dmri Routes

Research On Understanding Treatment Experiences & Services

Executive Summary

Early Exit:
Estimating and explaining early exit from drug treatment

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EXECUTIVE SUMMARY

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AIMS & OBJECTIVES

The aim of this project was to provide information that would be useful to policy makers and practitioners in improving services for problematic drug users.

The project had four objectives:

- To provide an estimate of the rates of early exit from tier 3 and 4 services in two regions of England - one provincial and one metropolitan.
- To identify the characteristics of those dependent drug users who are most likely to exit early.
- To provide information on why drug users leave early.
- To make recommendations on how rates of early exit can be reduced.

By early exit, we mean leaving treatment between assessment and 30 days of treatment. We examine two stages of early exit: between assessment and treatment entry; and between entry and 30 days in treatment.

POLICY RELEVANCE

As the numbers in contact with structured treatment (i.e. treatment for drug dependence which follows assessment and a care plan) have increased, so attention is being given to improving the quality and effectiveness of drug treatment services. It is widely accepted that treatment should last for at least 12 weeks in order to optimise its benefits. However, existing research indicates that many drug users leave treatment in the first few days and weeks.

If information from this project can be used to reduce drop out in the early stages of drug treatment, then this is likely to help policy makers and practitioners to achieve retention targets and to improve the effectiveness of treatment.

BACKGROUND

Existing research in this area has focused on longer term retention than the early exit (thirty days or less of treatment) studied here. It suggests that the following individual characteristics are associated with dropping out of drug treatment in England:

- Young age
- Male gender
- Primary use of stimulants
- Referral from the criminal justice system

Research on the effect of waiting time is less clear, with some evidence that it does not affect retention once treatment has started, but may be associated with higher rates of drop out between assessment and treatment entry.

However, both US and English research tends to suggest that it is the characteristics of services rather than of service users which are more important in terms of influencing retention over several months. Some staff and agencies are better than others at retaining clients.

This study tests whether these service user characteristics are also important in influencing early exit. It examines the differences between agencies in early exit and suggests why some agencies may have higher drop out rates than others.

METHODOLOGY

This study adopts a comparative approach using two sources of data:

- Quantitative data from the National Drug Treatment Monitoring System from three Drug Action Team areas for 2005/6. This dataset includes over 2,500 people.
- Qualitative data from 16 staff and 53 service users in these areas, supplemented by discussion with other staff and service users in meetings and a focus group.

The quantitative data provides information on service user characteristics which is analysed using bivariate and multivariate (logistic regression and hierarchical linear modelling) methods.

The qualitative data were analysed using the adaptive coding approach. This uses existing theory and knowledge to inform the development of new concepts from the data.

The different analyses are compared and contrasted in order to improve the reliability of our interpretation through within- and between-method triangulation.

FINDINGS

In the quantitative data, we found that 24.5% of the sample exited between assessment and 30 days in treatment. Over two thirds of this drop out occurred between assessment and treatment entry.

The characteristics of service users which were consistently associated with a greater likelihood of early exit between assessment and 30 days in treatment were:

- Being younger
- Being homeless (no fixed abode)
- Not being a current injector at assessment

These characteristics are significantly associated with early exit, even when the influence of other characteristics and of differences between agencies is taken into account.

Apart from younger age, different characteristics were associated with exit between assessment and treatment entry (referral from the criminal justice system, not being a current injector) and exit between entry and 30 days in treatment (not being in substitute prescription treatment).

We also found that there were very wide differences in the rates of early exit at different agencies.

Injecting drug users in their late twenties and thirties who are seeking prescription treatment can be seen as the traditional client group for drug services. Our quantitative findings support our qualitative finding that drug users who do not belong to this traditional service user group often find drug services off-putting.

Our qualitative research also suggested that drug treatment staff often use the concept of the unmotivated, chaotic drug user when explaining why people leave early from drug treatment. We challenge this explanation, using data from service users and previous research. We suggest that the very notion of chaotic drug users can be challenged and that it refers to drug users whose work and patterns of activity do not coincide with the nine-to-five opening hours of many drug treatment services. Therefore we suggest that:

- All drug users may be able to engage with services if these services are adapted to their needs
- Motivation is mutable and can be developed or damaged by the quality and type of treatment offered

From our interviews, it seemed that recommended techniques for enhancing motivation and engagement, such as motivational interviewing and proactive, personalised outreach are not widely used in the areas we sampled.

Drug treatment tends to be offered during office hours at central locations which become associated with the traditional client group. Other types of drug user (e.g. those who are younger, cannabis and crack users and parents) may be reluctant to attend these locations. Those who work, including sex workers, may not be able to attend during these hours.

Drug treatment services can also contribute to early exit by not publicising their services and waiting times (and so leaving other drug users' conventional wisdom as the main source of information for people considering treatment entry) and by not providing the service that people have come into treatment to get (e.g. residential rehabilitation and buprenorphine prescription).

Waiting times were not associated with dropping out of treatment in our quantitative data, but several of our interviewees referred to long waiting times and bureaucratic assessment processes as deterring them from contacting and staying with treatment agencies.

IMPLICATIONS FOR POLICY AND PRACTICE

Based on our data and on previous research, we make 12 suggestions for reducing early exit.

- There should be greater diversity in locations and opening hours of treatment, in order to avoid excluding potential service users who have difficulties in attending at limited times and places. This could include more offering of services in GP surgeries, as well as assertive outreach services.
- Many drug users have inaccurate information and beliefs about drug treatment. Treatment agencies should therefore make a greater effort to describe and publicise their services to potential clients.
- Services should offer more flexibility in prescribing (e.g. wider availability of buprenorphine and of rapid entry to prescribing).
- There should be further examination of the safety and retention rates associated with methadone tolerance testing.
- The levels of stigmatisation and inconvenience associated with supervised consumption of methadone should be reduced by offering privacy and flexibility in location and time of consumption.
- Lack of childcare provision, fear of being reported to social services and of children being taken into care still deter many parents from engaging in drug services. Services should therefore implement existing recommendations to encourage parents with young children to engage in treatment.
- Waiting times should be reduced at those agencies which are still missing the targets. This could be done by increasing staff:client ratios and ensuring that sufficient pharmacy slots are available.
- More use should be made of motivational interviewing techniques early in the treatment episode in order to enhance motivation and retention.
- Assessment processes should be adapted so that they are consistent with the development rather than destruction of tenuous motivation. Users should not have to attend several interviews before accessing treatment.
- Services should implement existing recommendations and use proactive, personalised outreach during the waiting time and in response to non-attendance.
- Special efforts are required to engage crack users in treatment. These could include rapid intake into treatment by staff who are knowledgeable about crack, as well as services such as relaxation techniques, cognitive behavioural therapy, complementary therapies, longer opening hours and the provision of food and transport.
- Services will be more likely to retain homeless people, who are highly vulnerable to dropping out early, if they can rapidly assist with housing, welfare benefits and GP registration.

We recognise that such treatment enhancements will cost time and money. Whether they are cost-effective in improving health and offending outcomes should be tested in practice. Currently, many problematic drug users are in contact with structured drug treatment but appear to be getting little benefit from it.

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