Trends in the Adoption of Medications for Alcohol Dependence
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Increasing attention is being paid to the development and dissemination of effective pharmacotherapies for the treatment of alcohol and other drug dependence. However, numerous structural and philosophical barriers impede the widespread adoption of these treatment approaches in everyday clinical practice, and research is needed to understand and overcome this gap. Drawing upon data collected from two large samples of substance abuse treatment providers at multiple points in time, this article examines the prevalence and correlates of the adoption of the three currently-available pharmacotherapies for alcohol dependence: disulfiram, naltrexone, and acamprosate. These data suggest that, overall, the proportion of treatment programs utilizing pharmacotherapies for alcohol dependence has been declining over time. In addition, the proportion of patients to whom these medications are prescribed is notably low. The adoption of disulfiram and naltrexone is significantly more likely in programs that are accredited, employ at least one physician, offer integrated care for patients with co-occurring psychiatric conditions, derive proportionately more revenue from commercial insurance payers, and have fewer linkages with the criminal justice system. Preliminary data suggest that the early adoption of acamprosate is following a similar pattern. Recommendations for addressing challenges to the diffusion of pharmacotherapies for alcohol dependence are presented.

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