

Interventions for opioid-dependent users on methadone: engagement as a path to positive psychosocial and employment outcomes.

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Introduction

- Many opioid-dependent individuals undergo methadone treatment which has a number of benefits (e.g., reduces opioid cravings and withdrawal symptoms). In addition to methadone treatment, social interventions such as counseling are also sometimes needed to improve overall health and quality of life.

Why did we do the study?

- To understand what social interventions improve the psychosocial health (e.g., self-esteem) and employment outcomes (e.g., days worked) of clients on methadone treatment.
- We chose **psychosocial health and employment outcomes** because of the importance of these issues to individuals' health and quality of life.

How did we carry out the study?

- Literature databases were searched for peer-reviewed journal articles that **evaluated formal interventions for people on methadone** aimed at improving their psychosocial health and employment status. We defined formal interventions as those that are planned and implemented (and usually funded) as opposed to informal ones such as those developed by family members.
- The evaluation studies were analyzed and synthesized using the realist review approach. This approach goes beyond an assessment of what works, and seeks to understand why social interventions work (or do not work).

Why is this research important?

- Understanding what interventions help to improve the psychosocial and employment outcomes for individuals on methadone treatment is critical to developing appropriate interventions.



The Research Team

A collaborative research team conducted the study. The team included community workers who provide services to people on methadone, health care professionals, policy-makers in the area of substance use, and academic researchers from various disciplines (e.g., health promotion, psychology, social work, pharmacy).

Thirty-one evaluation studies (quantitative and qualitative) were analyzed and synthesized in order to understand what it is about interventions that make them work (or not work) to improve psychosocial health and employment outcomes for opioid-dependent individuals on methadone.

KEY FINDINGS

Most of the evaluations in this review were based on interventions targeting populations of low socio-economic status and with a substantial history of drug use. This suggests that the results are mainly relevant to this population.

1. Engagement is linked to positive outcomes.

Attending an intervention (e.g., counseling) in and of itself does not always lead to positive psychosocial or employment outcomes.

It appears that interventions need to *engage clients* (e.g., ensure that the client is invested in the intervention) in order for the intervention to work.

Certain types of intervention contexts appear to support engagement with an intervention. These include:

a) **Contexts that are client-centred.** Interventions that support clients in articulating and addressing the psychosocial and/or employment needs/issues/skills that they value or are important to them are client-centred contexts.

⇒ A client-centred intervention might help clients clarify their interests in different types of work and barriers to work, and also assist clients in developing their own individualized objectives and plans for finding work.

b) **Contexts that understand and respond to clients' socio-economic needs.**

⇒ This might include helping clients with transportation to the intervention, allowing clients to bring their children to the intervention, providing information on shelters and providing access to emergency food.

c) **Contexts where there are positive counselor-client relationships and/or positive peer relationships.**

⇒ This might include counselors who understand the challenges clients face and empathize with these challenges so that clients feel staff care about them. It could also include peers who are supportive of one another.

2. Interventions may need to occur over some extended period of time to maintain positive outcomes.

⇒ Given that in some instances positive outcomes are not sustained after an intervention ends, it is important to recognize that some clients may need access to an intervention over a fairly lengthy period of time.

3. Engagement can occur without complete abstinence from drugs (e.g., cocaine).

⇒ Positive outcomes may occur even though there is not complete abstinence from such drugs as cocaine. However, there is limited evidence for this finding, and more research is needed to determine if the type of drug(s) used and the extent of drug use, may influence engagement.

What program developers and policy makers might consider (based on results of this study)

Suggestion #1 [Based on relatively strong evidence]

Build evaluation criteria into interventions to monitor, measure and evaluate a client-centred approach. This might include criteria to ensure:

- a) the target population's psychosocial and employment needs are understood and addressed;
- b) the intervention takes into account the socio-economic challenges clients face, and helps to address these challenges (e.g., provides transportation, childcare, help with literacy issues).

Suggestion #2 [Based on relatively strong evidence]

Provide training/workshops for staff implementing interventions, and evaluate the effectiveness of training/workshops to ensure key core competences are obtained (e.g., staff have respect for, and understanding of clientele and their challenges).

Suggestion #3 [Based on limited evidence]

Consider providing resources to continue the intervention in instances where clients appear to need ongoing support to maintain positive psychosocial and/or employment outcomes.

Suggestion #4 [Based on limited evidence]

Consider allowing clients to have access to the intervention even if there is some continued drug use. Also, consider evaluating whether or not the type and extent of drug use influences the engagement process.

A number of issues must be considered (e.g., feasibility, cost-effectiveness) when evaluating interventions. It is recommended that when interventions are evaluated, not only should these issues be considered but also suggestions from our research such as how the context supports (or not) engagement.

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For more information on the "Opioid Dependent Users on Methadone" study, please see:

- Jackson, L, Buxton, J, Dingwell, J, Dykeman, M, Gahagan, J, Gallant, K, Karabanow, J, Kirkland, S, LeVangie, D, Sketris, I, Gossop, M, Davison, C. (2014). Improving psychosocial health and employment outcomes for individuals receiving methadone treatment: A realist synthesis of what makes interventions work. *BMC Psychology*, 2:26. Available through open access.
- <http://www.med.mun.ca/Airn2012/Research.aspx>

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