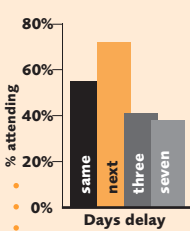


## 8.6 Engaging crack users: time is of the essence

**Findings** Next-day appointments meant more people turned up after contacting a US cocaine service. The results offer a way to help meet national waiting list and treatment uptake targets.

Despite calling for an appointment, half the people who phoned a US outpatient cocaine clinic failed to turn up. One of the few related factors was the delay between call and appointment. An initial study tested this relationship by randomly allocating patients to same-day or normal (one to seven days) appointments; almost twice as many offered same-day appointments turned up.

The featured study went further by randomly allocating 116 problem cocaine users to intake the same day (within 24 hours), the next day (about 24 hours later), three days later, or seven days later. Callers who could not make the appointment were offered an alternative. In practice delays were close to those scheduled. Callers were mainly



single young men, probably mostly unemployed and smoking crack. 72% of next-day appointees turned up compared to about 40% scheduled for later. Attendance for same-day appointees (55%) was intermediate and not significantly different from the groups either side. Adjusting for differences in cocaine and heroin use, next-day appointees were more than four times as likely to attend as those scheduled for later.

**In context** In the featured study and its predecessor, the key factor was the offer of an early appointment, so the results may apply even to people unable to attend at short notice.

Other studies involving different treatments and caseloads confirm that rapid treatment entry means fewer clients drop out early without damaging longer-term retention. For example, a US methadone programme accelerated assessment so patients could start on methadone within 24 hours; 4% failed to make it to the first dose compared to 26% when assessments were spread over a fortnight. At a US community drug service, phone callers were told to come as soon as possible the same day or given an appointment on average 10 days later. 60% of the first group turned up, 38% of the second.

**Practice implications** The English National Treatment Agency has set a target of two weeks from referral to the start of treatment for counselling services of the kind featured in the study. Also relevant is the UK-wide target of doubling the participation of problem drug users in treatment by 2008. Rapid intake can help meet both targets and cut time wasted due to unfulfilled appointments.

If delay is unavoidable, making the referral contact double up as a short motivational interview encouraging treatment entry works when motivation is the main blockage. Mental health and alcohol agencies (and in one study, a service for teenage substance abusers and their parents) have found that pre-appointment reminder calls or letters improve attendance. Reminders which incorporate motivational elements (eg, 'We are looking forward to seeing you'; stressing the suitability of the therapy) and are more personal in their approach have the best record. Especially when waits are long, the NHS recommends giving the patient a rough indication, then agreeing a mutually convenient slot nearer the time. Compared to fixed appointments, this reduces no-shows and cancellations on both sides. [www.doh.gov.uk/pspp/psppguide.htm#Step5](http://www.doh.gov.uk/pspp/psppguide.htm#Step5).

When addicts are keen to enter treatment but their attendance is threatened by an unstable lifestyle, lack of resources, or the severity of drug or other problems, treatment uptake is greatly increased by assigning them a personal 'minder' who advocates for the client, monitors their progress towards treatment entry, and proactively clears away the obstacles, psychological, social and practical.

**Featured studies** Festinger D.S. *et al.* "From telephone to office. Intake attendance as a function of appointment delay." *Addictive Behaviors*: 2002, 27, p. 131–137. Copies: apply DrugScope.

**Additional reading** Stark M.J. "Dropping out of substance abuse treatment. A clinically oriented review." *Clinical Psychology Review*: 1992, 12, p. 93–116. Copies: apply DrugScope.

**LINKS** Nuggets 7.3  
6.6 5.11

**Contacts** David Festinger, Treatment Research Institute, 600 Public Ledger Building, University of Pennsylvania, 150 South Independence Mall West, Philadelphia, PA 19106-3475, USA, e-mail [dfestinger@tresearch.com](mailto:dfestinger@tresearch.com).

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