



# The Adoption of Medications in Substance Abuse Treatment: Associations with Organizational Characteristics

## Research Highlight

### POLICY PERSPECTIVE

EVEN THOUGH THE USE OF SOME PHARMACOTHERAPIES IN SUBSTANCE USE DEPENDENCE TREATMENT IS ASSOCIATED WITH POSITIVE TREATMENT OUTCOMES, PUBLICLY FUNDED NONPROFIT, GOVERNMENT OWNED, PRIVATELY FUNDED NONPROFIT AND FOR-PROFIT TREATMENT CENTERS VARY IN THE ADOPTION OF PHARMACOTHERAPIES FOR TREATING SUBSTANCE USE DISORDERS. IN FACT, THE ADOPTION OF MEDICATIONS HAS BEEN LOW AND UNEVEN ACROSS TREATMENT AGENCIES.

### Background

In the United States, the use of pharmacotherapies for treating substance use disorders is receiving increased attention. Evidence suggests that medications such as methadone and buprenorphine (also called agonist medications) relate to positive outcomes in the treatment of opiate dependence, while naltrexone and disulfiram may improve outcomes when treating opiate dependence and cocaine dependence. Despite evidence of their effectiveness, the adoption of these therapies by treatment organizations has been slow. Research suggests that factors related to agencies' organizational context can affect whether medications are offered to patients. An understanding of such factors is critical in bridging the "research to practice gap" in the use of pharmacotherapies for substance use disorder treatment.

In their study "The Adoption of Medications in Substance Abuse Treatment: Associations with Organizational Characteristics and Technology Clusters<sup>1</sup>," Dr. Hannah K. Knudsen and colleagues examine the extent to which medications are used in the treatment protocols of 766 substance abuse treatment centers (from nationally representative samples of 363 publicly funded and 403 privately funded agencies). The authors also assess the relationship between organizational characteristics and the use of pharmacotherapies. In addition, they try to ascertain if there are patterns of association between medications.

### Findings

- **The adoption of pharmacotherapies by agencies is low, and the likelihood of their availability differs by setting.** Agonist medications were more likely to be offered by privately funded nonprofit centers and for-profit agencies than by publicly funded nonprofit centers. Similar findings were seen in the adoption of naltrexone. Government-owned facilities, privately funded nonprofits, and for-profit organizations were all more likely to prescribe disulfiram and selective serotonin reuptake inhibitors (SSRIs) than publicly funded nonprofit centers. Some of these differences are explained by other organizational characteristics.
- **Organizational characteristics play a part in the adoption of pharmacotherapies.** Accredited programs were more likely to use agonists in treatment than non-accredited ones. Organizations affiliated with a hospital were more likely than freestanding centers to offer naltrexone, disulfiram, and SSRIs; in addition, mental health centers were more likely than freestanding centers to offer SSRIs. Programs that offer outpatient detoxification services were more likely than those not offering these services to adopt each of these three medications, while centers offering inpatient detoxification were more likely to have adopted

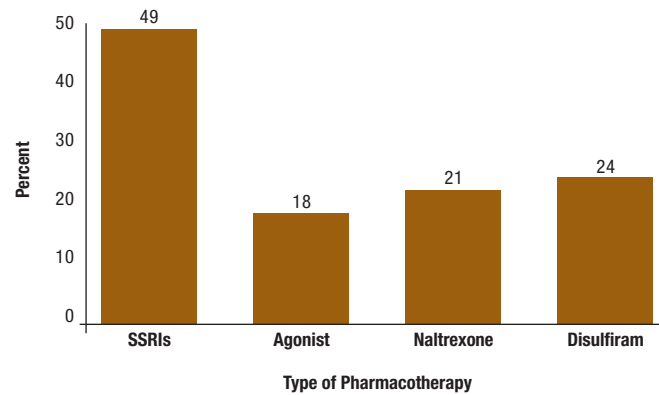
1 Knudsen HK, Ducharme LJ and Roman PM. "The Adoption of Medications in Substance Abuse Treatment: Associations with Organizational Characteristics and Technology Clusters." *Drug and Alcohol Dependence*, 87: 164–174, 2007. <http://dx.doi.org/10.1016/j.drugalcdep.2006.08.013>

naltrexone and disulfiram than facilities without inpatient detoxification services. Centers offering residential treatment were less likely than nonresidential ones to offer agonists. Programs that employed physicians were more likely to adopt all four medications.

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**Percent of Agencies Using Various Pharmacotherapies**

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- **The availability of less-intensely regulated medications (naltrexone, disulfiram and SSRIs) shows a pattern of organizational characteristics that is different from agonist medications.** The use of less-intensely regulated medications is linked to center type, affiliation, levels of care and staffing. That is, these medications are more likely to be used in government-owned and for-profit centers than publicly funded nonprofit centers, in hospital and mental health centers compared to freestanding centers, in centers providing detoxification services, and in centers with physicians and master’s level counselors on staff. As with less-intensely regulated medications, agonist medications are more likely to be available in centers with physicians on staff and in programs offering outpatient detoxification. In contrast to less-intensely regulated medications, agonist medications are more likely to be adopted by programs serving more opiate-dependent patients, by accredited centers, in larger facilities, and those centers that do not offer residential care.

—Deanna Lewis

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