



Comparing Rates of Adoption of Pharmaceuticals and Psychosocial Therapies in Different Treatment Settings

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Background

- Concern about adoption and implementation of “evidence-based practices” in addiction treatment field - “research to practice gap”
 - Substantial resources devoted to development of treatment techniques, including medications and psycho-social approaches
 - Substantial resources devoted to “bridging” gap – NIDA CTN, SAMHSA ATTC’s, etc.
 - Environmental constraints, organizational barriers to innovation adoption
 - Our research – devoted to identifying barriers as well as factors facilitating adoption



Research Question

- To what extent has the addiction treatment field adopted evidence-based practices?
- How do rates of diffusion and adoption vary across different types of programs?
- What are some of the principle correlates associated with adoption of different pharmacological and psychosocial EBPs?



The National Treatment Center Study

- Monitoring the organization, management, delivery, and content of addiction treatment in the U.S.
- Includes Nationally Representative Samples of:
 - Privately-funded treatment programs (N=401)
 - Publicly-funded treatment programs (N=362)
- Programs must offer a level of care for addiction treatment at least equivalent to structured outpatient as defined by ASAM
 - Excludes: methadone maintenance-only facilities, clinicians in private practice, DUI-only programs, halfway houses



NTCS Instrument Design

- Multiple data collection methods used:
 - Detailed on-site interviews with program administrator
 - Focuses on organizational characteristics, services offered, and use of innovations
 - Mail questionnaire from program administrator
 - Focuses on leadership and management practices
 - Mail questionnaire from counselors
 - Focuses on services received by clients and attitudes toward innovations
 - Brief telephone follow-ups w/ program administrator at six month intervals
 - Focuses on major changes within the center
- Data used in these analyses are on-site interviews collected between July 2002 and June 2004



Defining Programs by Funding/Ownership

- Public centers are defined as:
 - Offering at least one level of care equivalent to structured outpatient tx
 - Receiving at least 50% of their revenues from governmental block grants and/or governmental contracts
 - Programs may be of two types: **government-owned** entities or **non-profit** organizations
- Private centers are defined as:
 - Offering at least one level of care equivalent to structured outpatient tx
 - Receiving less than 50% of their revenues from governmental block grants and/or governmental contracts
 - Programs may be of two types: **non-profit** or **for profit** organizations



Defining Evidence-based Practices

- Evidence-based Practices - addiction treatment techniques that have been shown through a series of clinical trials to have a positive impact on treatment outcome.
- Focus is on four pharmacological and five behavioral therapies. Derived from NIDA's *Principles of Drug Abuse Treatment*.



Distribution of Programs in Sample

Program Type	Percentage
Government-owned	13.1
Publicly-funded Non-profit	33.9
Privately-funded Non-profit	37.0
Private For profit	15.8



Use of Selected EBPs by Program Type

	Total Sample	Government owned	Public nonprofit	Private nonprofit	Private for profit
PHARMACOTHERAPIES					
SSRIs***	48.7%	51.5%	31.0%	65.4%	51.7%
Antabuse***	23.5%	27.3%	11.5%	30.7%	31.9%
Buprenorphine***	7.3%	2.0%	2.8%	11.8%	11.2%
Naltrexone	21.2%	13.1%	7.5%	32.5%	32.8%
BEHAVIORAL THERAPIES					
MET	15.9%	15.2%	18.7%	15.3%	12.9%
Motivational Incentives***	24.7%	30.6%	34.8%	19.6%	12.2%
Dual Focus Schema Therapy*	13.6%	5.1%	13.7%	14.5%	20.0%
CBT***	86.0%	91.4%	84.4%	92.4%	75.5%
Matrix Model	12.3%	11.2%	14.8%	11.5%	8.7%



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Conclusions

- Program structure and clinical services vary across different program types. These differences “drive” the EBPs used in these programs
- Private Non-profit and For profit programs are significantly more likely to use pharmacotherapies.
- Structural, clinical and staffing variables better at predicting use of pharmacotherapies than behavioral therapies.

