

2.2 Treatment staff matter as much as the drug

- Findings** US studies show that the impact of methadone maintenance depends on the people delivering it as well as on the drug.
- Study ① confirmed the findings of a landmark study (▶ *Secondary sources* ①) in a larger and different selection of clinics. The numbers of cocaine or heroin positive urines (indicators of poor response to treatment) from clients admitted three to four years earlier at 17 New York clinics were related to the characteristics of the clinics and of their staff. More frequent counselling and more experienced clinic directors more involved with treatment were linked to better outcomes, but in different ways. An active and experienced counsellor in regular contact reduced cocaine rather than heroin use, probably because the latter was already minimised by methadone. Apart from client contact (particularly influential early in treatment), directors were thought to influence outcomes by establishing a positive therapeutic tone.
 - In study ① good outcomes were associated with longer stays.
 - Study ② directly addressed retention in a new analysis of the same dataset. Patients stayed much longer at clinics which (as revealed in case notes) responded constructively to their problems. Such responses (eg, increasing doses, offering and arranging further help) exerted a far more significant influence than patient characteristics by (it was thought) preventing problems escalating and fostering partnership between patients and staff.
 - Study ③ of a US methadone clinic found that, regardless of dose, which counsellor clients had been allocated had a significant impact on retention and illegal opiate use; positive urinalyses ranged from 11% for the clients of one worker to 60% for another. Allocation was random, increasing confidence in the findings.
- In context** Studies ① and ② were hampered by an insensitive indicator of drug use (urinalysis) and a restricted range of clinics, probably obscuring the impact of differences between clinics. The impact of counselling styles might have been far greater had the studies been able (like study ③) to associate outcomes with individual counsellors. All three studies add to a convincing body of evidence that how a clinic is managed (well organised, responsive to patients, greater client control over regime and dose, more services, therapeutic and harm reduction in orientation) and the attributes of the counsellors (knowledgeable, warm, supportive) can improve retention and outcomes, findings broadly consistent with what little is known of the preferences of patients in the UK. **LINKS** *NTORS* p. 16. *Nuggets* 1.4, 2.1

- Practice implications** How a methadone clinic is run and the attributes and approaches of its counsellors can effects on outcomes which rival that of dosage. Within any dose regime, project managers and workers have a significant role to play. Their training, morale and resources are important outcome determinants. Positive characteristics can be fostered often at little or no extra cost and sometimes (as in allowing optional counselling) at lower cost. To manage increased retention, clinic managers could develop criteria (▶ *Secondary sources* ②, p. 331) for planned discharge of patients who show signs of being able to manage without methadone and provide them with aftercare, rather than tolerate clinic regimes which create high drop/throw out rates.

Main sources ① Magura S., et al. "Program quality effects on patient outcomes during methadone maintenance: a study of 17 clinics." *Substance Use and Misuse*: 1999, 34(9), p. 1299–1324 ② Magura S., et al. "Pre- and in-treatment predictors of retention in methadone treatment using survival analysis." *Addiction*: 1998, 93(1), p. 51–60 ③ Blaney T., et al. "Methadone maintenance: does dose determine differences in outcome?" *Journal of Substance Abuse Treatment*: 1999, 16(3), p. 221–228. Copies: for all apply IS DD.

Secondary sources ① Ball J.C., et al. *The effectiveness of methadone maintenance treatment: patients, programs, services and outcomes*. New York: Springer Verlag, 1991 ② *Nuggets* 2.1, *Secondary sources*.

Contacts ① and ② Stephen Magura, National Development and Research Institutes, Two World Trade Center, 16th Floor, New York 10048, USA, fax 00 1 212 845 4698 ③ Robert Craig, Outpatient Drug Abuse Program, 2320 W. Roosevelt Road, Chicago, IL 60608-1131, USA, e-mail craig.robert@chicago-west.va.gov.