

What improves the chances of a successful treatment outcome from rehab?

Paul Goodman offers suggestions based on research of Ley Community clients.

The right rehab: is it more than a hunch?

How do community-based drug workers decide where to refer clients for treatment? What are they looking for, and what do they have to take into account? How much will a placement be based on budgetary considerations, or the personal knowledge of drug workers of residential units they have used in the past?

Will a placement be influenced about knowledge of 'success' attributed to different treatment facilities? And if so, how does the community-based drugs worker get access to statistics about success that compare one residential treatment facility with another?

And even if the community-based drugs worker is able to gain access to successful completion rates for different facilities, will the figures be comparing like with like? The completion rates for a six-week programme are likely to be significantly higher than for a six-month programme. And how do you take into account the differing seriousness of addiction problems that people have on entering treatment?

All this is further complicated by the fact that some residents who

successfully complete programmes relapse, while others leave the programme early against advice, and then go on to make a success of their lives. Ultimately programmes must be judged by long-term outcomes after treatment is completed rather than completion rates. Yet for all their imperfections, successful completion and length of time in treatment remain currently the two best measures of effectiveness of treatment programmes. Research evidence (from De Leon and Simpson, for example) consistently confirms that the prognosis for positive long-term outcomes is linked to the length of time spent in treatment.

At present, it is difficult to get hold of data on 'successful completions' that compares one residential facility with another. It is, of course, difficult to follow up all residents when they leave residential treatment: the successful residents are likely to remain in touch, while many simply disappear. The only way to follow up everyone is through the police database that will provide information about convictions before and after leaving treatment. In 2001, Dr Marian



Small, research psychologist employed at the Ley Community, replicated earlier research that demonstrated that the longer that residents remained in treatment at the Ley Community, the less likely they were to be convicted of subsequent offences. Table 1 below summarises the level of convictions in the two years before admission for treatment, and for the two years after leaving the programme, broken down into four tranches dependant on the length of time that they remained in treatment.

Small found that those residents who left within a month of admission committed slightly more offences in the two years after leaving the treatment programme than they committed in the two years before admission. The longer residents remained in treatment, the less likely they were to be convicted of an offence during the

two years after treatment.

More recently, we looked to see what had happened to the 186 residents who left the Ley Community programme between 1 January 2004 and 30 October 2006. As indicated earlier, we had much more information on those who stayed for longer as opposed to shorter periods. The findings are shown in Table 2.

During the period covering just less than three years, 59 ex-residents (32 per cent) are known to be drug free. In view of the serious nature of addiction that residents had on arrival in treatment, this is a significant achievement. It is also possible that the figure is an underestimate. We have had a number of positive messages left on the guest book of the Ley Community website from ex-residents who 'disappeared' and were thought to have relapsed, but who

Table 1 - Reconviction

Length of Time in Treatment	Reconviction Rate
1 day – 1 month	104%
1 month – 6 months	58%
6 months – 12 months	31%
Over 12 months	8.5 %

Table 2 - Outcomes

Length of Time in Treatment	No. of residents	Outcomes
0 – 1 month	30	Outcomes not known, but likely to have relapsed
1 – 6 months	44	1 deceased, 5 relapsed, 39 unknown, but likely that a significant number will have relapsed.
6 – 12 months	28	7 drug free, 6 relapsed, 15 outcomes not known
12 months plus	84	52 drug free, 23 relapsed, 1 deceased, 7 unknown



have actually settled successfully away from the Oxford area.

We are aware that the Ley Community caters for a particular niche market in the substance misuse field: entrenched addicts who have had enough of prison and their chaotic lifestyle, and are desperate to change. They need to be very motivated to be able to abide by the rigid and demanding therapeutic programme. The issues that residents need to resolve cannot be sorted out in a few months. There will always be a number of entrenched addicts that require a long and intense treatment programme. The culture that instils in new residents that somehow the combination of 'tough love' and 'self-help' provides the basis of recovery is evident in the retention rates. 45 per cent of residents in the sample stayed in treatment for at least 12 months.

In a competitive market place, how are community-based drugs workers to get to know the variety of different treatment programmes available, and how do they select which facility is right for any particular client? The Ley Community is supported by a highly committed group of community drug workers who have seen previous placements work, and continue to refer. Their commitment to their clients is inspiring.

At a recent graduation ceremony at the Ley Community for 12 residents who have been clean and in employment for at least 12 months

from completing their programme, community-based drug workers travelled to Oxford on a late October Friday evening from Edinburgh, Sheffield, Manchester, Stafford, Nottingham, Kent and Gloucester to celebrate with their former clients. It would be impossible to overstate the significance to the individual graduate of the long-term commitment to them of the drug worker who originally referred them into treatment.

It certainly underlines the fact that successful recovery is dependant on a close and collaborative relationship between the residential facility and drug workers employed in the community. We would only wish that the programme at the Ley Community is on the radar of community-based drug workers who have yet to hear about our programme that is aimed at a quite specific client group of seriously entrenched addicts who have simply had enough of using.

Related research:

- De Leon G, Jainchill N, Wexler H (1982), 'Success and improvement rates five years after treatment in a therapeutic community'. *International Journal of Addictions* 17(4).
- Simpson D, Joe G, Rowan-Swal G, Greener J (1995), 'Client engagement and change during drug-abuse treatment'. *Journal of Substance Abuse* 7.
- Small M, (2001) 'Two Year Reconvictions in a Rehabilitation Centre', *Therapeutic Communities* 2001, Vol 22, No 2.
- Wilson S, Mandelbrote B (1985) 'Reconviction Rates of Drug Dependent Patients Treated in a Residential Therapeutic Community: a Ten Year Follow-up', *British Medical Journal*.

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Safer injecting practice

How much citric?

Exchange supplies are giving clients a chemistry lesson on DVD with their sachets of citric acid. DDN asks why.



Ever since we started distributing citric acid sachets, there has been a lot of debate about how much citric acid heroin injectors should use, says Andrew Preston of social enterprise, Exchange Supplies.

To resolve the debate, he asked Dr Jenny Scott, lecturer in pharmacy practice at the University of Bath, to demonstrate dissolving heroin with citric acid in the laboratory – and to talk him through the process.

Dr Scott takes 130mg of heroin and cooks it up with water. The mixture stays clumpy, where the heroin is not properly dissolved. She then repeats the exercise with 20mg of citric acid, adding it little by little, from a sachet. There are no clumps and no heroin left floating on the surface.

As she demonstrates this process on the DVD, Dr Scott explains that there is no visual difference between samples with more or less volumes of citric acid in them. The chemical composition is vital however: the more acidic the solution becomes, the more damaging it is to veins. The carefully weighed citric acid she has just added to the heroin gives a reading of 2.55 acidity – enough to dissolve the heroin without tipping its acidity into the danger zone.

'Most injectors add too much citric acid to their heroin, and it causes major vein damage,' says Andrew Preston. 'Always err on the side of caution when dissolving citric. There's always a danger of knackered veins within a short time.'

'Small amounts of acid will dissolve your drug – look for it going clear,' he advises. Too much acid causes chemical burns, inflaming the lining of the vein and causing clotting and scar tissue. Older injectors are likely to shift to deeper veins.'

Andrew Preston and his business partner Jon Derricot have been harm reduction activists since coming across more and more injuries associated with using lemon juice to dissolve the drug. They formed Exchange Supplies back in 2001 as an initiative to produce citric acid for needle exchanges to supply to drug users – but progress was in no way straightforward.

Despite the apparent logic of a harm reduction initiative, they were met with opposition from pharmacists who discovered that technically it was illegal to sell citric acid, according to the Misuse of Drugs Act. So they argued a 'crime prevention' case with the authorities, until the Crown Prosecution agreed that if pharmacies' only crime was to supply citric, it wasn't a disciplinary matter.

They visited pharmacies with a letter explaining this – and their supporters started to send letters to their own police force and pharmacies. Some pharmacies were adamant that it was still technically illegal; others saw it as an opportunity to take a practical stand for harm reduction.

Support from the field propelled Exchange Supplies into developing more paraphernalia, and advising needle exchanges throughout the country. **DDN**

For citric acid and copies of the DVD, or for more information on harm reduction, visit the Exchange Supplies website at www.exchangesupplies.org