

12.4 Addressing medical and welfare needs improves treatment retention and outcomes

Findings A US study supports new UK policy statements calling for services to address not just substance dependence but also medical, psychological, social, housing, and vocational needs.

The findings come from a US-wide study which sampled agencies given federal funding to improve their services. The featured sub-study focused on 3255 patients at methadone, residential or outpatient counselling programmes who completed interviews at treatment entry (baseline), shortly after they left (exit), and about 11 months later (follow-up). At baseline they were asked how important it was for them to be helped with mental health, medical, family (not childcare), housing, or vocational problems. At exit they were asked whether they had received relevant services. Nearly all expressed some needs so could be included in an analysis relating needs and services to changes in the peak frequency of drug use from the year before treatment to (roughly) the year after.

LINKS Nugget 10.1 • *Can we help?* issue 12.

Receiving services matched to need was associated with greater reductions in illegal drug use generally and use of the drug(s) in relation to which the patient had sought treatment. This was the case for each of the needs separately (except mental health) and for the extent to which an individual's overall needs had been addressed. The strongest links were with housing and vocational help and among patients at residential services, where these needs were most likely to be addressed. Matching services to needs linked to outcomes partly (but not entirely) via increased retention. However, these associations were confined to the half of the patients with multiple needs across several domains.

In context Previously the same study (► *Links*) had established that at all but the shortest programmes, longer retention was associated with greater reductions in drug use. The featured study showed that retention is itself related to providing services people feel they need and that this is also directly related to substance use outcomes. The most plausible explanation is that helping patients cope with multiple severe problems creates a platform for them to engage in treatment and also directly addresses the factors which sustain dependent drug use and impede recovery. Stronger links might have emerged had the study been able to assess whether the services actually helped or if a wider range of needs (eg, transport, financial) had been included.

Previous work is generally supportive of the attempt to match the intensity and type of services to patients' needs, but studies are few and effects usually moderate. The record is strongest in regard to providing inpatient care and psychotherapy for patients with distinct (but not disabling) psychiatric problems and who lack 'recovery resources' in the form of employment opportunities and a supportive family. This record at least partly reflects the comparative lack of investment in meeting patients' social and welfare needs. Despite the obstacles to securing such basics as decent housing and employment, studies do suggest that addressing these issues improves outcomes in the targeted areas and also in respect of substance use problems.

Practice implications Given the multiply disadvantaged populations seen in addiction treatment, a rounded approach which addresses welfare, family, housing and vocational needs seems justified in its own right, but can also create a platform for a stronger and more lasting recovery from dependence, an argument recognised in recent UK national policy statements. Research supports targeting such help at patients with relatively severe problems across several areas of their life, especially those whose poor psychological resources preclude a self-generated return to stable housing, employment and relationships. Treatment services will need the skills to assess these needs, a role closer to social services case management than addiction treatment. Meeting these needs will then require strong links between treatment and other relevant services. Services are best provided at the treatment site or via active referral and follow through including escorting patients to the helping agency.

Featured studies Friedmann P.D. *et al.* "The effect of matching comprehensive services to patients' needs on drug use improvement in addiction treatment." *Addiction*: 2004, 99, p. 962–972.

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