

4.7 English residential rehabilitation services doing well but could do better

Findings A report from the National Treatment Outcome Research Study (NTORS) has spotlighted the achievements of residential services but also the need to improve retention.

Of the 1075 drug users who enrolled in 54 English drug services in 1995, 405 entered the 15 residential rehabilitation and eight inpatient units. Three-quarters were heroin users and typically highly dependent. Polydrug use was the norm. Half had committed acquisitive crimes and a third had sold drugs. A year later 275 were re-interviewed. 37% had been abstinent from opiates, stimulants and benzodiazepines over the past three months, and 19% were drinking excessively compared to 33% at intake. Falls in the proportions using drugs were substantial; stimulant use fell from 71% to 32%, including a halving in crack use. Also roughly halved were the proportions who had injected (sharing equipment was down even more) or committed crimes, including a drop from 10% to 3% in robbery.

Half the clients did not stay the intended time. Compared to earlier leavers, those retained for at least 28 days in short programmes and 90 days in longer ones were four times less likely to use opiates 9–12 months later. They were also far less likely to use other drugs, inject, or commit crimes. In shorter term rehabilitation programmes, 64% of clients stayed for the critical period, but only 40% in longer programmes and 20% in inpatient units. Early leavers still improved, most noticeably in stimulant use and sharing injecting equipment.

In context Residential services in NTORS dealt with clients whose drug use and crime was more severe than those at methadone programmes but achieved comparable outcomes, and had a greater impact on infection risk, robbery and burglary. Among those who did not stop altogether, there were reductions in rates of drug use and crime. However, nearly two-thirds of clients were still illicitly using drugs 9–12 months later and over a quarter had committed acquisitive crimes. Room for improvement is suggested by variability in performance. Most (except short-term rehabilitation) projects did not retain clients for the critical periods. Clients of the 'worst' 25% had on average not cut their heroin use at all.

It is impossible to say how much of the changes were due to treatment, and for many clients the NTORS treatment was just one of several. Nor can we be sure that longer stays caused better outcomes. What happens during that time is at least as important, especially whether the client engages with and completes the programme. At intake three-quarters of clients were stably housed so presumably did not need accommodation. US research has shown that cutting stays or providing therapeutic community regimes on a non-residential basis does not impair outcomes when completion rates are maintained.

Practice implications Clients whose main problem drug is cocaine form 6% of UK treatment admissions, a proportion which in England has doubled in three years. For another 8% it is amphetamine. Nearly a fifth of new clients use cocaine and one in seven amphetamine. For this expanding stimulant problem and for more problematic users of other drugs, residential care is an effective option, especially when clients stay at least a month in short programmes and three months in longer ones. Poor retention is the key issue and must be seen as a function of how the service relates to its clients rather than solely to do with the clients. Services which actively engage with clients, provide supportive environments and well structured programmes, which are clear about their policies and their therapies, and which tailor their activities (or at least allow residents to do so) to the individual's needs will have clients who do more therapeutic work for longer with better outcomes.

Though residential projects most effectively create the crime and health gains probably of greatest public concern, the national target of increasing the proportion of drug users in treatment may mitigate against them. More slots can be bought per £ in cheaper options.

Featured studies Gossop M., et al. "Treatment retention and 1 year outcomes for residential programmes in England." *Drug and Alcohol Dependence*: 1999, 57, p. 89–98. Copies: apply DrugScope.

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