping patients feel supported and heard while aiding them in making treatment decisions based on their own values and preferences. Importantly, these techniques may also help reduce both alcohol-related stigma and racism, two large barriers to treatment that, if overcome, have great promise for eliminating treatment disparities in Veterans with unhealthy alcohol use.

For more information about resources available to help get support for alcohol use, visit this [link](#).

For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>

References

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