CLIENT PERSPECTIVES ON DETOX: PRACTICAL AND PERSONAL IMPLICATIONS

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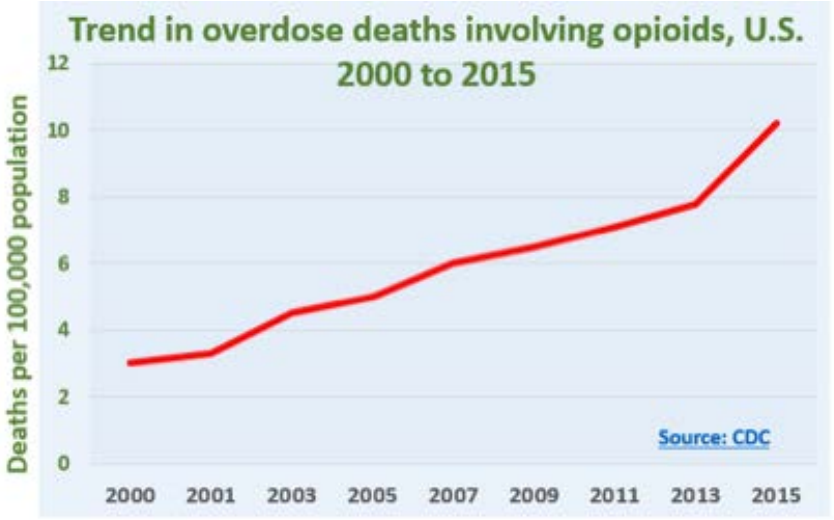
Background

America's Deadly Addiction



- In **2015**, **20.5 million** Americans had a **substance use disorder** (SUD); **2 million** had a SUD *involving prescription pain relievers*.
- In **2016**, over **64,000 drug overdose deaths** were reported.[1]
- The drug **overdose death rate increased 21%** from 2015 to 2016 *(16.3 vs. 19.8 per 100,000).*[1]

The State of Florida

Drug Overdoses in Florida, 2014 - 2017[2]

Year	Number of Deaths	Death Rate
2014	2,530	13.2
2015	3,228	16.2
2016	4,278	23.7
2017	5,088	25.1

Detox Briefing

- Detox must be completed before treatment can begin.
- Only the **first phase** of comprehensive care.
- The process can be uncomfortable, difficult and complex.
- Duration can vary.
- A person is typically at the highest risk for a drug overdose **after detox**.
- Some patients are not able to complete detox successfully on the first try. **This is normal.**

Seeking a Solution...

"It's important to meet people where they're at, but not *leave them* where they're at."

Behavior Change Science tells us **information is not enough**, and neither are well-intentioned advice, scolding or scare tactics.

Behavior Change Theory

Self-Determination Theory[3]	*Drive for Autonomy*
Patient Activation Model[4]	*Activation*
Transtheoretical Model[5]	*Stages of Change*
Values Theory	*Priorities and Values*
Health Belief Model	*Pros and Cons*
Self-Perception Theory	*Verbalizing Benefits*
Social Cognitive Theory	*Self-Efficacy*
Implementation Intentions Model	*Planning*

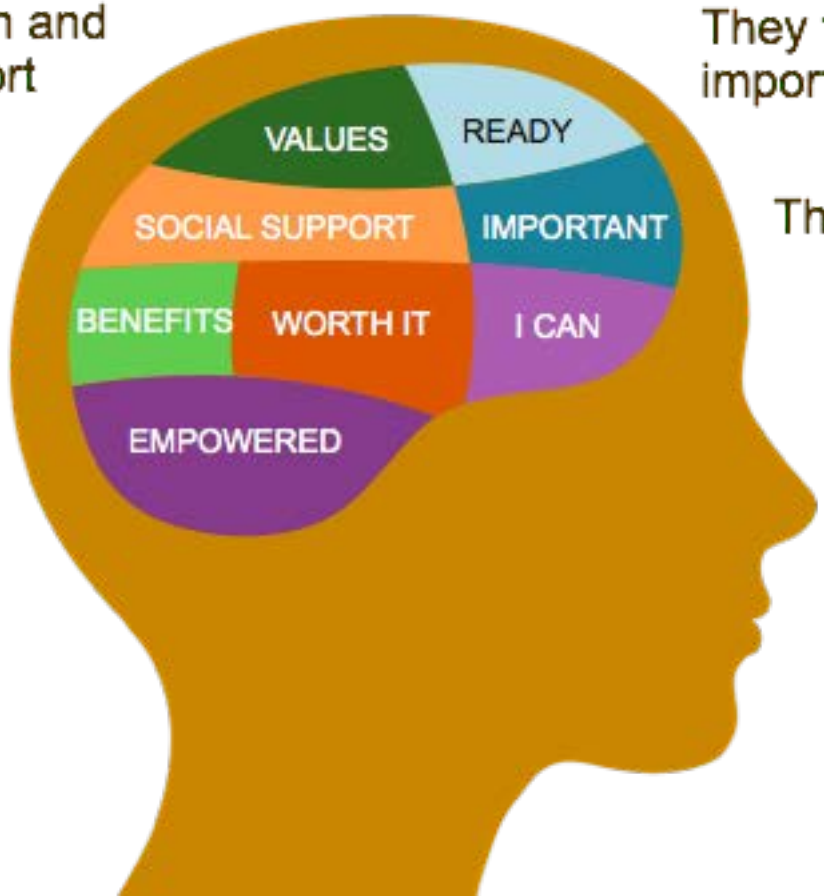
People Change Because...

Their values support it

They are ready for it

They have a good plan and adequate social support

They think it's important



They verbalize the benefits of the change

They think they can

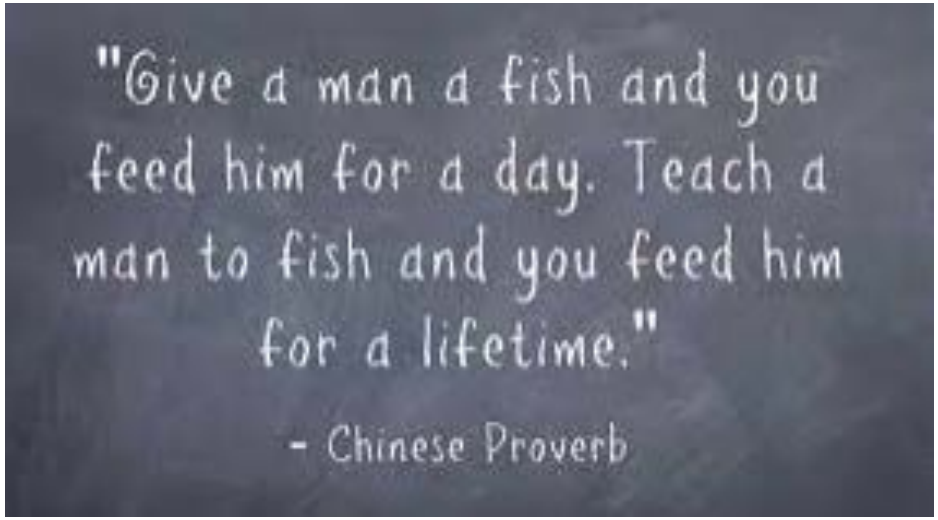
They believe they need to take charge of their health

They think the change will be worth it

They want to be independent

Patient Engagement

"**How much information** flows between client and provider, **how active a role** the client has in care decisions, and **how involved** the client or client organization becomes in health organization decisions and in policymaking." [6(p.224)]



Supporting Evidence

True Patient Engagement > Complying to Recommendations

- Shown to be effective in disease management, lifestyle change, and medication adherence[7,8]
- **Imperative to addiction recovery**
  - Goal setting
  - Treatment plans, adherence, and retention[9-11]
  - Patient-practitioner collaboration → therapeutic alliance → enhanced engagement in treatment plans[12,13]

Purpose of the Study

- Give a **voice** to clients in detox
- Share personal and practical facilitators and barriers to **client-defined success**
- Highlight areas for improved patient-centered care and client engagement

Research Questions

- How do **clients perceive** operations within the facility?
- What are the levels of **patient engagement** during detox?
- While in detox, what do patients perceive to be facilitators and barriers to their **own success in recovery**?

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Methods

Setting: ACTS

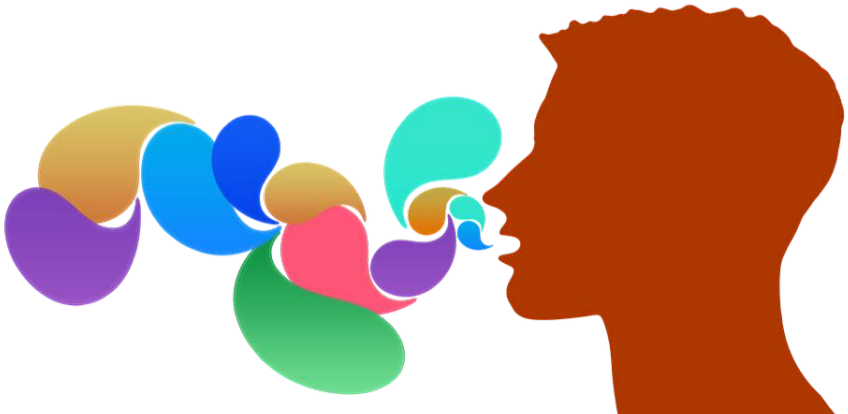
- **2nd largest** addiction treatment organization in Hillsborough County; *only* state-funded **locked detox facility** in County
- Serves both **self-referred** and **court-mandated** clients
  - *⅔ of clients are self-referred*
- Detox lasts **3 to 5 days** and serves as a transition to outpatient treatment services
- Retention indicators that client engagement may be an issue
  - Nearly 50% of self-referred patients leave AMA
  - Only 8% MAT retention at 80 days

Sample

- Targeted transition-age youth with SUDs who are provided care during inpatient acute detox
- **5** focus groups, **70** focus group participants
- **Detox Demographics:**
  - **73.3%** White, **11%** Black, and **13.9%** Multiracial/Hispanic
  - **36** years old on average; **15.7%** transition-age
  - **62.4%** self-referred
  - **25.1%** without housing
  - **40.6%** alcohol, **19.7%** heroin, and **14.9%** marijuana/hashish

Data Collection

- Audio recordings and notes were taken by the researchers
- Focus groups took place after med. pass and before lunch
- Participation in groups was **voluntary**
- Both researchers **transcribed the audio recordings of focus groups separately**



Focus Group Protocol

1. What do you think are the most important things for us to know about your experience here?
2. How would you describe your experience at ACTS detox thus far?
3. How would you describe your treatment since arriving at ACTS detox?
4. What services have you received since arriving at ACTS detox?
5. How could the staff here better support your recovery?
6. In what ways do you feel prepared to pursue recovery after detox?
7. What are your thoughts about MAT?
8. How are you feeling about your ability to retain your recovery status upon discharge from detox?

Data Analysis

- Common themes were noted and organized into one of two domains: personal and practical.
- Then, their deciphered transcripts were compared and a consensus on themes was reached.
- A codebook was created and IRR was achieved at 90% consistency.
- Together, they coded transcripts and sorted them by these themes to inform key findings.

Codes

Practical	Personal
Facility Resources	Personal Motivation
Medication-Assisted Treatment	Familial/Relationship Influencers
Length of Detox	Client-Staff Interactions +
Services Received in Detox	Client-Staff Interactions -
Treatment Services After Detox	Peer/Community Support
Social Services After Detox	Lived Experience of Staff
Systemic Issues	Stigmatizing
Comparisons to Other Facilities	Normalizing

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Results

Frequencies

	Frequency	%		Frequency	%
Practical	149	66.5 %	**Personal**	75	33.5%
Treatment Services After Detox	26	11.6%	Personal Motivation	33	14.7%
Medication-Assisted Treatment	24	10.7%	Peer/Community Support	14	6.3%
Facility Resources	22	9.8%	Familial/Relationship Influencers	8	3.6%
Services Received in Detox	20	8.9%	Client-Staff Interactions +	7	3.1%
Social Services After Detox	20	8.9%	Client-Staff Interactions -	5	2.2%
Systemic Issues	15	6.7%	Lived Experience of Staff	3	1.3%
Length of Detox	12	5.4%	Stigmatizing	3	1.3%
Comparisons to Other Facilities	10	4.5%	Normalizing	2	0.9%

Practical

One-on-One Services

"They need to be **more one-on-one and active** in getting you placed. Counselors know who to contact, what number to call, and which person to talk to at that number. **We know nothing**."

"I think it'd be beneficial if the counselors we worked with while we were here helped us get placed into a facility. That was my understanding and the reason I came here, because I needed a sober living facility. But **they just handed me a list of facilities.** You have to sit and wait for people to get off the phone, and it's not a good phone system so you really can't hear. **We just don't have resources like that.**"

Practical

Facility Environment

"We're alcoholic and addicts and **99.9% of us in here smoke**. I know it's a non-smoking facility but **they should at least give us one or two** [cigarettes per day]."

"The little [nicotine] patch that they give you doesn't do sh*t."

"You can't sleep with [the patch] on, so if I go to take a nap and I take it off...**all those nightmares**, **I can't put it back on**."

Practical

Facility Environment

"**It's not the most comfortable environment.** Maybe some softer chairs, some window tint. **It really has a hospital-like atmosphere**. I mean, they try to have things at a level where you are not enjoying yourself."

"There **are not even enough chairs** for everyone to sit down [in the lounge]. It's **always like 32 degrees**, and we are not allowed to have a blanket out here."

Practical

Continuity of Services

"I think [ACTS] is a good place for recovery. **It gives everyone a reason and time to think about what to do next,** but I do think it should be longer than 5 days for the people that need it."

"It's just sad that you come here for 4 or 5 days and then you go right back to the street. **Ain't no sense in coming here. You're back out there with the same problems you came in with.** The only good about it is they made money off of you. It's not good for *you*, but it's good for them."

Practical

Continuity of Services

"I got a few numbers and called this morning. They just told me to keep calling back. Not sure what good that does. They tell people it's dangerous to go back out on the street, but nobody's helping me. **You go back out on the streets and it's the same cycle all over again**."

"**I am somebody that really really wants help, and I just need a helping hand.** Being in here for 3, 4, 5 days, puts you right back out where you came from."

Practical

Medication-Assisted Treatment

"**Methadone? I think it's the plague. Suboxone too.** People can also get hooked on that. I see people on the streets that will pay for a little piece of Suboxone, fifteen dollars of Subutex, they're trading their dad's rifles for Subutex, and it doesn't even do anything for you...**it just says to your mind like, 'hey, I don't need to use', but in a way they've gotten addicted to that, which is crazy.**"

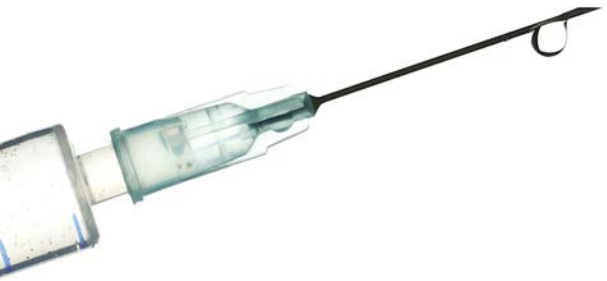
"Methadone will rock your world."

Practical

Medication-Assisted Treatment

"**That's hypocrisy, that's what I call it.** They try to give me stuff for alcohol. **I am just going to tough it out. I ain't taking nothing for it.** What did they use to get you off of drugs before they came out with this stuff? You gotta think!"

"The methadone is crazy all in itself because people get so high off that."



Personal

Interactions with Staff

The woman in the back, she's polite. But that lady, she be on something entirely different. She lacks sensitivity. Like I said, **the key to understanding is sensitivity**."

"I want to be held accountable. I want accountability, but I need the support. Yes, support. Somebody positive, not negative."

"They know everyone's not feeling good so they try to be flexible. They are always asking you what's wrong, At DACCO, you don't experience that "

Personal

Goals and Motivation

"**I don't wanna die on the street**. If I keep drinking, walking the street...nowhere to stay, I'm going to end up on the streets...health failing due to the alcoholism, that's what keeping me going, I don't wanna live like that. **I don't wanna be a statistic**."

"I don't want to repeat this cycle...this cycle has to be broken."

"I want to be happy. Everyone wants to be happy. God don't want us to suffer or our families to suffer."

"I want long-term help that is going to help me transition back into the workforce and be a productive citizen. I'm not asking for a handout. **I just really need to deal with my issue, and then I can transition back into society. But I need the help**."

Personal

Community Implications

"Sometimes the **people who enable us are sicker** than we are. They are loving us to death."

"**One addict helping another** addict is the best medicine."

"Addiction touches **everybody**."

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Discussion

Summary

Findings were consistent with:

Self-Determination Theory

- Clients voiced a strong desire for autonomy.

Patient Activation Model *(Confidence, empowerment, knowledge and skills)*

- Clients wanted dignity, respect, and positive regard, but they also needed tangible knowledge and resources.

Transtheoretical Model *(Stages of change)*

- Clients reported feeling the least positive about experiences when they were not met with resources/attitudes consistent with their stage of change.

Limitations

- **Selection bias** due to voluntary participation
- **Response bias**
  - Setting (main lounge area)
  - Self-report measures

Future Research

- **Longitudinal study focused on client recovery post-detox**
  - Evaluation of patient satisfaction/perceptions of care in correlation with recovery outcomes

- **Evaluation of patient EHRs** to determine correlations between services received and recovery outcomes *(i.e. retention, abstinence, other determinants of health)*

Implications

Practice

- *Show reasons for low retention rates*
- *Better understand patient needs*
  - *Housing*
  - *Autonomy*
  - *Differences between age groups*
- *Improve patient-provider interactions*
- *Improve protocol and daily operations*
- *Greater adherence to evidence-based approaches*

Implications

Research

- *Contributions to Translational Research*
- *Improve implementation of person-centered service*
- *Operationalizing the patient's perspective*

Policy

- *Long-term solutions (more emphasis on behavioral therapy)*
- *Monetary support (i.e. grants/funding, insurance)*
- *Harm reduction support*
- *Provider education*

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