

Sharing Control: A study of user involvement in methadone maintenance based in general practice.

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Background

- Methadone maintenance is an effective treatment for reducing heroin use and associated problems
- Strong regulation and control around prescribing and dispensing of methadone
- Patient involvement is a characteristic of modern health systems however it is not well supported in the context of addiction services

Objectives

- Explores patient involvement in treatment decisions and their views of the Methadone Programme.

Setting: A sizeable General Practice in a deprived area of Dublin.

Separate from other patients, at one of two set times each week

Methods

- All patients receiving methadone were asked to participate.
- A face to face questionnaire; open and closed questions. 30 minutes.
- Quantitative data were analysed using descriptive statistics and qualitative data were analysed using a thematic approach

Results

- 41 (87%) of the 47 patients attending the general practice methadone service were interviewed.
- 21 to 53 years, mean age of 34.5 years
- 37% were 36 years and older
- 73% male
- 54% unemployed and
- 63% single

History with the service

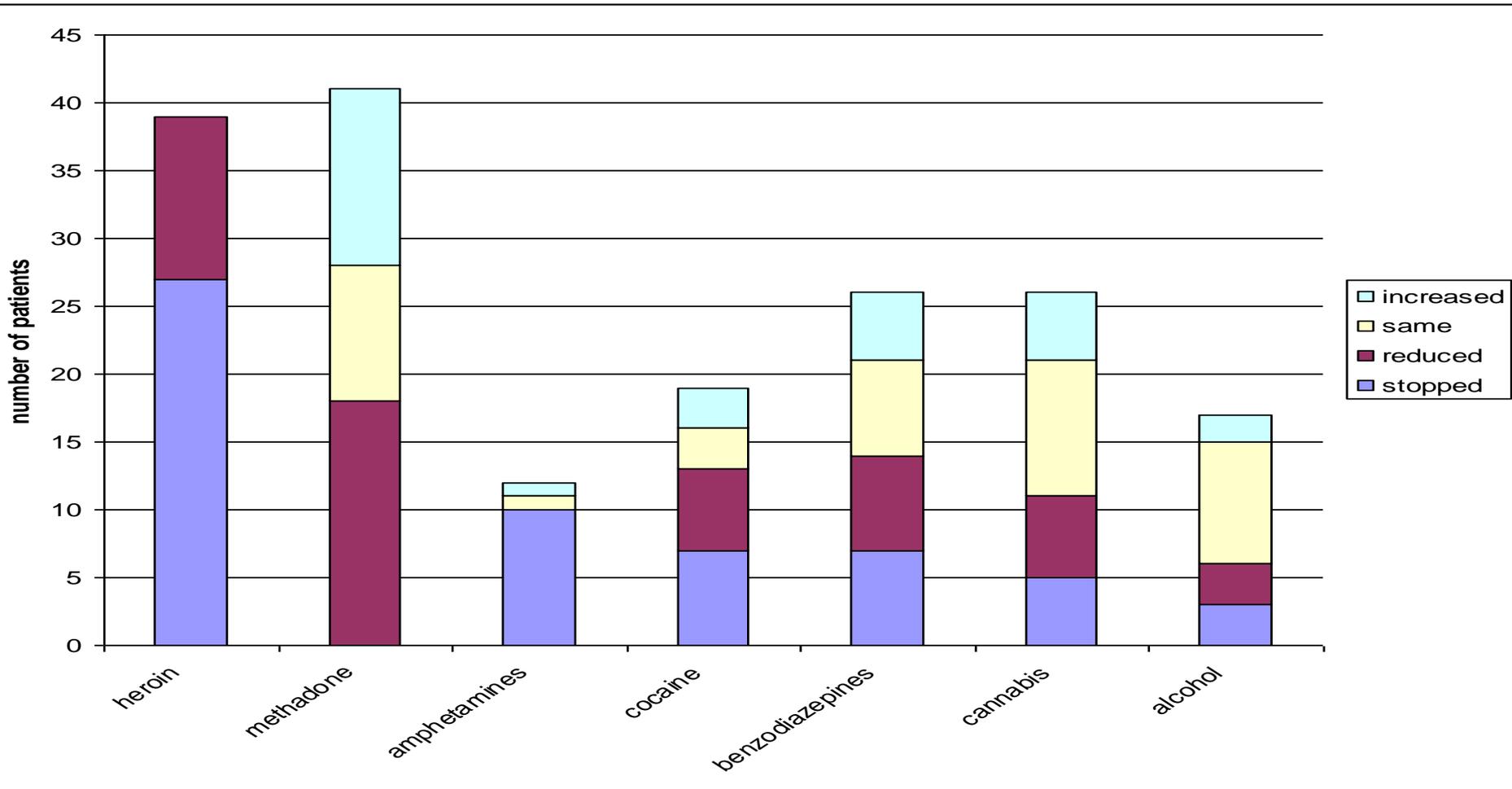
- 60% attended the service for over 4 years
- 24% attended for less than one year
- 95% attended the service once per week.
- largest proportion (46%) being referred from drug treatment clinics

Involvement in decisions

- 71% involved
 - 59% - always
 - 12% - sometimes
- 44% an agreed plan
- 51% no plan
- 5% don't know
 - The majority of those with a treatment plan described it as 'verbal in nature' (78%)

Results

Of the 39 patients who had used heroin on admission, 69% stopped and 31% reduced



Deciding methadone dose

61% - doctor decides dose

- *"He has the power... You take what's given"(Participant 20)*
- *"It looks like a partnership but at the end of the day the doctor decides. When they decide on your dose, that's it"
(Participant 30)*

34% - joint decision

- *"I do have a say; but it's more up to the doctor"(Participant 21)*
- *"He'll ask me how I'm feeling, sleeping, eating, how things are going, he listens"(Participant 19)*
- *"You say it isn't holding you and you need extra"(Participant 41)*

Comparison of patients on the basis of feeling involved in treatment decisions

	Feels involved (%)	Does not feel Involved (%)	p value
N	24	11	
Like more involvement (13)	3 (13)	10 (91)	<0.001*
Defined treatment plan (17)	15 (63)	2 (18)	0.027*
Service helps (28)	22 (92)	6 (55)	0.021*
Say in dose prescribed (20)	19 (79)	1 (9)	<0.001*
Doctor decides dose (19)	9 (38)	10 (91)	0.004*
Not using heroin (25)	15 (63)	10 (91)	0.112
Attending more than 1 year (25)	14 (58.3)	11(100%)	<0.02*

*Statistically significant results p<0.05

Complaints

- 40% member of staff
- 26% would not make one
- 11% service users forum
- 23% did not know how to make one

34% lacked confidence in an internal complaints system

Long term goals

- Continue methadone -17%
- 'Come off' methadone – 81%
 - Immediate future (59%)
 - Eventually (22%)

Service helping

- 83% yes
 - Methadone creates stability
 - *"If I wasn't getting methadone I'd have to smoke everyday... it stabilizes you so you can go back to work" (Participant 41)*
 - *Motivates*
 - *"I would have been on heroin if I wasn't here. It does push you now and again... Since I'm getting stable now I'll start to come off soon" (Participant 39)*
 - *Referral to other services*
 - *"(It's helping me) by letting me see the counsellor... she passed me on to other people who are giving me support" (Participant 3)*

Service not helping

- 17% no
 - *"...it's the same thing every week. Throwing a mouthful of phy down me isn't going to help me "(Participant 31)*
 - *"All I see is a doctor for five minutes here - I get all the other support I need at (names another service) from counselors and in one to one sessions. Its daily support you get there"
(Participant 15)*

Need a change of environment

- *"Get somewhere to go...to get away from everyone and then have somewhere safe to come out to" (Participant 25)*

Supervised urine testing

- 83% say its necessary

- No problem

“It’s no problem. Its part of it” (Participant 12)

“If it has to be done it has to be done. It’s alright. I’ve no problem with it.” (Participant 21)

- Some reservation

“I don’t mind but it’s degrading” (Participant 10)

“I feel a bit paranoid about it” (Participant 23)

- don’t like

“I’m not comfortable with someone looking at me” (participant 2)

“I don’t like it full stop. It’s degrading”(participant 7)

Daily supervision of methadone consumption

- 61% say -necessary / fair

"I think it's fair. You need some sort of consequences" (Participant 16)

"That's the right thing to do because if I hadn't been thrown off or supervised (daily) I would still be using"(Participant 39)

"Because it makes me think twice about using with the trouble of going to the chemist everyday"(Participant 37)

- 34% say -not helpful

"I think it helps you meet more people where drugs are available and it can be tempting" (Participant 13)

*It frustrates more than anything else. You just say f*ck and go and use.. rebel against the punishment (Participant 17)*

Conclusion

- All patients had ceased or reduced illicit opiate use
- High level of satisfaction expressed by service users
- However, high consumer satisfaction levels in drug or alcohol services are not a good predictor of service performance
- Sense of involvement centres on 'deciding the methadone dose' ... the more stable the less involved..
- Most, wanted to be drug free and did not want to be maintained indefinitely on methadone.

Conclusions

- Rules and regulations that would be unacceptable in other chronic medical conditions were accepted.
- A gap between what patients said they wanted (abstinence) and what they were experiencing (maintenance).
- Patient satisfaction can only really be assessed in the context of patient choice.

Conclusions

- In line with a patient centered approach, treatment providers should set their sights ***beyond the safe delivery of medicine***, in this case methadone, to provide a service which is centered on the patient goals and expectations.
- Involvement in treatment decisions and care is likely to build patient confidence and their sense of responsibility for the management of care. At the very least it is likely to ***narrow the gap between patient goals and service goals***.
- ***Patient choice*** on type of treatment experienced and how this can be delivered should be made more explicit in the treatment of opiate addiction in Ireland.