DRUG & ALCOHOL FINDINGS

About this document

NATIONAL ADDICTION CENTRE
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Evaluations of substance misuse treatment rarely forefront what probably matters most to the patient – their **quality of life**, a yardstick often applied to other patients. Especially for illegal drug users, the focus instead is on the outcomes that matter most to the wider society.

Recently a few studies have started to redress this balance. What they find is that the patient's own assessment of their well-being is often poorly related (and sometimes not at all) to conventional outcome measures such as substance use, abstinence and severity of drug problems. Using quality of life as a yardstick would often give a very different impression of well a client has progressed, how well a service is performing, and whether one treatment is better than another. For example, in one US study, at the end of treatment a third to a half of the clients who had sustained abstinence nevertheless had a poor quality of life, while around half who had 'lapsed' felt they had a good quality of life. In another, clients were more often abstinent after 12-step based group therapy, but also experienced reverses on dimensions reflecting quality of life. In contrast, more or less the opposite was the case for a therapy focused less on abstinence than on changing irrational beliefs thought to underlie dependence. Satisfaction with treatment, another measure taken from the client's point of view, is also inconsistently related to substance use outcomes but may (there is very little evidence) be more closely related to quality of life.

In methadone and other substitution treatments too, conventional indicators of success (such as reaching the point where a patient no longer tops up their prescription with heroin) are not necessarily related to the patient's own assessment of their well-being and functioning. The likely explanation is that some addicts do not enter treatment to abandon a heroin-based lifestyle but in order to manage it better by gaining 'time out' before returning to the street and reducing hassle and expenditure, or to have a taster of what life without heroin might be like. They may see the treatment episode as a success even though they continue to use heroin and dip in and out treatment in ways which make the service's retention and urine test records look poor. The same kind of motivation provides an alternative explanation for what is often criticised as the under-dosing of methadone patients: for many this is precisely what they want – to restrain their methadone dose so they can continue to 'enjoy' heroin.

References and fuller text available on request from da.findings@blueyonder.co.uk – ask for the quality of life dossier.

Send comments to Findings