BRITISH COLUMBIA CENTRE ON **SUBSTANCE USE**

Networking researchers, educators & care providers

SUMMARY

IDU TAKING METHADONE LESS LIKELY TO MOVE INTO REGULAR JOBS THAN IDU TAKING NON-METHADONE TREATMENTS

BACKGROUND & METHOD

- One of the goals of addiction treatment is to help people reduce their drug use and gain employment.
- Work may also help reduce involvement in risky activities such as drug dealing and sex work.
- We undertook this study to explore whether people in addiction treatment were more likely to move into regular jobs than people not in addiction treatment.
- Every six months between May of 1996 and May of 2005, we asked 1,599 people who use injection drugs (IDU) in the Vancouver area if they were enrolled in addiction treatment, and if so, what type of treatment.
- At the same time, we also asked them if they earned income from a regular job.
- We then explored the relationship between work and addiction treatment.

QUICK FACT

IT IS IMPORTANT TO CONSIDER WAYS TO REDUCE ANY INTERFERENCE BETWEEN TREATMENT AND WORK.

FINDINGS

- Our initial results suggested that people in addiction treatment were no more likely to move into employment than those that were not in treatment.
- However, when we looked at different types of treatment separately, people taking methadone were less likely to move into regular jobs than those in other types of treatment.
- People in non-methadone types of treatment were more likely to move into regular jobs than those in methadone treatment.

IMPLICATIONS

- It may be the requirement to take methadone daily in a supervised environment that infers moving into employment.
- It is therefore important to consider ways to reduce any interference between treatment and important activities such as work.
- It is also important to explore alternatives to methadone, such as buprenorphine or extended-release naltrexone, in order to facilitate positive treatment outcomes.

Richardson L, Wood E, Montaner J, Kerr T. **Addiction treatment-related employment barriers: The impact of methadone maintenance.** *Journal of Substance Abuse Treatment,* 2012; 43(3): 276-284.

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