

Research into the effects of user involvement on treatment is finding that it makes people feel helped – but not drug-free. **Joanne Neale** reports

Feel good factor

WE should not assume the government's commitment to involving drug users in planning their own treatment or influencing policy will translate into practice. Indeed, user involvement in treatment decisions has been little researched. We do not actually know which services are currently involving drug users in their own treatment decisions, or how users feel about this involvement. Are those who have an input into their treatment more likely to do better than those who do not? Do they stay in treatment for longer? Do they feel more satisfied with the treatment process?

The only empirical evidence we have which goes some way to answering these questions comes from a study which questioned 859 drug users as they started treatment and then again eight months later. The Drug Outcome Research in Scotland (DORIS) study carried out by the University of Glasgow is part of an ongoing body of research into the impact of user involvement on treatment.

FEEDBACK

Of those interviewed, 42 per cent received their treatment from a prison drug service, 34 per cent from a community-based drug service and 24 per cent from a residential drug service. At their second interview, half the users interviewed reported that they had been included in decisions about the help that they had received since their first interview, while the other half said they had not.

Levels of involvement varied enormously between agencies, with community and residential services generally being better at involving their clients than prison services. Only a third of prison service clients reported they had been involved in decisions about their treatment, compared with just under two-thirds of people attending community and residential services. There were also very large differences between individual agencies. In one residential service, three-quarters of drug users reported they had been involved in treatment decisions; in another, the corresponding proportion was only 46 per cent. In one prison service, just a quarter of clients reported being involved.

Different levels of user involvement were also associated with the different kinds of treatment or services received. Individuals who had been either

prescribed methadone, had undergone residential detoxification or received counselling were more likely to report being involved than those who did not. This pattern was repeated for group work, advice and information, help with housing, help with sorting out financial problems and help with education, training and job-seeking. In each case, those who had received support – whatever the support – were more likely to report that they had been involved than those who had not. It is reasonable to expect that receiving more services or more types of support will increase feelings of involvement – and this was indeed the case.

STAYING ON

Involved drug users rated their treatment agency overall more highly than non-involved drug users. They were more satisfied with the support they had received and were more likely to say that they would recommend the agency to a friend. Moreover, they had stayed in treatment for longer than their non-involved counterparts – a key finding given that treatment retention is associated with good treatment outcomes. They were also more likely to feel that the agency had helped them to become drug-free or stabilise their drug use and felt they had been helped to reduce their criminal behaviour, improve their physical and mental health, improve their family relationships, attain education, employment skills or a job, improve their housing circumstances and improve their financial circumstances.

Different experiences also resulted in a change in behaviour. Those who were involved were more likely 'not' to have used heroin in the 90 days prior to their second interview, 'not' to have legal problems at the time of their second interview, to be less dependent on their main drug at their second interview, to have had a place on an education or training course since their first interview and to have had paid legal employment since their first interview.

There was, however, no association between being involved in treatment decisions and being drug-free at their second interview. This also applied for injecting a drug in the 90 days prior to their second interview or being homeless at their second interview.

STILL USING

Such findings indicate that user involvement is associated with a range of positive outcomes – we

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found no associations with any negative outcomes. Nonetheless, it is possible that user involvement might be more strongly associated with *feeling* that improvements have been made than with actual improvements. For example, being involved was associated with feeling that the agency had helped them to become drug-free, but was not associated with actually being drug-free at second interview.

Research evidence on user involvement is now starting to accumulate. We are currently engaged in a qualitative study of this topic for the Joseph Rowntree Foundation. Our analysis of the earlier DORIS data provides useful evidence that the type of agency and type of service received are very strongly associated with levels of user involvement. Users seem to feel more involved, the more kinds of treatment and

support they receive. Feeling involved is associated with satisfaction, staying in treatment for longer and a range of positive subjective and objective outcome measures. That said, it seems that user involvement may possibly have a stronger association with how users feel than with actual concrete improvements.

Whatever the precise nature of the relationship between user involvement and good treatment outcomes, we can find no evidence that involvement is anything other than a good thing. We conclude, therefore, that a key aim should now be to get those agencies that are lagging behind on service user involvement to catch up. They may then see their clients appreciating the services they provide more, staying longer in treatment and ultimately doing better. ■