

10.1 Retention is not just about motivation

Findings Findings of a major US study imply that improving treatment retention will actually improve outcomes – the link between the two is not just due to motivated clients staying longer.

In the mid-90s a national US study tracked 4005 clients starting treatment. The dominant drug problem was cocaine/crack. To assess progress the peak frequency of illegal drug use during the year before treatment was compared with (roughly) the year after it had ended.

Even after short stays there had been significant reductions but generally these increased the longer the client had been in treatment. To eliminate the possibility that this was simply because more motivated clients stayed longer, the analysis adjusted for the importance clients attached to treatment at intake and the degree to which they had *already* reduced their drug use. On this basis the benefits of staying longer were most apparent for long-term residential rehabilitation programmes. The same was true but to a lesser degree of long-term non-residential programmes, but not of short residential programmes (where most people stayed for just three weeks) nor of methadone maintenance. There was no sign for any of the programmes of a 'cut-off' point above which there was a sharp improvement in outcomes.

Pre-treatment factors also played a part. Except in methadone maintenance, the more important the patient thought treatment was, the better the outcomes, but the overriding factor was peak drug use frequency before entering treatment; the higher the peak, the greater the reduction. Once this was taken into account, treatment motivation was no longer influential. What remained influential (again, except in methadone programmes) was cutting drug use before treatment entry. In other words, the more someone needed to cut down because of their excessive use, and the more they had acted on this need before entering treatment, the better the outcomes.

In context Retention is one of the variables most consistently related to better outcomes. As in the featured study, the form this relationship takes is different for methadone programmes where the most important factor is *remaining* in treatment rather than having *been* in treatment for a long time. What the study adds is a robust confirmation that increased retention improves outcomes regardless of the client's motivation. The importance of this finding is that it suggests that taking special measures to improve retention can improve outcomes – it's not just that both are immutably determined by the client's motivation.

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It is also one of several studies to find that lower levels of cocaine use at intake are associated with better outcomes. What it adds is a new explanation for this finding – rather than such clients always having had a less severe drug problem, it could be that they have already taken steps to reduce severity.

Practice implications Increasing the proportion of clients sustaining (or completing) treatment is a national UK target and an important way services can improve outcomes. Initiatives supported by research include induction activities to clarify the treatment process and to deal with concerns and misconceptions and, in methadone programmes, individually and flexibly adjusted doses. The study also suggests that it may be worth trying to curb cocaine use in the run-up to treatment rather than simply leaving clients to wait.

Beyond such specifics, some broad principles emerge from the literature. These include establishing an organisation and a counselling style responsive to the client as a human being with needs and ambitions beyond those related to drugs. Another is an organisational ethos and interpersonal style which conveys understanding, liking, warmth, and optimism in the client's ability to benefit from the treatment. A third is to place oneself in the shoes of someone apprehensive about what they are getting in to, unsure it will work, often with a record of failure/being failed, and used to being treated without a great deal of care and respect. Much of what research has found to enhance retention could be predicted from this perspective.

Featured studies Zhang Z. *et al.* "Does retention matter? Treatment duration and improvement in drug use." *Addiction*: 2003, 98, p. 673–684. Copies: apply DrugScope.

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