

Inducement Price to enhance community-based methadone service effectiveness in China: a cluster randomized controlled trial

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Field-building dimension: Cutting-edge research

Research topic: B. Community-based health systems

Abstract

Background

Community-based methadone maintenance treatment (MMT) in China faces problems of poor retention and high rates of continued drug use. We evaluated the persistence and effectiveness of an adapted inducement price intervention on improving community-based MMT service effectiveness.

Methods

A two-group cluster randomized controlled trial was conducted in Guangdong province, China, between May 15, 2011 and May 19, 2013. MMT clinics were randomized in a 1:1 ratio to inducement price intervention and usual treatment (control). The protocol lasted 48 weeks, including a 24-week intervention following by a 24-week monitoring. Clients in the intervention group had the opportunity to draw for prizes contingent on attending treatment daily and testing negative for drug. The primary and secondary outcomes were retention and negative urine testing rate at 24 and 48 weeks.

Results

Eight clinics with 391 clients were randomized and analyzed (four clinics with 160 clients to intervention, four clinics with 231 clients to control). At 24 weeks, the intervention group had significantly higher retention (75•4% vs. 54•2%) and negative urine testing rate (87.1% VS. 66.4%) than the control group. The effectiveness of the intervention persisted longitudinally. At 48 weeks, retention (56•7% vs. 41•7%) and negative urine testing rate (91.7% vs. 62.9%) for the intervention group were still significant higher than the control group. After controlling for client- and clinic-level factors, clients received the intervention were 1.5 (95%CI: 1.1~2.0) times more likely to maintain in MMT and 2.3 (95% CI: 1.8~3.1) times more likely to reduce concurrent drug use.

Discussion/conclusion

Inducement price, during or after the intervention, was effective at helping clients to maintain in community-based MMT and reduce drug use. By improving retention, the intervention would provide better opportunities for drug users to use health services are (or will be) integrated in community-based MMT and improve their health.