Getting better outcomes for drug users

Responding to Ira Unell's article, **Rosanna O'Connor** emphasises how the TOP helps workers, managers and commissioners deliver effective care plans.

Drug treatment in England has undergone a significant shift in recent years to increasingly orientate towards improved outcomes for drug users in treatment. When the treatment system first expanded a decade ago, the priority was to improve access for the thousands who remained untreated, a mission which was undoubtedly accomplished. Once that had been achieved, the task moved from getting drug users into treatment and stabilising them, to focussing more on their recovery from addiction and reintegration.

The Treatment Outcomes Profile (TOP) was designed to support putting improving user outcomes at the centre of treatment. We know that drug users come into treatment to get better and to get off drugs. Families and communities also benefit when drug users get better. As the recent clinician-led expert group on medications in recovery recognised, previous strategies gave "insufficient priority to an individual's desire to overcome his or her drug or alcohol dependence."

What matters to users and what matters at a system level is that treatment outcomes are improving. Together, progress is being made. Treatment is now much better at getting people out: users starting treatment now are much more likely to recover than those who started in 2005-06. The number of drug users successfully completing treatment last year increased by 18%, an increase of 150% since 2005-06. Whilst these outcomes of course cannot be attributed to any unique contributor, TOP is part of this wholesale individual and systemic change to improve the quality of treatment so that more recover from drug addiction.

For the treatment worker and the user, TOP provides a tool to track progress towards goals set out in the recovery care plan. It can provide a visual representation of how the user is progressing. It can structure conversations between the user and the worker. And it helps users to see where they are in relation to others like them. Its effectiveness in doing this is a product of the therapeutic relationship developed between an individual and the drugs worker and quality or meaningfulness of their exchange.

The questions TOP asks should be part of the routine interaction between a treatment worker and the user. If the ground covered by TOP presents a challenge then it suggests that there is cause to be concerned about the extent to which the service is using keyworking sessions to "plan, review and optimise" with users, as the expert group put it. The results from the services and areas that are using TOP to underpin their leadership in improving user outcomes indicate that TOP has the potential to be effectively used as part of a recovery-orientated system. Where services continue to underperform, it not only minimises the recovery potential of service users, but jeopardises the service itself as funding becomes more closely linked to outcomes.

For service provider managers, TOP reports can help with case management, by reviewing cases collectively in team meetings. It helps early identification of people not doing well in treatment. It shows how the provider is performing compared to others with similar client complexity. It helps ensure all clients get a consistent level of service by identifying any gaps in provision. It can provide data to scan the horizon for future drug trends within the local treatment population.

For local area commissioners, TOP shows how services are performing

© PHOTOFUSION

compared to others with similar client complexity. It can direct service improvements, such as prompting reviews on particular areas of concern. It helps show if services are meeting assessed need. Identifying progress at six months into treatment can predict future outcomes that may need early action. TOP can also provide data to act as a negotiating and persuading tool with local partners, such as evidence that providing job opportunities and housing improves users' recovery outcomes.

Contrary to the views represented by Ira Unell and colleagues, many treatment workers, users, services and partnerships are using TOP to improve user outcomes. Some of the best performing partnerships in the country are also the ones making the best use of TOP to inform their clinical practice. One London borough, for example, used TOP data to identify the need for improvements in the reduction of crack cocaine use by clients in the area. Within six months, abstinence rates amongst crack users had increased from a third to 70%; those deteriorating had fallen from 10% to 3%; and the average reduction in crack use rose from six days a month to over 10 days. In one South Yorkshire partnership, a rise in problematic alcohol use at six month review was identified via the TOP quarterly outcomes report, which prompted a review of how alcohol interventions are targeted towards clients in treatment.

If TOP is viewed, as Unell and colleagues suggest, as purely a form filling exercise, then it is hardly surprising that the potential benefits to users are overlooked. How well TOP is used in each local area depends on local leadership and on the vision and commitment of individual workers, service manager or commissioner. But the potential to use TOP to inform improvements to services, systems and interactions is there to be realised.

SOME OF THE BEST PERFORMING PARTNERSHIPS IN THE COUNTRY ARE ALSO THE ONES MAKING THE BEST USE OF TOP TO INFORM THEIR CLINICAL PRACTICE.

It is not intended to be a system-wide measure of precisely how much offending has reduced by. To judge TOP on that basis is to miss the point somewhat. The crime question is an essential part of the conversation between a treatment worker and users who are or have been offending, so to leave it out would be neglecting a vital barometer of the user's progress towards recovery. System-wide assessments of how treatment reduces crime have been carried out by anonymously cross-matching drug treatment data with the Police National Computer.

There is a wealth of material available to providers and partnerships from TOP, and the NTA wants to work with the sector to make those tools as easily accessible as possible. Having listened to feedback from the sector about making TOP reports more accessible, we are piloting a new version of the quarterly outcomes report which will be available later in the year, along with a range of new tools to support treatment workers, providers and partnerships to make the most from TOP. In the meantime, talk to your local NTA team about using the bespoke outcomes reports. We would welcome your feedback about how the information available to you from TOP could be improved.

Improving user outcomes is only going to become more important in the future landscape for drug treatment services, not less. Therefore making better use of the tools at our disposal to get better outcomes can only benefit users, families and communities, as well as the drug treatment sector. In this time of transition, it is now more important than ever that, as a sector, we can demonstrate outcomes. In this respect we are ahead of many other sectors who may be vying for the same limited resources. Demonstrating outcomes will be vital in this environment – now is not the time to give up this advantage.

■ **Rosanna O'Connor,** NTA Director of Delivery