Evidence-Based Treatment for Opioid Dependence: Availability, Variation, and Organizational Correlates

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Overview

- The majority (60%) of opioid-dependent clients entering substance abuse treatment are referred to non-methadone modalities (SAMHSA, 2002).
  - Opioid-dependent clients receiving treatment outside OTPs are more often referred by the criminal justice system, and tend to have shorter drug use histories.
  - Nevertheless, these clients have unique service needs that must be addressed to effect recovery.
- Little research has examined differences in organizational characteristics and clinical services between OTPs and other ("drug free") treatment settings as they affect opioid-dependent clients.

"Evidence-Based" Treatment Defined

- Services empirically demonstrated to enhance retention, improve outcomes, and/or address the service needs of opioid users:
  - Medications
    - Methadone, Buprenorphine, Naltrexone
  - Psychosocial/Behavioral Therapies
    - Motivational incentives (vouchers)
  - Formal Assessments
    - ASI, Physicals, Psychiatric evaluations
  - Wraparound Services
    - Transportation; HIV services; employment, legal, financial, family counseling

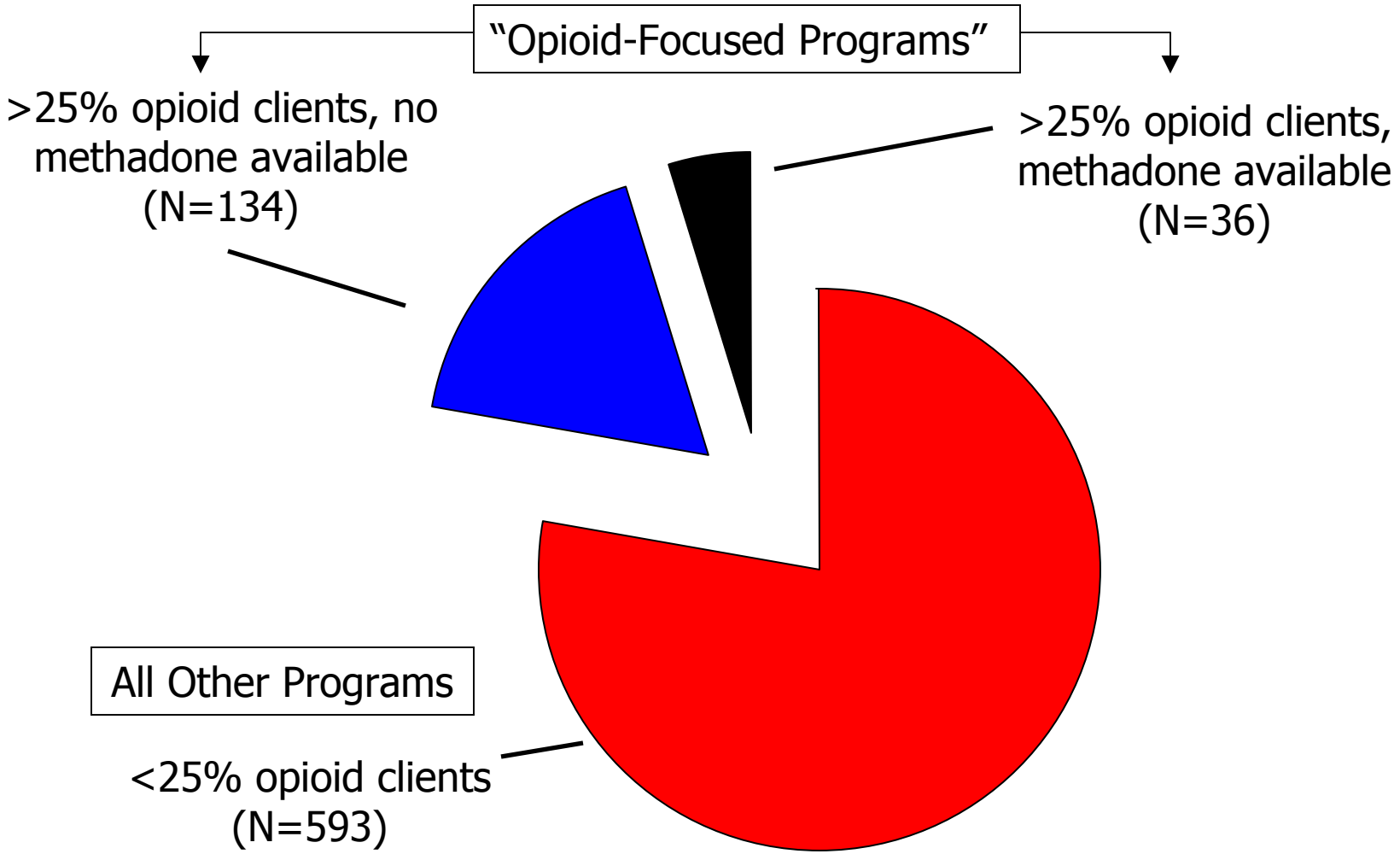
Research Objectives

- First, we compared "opioid-focused programs" (those with 25% or more primary opioid-dependent clients) to all other programs.
  - Do the two groups differ in their use of evidence-based treatment practices for opioid dependence?
- Next, we restricted analyses only to "opioid-focused programs."
  - Do OFPs that provide methadone services differ from non-methadone OFPs on other evidence-based practices for opioid-dependent clients?

Data Sources

- The National Treatment Center Study is a family of NIDA-funded projects to study management, staffing, service delivery, and innovation adoption in addiction treatment programs in the U.S.
- Data were obtained from nationally representative samples of public sector (N=362) and private sector (N=401) substance abuse treatment programs.
  - Sectors were defined by receipt of block grant, criminal justice, and other state/local operating revenues.
  - VA, corrections, and TCs were excluded.
  - Methadone units included only if additional services were offered at ASAM "structured OP" level of care; 8% of respondents operated methadone clinics (reflective of sample universe).
  - Face-to-face interviews with program administrators were conducted in late 2002 – early 2004.
  - Pooled, unweighted data from both samples are reported here.

Sample Composition



Descriptive Statistics: Organization and Staff Characteristics

	Total Sample (N=763)	Opioid-Focused Programs (N=170)	All Other Programs (N=593)
Size (FTEs) (Mean)	35.2	41.7	33.3
Government owned	13.0%	11.8%	13.7%
For-profit	17.5%	17.6%	17.5%
Hospital based	26.0%	32.4%	24.1%*
Accredited (JCAHO or CARF)	48.1%	61.2%	44.4%*
% public revenues (Mean)	45.9%	38.2%	48.1%*
% primary opiate clients (Mean)	16.3%	43.2%	8.0%*
% certified counselors	57.4%	51.9%	58.9*
Rural location	11.0%	8.8%	12.0%

*Significant difference, $p<.05$

Bivariates: Use of Evidence-Based Practices, by Opioid Caseload Size

	Opioid-Focused Programs (N=170)	All Other Programs (N=593)
Have methadone clinic*	21.2%	4.7%
Physician on staff*	61.8%	33.4%
Use buprenorphine*	11.8%	5.4%
Use naltrexone*	26.5%	18.5%
Use vouchers*	30.6%	21.9%
Provide transportation*	69.4%	59.2%
Have HIV group/track*	20.0%	13.0%
Use ASI	45.9%	47.4%
% clients receiving physicals at intake*	69.2%	41.1%

**Statistically significant difference between groups ($p<.05$).*

Bivariates: Linkages to Wraparound Services, by Opioid Caseload Size

	Opioid-Focused Programs (N=170)	All Other Programs (N=593)
Primary Medical Care	4.1	4.1
Dental Care	3.1	3.1
Employment / Job Training	3.1	3.3
Legal Services*	3.1	3.4
Family/Social Services	4.3	4.4
Financial Counseling	2.9	3.2

Programs were asked to rate, on a 0-5 scale, the extent of efforts made to link clients with the above services. Scores reflect scale means.

* Statistically significant difference between groups ($p<.05$).

Multivariate Predictors of Service Availability for Opioid-Dependent Clients

Results of separate logistic regression models for each service, controlling for organizational and staff characteristics.	**Opioid-Focused Programs vs. All Others**	**Opioid Focused Programs Only: Methadone vs. Others**
Buprenorphine	O.R.=2.01 (p<.05)	O.R.=.24 (p<.10)
Naltrexone	n.s.	n.s.
Physician on Staff	O.R.=2.44 (p<.01)	n.s.
Physicals at Intake	O.R.=1.01 (p<.01)	n.s.
Psychiatric Assessments	O.R.=1.01 (p<.05)	n.s.
Motivational Incentives	O.R.=1.86 (p<.01)	n.s.
Transportation	O.R.=1.81 (p<.01)	O.R.=.43 (p<.10)
HIV/AIDS Track/Groups	O.R.=1.55 (p<.10)	O.R.=2.79 (p<.05)

Summary

- The proportion of opioid-dependent clients in addiction treatment programs' caseloads is significantly associated with structural characteristics as well as service delivery.
  - Opioid-focused programs were more likely to be accredited, hospital-based, supported by non-public revenues, and had proportionally fewer certified addictions counselors than other programs.

- At the bivariate level, opioid-focused programs appeared to offer patients greater access to evidence-based treatments for opioid dependence:
  - Medications (methadone, naltrexone, buprenorphine); access to physicians and physical exams; motivational incentives; transportation services; and HIV tracks.
- These differences persisted in multivariate models controlling for the effects of organizational and staff characteristics.
- Patients in treatment for opioid dependence have greater access to evidence-based care in programs with greater numbers of opioid-dependent clients, regardless of methadone availability.

- However, variations in service availability within the sub-sample of opioid-focused programs (OFPs) were less apparent:
  - Methadone was available in only 21% of OFPs surveyed.
  - There were few service differences beyond the provision of methadone.
    - In models controlling for organizational and staff characteristics, methadone programs were less likely to offer buprenorphine or transportation services, and more likely to offer HIV tracks/groups.

Conclusions

- These analyses provide some insights into the availability of evidence-based treatments for opioid-dependent patients in the overall addiction treatment system.
- Agencies referring opioid-dependent clients to treatment should select settings with substantial opioid caseloads to ensure access to evidence-based care.
- Further research is needed to identify gaps in service delivery for opioid-dependent patients treated in programs where such clients are only a small portion of the caseload.

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The opinions expressed here are those of the authors and may not reflect the official position of NIDA or NIH.

For more information, visit the National Treatment Center Study's website at:

www.uga.edu/ntcs