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

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government-owned</td>
<td>13.1</td>
</tr>
<tr>
<td>Publicly-funded Non-profit</td>
<td>33.9</td>
</tr>
<tr>
<td>Privately-funded Non-profit</td>
<td>37.0</td>
</tr>
<tr>
<td>Private For profit</td>
<td>15.8</td>
</tr>
</tbody>
</table>
### Use of Selected EBPs by Program Type

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

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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.