

Regular article

Access to treatment-related and support services in methadone treatment programs

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Abstract

This study examines whether the mechanism through which a methadone maintenance treatment site offers seven treatment-related and support services is related to whether a patient receives such services. Mechanisms include the provision of services on-site, at another program site, or through formal or informal linkage arrangements. Analysis was conducted on a nationally representative sample of methadone treatment sites. Providing services on-site was found to be positively related to patient access to a majority of services, whereas, in general, offering services at another program site or through formal or informal linkages was not found to be effective. Not-for-profit or public ownership of treatment sites was also found to be positively related to patient access. © 2007 Elsevier Inc. All rights reserved.

Keywords: Methadone maintenance treatment; Access to services; Receipt of services; Treatment services; Support services

1. Introduction

Opioid dependence is a complex disorder with multiple physiological, psychological, and social effects on abusers. Typically, individuals who develop opioid dependence continue to abuse these drugs without regard for negative health, mental health, and social consequences. In addition, many opioid users progress to injecting drugs—a more efficient mode of delivery. However, injection drug use has been associated with the early HIV epidemic and elevated rates of HIV in this population (Des Jarlais & Friedman, 1987; Wechsberg, Dennis, Cavanaugh, & Rachal, 1993).

Methadone maintenance treatment (MMT) is an effective treatment modality for opioid dependence that has also been associated with reductions in the use of other substances, in HIV infection, and in criminal behavior (Ball & Ross, 1991; Cooper, 1989; Dole & Nyswander, 1965; Hubbard, Craddock, & Anderson, 2003; Wechsberg, Rounds-Bryant, & Zhang, 2003). Because of the complex nature of opioid dependence, pharmacotherapy (i.e., methadone) is necessary, but it may not be sufficient for treatment to be successful. For patients in need, provision of support services is required to improve treatment outcomes. However, particularly in an environment where MMT programs have limited resources available, it is important to identify not only what supplementary services are offered but also how these services are delivered (e.g., on-site or through linkages and referral) to better understand what enhances patients' access to services.

Access to support services in drug treatment programs, generally (Hser, Polinsky, Maglione, & Anglin, 1999), and in MMT programs, specifically (Joe, Simpson, & Hubbard, 1991; McLellan, Arndt, Metzger, Woody, & O'Brien, 1993), has been found to be associated with improved treatment retention and lower relapse rates. These services

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(e.g., AIDS-related medical care and educational and vocational assistance) address various real-world problems faced by opioid-dependent patients. For example, in a randomized trial of patients at a Philadelphia MMT program, patients who received enhanced services, including counseling and on-site medical care, psychiatric care, employment counseling, and family therapy, had better treatment outcomes than patients who received only methadone dosing or methadone dosing plus counseling (McLellan et al., 1993). In another study, on-site medical care was related to improvements in substance abuse patients' dependence-related outcomes, but not to health-related outcomes (Friedmann, Zhang, Hendrickson, Stein, & Gerstein, 2003).

On-site delivery of treatment-related and support services may affect the likelihood of patients receiving these services because centralized delivery may lower barriers, such as cost to patients, transportation problems, lifestyle disorganization, and stigma (Friedmann, Lemon, & Stein, 2001). The findings from a randomized trial of hospital-based MMT patients in Baltimore showed that those who were offered medical care on-site were more likely to obtain care than those offered medical care at a medical clinic on the same campus (Umbricht-Schneiter, Ginn, Pabst, & Bigelow, 1994). Although medical care was free for both groups, 90% of patients who were offered medical services on-site obtained care, compared with 35% of those who were offered medical services through referral. In addition, on-site availability of primary care services may be particularly important to MMT patients who are HIV-positive. One study found that patients who were HIV-positive were more likely than other patients to use on-site medical services, and that the frequency of visits increased as a function of declining CD4 counts (Selwyn, Budner, Wasserman, & Arno, 1993).

Based on a nationally representative sample of drug treatment programs and patient data collected through the Drug Abuse Treatment Outcomes Study (DATOS) in the early 1990s, one study found that exclusive on-site delivery of medical services in the first month of treatment was related to increased utilization, compared with informal service referral only or a combination of on-site delivery and informal referral (Friedmann, Lemon, Stein, Etheridge, & D'Aunno, 2001). Formal referral arrangements showed no advantages over informal referral. Another study reported responses from clinical supervisors in a nationally representative sample of outpatient drug treatment programs and found that on-site delivery of medical care, as well as of psychological, employment, and financial counseling services, was associated with greater utilization by patients, compared with other arrangements (Friedmann, D'Aunno, Jim, & Alexander, 2000). Referral agreements and formal external arrangements rarely increased access to services. Only in the case of employment counseling was a formal service referral arrangement found to be superior to an ad hoc system.

MMT program ownership type (i.e., public, not-for-profit, or private) may also be related to the availability of treatment-related services. Based on a 1995 nationally

representative sample of outpatient drug abuse treatment units, one study found that private for-profit clinics provided less HIV/AIDS treatment than public sites (Friedmann, Alexander, & D'Aunno, 1999). However, ownership type was not a significant predictor of whether the clinic provided physician examinations and routine medical care.

The present study examines the relationship between the mechanism through which an MMT program offers support services and whether a patient receives a certain service. It extends prior analyses of the relationship between patients' receipt of services and programs offering services by including both provider and patient responses concerning a comprehensive selection of treatment-related and support services within a nationally representative sample of MMT programs. Treatment-related services include general medical and AIDS-related medical care; support services include educational, vocational, financial, legal, and housing/shelter assistance. Based on prior studies, we expect that patients will be significantly more likely to receive a service if the MMT program offers it on-site. However, it is less clear whether offering the service through the program but at another of its sites enhances access more than offering the service through referral—either through formal arrangements or informal linkages—and whether any of the more indirect mechanisms is effective.

2. Materials and methods

2.1. Data source

The study data were obtained from a nationally representative follow-up sample of MMT sites ($N = 144$) that participated in the Evaluation of the Opioid Treatment Program Accreditation Study sponsored by the Center for Substance Abuse Treatment. This project evaluated the impact of change in an accreditation-based evaluation system on MMT programs. MMT sites are located in 15 states and, when weighted, represent the universe of sites nationally in 2001. States are dispersed geographically across the four U.S. Census regions; contain a large number of MMT programs; represent different models of treatment, regulation, or treatment and regulation; and are representative of states that participated in the Methadone Treatment Quality Assurance System (MTQAS) study sponsored by the National Institute on Drug Abuse. Within states, MMT sites were selected based on key organizational features, including size (as measured by patient census), ownership (as determined by profit status), whether the site was a unit of a larger parent organization, and location (as measured by urbanicity). To maximize the generalizability of the findings, sites were excluded if they were hospital-based detoxification programs, housed in Department of Veterans Affairs hospitals and clinics, or were correctional facilities.

Instrumentation for the evaluation study captured information from a variety of sources. For this analysis, we use data provided by the site director of the MMT site

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