Why can't patients last the wait?

Decreasing substance abuse treatment waiting list attrition

Nicole A Guitar

Faculty Reviewer: John Campbell, PhD (Department of Psychology)

ABSTRACT

One million people in North America are currently waiting for publicly funded substance use treatment. Unfortunately, long waiting times have been listed as the number one reason for not seeking treatment for substance use problems. While it is possible that successful abstinence during the waiting period convinces patients that they do not need treatment at all, more emphasis must be placed on interventions that can bridge the gap between initial contact by patients for substance use treatment and treatment intake. Recommendations in this review include: (1) decreasing the length of time between a patient's initial contact for treatment and the pre-intake interview, (2) initiating regular phone contact with patients, and (3) decreasing resentful demoralization in patients who are ready for change but who are forced to wait for treatment.

INTRODUCTION

Treatment for substance use problems is critical for reducing and preventing drug-related harms. However, in North America waiting lists for substance use treatment experience a 50% attrition rate.¹⁻⁵ Kaplan and Johri (2000) found that the average tolerance for waiting for treatment is one month, and that 40% of substance users will drop from a waiting list within the first two weeks of being on one.⁶ According to the Center for Substance Abuse Treatment approximately one million people are waiting for publicly funded treatment. Longer waiting times are consistently associated with a lower likelihood of treatment entry and are indicated as the number one deterrent from seeking treatment.⁷⁻¹¹ In a 2009 study with 120 heroin users seeking methadone treatment, only 20.8% of those placed on a waiting list entered treatment four months later.⁷ The patients indicated that the idea: "I will have to be on a waiting list for treatment" was their greatest barrier to treatment entry.⁸ Similarly, the most frequently stated reason for not seeking help is the expectation of a long waiting time.¹⁰ Patients seeking substance use treatment also experience high psychosocial distress while on waiting lists.¹¹

Whether attrition occurs because of demographic, socio-economic, social support, substance related or mental health predictors, discovering how to prevent waiting list attrition could aid treatment facilities to designate treatment sooner and more efficiently. Some researchers argue that demographic factors can predict waiting list attrition.¹²⁻¹⁵ Socio-economic and social environment factors have also been considered as predictors for waiting list attrition.^{12,16,17} Substance related predictors such as: abstinence,

harm reduction, past treatment, history of overdose, readiness for change and drug of choice have also been examined alongside mental health status, the number of suicide attempts, mental health diagnoses and past treatments attempts.^{12,16-19} Unfortunately, there remains no conclusive answers regarding who is the most at risk for substance use waiting list attrition and much of the current data conflicts. Therefore, current approaches should emphasize methods that can be used to decrease substance abuse treatment waiting list attrition in general, as opposed to identifying those most at risk.

WHY PATIENCE IS NOT ENOUGH

Various theories have been proposed to explain why patients disappear from waiting lists at such high rates. Redko, Rapp and Carlson (2006) hypothesize that the request for abstinence during the waiting period convinces patients that their successful abstinence is a sign that they do not require treatment at all. The researchers also suggest that the longer a waiting time becomes, the more opportunities patients have for other life events to arise that interfere with treatment entry.¹⁶ These authors further argue that if self-help groups are implemented during the waiting period, then patients show a decreased rate of attrition. Housing assistance, case management, regular phone contact, motivational interviewing and parental involvement for youth cases all decrease waiting list attrition.^{2,20,21} In contrast, research also suggests that too many demands or requirements of patients during the waiting period is a deterrent for waiting.⁸ In a pre-treatment survey, 16% of patients indicated that "I will have to go through too many steps to get into treatment" was a large barrier to entering treatment, along with the fact that they would have to be on a waiting list in the first place (34.3%).⁸ An inability to access substance use treatment is commonly associated with increased substance use.²²

RECOMMENDATIONS FOR BRIDGING THE GAP

Schedule Pre-Intake Interviews Immediately

Scheduling pre-intake appointment interviews immediately when new patients request them could have a profound influence on patient success. Patients are 33% less likely to arrive for intake appointments scheduled only 24 hours after an initial phone call requesting one.²³ Therefore, these appointments must happen immediately to ensure patients make it into treatment. Albrecht, Lindsay and Treplan (2011) suggest that the length of time between placing a call to a treatment facility and the scheduled pre-intake interview is a significant predictor of pre-intake dropout.²³ Initial appointments must be made as soon as patients seek them. When

patients are ready for change they need to be validated and assisted immediately. Research shows that if a patient indicates they are ready for change and are told they will be on a waiting list, the effect is detrimental.

Initiate Weekly Phone Contact

Patients on a waiting list must receive weekly phone calls from the treatment facility and must not be responsible for maintaining contact. When patients are called by the facility every week, they are 30-40% more likely to enter treatment when compared to situations where the patient is responsible for maintaining contact.²¹ In a study of 654 patients waiting for publicly funded drug treatment in Washington, D.C., 70% of patients successfully entered treatment when they were regularly contacted by telephone.² Donohue²¹ suggests that reminder phone calls 2-3 days prior to patient's first appointment also produce 30-40% higher attendance rates when compared with patients who did not receive reminder phone calls.

Prevent Resentful Demoralization

Patients must be treated as though their treatment has started even when they are on a waiting list. Evidence shows that patients who are ready for treatment and are placed on a waiting list use an average of 6 more drinks per week.²⁴ Participants in a *Check Your Drinking* online intervention were asked to monitor and record their alcohol consumption habits. Two groups of alcoholics participated in this study, and for one group the mere act of being told they were on a waiting list while completing the online intervention caused them to drink an average of 6 more drinks per week, despite both groups being provided identical online interventions. The researchers termed this phenomenon "Resentful Demoralization". It cautions against putting motivated patients on waiting lists and has profound implications for their treatment success.²⁴ It also has implications for the language health care providers use with patients who are on waiting lists for treatment.

CONCLUSION

Preventing waiting list attrition is an important step in reducing and preventing substance-related harms. Recent research from Israel shows that there is significant threat to patients' lives while they are on waiting lists.⁹ Of 608 patients seeking opiate treatment, only 60.2% were admitted to treatment. Of the 242 individuals remaining on a waiting list after two years, 24 died. The mortality rate was 10 times higher for non-treated addicts compared to those who were admitted to methadone maintenance treatment.⁹ For those patients who were not admitted to treatment, 47.9% were unable to be contacted, 18.2% reported newfound abstinence, 0.04% were rejected for violent behaviour and 5.4% of the patients on the waiting list died. This highlights the need for easily accessible, publicly funded substance use treatment. Therefore, a goal must be determining how to decrease substance use waiting list attrition. Scheduling pre-intake interviews immediately, initiating weekly phone contact and preventing resentful demoralization are excellent steps forward in the prevention of waiting list attrition.

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