Long waits for methadone prescribing meant twice as many patients dropped out at a clinic in south London. For the study 182 patients attending for assessment were randomly allocated to a normal waiting period before treatment started (four to 12 weeks) or to accelerated entry (about two weeks). ❶ Almost twice as many (41% v. 23%) normal entry patients did not start treatment. Of those who did, slightly fewer later dropped out but this effect was marginal, suggesting that rapid entry enabled more people to engage with treatment. Previous work at the clinic had shown that while waiting patients did not reduce their heroin use, but that this fell rapidly after starting treatment. ❷ The implication of the two studies is that the longer someone waits, the less likely they are to start treatment, and even if they do start, they will have spent longer at risk from heroin use.

In contrast, at a national sample of methadone services in England, waiting longer did not mean fewer people started treatment and was unrelated to whether they remained in treatment three months later. ❸ However, this study simply recorded waiting times rather than deliberately changing them. Other influences could have obscured the effect of waiting time on treatment uptake. For example, most services tried to arrange interim prescribing by GPs and they may have also tried to get some types of clients in earlier than others.

❶ Strang J. *Randomised clinical trial of the effects of time on a waiting list on clinical outcomes in opiate users awaiting out-patient treatment.* National Treatment Agency for Substance Misuse, 2004. Copies: www.nta.nhs.uk.

❷ Best D. *et al.* "The relative impact of waiting time and treatment entry on drug and alcohol use." *Addiction Biology*: 2002, 7, p. 67–74. DS

❸ Donmall M. *et al. Waiting for drug treatment: effects on uptake and immediate outcome.* Drug Misuse Research Unit, University of Manchester, 2002. Summary at www.mdx.ac.uk/www/drugsmisuse/execsummary.html.