

When is a wait not a wait?

Ask Doris



One of the key performance indicators for treatment services is to reduce the amount of time people spend on waiting lists. But statistical sleights of hand on waiting times are notorious.

Joanne Neale and **Michele Roberston** report on Scottish research into this tricky area

It is widely accepted that drug services must be readily accessible to those in need of treatment. One obvious indicator of accessibility to service provision is the length of time a drug user must wait before any treatment is received. This article uses data from the Drug Outcome Research in Scotland (DORIS) study to examine the issue of 'waiting for treatment' at a wide range of agencies located across Scotland.

The DORIS study is the Scottish version of NTORS (the National Treatment Outcome Research Study, previously conducted in England and Wales). DORIS is designed to provide detailed information on the effectiveness of different kinds of drug treatment currently available to drug users in Scotland.

Treatment types included within DORIS are i) substitute prescribing (methadone and other drugs); ii) residential detoxification; iii) residential rehabilitation; and iv) non-clinical interventions (counselling and group work) covering 33 'recruitment agencies'. In total, 1,007 drug users beginning a new episode of drug treatment have been recruited onto the study, but because prison-based services are accessed very differently from those in the community, the analysis just focuses on 559 users outside the prison gates.

In total, 373 (67%) of the 559 respondents reported that they had had to wait on a waiting list prior to being seen at their recruitment agency. Analysis of the data by treatment type, meanwhile, revealed very clear statistically significant differences between those who had and those who had not been on a waiting list. Thus, those beginning residential treatment (detoxification or rehabilitation) were very likely to have been on a list. Conversely, those beginning counselling were more likely not to have

been on a list. Those seeking substitute drugs were fairly evenly balanced for this indicator.

HOW LONG?

When asked how long (including any time on a waiting list) they had had to wait before receiving any help from their recruitment agency, 108 individuals (19%) said that they had been seen on the day they first sought help and a further 5 individuals (1%) said that they had been seen on the very next day. Thirty-two drug users (6%) were seen in 2-6 days; 167 (30%) were seen in 1-4 weeks; 189 (34%) were seen in 1-6 months; 43 (8%) were seen in 7-12 months; and 10 individuals (2%) were not seen for over a year.

When the length of time elapsing before receiving

THERE'S WAITING – AND WAITING

- 1 You can go on a waiting list, but all you are waiting for is to be told when the appointment is for your first treatment session – and that can be some time after you come to the top of the list. And what counts as a first treatment session? A screening? An assessment?
- 2 You can go on a waiting list and when you come to the top you get an appointment straight away – because you are at the top.
- 3 You are told there is no waiting list – but your appointment is still weeks away. Are you a 'waiting list' statistic or not?
- 4 And then of course, the service has no waiting list because it is so poor nobody wants to use it.

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treatment was compared with whether or not an individual had waited on a waiting list, the data revealed that those not on a waiting list were seen more quickly than those on a waiting list. Nonetheless, there was clear evidence that those not on a waiting list still often had to wait more than a week and occasionally more than a month to be treated (see box bottom left).

FAST TRACKING

It is sometimes acknowledged that there may be benefits in speeding up the process of service delivery to those individuals who are especially vulnerable or for whom an early intervention is particularly critical. This process is often referred to as 'fast tracking'. In order to investigate which if any drug users were possibly being 'fast tracked' into treatment, respondents were categorised into those who i) received treatment on the day or on the day immediately after seeking assistance and ii) did not receive treatment until at least 2 days after seeking help. Those who were receiving treatment on the day or on the day immediately after seeking assistance were significantly more likely than other drug users to:

- have had no previous drug treatment of any kind;
- have not used crack in the last 90 days;
- have not handled stolen goods in previous 3 months;
- have not committed fraud in previous 3 months;
- have not driven after using illegal drugs in previous 3 months;
- have no outstanding fines;
- not be on bail;
- have solicited in previous 3 months; and
- have sold sex in the last 12 months.

'SLOW' TRACKING?

The converse of receiving rapid access to service delivery is, of course, having to wait for treatment. Whilst there is no designated 'unacceptable' waiting period, it is nonetheless the case that drug users who have to wait several weeks for assistance may lose interest in the treatment process unless they are particularly motivated. In order to provide some clearer insights into which if any individuals were receiving significantly slower access to drug treatment, respondents were categorised into those who i) received treatment within a month of seeking assistance and ii) did not receive treatment until at least a month had elapsed after seeking help. This analysis revealed that those waiting more than a month were significantly more likely than other drug users to:

- have had previous treatment for their drug use;
- have used crack in the last 90 days;
- not have slept rough in the last six months;
- not have overdosed in the last 90 days;
- not have ever attempted suicide;
- not have stolen from a shop or commercial property in the last 3 months;
- not have sold sex in the last 12 months; and
- not have solicited in the last 3 months.

Our analyses have shown that two thirds of all respondents (67%) had had to wait on a waiting list

DORIS

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prior to being seen at their recruitment agency. Rather positively, a fifth (20%) had received assistance within a day of presenting for treatment. Despite this, two-fifths (44%) had had to wait more than a month and a tenth (10%) had waited more than six months. Although individuals not on a waiting list were generally seen more quickly than others, those not on a waiting list still often had to wait quite lengthy periods to be treated. Together, these findings suggest that many drug agencies do not have the capacity to provide a rapid response to the needs of their drug-using clients. Furthermore, official waiting list data may not always provide the most accurate indicator of how long it will take for an individual to receive treatment.

Those new to treatment, selling sex, sleeping rough, those who had recently overdosed, those who had ever attempted suicide, and who had recently stolen from a shop or property were more likely to receive treatment with a month of seeking assistance. Conversely, crack users were more likely to wait longer. Clearly, it is good that services are targeting and even 'fast tracking' those who are most vulnerable and most in need. Nonetheless, it is important to ensure that less urgent cases are not falling through the treatment net simply because appropriate services are not available or because they are considered less deserving of assistance. ■

Are there dodgy dealings in the world of waiting time statistics? As a service provider, how do you calculate wait? If you're a DAT coordinator do you believe the figures you are sent? And where are the best and worst places to live if you are user wanting services? Write to the editor or email harrys@drugscope.org.uk