

Opioid abuse can be treated successfully in primary care settings, study finds

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Combining substance abuse treatment with regular medical care can successfully treat people with opioid or alcohol addiction, providing an option that might expand treatment and lower the cost of caring for people caught up in the nation's opioid epidemic, according to a new RAND Corporation study.

Patients who enrolled in a program that combined substance abuse [treatment](#) with primary [medical care](#) were more than twice as likely to receive treatment for opioid or alcohol abuse, as compared to peers who received usual [primary care services](#), according to the study.

The patients in the collaborative care model also were significantly more likely to report abstinence from opioids or alcohol six month after beginning care, a key marker to successful recovery. The findings are published online by the journal *JAMA Internal Medicine*.

"This new model of integrating treatment for substance use disorders with a patient's primary medical care could expand access to [drug treatment](#) at a lower cost and in a more accessible fashion," said Dr. Katherine E. Watkins, the study's lead author and a senior physician scientist at RAND, a nonprofit research organization. "This is a way to increase access to evidence-based substance use treatment, without having to convince patients to go to a specialized drug treatment center."

Deaths in the United States are rising from increases in drug overdoses and alcohol-related liver disease, yet many substance use disorders

continue to be under identified and undertreated.

While treatment in [specialty care](#) settings is important for people who have severe dependence, researchers say that access to such care is limited and the stigma associated with drug treatment means that specialty care alone is insufficient to address the nation's treatment needs.

The RAND study involved 377 people with opioid or alcohol abuse disorders who received medical care at two locations operated by a safety-net medical provider in the Los Angeles area. The clinics were part of a federally qualified health center.

Participants were randomly assigned to receive their medical care from either the clinics' usual primary care providers or from providers who were partnered with therapists and care coordinators who received special training to provide evidence-based substance use treatment.

The collaborative care system was designed to increase delivery of a six-session brief psychotherapy treatment and/or medication-assisted treatment to reduce cravings for opioids or alcohol. Patients receiving usual care were told the clinic provided substance use treatment and were given a phone number to schedule an appointment, as well as a list of community referrals.

Most of the patients in the study had challenges that were viewed as an obstacle to receiving successful treatment, with nearly half of the group being homeless at the time of enrollment.

Among those treated in the collaborative care model, 39 percent received some type of [substance abuse treatment](#), compared to 16.8 percent among those treated in the usual primary care system.

After six months, 32.8 of the participants in the collaborative care model reported that they had abstained from opioids or alcohol in the previous month, compared to 22.3 percent treated in the usual primary care system. Researchers say that among people with substance abuse problems, abstinence is linked to a lower likelihood of relapse compared with nonproblem use.

"Our findings suggest that it is possible to successfully treat people who are addicted to opioids or [alcohol](#) in a primary care setting," Watkins said. "The collaborative care model can be a lower-cost and more-accessible way to treat [opioid](#) addiction than expanding the nation's supply of specialty care clinics."

Provided by RAND Corporation

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