

7.6 When either is an option, for crack users non-residential rehabilitation matches residential

Findings Dependent crack users with no pressing reason to enter residential as opposed to non-residential rehabilitation do as well in either.

In 1990 a US residential service introduced a parallel day programme running every weekday for 12 hours and for shorter periods at weekends. Both programmes were based on therapeutic community principles and scheduled to run for a year followed by aftercare. The study randomly allocated clients to the two settings but nearly three-quarters of the agency's intake could not participate because there were compelling reasons to choose one of the settings (usually due to homelessness or because a court had stipulated residential care). About half those randomised dropped out within two weeks, before the baseline research interview; up to this point, the residential option seemed better at retaining clients with high psychiatric symptoms or low social support.

LINKS Nuggets 4.1
4.2 4.7

261 remaining clients were included in the analysis, two-thirds primarily abusing crack. Over 90% were re-interviewed up to 18 months after admission. About a third had stayed at least six months in treatment and were seen as having effectively completed the programme. During this six months 43% of day clients relapsed (drug use at least twice a week) compared to 35% of residential. Once other variables had been taken into account, only in this period was relapse significantly less likely in residential clients, perhaps because they had all been partially or completely protected by the residential environment. Over the next year the benefits from residential care dissipated whilst relapse rates among day clients remained steady. 12–18 months after entering treatment about half of both groups had remained abstinent and about a quarter had experienced a relapse.

An earlier comparison of the two settings had also found roughly equal improvements in drug or alcohol problems and in social and psychological adjustment. Exceptions favoured residential care (in the areas of relationships and psychiatric symptoms) but may have been partly because residential clients had more room for improvement.

In context The study is one of the few to have randomised alcohol or drug dependent clients to residential rehabilitation or to a similar non-residential programme. Previous studies also found little difference in outcomes. However, such studies can only include patients who can safely and practically be sent to *either* option and who are willing to leave the choice to chance, yet any advantages of residential care are likely to be most apparent among the homeless, those whose vulnerability makes outpatient care unsafe, or those with strong preferences. Non-randomised studies able to include a greater range of clients have found that for the most problematic, residential care does confer extra benefits. Sometimes these are contingent on staying for a substantial part of the scheduled treatment and do not persist beyond a few months after leaving. Other studies have replaced the later phases of residential care with a non-residential alternative or cut stays (up to a point – three months seems needed for long-term remission) without noticeable loss of benefit, probably because completion rates have been maintained or improved.

Practice implications When neither option is clearly excluded, for all but the most problematic clients intensive day programmes can match outcomes from residential rehabilitation at potentially lower cost. However, there remain many clients whose housing conditions dictate a housing component to their care, others whose employment and family commitments preclude a move into a residential home, and others too ill, suicidal, vulnerable or criminal to remain at home, or with multiple severe disadvantages which respond best to wrap-around, 24-hour support. Outside these clear allocation criteria (which may dictate the placement of most clients) little if anything is gained from the residential element.

Featured studies Greenwood G.L. *et al.* "Relapse outcomes in a randomized trial of residential and day drug abuse treatment." *Journal of Substance Abuse Treatment*: 2001, 20, p. 15–23. Copies: apply DrugScope.

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