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## WITHDRAWAL MANAGEMENT SERVICES AND THE EFFECT OF DISTANCE

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*This short rapid response research brief was conducted for Wellington Guelph Drug Strategy Committee. It investigates the effect of geographic proximity of withdrawal management services on treatment for addictions. Currently, no withdrawal management services exist in Guelph, with the closest facility located in Kitchener. Distance is examined as a barrier to accessing addictions treatment in general and withdrawal management services in particular in the following report. Potential solutions for mitigating this barrier are also presented.*



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## INTRODUCTION

In 2005, the Province of Ontario conducted a review of withdrawal management services. This in-depth look at withdrawal management services revealed strengths and weaknesses in the province's drug strategy as it relates to withdrawal management. Geographic distance was cited among the gaps in service identified by the report<sup>i</sup>. Among the concerns raised about proximity to services is the "first come, first served" policy employed by most withdrawal management service facilities, which can result in individuals being turned away from treatment if they are delayed in their arrival<sup>ii</sup>. While the report focused on the dearth of withdrawal management services in Northern Ontario, Manitoulin Island and the Chatham/Sarnia area, geographical gaps also exist in the Guelph area. Currently, individuals in need of withdrawal management services must travel to Kitchener to access care. The Withdrawal Management Center at the Grand River Hospital provides 24 hour, 7 days per week withdrawal management, but is located 25 km outside of the City of Guelph. Hence, this report will explore the question: Does geographic proximity impact a person's ability to access withdrawal management services? Further, are there ways in which this impact can be mitigated?

## METHODOLOGY

Google and scholarly journal searches were performed in order to determine the effect of distance on accessing addictions treatment. Articles from newspapers, governmental agencies and non-governmental organizations and scholarly journals were accessed. Originally, the research question focused solely on access to withdrawal management, but little empirical data directly examined distance as a barrier to specific types of addictions services. Expanding the research question to incorporate treatment in general revealed links between distance to treatment, treatment outcomes and retention.

## DISTANCE AND ACCESS TO TREATMENT

Over the past few years, the body of literature surrounding distance as a barrier to access to addictions treatment has been growing. Beardsley et al. (2003) found, in a Baltimore study of the relationship between distance traveled and access to outpatient drug treatment, that individuals who traveled more than 4 miles were at a higher risk of premature drop out<sup>iii</sup>. The barrier effect of distance increased as socioeconomic status and availability of client resources dropped, indicating that having to travel a greater distance is most detrimental in terms of access to treatment for those living in poverty<sup>iv</sup>. Another study indicated that travel distance can also act as a barrier to treatment for adolescents, as they may be less able to access transportation<sup>v</sup>.



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Jacobson (2004) studied the “treatment ecology” for addictions services, examining the relationship between a client’s home setting and treatment setting. Among his findings, travel was one of the primary obstacles to seeking or staying in treatment<sup>vi</sup>. The difficulty associated with travel can stem from either distance alone, or from lacking transit infrastructure between the client’s home and treatment program. Travel time was found to carry a heavy burden for those who live a long distance from treatment, not only financially but by way of lost wages, leisure time, time spent on daily tasks and time spent attending supportive groups<sup>vii</sup>.

In BC in 2006, the Premier’s Task Force on Homelessness, Mental Illness and Addictions identified the ways in which distance can impede access to addictions treatment and called for more detox services among its recommendations for service improvements<sup>viii</sup>. The findings Ontario’s withdrawal management services review which indicate significant geographical gaps in service provision and the effect of distance on treatment raise the question of how these gaps can be overcome. As it is not always practical to substantially increase the number of facilities offering services to those in need, other methods have been explored to attempt to mitigate these service gaps.

## MITIGATING FACTORS: BRIDGING THE DISTANCE

Several studies have examined ways to increase accessibility to treatment for those who live in areas with service gaps. Jacobson’s (2004) study identified ways to bridge this gap, finding that treatment facilities that offer transportation services had higher treatment service attendance<sup>ix</sup>. When treatment facilities are located near clients’ place of employment or community resources, the detrimental effects of distance on addictions service users are also partially offset<sup>x</sup>. Other studies have revealed similar findings, reporting the positive effects of providing “enabling services” such as outreach, transportation, case management and discharge planning<sup>xi</sup>, and developing capacity expansion initiatives to increase services for vulnerable populations<sup>xii</sup>.

Recognizing the differences that exist among populations and contexts can also help to design appropriate facilities. The urban model of 24 hour, centralized withdrawal management services may not be appropriate for all settings, causing some municipalities to re-evaluate the organization of their services to avoid “run[ning] into problems with costs, with access, with transportation.”<sup>xiii</sup> The Ontario Federation of Community Mental Health and Addictions Developing withdrawal management services for more remote communities or smaller municipalities has been noted<sup>xiv</sup>.



## CONCLUSION

While little empirical research demonstrates distance as a barrier to access for withdrawal management services in particular, a significant number of studies point to the effect of geographic proximity on diminishing access to and outcomes of addictions treatment in general. In order to mitigate the problem of distance, providing enabling services such as transportation to and from treatment may help clients to access the services they require. Furthermore, if service capacity is to be expanded in an area with a current service gap, it is important to consider geographical context in order to minimize other barriers to access to treatment.

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<sup>i</sup> McGuire, Martha, David MacCoy, Susan Scott, Melissa McGuire and Nan Prasad. 2005. "A Review of the Withdrawal Management System in Ontario: Final Report." *Cathexis Consulting, Inc.*

<sup>ii</sup> Ibid p. 29

<sup>iii</sup> Beardslet, K., E.D. Wish, D.B. Fitzelle, K. O'Grady and A.M. Arria. 2003. "Distance Traveled to Outpatient Drug Treatment and Client Retention." *Journal of Substance Abuse Treatment* 25(4): 279-85.

<sup>iv</sup> Kidman, Rachel. 2004. "Clients on the Move." *The Wager* 9(42).

<sup>v</sup> Simansky, Jennifer Ann. 2008. "Rural Adolescent Perceptions of the Availability and Accessibility of Substance Abuse Treatment." *Dissertation, Indiana University of Pennsylvania*

<sup>vi</sup> Jacobson, Jerry. 2004. "Place and Attrition From Substance Abuse Treatment." *Journal of Drug Issues*. 34(1): 23-49.

<sup>vii</sup> Ibid

<sup>viii</sup> Premier's Task Force on Homelessness, Mental Illness and Addictions. 2006. "Local Government Forums on Homelessness."

<sup>ix</sup> Friedmann et al. 2011; 2000; Umbricht-Schneiter et al. 1994, quoted in Jacobson (2004) "Place and Attrition From Substance Abuse Treatment"

<sup>x</sup> Jacobson (2004) "Place and Attrition From Substance Abuse Treatment."

<sup>xi</sup> Wells, Rebecca, Rajeshwari S. Punekar, and Joseph Vasey. 2009. "Why Do Some Health Centers Provide More Enabling Services Than Others?" *Journal of Health Care for the Poor and Underserved* 20(2): 507-523.

<sup>xii</sup> Sears, Clare, Thomas Davis, Joseph Gudysh, and Alice Gleghorn. 2009. "Investigating the Effects of San Francisco's Treatment on Demand Initiative on a Publicly-Funded Substance Abuse Treatment System: A Time Series Analysis" *Journal of Psychoactive Drugs* 41(3): 297-304.

<sup>xiii</sup> "Developing a rural detox model (Timiskaming district)" *The Journal: Addiction Research Foundation* October 1993, 22(7): 1,3.

<sup>xiv</sup> Dubey, Anita. 1998. "New Withdrawal Services Offer Flexibility [Withdrawal Management Services Conference]" *The Journal: Addiction Research Foundation* 27(3): 4.