

Young and homeless drug-users more likely to exit treatment early

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Almost a quarter of the most problematic drug-users in some areas exit drug treatment programmes before they've even completed 30 days reports a new study published in BioMed Central's open access *Harm Reduction Journal*. It found that problem drug-users who were younger, homeless or not currently injecting are significantly more likely to exit early, possibly because drug services are off-putting and not suited to their needs.

Since 1998, the UK has seen a big expansion in its drug programmes that has led to a 113% increase in the numbers of people being assessed for structured treatment. However, problem drug-users may not benefit from these programmes if they do not stay the course.

Researchers from the University of Kent and Kings College London analysed data from 2,624 service users from three English drug action team areas (two metropolitan and one provincial) who had been assessed and recommended for treatment programmes.

Whilst a quarter of problem drug-users exited early before completing 30 days, two thirds of these actually failed to even begin the recommended course of treatment –i.e. these programs fail to engage them at the outset. The ages of people leaving before starting treatment or before 30 days was significantly lower than those who remained on the programme.

How much drug users stuck at their treatment varied between agencies;

they were more than two times more likely to exit early in agencies that have a longer waiting time between the assessment of the drug user and the start of their treatment. This finding suggests that exiting treatment early is not just due to inherent, individual factors but may relate to program differences.

Interviews with problem drug-users and agency staff backed up these findings. “Whilst it is easy to blame the early exit out rate of problem drug-users on the 'chaos' in their lives of drug and their lack of motivation our data and interviews suggest that there is much that services can do to enhance the rate of retention in the first few days and weeks,” notes Dr Alex Stevens, who led the study.

For example, problem drug-users who do not belong to the traditional client group of injecting heroin users in their late 20s and 30s (eg – those who use stimulants) may find traditional drug services, provided from central locations in often run-down buildings, off-putting. The limited opening hours of services may exclude many potential clients, especially those who work, from being able to attend treatment. Techniques for enhancing early retention, such as proactive, personalised contacting for appointments and motivational interviewing during treatment sessions are available but not yet widespread.

Source: BioMed Central

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