



Extended Research Article

Optimal provision of opiate substitution therapy and needle and syringe programmes: a multi-method realist evaluation

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language which may offend some readers.

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Plain language summary

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Plain language summary

The aim of the study was to explore and understand how services providing opiate substitution therapy and/or needle and syringe programmes can be improved. Specifically, the aim was to improve the services to ensure as many people as possible can access and engage with these services, be retained in these services and successfully leave services having achieved any desired outcomes (e.g. drug-free or ongoing support to achieve employment). Phase 1 of our study involved summarising all of the existing literature of qualitative studies in this area and conducting an online survey seeking the views of service managers around the United Kingdom. The findings of these research methods contributed to an initial theory of optimal service provision. In phase 2, we then conducted an in-depth consultation with a wide range of service users and staff in three study sites in the United Kingdom (two in England; one in Scotland) to test and refine the initial theory. Findings from our review of qualitative studies identified problems and deficits with service delivery. The results of our online survey gave some insight into the way in which services are currently being delivered. Data from our in-depth qualitative consultation were helpful towards understanding about the facilitators to optimal service delivery. Our refined theory of optimal provision could be understood around improving service provision in the contexts of agency and empowerment; self-esteem and respect; knowledge and communication; goals, needs and preferences; and resources and demands. In our costing analysis, we estimated the additional staff costs in one study site of facilitating characteristics of optimal service provision.

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This article

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