

Substance Abuse, Medication Adherence, and Criminality among Mentally Ill Parolees



David Farabee & Sylvia Sanchez

UCLA Integrated Substance Abuse Programs

Department of Psychiatry and Biobehavioral Sciences

11050 Santa Monica, Suite 150

Los Angeles, CA 90025

Funded by the National Institute of Justice (99-CE-VX-0003). The views and conclusions expressed in this presentation are those of the authors and do not necessarily reflect the position of the funding agency.

Background

- It has been estimated that 30 % to 60% of all patients do not adhere to any part of their prescribed treatment (Ley, 1998).
- 50% to 70% of patients fail to accurately follow their prescriptions—often resulting in significant health problems (Haynes, Taylor, & Sackett, 1979).
- Medication adherence, regardless of the type of illness has been cited as the “most significant reason for failed therapy” (Robbins, 1980).
- Less is known, however, about psychiatric medication among parolees--most of whom enter treatment under legal pressure.

Study Goals

- Assess the rates of antipsychotic medication adherence among severely mentally ill parolees.
- Compare medication adherence of mentally ill (non-substance dependent and comorbid parolees).
- Identify pre- and during-treatment predictors of anti-psychotic medication adherence.

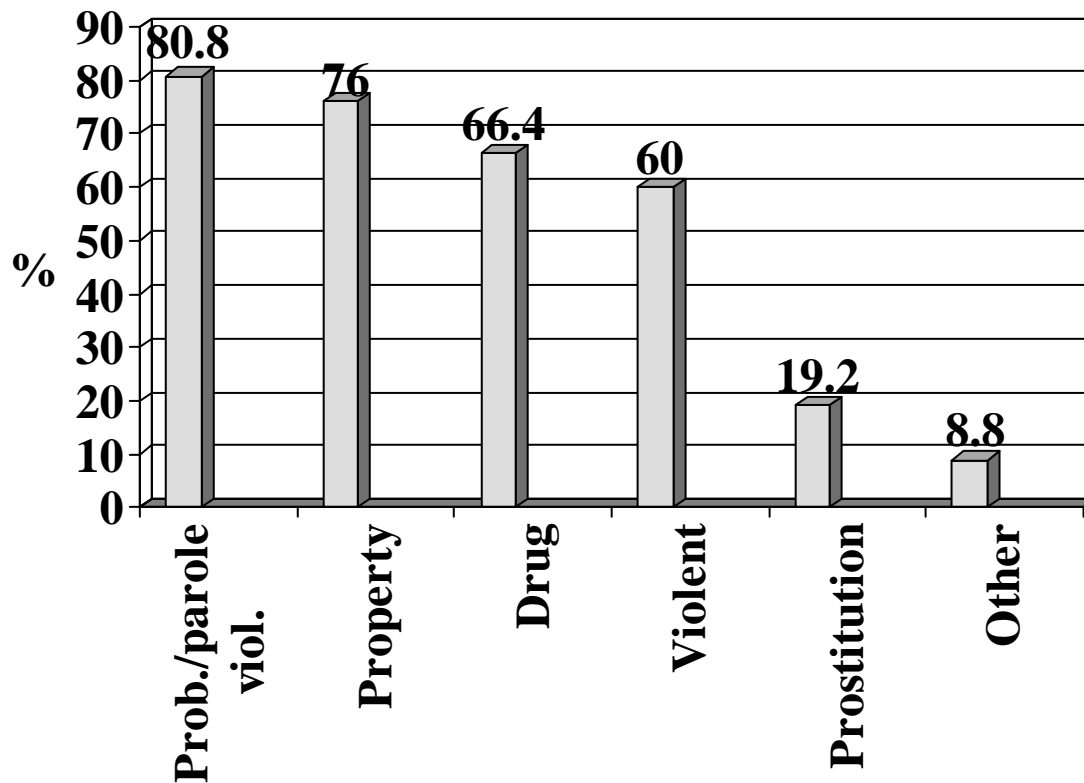
Study Design/Measures

- Data were collected from 125 psychotic parolee outpatients at the Los Angeles Parole Outpatient Clinic (LA-POC). In order to be eligible, subjects must have (1) been admitted to the LA-POC within the past 14 days, and (2) been prescribed anti-psychotics.
- The baseline interview included the Addiction Severity Index (ASI); Treatment Insight Questionnaire; Perceived Coercion Scale; and self-reported medication adherence.
- Subjects were also asked to provide urine and hair samples in order to corroborate self-reported use of illicit drugs and anti-psychotic medications.

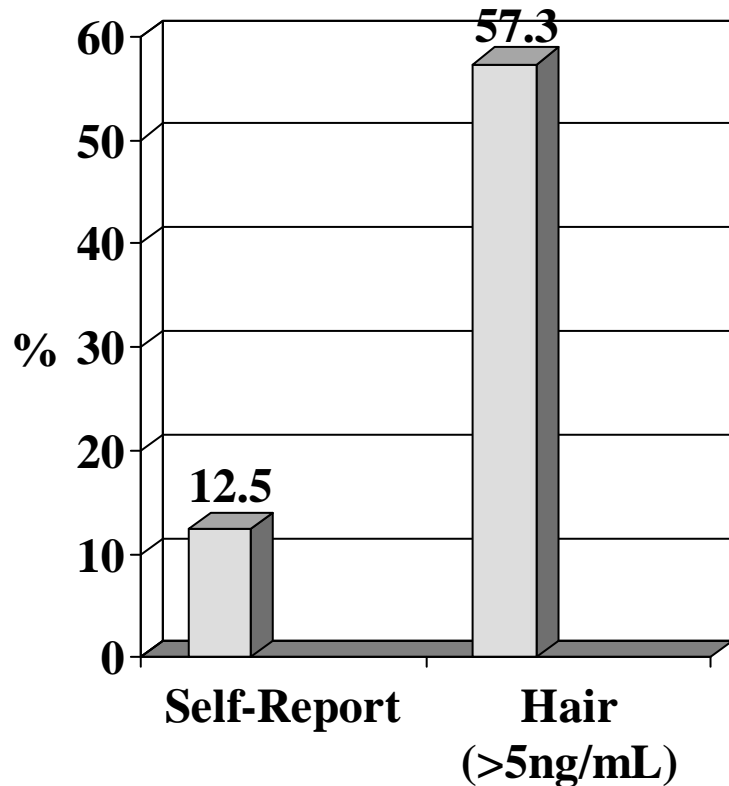
Sample Characteristics (N=125)

<u>Variable</u>	<u>%/Mean (SD)</u>
Age	41.7 (8.0)
Male	72.8
Race	
African American	73.6
Hispanic	9.6
White	8.8
Years Incarcerated (lifetime)	9.0 (6.5)

Self-Reported Lifetime Arrest Categories (N=118)

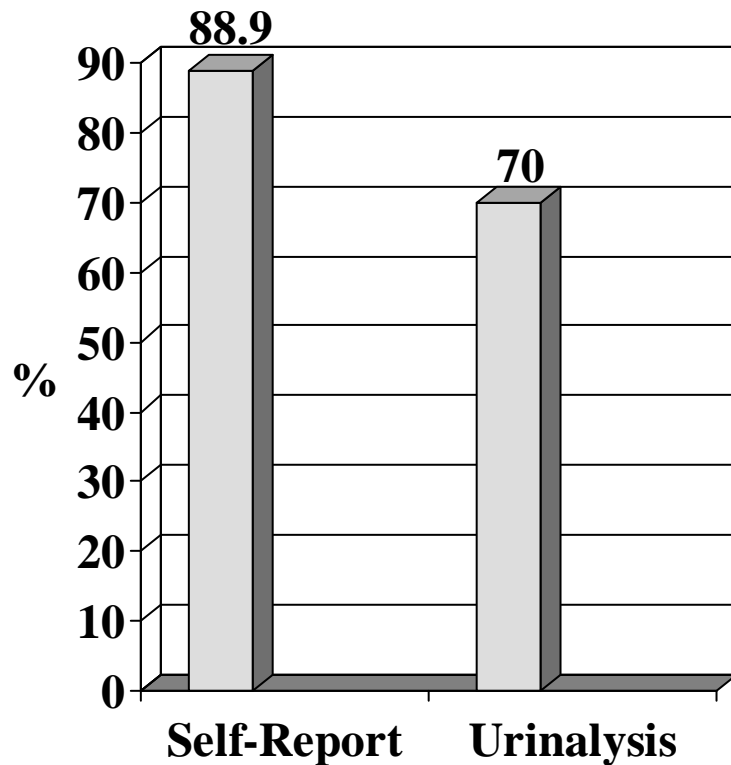


Past-Month Cocaine Use: Self-Report vs. Hair Assays



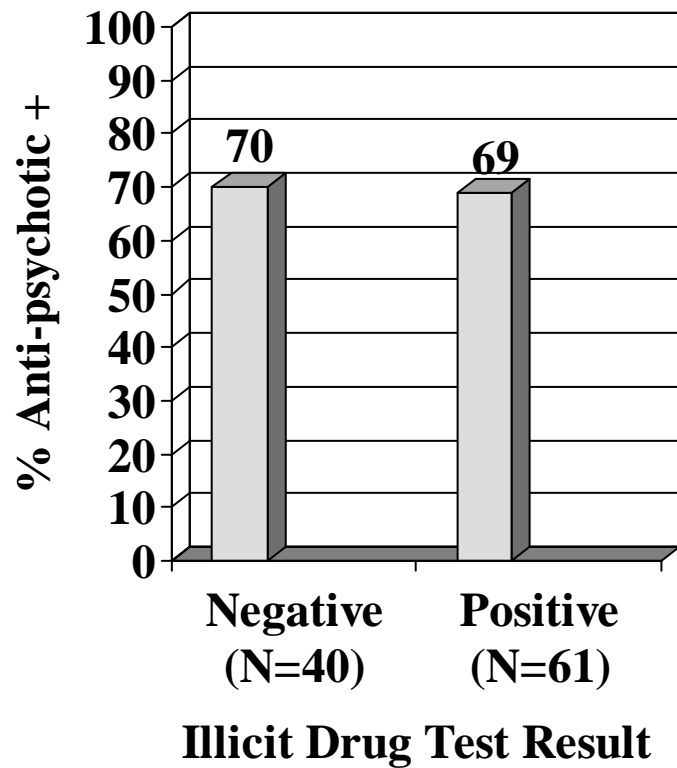
- Self-reported cocaine use during the past 30 days was unrelated to objective measures based on hair assays (Contingency coefficient-.07, $p=ns$).
- 6% of the sample tested positive for opiates; fewer than 2% tested positive for amphetamine or PCP.

Anti-Psychotic Med. Adherence: Self-Report vs. UAs



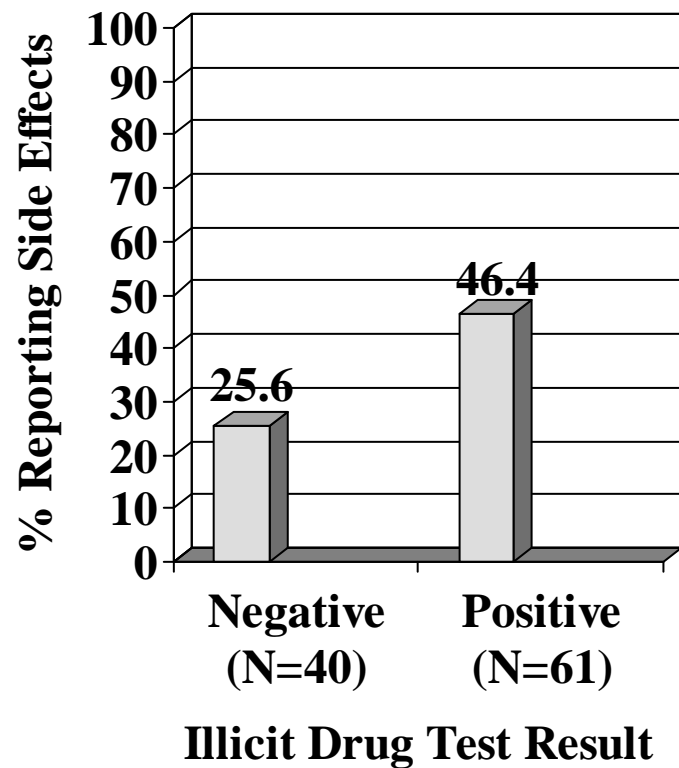
- Self-reported adherence did not closely correspond with objective measures based on urinalysis (Contingency co-efficient-.06, $p=ns$).
- 29% of those reporting high adherence had no trace of the prescribed medication in their urine.

Medication Adherence by Illicit Drug Use (Objective Measures)



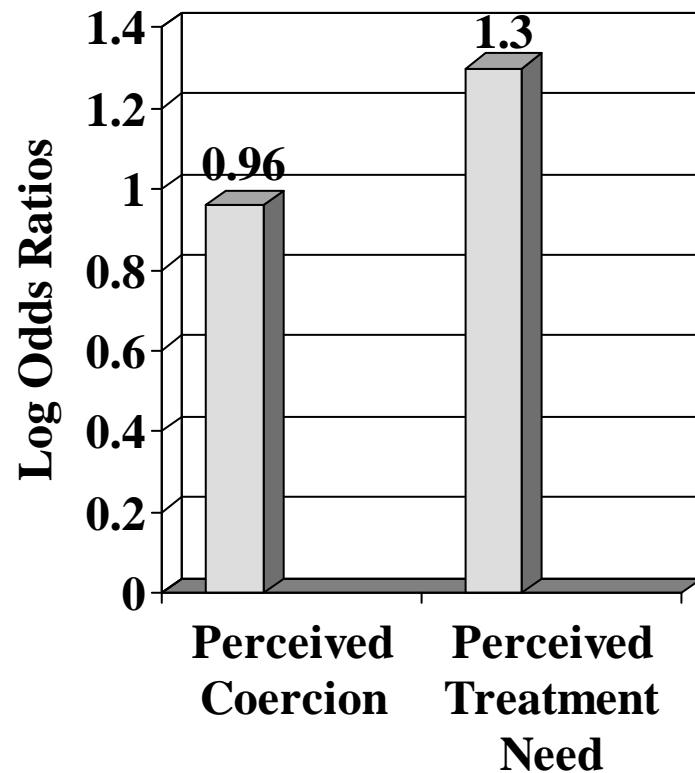
- Anti-psychotic medication adherence did not vary as a function of co-occurring illicit drug use ($p=.90$)

Currently Experiencing Side Effects from Medication



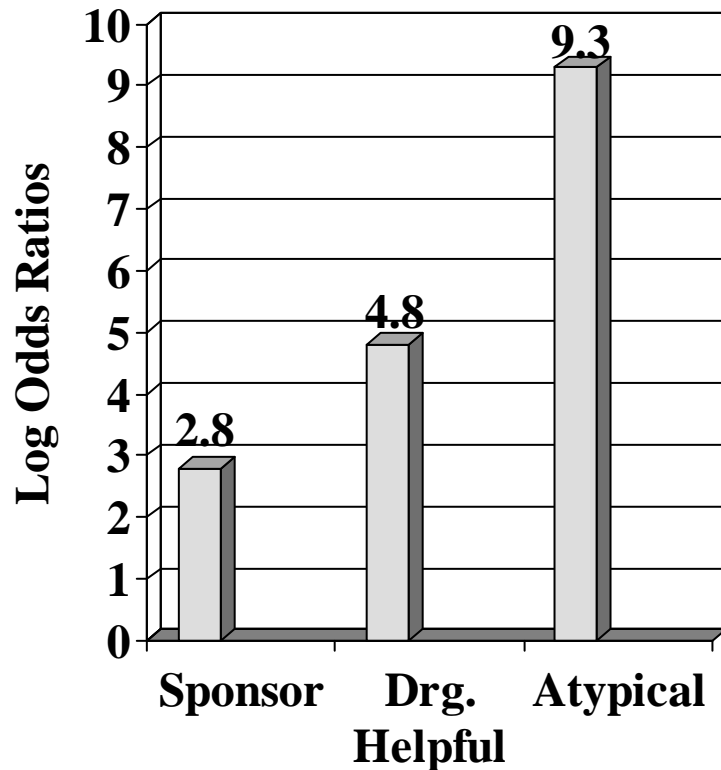
- However, co-occurring illicit drug use was significantly associated with reports of negative medication side effects ($p < .05$).

Predicting Adherence: Log Odds Ratios for Pre-Treatment Factors



- After controlling for age, race, and gender, neither perceived coercion nor perceived need for treatment (at baseline) were predictive of adherence.

Predicting Adherence: Log Odds Ratios for During- Treatment Factors



- After controlling for age, race, and gender, three treatment-related variables emerged as significant predictors of adherence:
 - Having a “sponsor” control the parolee’s medication;
 - Perception that the medication is helping; and
 - Being prescribed an atypical (vs. typical) anti-psychotic.

Conclusions

- Self-report measures of illicit drug use and medication adherence corresponded poorly with objective measures.
- Co-morbid cocaine use was not associated with poorer medication adherence.
- Cocaine use was, however, associated with a significant increase in the likelihood of reporting negative medication side effects.

Conclusions (Cont.)

- Pre-treatment factors (perceived need for treatment and perceived coercion) did not predict anti-psychotic medication adherence.
- However, treatment-related factors (medication effectiveness and patient monitoring) were associated with 3- to 9-fold increases in medication adherence.

References

- Haynes, R., Taylor, D.W., & Sackett, D.L. (1979). *Compliance in healthcare*. Baltimore, MD: Johns Hopkins University Press.
- Ley, P. (1988). *Communicating with patients: Improving communication, satisfaction, and compliance*. London: Croom Helm.
- Robbins, J.A. (1980). Patient compliance. *Primary Care* 7, No. 4, pp.703-711.