Capsule Commentary on Finlay et al., Barriers to Medications for Opioid Use Disorder Among Veterans Involved in the Legal System: a Qualitative Study

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People with opioid use disorder (OUD) released from correctional facilities have a high risk of fatal opioid overdose.¹ Medications for opioid use disorder (MOUD) for this population have shown impressive decreases in risk of overdose.² Yet, analysis of practice uptake persistently has shown low rates of VA MOUD prescribing for veterans with OUD involved in the criminal-legal system.³ It is this gap that Finlay et al.'s insightful qualitative study published in this issue of *JGIM* addresses.⁴

The VA is well situated to address the prescribing gap. There is broad access to MOUD, services for veterans involved in the criminal-legal system, and a system-wide focus on addressing opioid overdoses. To better understand the persistent gap, Finlay et al. interviewed a range of stakeholders who engage with veterans with OUD involved in the criminal-legal system. They identified several themes which impede MOUD prescribing: preference for behavioral over pharmacologic treatment, concern for diversion or illicit use of prescribed MOUD, and stigma related to MOUD. These attitudes were reinforced by knowledge gaps around OUD and MOUD. These views were expressed across stakeholders, including VA justice program specialists and non-VHA criminal justice staff, as well as among veterans themselves. Reassuringly, they were not as prominent among substance use treatment providers, but clearly, well-informed providers are not sufficient to improve MOUD prescribing rates.

Finlay et al. suggest that educational interventions can address these barriers. Given all the people needed to support MOUD prescribing, these interventions should be broadly offered and subsequently evaluated. These types of

interventions, again, while necessary, are likely insufficient to close the gap in prescribing. To address long-standing stigma built into the structure of MOUD prescribing, efforts should also be taken to address how and where we treat these patients within the VA and how we engage with veterans involved in the criminal legal system.

Given the focus of VA leadership on decreasing overdoses among veterans, progress can be made. Importantly, it is rigorous evaluation of these efforts via implementation science like that performed by Finlay et al. that will inform our efforts to do so.

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Compliance with Ethical Standards:

Conflict of Interest: The author declares that he does not have a conflict of interest.

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