

EATA European Association for the
Treatment of Addiction (UK)

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An investigation into the relationship between waiting times and outcomes in the treatment of substance dependency

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on behalf of the European Association for the Treatment of Addiction
(EATA)*

A research report commissioned by EATA on the impact on uptake and effectiveness of delays in accessing treatment.

The European Association for the Treatment of Addiction (EATA) is a membership organisation which works to help ensure people with substance dependencies get the treatment they need. EATA represents the treatment sector whose membership includes providers and referrers to government bodies and policymakers in order to improve access and quality in the rehabilitative treatment of substance dependency.

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Introduction

Drug and alcohol dependency has significant costs not just for the individual, but also for families and, through increased crime and additional burdens on health-care and social services, the wider community too (e.g. Gerstein *et al*, 94; Gossop, Marsden, Stewart *et al*, 98). Treatment can help (e.g. Institute of Medicine, 90; Miller, 92; Gossop, Marsden and Stewart, 98) but takes time to access. Whilst people wait for treatment their conditions remain unaddressed, and previous research suggests that the longer people have to wait, the less likely they are to take up a place when it eventually becomes available (Leigh *et al*, 84; Rees and Farmer, 85; Thom *et al*, 92). There is also reason to suspect that the longer people have to wait for treatment the less effective that treatment is likely to be - with Miller (85) reporting findings that clients receiving treatment after waiting for 10 weeks improved less than clients who received the same treatment without having to wait for it. The current study sought to further examine the question of whether delaying access to treatment does indeed reduce that treatment's overall effectiveness.

Method

Design

Completion rates are the most consistent and powerful predictor of post-treatment outcome (e.g. DeLeon *et al*, 82; Baekeland & Lundwall, 75). This study examined the relationship between the probability of completing treatment and the time clients had to wait between initial assessment and admission - (note, this is only part of the total waiting time and does not take account of the time people wait for an initial assessment).

Sample

The sample consisted of 2144 consecutive first admissions between January 1983 and March 1998, to Broadreach - a UK-based residential centre offering detoxification and treatment (of 6-8 weeks duration) to people with substance dependency.

Three-quarters (75%) of the sample were state funded. Two-thirds (67%) were

male. The average age on admission was 34 (range 17-75 years, mode 26). Just under half (49%) of the sample were single, only one in five (21%) were married. Half of the sample had no academic qualifications, 77% were unemployed on admission and 63% reported previous criminal convictions.

Half of the sample reported alcohol as their primary dependency, with the other half reporting problematic use of one or more illicit drugs. The average length of problem use was 11.4 years, with a mode of 10 years, and 68% of the sample had had previous treatment for their problem. 73% of the sample required detoxification on entry.

Just over half of the sample (51.5%) went on to complete their treatment, with 38% dropping out prematurely and 11% being asked to leave.

On average clients had to wait 17.5 days between assessment and admission, with 59% of the sample having to wait for more than a week and 15% waiting for more than a month.

The time between assessment and admission increased markedly over the period covered by the study. Over the first ten years, 72% of clients were admitted within two weeks of assessment. By 1997/98 this figure had fallen to 37%, with 28% having to wait a month or more. The most marked increase in waiting times took place after the introduction of the 1993 Community Care Act.

Measures

The length of time clients had to wait between assessment and admission to treatment was recorded on entry to the unit.

All clients were interviewed on admission and completed a structured questionnaire covering sociodemographic data, addiction variables and other psychosocial information.

Results

Those who completed treatment waited less time on average between assessment and admission than non-completers (those who dropped out or were discharged early). Completers waited for 15.6 days on average, whereas non-completers waited an average of 19.4 days. These differences were too large to be accounted for by chance alone ($t=3.72$, $df=2142$, $p<0.001$). Similarly, whereas 56% of those waiting a week or under went on to complete treatment, this figure dropped to 43.5% for those who had to wait a month or more. Again, this difference was too large to be accounted for by chance alone ($X^2=18.55$ ($df\ 3$), $p<0.0001$).

Consistent with previous studies (Miller, 85) clients who had to wait longer

differed on a number of variables when compared with those who were admitted after shorter waits. Men, those with lower socio-economic status, and clients on probation or with outstanding criminal charges against them, all waited longer than average between assessment and admission. Similarly, clients who were referred by drug agencies and social services had to wait longer than those referred by their family or their GP. However, further analysis, using multivariate techniques, showed that although other factors contributed to the relationship between waiting times and completion rates, these differences were not enough to explain that relationship entirely.

Discussion

People's needs remain unaddressed whilst they wait for treatment and existing research shows that the longer people have to wait for a treatment place the less likely they are to take up that place once it becomes available. The current study found evidence suggesting that, in addition, the longer someone has to wait to access treatment the less effective that treatment is likely to be. Furthermore, though it focused on a single unit, the study also found evidence pointing to a dramatic increase in waiting times in recent years.

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