EATA is an organisation of providers and others working to help improve access and quality in the treatment of substance dependency.

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EATA European Association for the Treatment of Addiction

Rehab - *What works?*

20 things you should know about **rehabilitative treatment** for **substance dependency**

Summarising the key research findings relevant to the purchase & provision of rehabilitative treatment for people dependent on drugs or alcohol.

Of relevance to:
Treatment providers
Individual practitioners
Care managers
Commissioners
Policy makers

Introduction

This publication summarises the key research findings concerning 'what works' in the rehabilitative treatment of substance dependency. We have been guided throughout by a broad range of experts in the field, and are indebted to Professors Nick Heather, Michael Gossop and Norman Hoffmann, Alex Georgakis, Tim Leighton and Dr Doug Lipton for their contributions.

We hope this publication will be of benefit to all those involved in the field, including commissioners, care managers, policy makers, providers and practitioners.

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1. Rehabilitative treatment can work

The research evidence demonstrates that rehabilitative treatment can help tackle dependency on drugs and alcohol. The evidence shows too that, in so doing, treatment can help improve the client's mental and physical health, reduce offending, improve employability and enhance social functioning generally, whilst also reducing the demands made on health and social services and bringing significant benefits to families and loved ones. Overall, substance dependency treatment appears as successful as medical treatments for a range of chronic conditions, such as diabetes, hypertension and asthma, and the costs of treatment are more than outweighed by the financial savings it brings. However, it is essential that people are referred to the right type of treatment. Further, not all services are equally effective - many could be more effective than they are, and some, in spite of the very best intentions, may even make matters worse.

2. Treatment should be readily available

The harder it is to access treatment and the greater the hurdles placed in the way of potential clients, the greater the proportion of people who will fall by the wayside before they get a chance to take up any available treatment opportunities. In addition, the longer any delay between assessment and admission, the less likely someone is to take up a place in treatment and the less effective that treatment is likely to be. However, care should be taken to ensure clients are adequately prepared for treatment, before admission.

19. Treatment staff are key

Treatment staff are central to the success of treatment. Research shows that staff should be well trained, closely supervised, confident in their work and empathic towards their clients. A high staff : client ratio is important, as is close support and supervision. Whether or not counsellors have themselves had a drug or alcohol problem appears to have little bearing on their professional abilities. However there is some evidence that a staff team which brings together counsellors who are in recovery with others who have no history of problematic substance use can be particularly effective.

20. Good organisational standards are essential

It is important for a treatment service to have high organisational standards – (QuADS, developed by DrugScope and Alcohol Concern, and EATA's Auditing Standards both set out clear guidelines in this regard). Services with poor organisational standards are likely to have poor outcomes, no matter how good the staff or how well designed their treatment programme.

Please note:
Additional copies of *Rehab - what works* can be obtained from EATA and the text of this paper can be found on our web-site.

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15. Treatment length matters, but…

Overall, the longer people remain in contact with professional services the better their outcomes are likely to be, and there is some evidence to suggest that a total treatment length of less than 90 days is of little value with severe drug dependencies. However, even very brief interventions can often be of benefit, especially in the case of less severe dependencies. In addition, it will typically be more cost-effective to extend the total treatment episode through aftercare services of reducing intensity, rather than retaining people in intensive treatment for extended periods.

16. There is a role for both residential & day care programmes

Structured day care programmes can be highly effective and may be the setting of choice for many people. There is evidence, however, that residential placements can bring added benefits to a number of groups including: those with more severe dependencies; the homeless; people with unsupportive home environments; the socially isolated; the medically unwell; people who are psychiatrically disturbed; those with severe personality disorders, and those who have 'failed' previously in day care settings.

17. Medication can enhance long-term outcomes

There is evidence that, though they are of limited benefit on their own, pharmacological interventions can complement rehabilitative treatment and enhance outcomes. For example, disulfiram can help people with an alcohol dependency. Naltrexone can be of benefit to those with an opiate dependency and for those with a co-occurring alcohol dependency. Where co-existing psychiatric conditions are present, appropriate medications for these conditions can be critical to outcomes.

18. Self-help groups & professional aftercare improve outcomes

Intensive treatment, whether in residential or day care settings, should be followed-up with on-going professional aftercare. Without such follow-up, treatment is likely to prove of limited value. While it should not be seen as a substitute for professional aftercare, attendance at self-help groups can significantly enhance outcomes.

3. 'Low motivation' should not be a barrier to treatment

It is often assumed that treatment must be 'voluntary' to succeed and that it will only be effective for those who are highly motivated from the outset. In fact, outcomes do not appear to be related to pre-treatment levels of motivation, and external pressure from families, employers or the criminal justice system can actually enhance treatment effectiveness. It is unnecessary and counter-productive to restrict access to those who are deemed to be self-motivated, and motivation to change and maintain change can be enhanced through treatment.

4. If at first they don't succeed…

Substance dependency is often described as a 'relapsing condition'. Many people, perhaps even a majority, relapse after receiving treatment - but even a number of previous 'unsuccessful' treatment episodes should not be a bar to further treatment. Many people require a number of attempts before they finally overcome their dependency and there is evidence that even an apparently unsuccessful treatment episode can still contribute towards someone overcoming their dependency in the longer term.

5. Abstinence and controlled use both have their place

For some people with less severe problems, controlled use can be a viable and appropriate treatment goal. Controlled use is rarely sustainable in the long term, however, for people with severe dependencies. For such people abstinence should normally be the ultimate goal -although even here services aimed at reduced use and harm minimisation should be available for those who are not ready or are unwilling or unable to achieve abstinence.

6. Approach should reflect clients' beliefs and expectations

Taken overall, the evidence shows that no one theoretical approach yields treatments which are more effective than any other. There is evidence that some approaches may be slightly more effective overall for particular categories of client, but it would appear the most important consideration in this regard is the client's own views and beliefs, and these should be taken into account wherever possible.

7. Treatment should be based on the individual's needs

The length of treatment, setting, approach, range of issues addressed, use of medication *etc* should be tailored to the individual, based on a clear assessment of the individual's needs and expectations. Clients are not a homogenous group and a standard, one-size-fits-all approach is of limited value and may actually make matters worse. People's needs can change during treatment and treatment plans should be continually reviewed and updated where appropriate.

8. Treatment should seek to enhance motivation & self-efficacy

Many clients' attempts to overcome their drug or alcohol dependency founder because they do not have the motivation they need to make and maintain the changes that are required. Similarly, many clients have very little confidence in their ability to change, and this also undermines their likelihood of success. Both motivation and self-efficacy can be enhanced through treatment and should be a central focus of treatment programmes.

9. Treatment should address unhelpful attitudes and beliefs

Many clients have a range of unhelpful attitudes and beliefs which, if left unaddressed, will undermine their long-term chances of overcoming their dependency. Common examples include – 'I can't have fun without using', 'I need to use to cope with life' *etc*. Efforts should be made to uncover and address problematic attitudes and beliefs, although care should be taken to ensure that they are tackled in a non-confrontational way.

10. Relapse prevention is an important element of treatment

Practical skills training for avoiding and coping with situations which might otherwise lead to a lapse can improve long-term outcomes. Exploring how a client might respond to a lapse in order to minimise the risk of it leading to a full-blown relapse can also be helpful. However, care should be taken to avoid fostering a belief in the inevitability of a lapse and the dangers of a lapse ending in relapse should be underlined.

11. Treatment must address associated contributory factors

As well as focusing directly on clients' substance use, any medical, psychological, social, vocational, and legal problems which the client might have and which would otherwise increase the probability of relapse should also be addressed. A full assessment should therefore include an examination of each of these areas and steps should be taken to ensure that any problems identified are addressed within treatment or, where appropriate, after discharge.

12. Co-existing psychiatric disorders should be addressed

Co-existing psychiatric conditions are common among people with dependencies. A full assessment should look for evidence of any psychiatric conditions, and where this is found treatment should focus on both the client's substance use and their mental health problems in an integrated fashion. Services should draw on specialist psychiatric support as required.

13. A supportive, non-confrontational style is most productive

In the past much treatment was confrontational in style and in some facilities this is still the case. Whilst it is important to avoid collusion and to challenge manipulative and inappropriate behaviour, research demonstrates that a confrontational style may be counter-therapeutic and less effective than approaches which focus on internalising motivation for change.

14. Client engagement & completion rates should be maximised

Incomplete treatment is typically of little benefit and efforts should be made to retain people in treatment where possible, provided their on-going involvement does not threaten the outcomes of others. High client engagement is generally associated with high completion and good long-term outcomes. Factors associated with high engagement include: clear and explicit treatment plans, positive relations between clients and counsellors, high levels of client confidence in the treatment service, broad range of high quality ancillary services, and in-house provision of transport for those who would otherwise have difficulty attending treatment.