

Drug Addiction and Its Treatment

(Abstracted from the paper by Colin Drummond and Geraldine Fitzpatrick in Drug Addiction and its treatment, edited by Gossop – Oxford University Press).

Complete abstinence from drugs in the year following an episode of treatment is generally low, at around 10%. 30% of abusers will have a favourable outcome, with no uncontrolled use, and approximately 30% will have a poor outcome with continued problematic use. The remaining 30% will have an intermediate outcome with some episodes of problematic use.

Over the longer-term follow-up, a favourable outcome in some 30% has been found. There is typically a higher mortality rate among substance abusers than non-substance abusers.

Poor prognostic factors include: a family history of substance abuse, and poor social adjustment in childhood.

A long history of substance abuse associated with a loss of social stability and being involved in a relationship with another substance misuser, especially if violence and abuse features in that network, is associated with a poor outcome

Multiple unsuccessful attempts to engage in treatment carry a poor prognosis, as does the presence of associated psychiatric illness and multiple drug misuse.

Motivation to engage in treatment is an important predictor of success and coercion into treatment, for example, by the legal process, is a less good prognostic factor, although misusers can benefit from treatment, even under a degree of coercion.

The American Lexington Study found that 22% of male drug addicts were abstinent after five years and 37% after ten years.

A large scale American study showed that over half of opiate users, who engage with treatment, were using no opiates on a daily basis after one year and, by year six, about 40% were abstinent and a further 25% had a significant reduction in their use, although three-quarters relapsed, but equally, at 12 year follow-up, two-thirds had been opiate-free for three years.

The research study found that the minimum time in treatment, that had an important affect upon outcome, was three months, in order to effect a positive change in drug use behaviour. The longer the time in treatment, the better the prognosis and this applied to all treatment types.

The TOPS Study suggested that the length of treatment was one of the most important predictive outcome factors for a positive prognosis and that treatment needed to be carried out for a year.

The National Treatment Outcome Research Study

This was a UK study commissioned in 1994. This compared residential or community treatments in England and looked at methadone maintenance and methadone reduction programmes.

At follow-up, there was a general improvement in many areas of functioning, including a reduction in heroin use to about half. At one year's treatment, about a third were abstinent, a third were frequent opiate users and about a third had an intermediate outcome.

About half of all the patients were abstinent from heroin after four or five years.

Many patients were drinking excessively instead of taking drugs, or were taking methadone.

There was no large difference in outcome between residential and community based treatments. Residential programmes had a slightly better outcome in achieving abstinence in about 47% of clients, compared to 35% in residential programmes. The view was that treatment has a relatively positive outcome (in those clients who persist with treatment).

The American DATOS Study noted how cocaine was taking over from opiates as a major drug of misuse. Drug users use many drugs in combination. At follow-up, there was a 50% reduction in drug use at a year and the reduction was greater for patients treated for three months or more.

Nearly 6% of the drug user group were dead at five-year follow-up.

Caveat

In interpreting the data, it is important to look at what point in the sample is taken the inclusion criteria and the end points. A reduction in drug use may be a satisfactory end point statistically, but may not be adequate to cross the threshold from “poor” to “good enough parenting”.

The prognosis generally improves and becomes acceptable after living a drug free lifestyle in the community, one year of abstinence and having engaged in an intensive treatment programme for three months or more.