



Short communication

Improving treatment enrollment and re-enrollment rates of syringe exchangers: 12-Month outcomes

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ABSTRACT

Background: Developing bridges between community syringe exchange programs (SEPs) and substance abuse treatment could benefit syringe exchangers and the public health. Kidorf et al. (2009) showed that motivational approaches employed at an SEP site improved rates of treatment enrollment and reduced drug use over a 4-month observation window. The present study extends this report by evaluating rates of treatment enrollment and re-enrollment over a 12-month period.

Methods: Opioid dependent individuals ($n = 281$) newly registered at an SEP were randomly assigned to one of three referral interventions: (1) 8 individual motivational enhancement sessions and 16 treatment readiness group sessions designed to improve treatment interest and readiness (motivated referral condition; MRC-only); (2) MRC-only with monetary incentives for attending sessions and enrolling in treatment (MRC+I); or (3) standard referral (SRC). MRC-only and MRC+I participants discharged from treatment could attend a treatment re-engagement group designed to facilitate return to treatment (MRC+I participants received incentives for attending sessions and re-enrolling in treatment).

Results: The 4-month outcomes generally extended over 12 months. MRC+I participants were more likely to enroll in methadone maintenance than MRC-only or SRC participants, and to re-enroll in treatment following discharge. MRC+I participants also reported more days of treatment and less heroin and injection use.

Conclusions: The good harm reduction outcomes for many SEP participants can be enhanced through strategies designed to facilitate treatment enrollment and re-enrollment.

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1. Introduction

Participation in syringe exchange programs (SEPs) is associated with increased use of sterile syringes, reduction in injection equipment sharing, and in some studies, lower incidence of HIV seroconversion (Bluthenthal et al., 2000; Des Jarlais et al., 1996; Gibson et al., 2002; see Wodak and Cooney, 2006 for a review). Because these programs do not fully extinguish drug injection and equipment sharing (Des Jarlais et al., 2007; Wood et al., 2002), the health-related benefits of SEPs can be enhanced via interventions that further suppress drug use in syringe exchangers. Opioid-agonist treatment is a well-documented pathway to reduced drug use and HIV-risk related behaviors in opioid injectors (Gowing et al., 2011). While SEPs typically offer treatment referrals for people expressing an interest in reducing drug use (Des Jarlais et al., 2009), rates of enrollment in this population are remarkably low (Heimer, 1998; Kidorf et al., 2005), and those who enroll in treatment often

leave before achieving stable reductions in use (e.g., Neufeld et al., 2008). Both motivating and sustaining treatment participation are critical outcomes for extending the good harm reduction benefits of SEPs (Kidorf and King, 2008; Van Den Berg et al., 2007).

Efforts to improve treatment enrollment rates in syringe exchangers can draw from interventions that have shown effectiveness in facilitating behavior change in other populations of substance users. Contingency management is a behavioral approach that uses external incentives to reinforce behavior change. A growing literature supports its effectiveness in improving adherence to recommended and often undesirable treatments (Higgins et al., 2004; Sorensen et al., 2007). Motivational enhancement therapy, directed toward helping individuals resolve ambivalence and develop motivation to change (Miller and Rollnick, 2002), is also associated with improved treatment engagement, and it is more effective when integrated with other interventions (Burke et al., 2003).

Kidorf et al. (2009) evaluated the efficacy of combining these two interventions at an SEP site to improve rates of treatment enrollment. New SEP registrants were scheduled to attend 8 individual motivational enhancement sessions and 16 treatment readiness

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groups designed to improve treatment motivation, and could earn monetary incentives for attending these sessions and enrolling in treatment. Participants discharged from treatment were eligible to attend a treatment re-engagement group designed to renew interest in treatment, and could earn monetary incentives for attending re-engagement sessions and for re-enrolling in treatment. The results showed that after 4 months this strategy was strongly associated with higher rates of treatment enrollment and less drug use than two comparison conditions. The present study extends the observation window to 12 months to evaluate whether the combined enrollment and re-engagement intervention could sustain these condition differences over time.

2. Methods

2.1. Participants

New Baltimore Needle Exchange Program (BNEP) registrants were referred to a nearby research van from 5/03 to 3/07, where they were informed of the requirements, benefits, and risks of study participation. Three hundred and eighty-seven individuals signed informed consent and 281 qualified for randomization. The primary reason for exclusion from randomization was failure to complete baseline assessments ($n = 76$); other reasons for exclusion are detailed in Kidorf et al. (2009). Kidorf et al. (2009) also showed that the randomized sample reported more days of heroin and injection drug use than non-randomized participants ($n = 106$). Table 1 shows the demographic variables, self-report drug use, and opioid treatment history across all study conditions. The Western Institutional Review Board (WIRB) and the Baltimore City Health Department approved the study.

2.2. Measures

Research staff completed a two-step didactic and experiential training procedure for administering each measure (e.g., Kidorf et al., 2009). The substance use section of The Structured Clinical Interview for DSM-IV (SCID; First et al., 1995) was used to confirm opioid dependence. At monthly intervals, participants reported acquisition, modality, and days of substance abuse treatment (i.e., independent of modality), and the number of days they engaged in

heroin use, cocaine use, injection drug use, and syringe sharing. Participants were paid \$10.00/h for completing the intake assessment battery and \$15.00/h for completing each monthly assessment. Most participants ($n = 240$; 85%) completed at least one follow-up ($M = 11$ of 12 follow-ups); no condition differences were observed ($\chi^2 = 2.86$, $df = 2$, $p = .24$). Those completing follow-ups were less likely male ($\chi^2 = 4.71$; $df = 1$, $p < .05$) and reported more baseline heroin use ($M = 28.2$; $SE = .28$ vs. $M = 25.9$; $SE = 1.1$; $t(279) = 2.79$, $p < .01$) than those completing no follow-ups.

2.3. Procedures

Participants were stratified on past methadone treatment history and randomly assigned to one of three substance abuse treatment referral interventions: (1) motivated referral condition (MRC-only), (2) motivated referral condition plus incentives (MRC+I), or (3) standard referral condition (SRC). Participants were explained all aspects of their condition at the time of random assignment, and received a fact sheet summarizing the protocol.

2.3.1. MRC-only. MRC-only participants were offered: (1) 8 one-hour individual motivational enhancement sessions scheduled over the first 2 months, and (2) 16 one-hour treatment readiness groups scheduled over the first 4 months. Individual motivational enhancement sessions were conducted at a BNEP site in our research van, and followed the Motivational Enhancement Therapy (MET) manual developed for project MATCH (Miller et al., 1995). The number of sessions was increased from four to eight based on the study population, which had considerably more drug use severity than those participating in the MATCH study. The target behavior was enrollment in substance abuse treatment. Kidorf et al. (2009) provides information on therapist training, ongoing supervision, and treatment fidelity for this intervention, based on guidelines developed by Miller and Rollnick (2002). Treatment readiness group sessions followed a manual-guided protocol and were conducted at the Johns Hopkins Bayview Medical Center. The primary goal of these sessions was to help participants make more informed decisions about participating in substance abuse treatment, with an emphasis on matching treatment modality to problem severity (Kidorf et al., 2009). Participants were encouraged to continue or return to these sessions if discharged from treatment for any reason, and they could receive up to 12 additional sessions.

Table 1
Comparison of baseline variables across study conditions ($n = 281$).

Characteristic	Overall ($n = 281$) <i>M (SE) or %</i>	MRC ^a ($n = 94$) <i>M (SE) or %</i>	MRC+I ^a ($n = 94$) <i>M (SE) or %</i>	SRC ^a ($n = 93$) <i>M (SE) or %</i>	χ^2 or <i>F</i> -test	<i>p</i> -Value	Multiple comparisons
Gender (%)							
Male	71.2%	76.6%	61.7%	75.3%	$\chi^2 = 6.21$, $df = 2$	0.045	MRC+I < MRC, SRC
Female	28.8%	23.4%	38.3%	24.7%			
Race (%)							
Non-white	75.4%	75.5%	74.5%	76.3%	$\chi^2 = .09$, $df = 2$	0.956	–
White	24.6%	24.5%	25.5%	23.7%			
Age (years)	41.0 (0.51)	40.7 (0.94)	39.9 (0.86)	42.4 (0.82)	$F(2, 278) = 2.25$	0.107	–
Education (highest grade completed)							
<12	37.4%	35.1%	36.2%	40.9%	$\chi^2 = .75$, $df = 2$	0.688	–
12+	62.6%	64.9%	63.8%	59.1%			
Marital (%)							
Not Married	89.7%	88.3%	86.2%	94.6%	$\chi^2 = 3.90$, $df = 2$	0.142	–
Married	10.3%	11.7%	13.8%	5.4%			
Employment (%)							
Unemployed	81.5%	75.5%	85.1%	83.9%	$\chi^2 = 3.38$, $df = 2$	0.185	–
Employed	18.5%	24.5%	14.9%	16.1%			
Opioid treatment history (%)							
Yes	73.3%	73.4%	79.8%	66.7%	$\chi^2 = 4.11$, $df = 2$	0.128	–
No	26.7%	26.6%	20.2%	33.3%			
Heroin use (past 30 days)	27.6 (0.29)	27.6 (0.51)	27.0 (0.58)	28.7 (0.39)	$F(2, 278) = 2.58$	0.078	–
Cocaine use (past 30 days)	14.8 (0.71)	15.1 (1.25)	14.3 (1.23)	15.0 (1.21)	$F(2, 278) = .13$	0.878	–

^a MRC = motivated referral condition-only; MRC+I = motivated referral condition + incentives; SRC = standard referral condition.

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