

- Drug and Alcohol Findings
- Issue 11 (2004):
 - The power of the welcoming reminder
- Issue 12 (2005):
 - Can we help?
- Mike Ashton – Editor of Findings

Doing the ***simple*** things well, and running the kind of ***service*** you ***yourself*** would like to visit, can ***transform*** treatment uptake and retention.

ENGAGEMENT



- A patient is engaged in treatment when retained and participating in programme.....

- Talking about the things that matter;
- Forging therapeutic relationships;
- Getting extra help if needed.

..... the process through which treatment makes a difference.



RETENTION

- Ability of service to encourage clients who make an initial contact, to return and stay the course;
- A key policy target;
- Seen as best indicator of the degree to which patients and society benefit from treatment;
- One indicator of 'engagement'.



Focus

- Not so much what services we deliver;
 - More how we do it;
 - Less ‘technology’ and more ‘human qualities’.
-
- Before a client could seriously commit to treatment, basic human needs have to be met.

Waiting is demotivating

The title is centered at the top of the slide. Behind it are five circles of varying shades of light purple. The first circle is solid, the second is an outline, the third is solid, the fourth is an outline, and the fifth is solid.

- Responding quickly....
 - An important retention-enhancer;
 - Improves attendance at first scheduled appointment;
 - Does not adversely affect longer-term retention;
 - No evidence that people who give up don't really need help.... some evidence that those in greatest need are excluded by treatment access barriers.

Effectiveness of streamlined admissions to methadone treatment: a simplified time-series analysis.

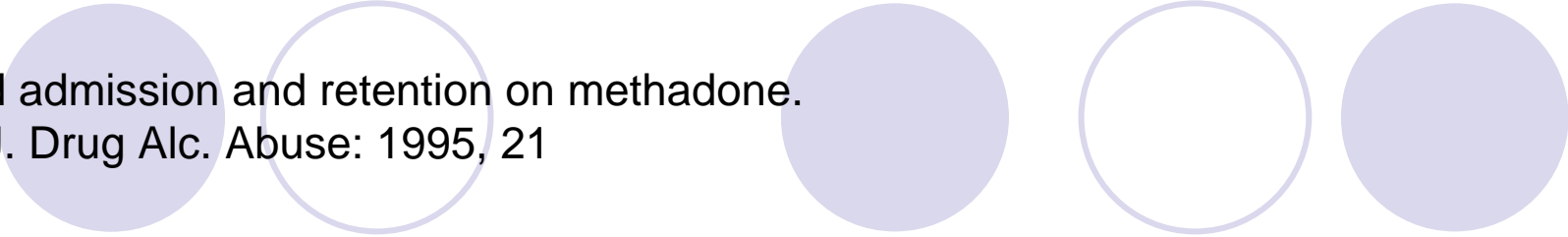
J. Psychoact. Drugs: 1994, 26(2)

- **STUDY:**

- Reduced time from first contact to intake from 40 to 14 days;
- cut intake process from 2 weeks to 2 days.

- **RESULT:**

- Requests for intake tripled from 35 to 100 per month;
- retention rose from 33% to 54%;
- participants included more socially excluded, severely dependent, those least able to hang on.



Rapid admission and retention on methadone.
Am. J. Drug Alc. Abuse: 1995, 21

- **STUDY:**

- Compare usual 2 week assessment with starting methadone on day one of assessment.

- **RESULT:**

- 26% compared to 4% failed to attend for first methadone dose;
- among the failed 26%, the socially excluded were over represented;
- both did as well in terms of drug-free toxicology, HIV risk and social integration.



So what?

- **Triaged assessment:**

- A rapid, brief assessment to check whether the patient is at the right agency or should be referred on;
- Comprehensive assessment is deferred until after treatment has started.

What about non-drug based therapies?

- Especially with stimulant users:
 - WAIT less, STAY longer;
 - Same day appointment doubles contact irrespective of whether clients could actually make it or not.



Personal and motivational reminders

- Make it personal and welcoming;
- A phone call emphasizes interest in the individual.

'Hi, how are you doing?'

Ghaziz Joe,

*Qed niktiblek din l-ittra ghax
smajt li ergajt qed tuza'.*

*Nghidlek il-verita kont qed
nistenna li nisma' xi haga hekk
dwarek. Ilhek ma tigi ghall-
laqghat ktar min xahar u
mur ara meta kont tigi...
bilqieghda u trid tniggsek biex
tiftah halqek. Biex ma ndejqekx
negred nixtieq nistiednek terga' tigi
tarani. Jekk inti nterressat li terga'
tibda taghmel xi haga, cempel il-'head
office' u tinghata appuntament mill-
aktar fis.*

Dejjem tieghek,

Mr. Borg.

Ghaziz Joe,

*Inselli ghalik. Nispera li tinsab mhux
hazin. Ilni fit ma nisma minghandek u
allura hsibt li nipprova nhajrek sabiex
nergghu niltagghu. Naf li tkun
imhabbat imma niftakrek tghidli li l-
hin tal-laqghat mieghi kont issibhom ta'
ghajjnuna. Taqtax qalbek ghaliex anke
jekk il-problemi dejjem jigru warajna,
flimkien u bir-rieda t-tajba nistghu
naslu. Tista' tigi ghada fid-9:00 am
imma jekk ma tistax cempilli wahda u
nifthemu gurnata u hin komdu ghalik.
Jekk trid iggib liz-ziju mighek tista'
taghmel hekk. Is-soltu kont issibu ta'
ghajjnuna li jkun mieghek fl-ewwel
parti tas-'session'. Tiehux ghalik imma
jekk ma narakx u ma nismax
minghandek, ser incempillek jien!
Il-Habib tieghek,
John.*

Benefits and costs of post-treatment follow up.



- Just re-assessing can be therapeutic;
- What will service benefit by offering follow up?
 - Retain patients in aftercare;
 - Increase chances of maintaining progress made in the initial treatment;
 - Risk less in failing ex-patients in greatest need;
 - May retain more patients hardest to contact these being the ones most likely to again be in trouble.

Benefits and costs of post-treatment follow up.



- Consent for follow up;
- Permission to contact significant other who could help relocate patient;
- Data protection concerns especially when third parties intercept letters or phone calls.



Other aids

- **Transport**

- Rated more important by men.

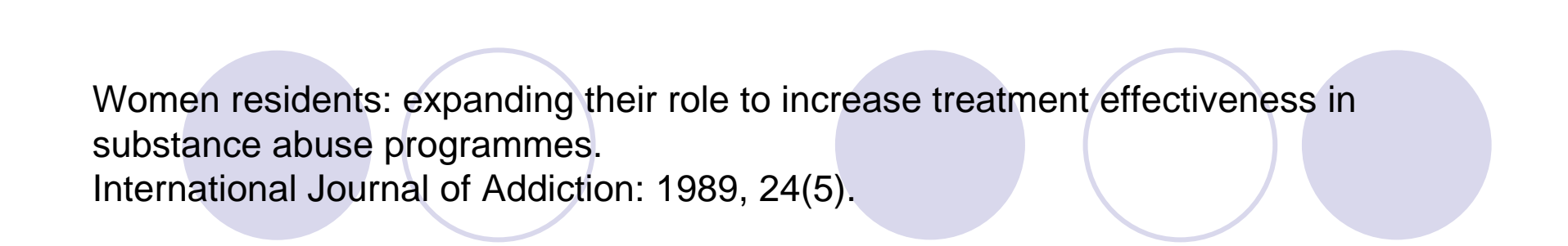
- **Child care**

- Stronger link at residential services;
- Rated more important by women;
- Some wariness however showed;

- **Housing issues**

- **Providing an escort**

- **More reasonable office hours**



Women residents: expanding their role to increase treatment effectiveness in substance abuse programmes.

International Journal of Addiction: 1989, 24(5).

- **STUDY:**

- Introduction of female-oriented measures in a residential programme including allowing children to stay.

- **RESULTS:**

- Retention improved from an average 42 days to 158 days for all women;
- woman having their children with them even stayed more than the average 158 days;
- retention of males also improved, besides exerting a civilizing influence!

Daily trip to take methadone

- **Impossible hours:** unemployed clients also need time to deal with benefits claims, housing, family, leisure and other issues.
- **Higher drop out rates:** methadone reduction preference attributed to client aversion to on-site consumption enforcement

(Findings from the National Methadone Treatment Outcome Research Study - NTORS. London 1996)

Prohibition of take-home dosages: negative consequences on methadone maintenance treatment.

Drug and Alcohol Dependence: 1996, 41.

- **STUDY:**

- Law prohibiting take-home doses forced on-site consumption.

- **RESULTS:**

- During six months prior introduction drop-out rate increase to 19% from 3% year before;
- 23% opted for planned detoxification compared to 4% year before;
- 15 out of 49 opting for detoxification were traced 3 years later...
 - 10 back on methadone;
 - 5 were dead.



Why I like it...

- Nothing complicated about it;
- Goes into simple issues with obvious outcomes;
- Well referenced;
- Golden bullets;
- Some statements bring on some guilt feelings;
- Empowers all members of staff;
- Results that could be within our reach;
- Upgrades human values.

To keep in mind...



- Some might not apply locally;
- Manners matter but so does money;
- Is maximizing retention desirable?

Probably not if main concern is:

- how to manage waiting lists;
- how to manage work loads;
- how to exclude less promising clients;
- how to rid service of troublesome patients.

