

ABSTRACT

Background: Many methadone programs in the United States have waiting lists for care.

Objectives: To examine specific predictors of treatment entry among individuals on a waiting list for methadone maintenance. **Methods:** Heroin users placed on a waiting list for methadone treatment (n=120) were administered a urine screen for drug use and assessed with a battery of measures at study entry and at 4 month follow-up as part of a larger clinical trial. Logistic regression was used to examine hypothesized predictors of treatment entry. Outcomes for those failing to enter treatment were also examined.

Results: Only 25 individuals (20.8%) entered treatment within four months of being placed on a waiting list. Intravenous drug users were more likely to enter treatment ($p<.05$) whereas cocaine users were less likely to do so ($p<.01$). Motivation did not predict treatment entry, and cocaine use did not moderate this relationship. There were some improvements in heroin use among those who did not enter treatment.

Conclusions: Additional research is needed on the relationship between motivation and treatment entry. Programs may need to make special efforts to facilitate entry for treatment-seeking heroin users who also use cocaine. **Scientific Significance:** These findings have implications for improving access to methadone treatment.

KEYWORDS: methadone, waiting list, treatment entry