

An evaluation of why individuals present to and drop out of drug treatment services

Final Report

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Introduction

In March 1997 the Drug Misuse Information Strategy Team (DMIST) at ISD, the Scottish Drugs Forum (SDF), several Drug Action Team (DAT) development officers and a service agency, formed a partnership to devise a set of standard questions to measure the outcomes of clients of drug treatment services. During a one-year pilot project these questions were incorporated into the existing Scottish Drug Misuse Database monitoring form known as the SMR23. Five participating agencies, from across Scotland, agreed to complete forms for all their new clients and to collect follow-up information for these clients at three months, six months and nine months.

The findings from the project (known as the Outcomes Pilot) identified a range of positive outcomes for clients who stayed in treatment including, movement away from illicit drug use to prescribed drug use, and reductions in injecting and sharing behaviours (www.drugmisuse.isdscotland.org/statres/statistics/outcomes/outcomes.htm). However, the most significant finding related to levels of retention in treatment. At the three-month follow-up, 60 per cent of cases had already been closed, primarily because of client drop out or default from treatment regime (72%).

The results from the Outcome Pilot study highlighted the need for greater understanding of why drug users attend drug services and why they stop attending. More specifically, questions were raised about the extent to which high drop-out rates resulted from clients' needs and/or expectations being met (or otherwise) during their early contact with treatment services.

Stated more formally, the aims of the project were:

- to identify the range of reasons why individuals present to drug treatment services; their motivations in relation to their drug use; expectations of the agency and initial satisfaction with the services offered
- to ascertain the relationship between the above factors and subsequent drop-out from, or retention in, treatment.

Study design

Methodology

The study design involved the recruitment of a sample of current drug users from a range of treatment agencies. Drug users were interviewed immediately following their initial assessment using a structured schedule (see appendix A). After a period of between one and three months, follow up interviews were conducted with treatment agency staff. Following data analysis a further round of semi structured interviews was conducted with the treatment agency staff.

The first round of interviews with agency staff sought to find out which clients were still in contact with agencies and to understand why individuals did or did not remain in treatment. Insight was also gained into the degree of agreement (or otherwise) between clients and agency staff regarding the needs identified at assessment and access to further interventions. The second round of agency staff interviews aimed to provide feedback of emerging results and to assess the validity of findings and the level of generalisability between the sample and the agencies' wider client populations.

Sample and ethics

Ten agencies agreed to participate in the study; three of these had participated in the original Outcomes Pilot project. The study aimed to recruit a sample of 150 to 200 clients from across the participating agencies. The sample size was calculated using an estimation of the likely number of new problem drug users (clients) during the study period (derived from the Scottish Drug Misuse Database). Approval for the study was sought, and received, from the Scottish Multi-centre Research Ethics Committee, and Local Research Ethics Committees within participating areas.

Data collection

The original study design envisaged fieldworkers spending a period of two weeks at each agency interviewing all new clients. However, in reality this approach proved impractical due to a combination of difficulties. These included:

- large numbers of “did not attend” clients
- changes in staffing at the agencies, resulting in temporary reductions in the numbers of new referrals being accepted by these services
- agency arrangements for assessing new referrals - some agencies only assess new clients on particular days
- waiting lists / waiting times in some areas.

Consequently, the design was amended so that fieldworkers attended agencies for *a particular number of non-consecutive days* (between 7-10 days) rather than for a two week consecutive period. Fieldwork took place between June 2002 and January 2003, with the majority of interviews held between November 2002 and January 2003.

Drug misusers are known to be a difficult population with whom to conduct research. The illegal nature of the activity in combination with the often chaotic nature of users’ lives leads to problems in gathering reliable information. In an attempt to enhance interviewer/respondent rapport and the validity of the data collected, ‘peer researchers’ were employed to gather data from clients. The ‘peer researchers’ were volunteers from the Scottish Drugs Forum (SDF) and were people who had experienced both drug use and the services of drug treatment agencies.

The structured interviews focused on clients’:

- drug-use behaviour and what they wanted to do about it
- reasons for attending the agency that day
- referral route to the agency and who encouraged them to attend
- experience of attending the agency that day and their satisfaction with the service
- perception of whether they were offered (and planned to keep) a second appointment.

This project’s research methodology was innovative in the attempt to use ‘peer researchers’ to gain understanding of drug service users’ perspectives about initial contacts with treatments services. From the peer researchers’ perspective involvement in the project was primarily positive. It offered the opportunity to develop new skills, to build self-esteem and to earn a small amount of money.

During the fieldwork, however, a number of unforeseen practical issues that caused the peer researchers particular difficulties were encountered and these are reported in order to allow other researchers to learn from this project's experiences. Different drug treatment services offered varying degrees of support to the peer interviewers in terms of arranging suitable dates and times for the interviews, informing clients of the study and the provision of confidential space for interviews. The appointment based system that the services operated could not guarantee a sufficient number of clients and this meant that the peer researchers on occasion spent hours waiting for clients to interview; this was demotivating for the peer researchers. It is particularly important when using peer interviewers that good liaison arrangements are established with services in advance so as to minimise wasted time

All interviews with treatment agency staff were conducted by staff at ISD (interview schedules are contained in Appendix B).

Analysis

Data was entered into an Access database and then transferred into SPSS. Data cleaning, data quality-checking and analysis were undertaken by staff at the Information and Statistics Division of the Common Services Agency. Data were analysed using descriptive statistical techniques.

Results from client interviews

Sample description

Interviews took place at eight agencies. Two of the ten agencies initially involved in the study withdrew before fieldwork began.

Fifty-six valid client interviews were achieved. Although this is less than the anticipated sample of 150-200, it remains a relatively large sample of a difficult to reach client group. It is also large enough to provide useful insights into clients' perceptions of their early contact with treatment agencies and the possible reasons for early treatment withdrawal.

Respondents ranged in age from 20 – 40 years (mean 28.5, median age = 28, mode 29) with approximately two-thirds of clients being male (n=38). The sample's median age and the 2:1 ratio between male and female clients is similar to that reported to the Scottish Drug Misuse Database in 2002. This is suggestive of the sample being representative, on these dimensions, of new clients attending treatment services.

Drug use

The vast majority of the sample were heroin users (n=50). However, nearly three-quarters of these (n=40) were also using one or more other drugs (either illicit or prescribed): diazepam (n=27), cannabis (n=13), methadone (n=11), cocaine / crack (n=9), or dihydrocodeine (n=6). Nearly two-thirds (n=35) had experience of injecting drug use, either currently or in the past.

Service use

Respondents reported that previously they had used a number of services specifically because of their drug use. The service used most commonly was General Practice with just under half (n=25) currently seeing their General Practitioner. A large proportion of respondents also reported having used needle exchange facilities, methadone maintenance programmes and/or community detoxification programmes in the past. Thirteen clients were currently in contact with Social Work services.

Introduction to the agency and getting an appointment

Most respondents (just over half) reported that they were advised about the agency by their GP, although a significant minority (a third) had heard through word of mouth. The majority of clients commented that they had been self-motivated to attend. However, many also reported that they had been encouraged by other people to seek help for their drug misuse: approximately a third by their family and a one-quarter by their GP and/or partner. Most respondents (two-thirds) had an appointment that had been made for them by another agency with only around a quarter making their own appointment. A very small number of respondents attended the agency without an appointment.

Table 1 presents a breakdown of the length of time respondents reported from first contact with a drug treatment agency to first appointment by method of referral. Prima facie it appears that respondents who either 'dropped in' or made their own appointments were seen more quickly than those referred by another agency. However, caution is required in arriving at this conclusion because a) not all agencies offered a client drop in service, b) the numbers within each cell are very small.

Table 1: Waiting times for first appointment, as reported by drug users

Length of time to appointment	Client dropped in	Appointment with	Appointment with agency
	to agency	agency made by client	made by another service
	'n'	'n'	'n'
Almost right away	4	2	—
Up to 1 week	—	3	6
Up to 1 month	—	6	17
1-3 months	—	2	7
3-6 months	—	—	4
6 months or more	—	—	5
Total (n)	4	13	39

Respondents' motivations for attending services

Respondents were asked about their reasons for attending the service on this specific occasion and also about their longer term goals in relation to their drug use. Answers to these questions revealed that clients were often motivated by multiple and probably inter-related factors.

When asked about their *specific reasons for attending the drug service that day*, most respondents provided one of two primary explanations; either to get advice and support or to gain a

prescription. Over half of respondents cited both of these reasons for attending. The areas where advice and support were required varied between respondents but included childcare, benefits and health. Other less frequently cited reasons for attending services included looking for counselling, crisis support and detoxification.

With regard to questions about their longer term goals related to drug use the vast majority of respondents (approximately four-fifths) reported that they wanted to stop using drugs. However, a sizable minority of this group also reported that they hoped to receive a prescription from the agency. This finding is interesting and open to at least two interpretations. It could be that respondents believed that saying they wanted to stop using drugs was the best way to convince a clinician to give them a prescription, but equally some clients may see a prescription for methadone or other forms of medication as an intermediate step towards a longer term goal of being drug free.

Table 2: Clients' main reasons for attending the agency *that day* (number of clients by reason)

	Advice/ support*	Script	Counselling	Crisis support	Detox**	Mental health	Physical health	Other***
Advice / support*	45	33	19	15	14	10	9	5
Prescription	33	43	14	10	10	7	5	4
Counselling	19	14	20	9	9	4	4	3
Drug-related crisis support / intervention	15	10	9	15	8	6	8	3
Detox**	14	10	9	8	15	4	5	2
Mental health	10	7	4	6	4	10	7	3
Physical health	9	5	4	8	5	7	9	3
Other***	5	4	3	3	2	3	3	5

* Advice / support includes child-care advice, health advice & info., financial or benefits advice.

** Detox includes community and in-patient detoxification.

*** Other includes court reports, housing issues, referral to rehab and alcohol abuse.

Respondents' levels of satisfaction with the service

At the interview immediately following their first contact with the agency most respondents reported general satisfaction with the service they had received. Staff attitudes were described by over three quarters of respondents as either 'good' or 'very good'. When asked about whether they had received what they hoped for from their agency visit, nearly half reported that *all* of their needs had been met, with most remaining respondents saying that at least *some* of their needs had been met. Only three clients reported that none of their needs had been dealt with during their agency visit.

In relation to the two most cited areas of ‘advice and support’ and ‘obtaining a prescription’ the majority of respondents reported progress towards their desired/agreed goal (advice and support 80%, prescription 70%). However, many clients who felt that they needed a prescription also indicated that they had hoped to acquire this without having to wait or attend additional appointments. Areas where clients reported least progress related to drug-connected crisis support / intervention, detoxification and/or help with mental health problems.

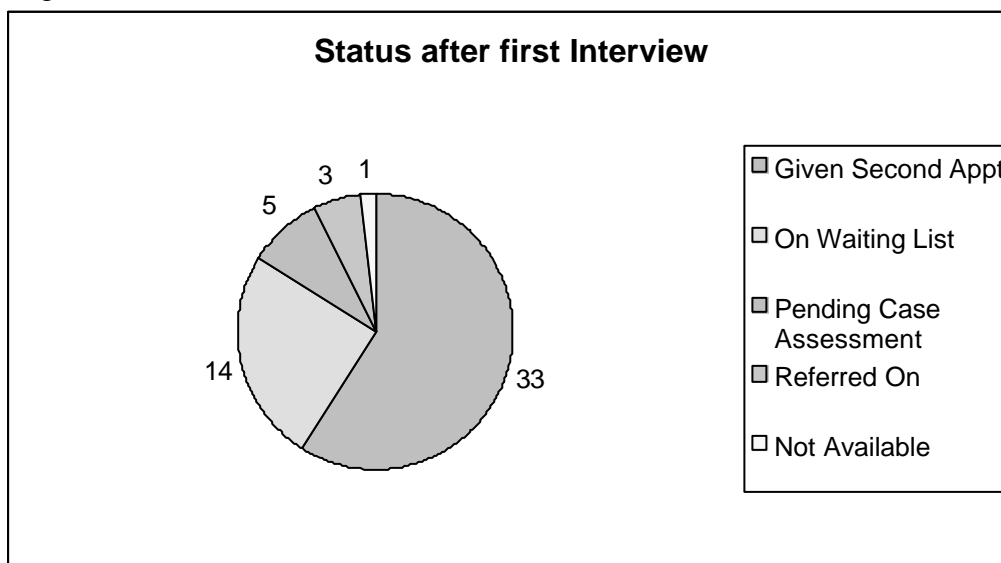
Sizable minorities of respondents expressed dissatisfaction with the physical accommodation of the agencies and in the case of two agencies, accessibility. Nearly half of respondents suggested that services would be better if they provided a faster service following the identification of needs (particularly in relation to substitute prescribing) and reduced waiting times for entry into services.

Further involvement with the agency — clients’ perspectives

Over half of the respondents reported that they had been offered a second appointment and all but one of the clients intended to keep this appointment. The average (mean) wait for a second appointment was reported as 9.3 calendar days, however, this masks significant variation between cases (range 1-31 days). Four clients reported waiting between 8 – 10 days, and seven for more than 11 days (see diagram 1 & 2).

Nearly two-fifths of respondents reported that they were not offered a date for a second appointment. This was not because they were regarded as not requiring a second appointment but, in the majority of cases, because they were put on a waiting list or had to go through a worker allocation process. A very small number of clients were not offered a second appointment because of referral to another service.

Diagram 1



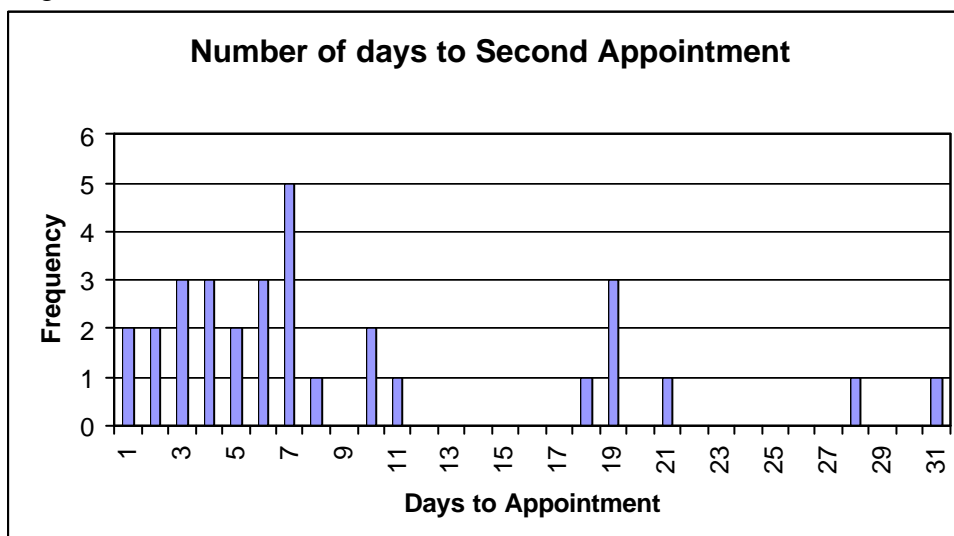
Results from follow-up interviews with agency staff

After a period of between 1-3 months,¹ staff from ISD contacted each of the participating agencies. The aim was to find out which clients were still in contact with agencies and to understand why individuals did and did not remain in treatment. Follow-up data was collected on 53 clients. It was not possible to collect follow-up data on three clients. In one case, the agency could not identify the client from their records; in two cases the keyworker was unavailable to provide the required follow-up information. The results reported below therefore relate to 53 of the original 56 respondents.

Securing and attending a second appointment

In the vast majority of cases there was agreement between the agency and their clients regarding whether or not a second appointment had been offered. The majority of clients had been offered a second appointment and had attended (34 offered and 29 attended). However, just over a third of clients had not been offered a date for a second appointment (n=19). The agencies confirmed the clients' accounts and reported that three-quarters (n=14) of these clients had been put on a waiting list and/or were within an allocation process. A very small number of clients had been referred to another service and their cases closed. The agreement between client and agency accounts suggests that communication between agency staff and clients was good and that clients understood their situation with regard to re-attending the agency and/or starting treatment.

Diagram 2

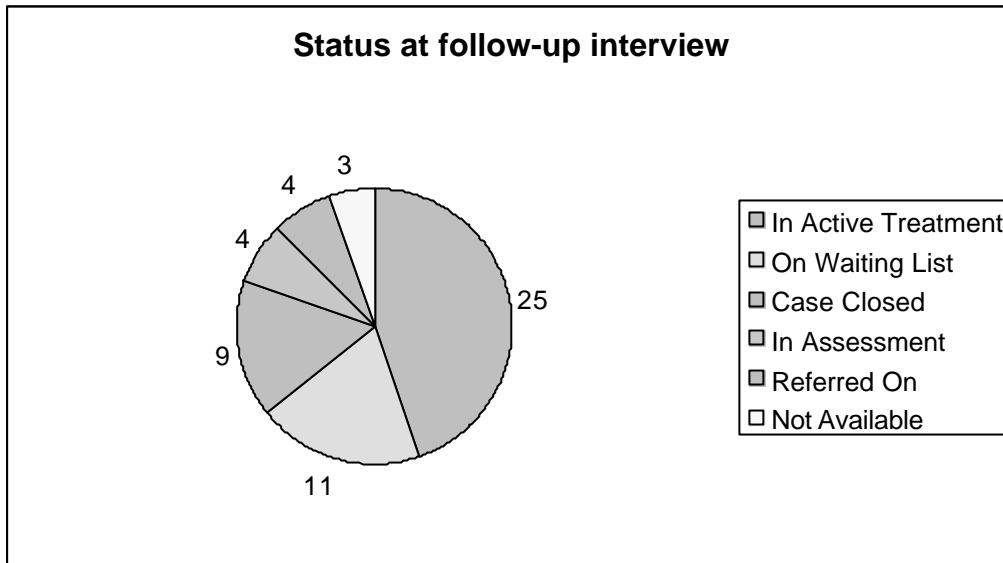


Case status at follow-up

At follow-up, half of the sample were either in active treatment or undergoing assessment prior to commencing treatment, with a further fifth remaining on a waiting list. A quarter of the sample were no longer in contact with the agency and their cases had been closed (ie see diagram 3).

¹ There were two clients for whom follow-up took place 24 weeks after initial interview.

Diagram 3



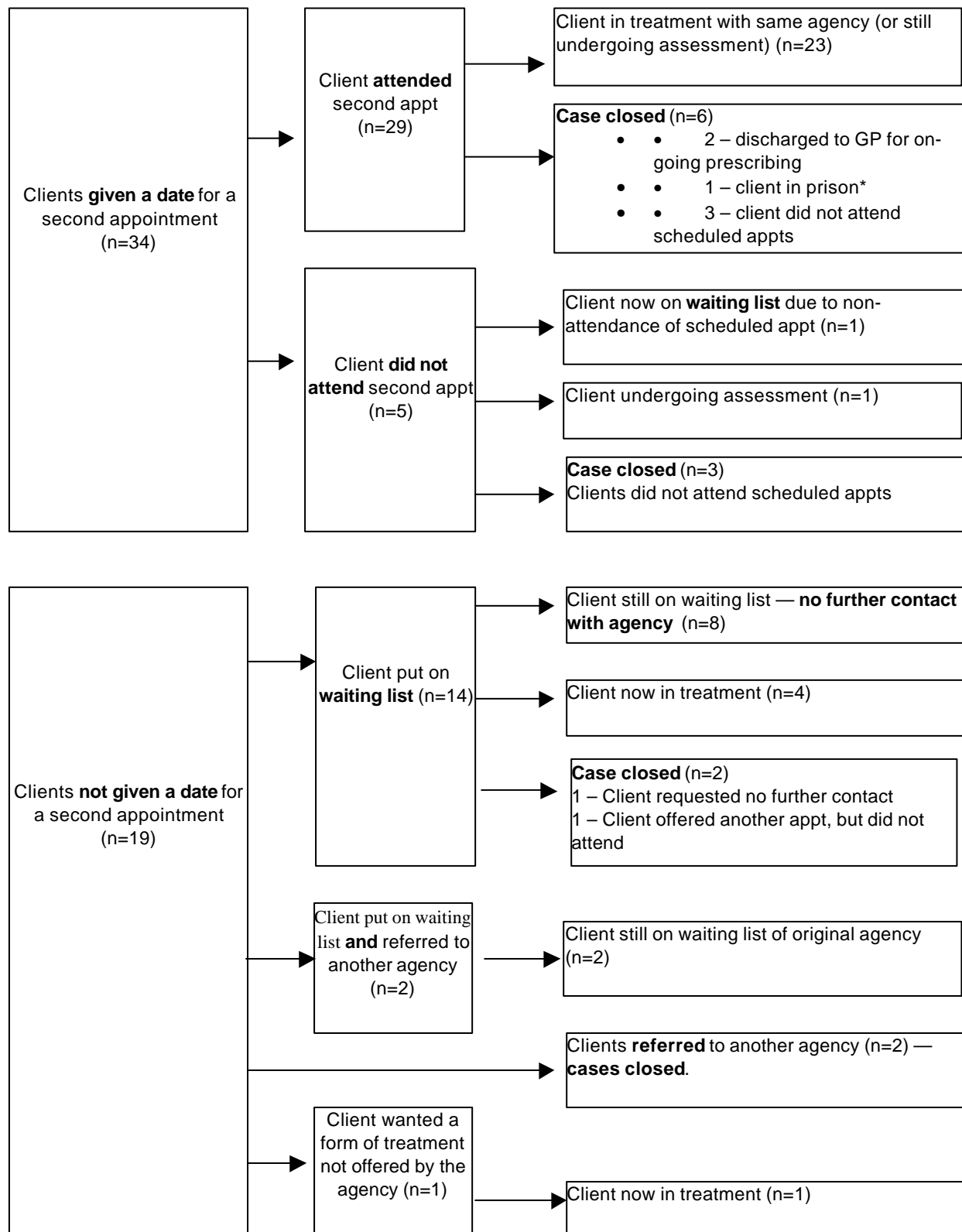
Clients in active treatment were receiving a variety of interventions. Most were reported to be receiving methadone (n=16). Six were receiving methadone and counselling; four were still undergoing assessment; two were receiving counselling alone; and one was receiving substantial input for a mental health problem.

These results suggest that if a drug user is given and attends their second appointment, they may be more likely to go on to attend further treatment. *All* but one of the clients described as being “in active treatment” at follow-up had attended the second appointment given to them by the agency. In addition, five of the clients who were not immediately given a date for a second appointment had since been allocated a keyworker and were reported to be in active treatment at the time of follow-up.

Figure 1: **Client status at follow-up, as reported by the agencies**

Client status at follow-up	(n)
In active treatment (and treatment received)	(25)
Methadone	↳ (16)
Methadone and counselling	(6)
Counselling	(2)
Input for mental health problem	(1)
Undergoing Assessment	(4) (4)
On waiting list	(11)
No further appointment given	↳ (8)
Client waiting, but also referred to another agency	(2)
Client had been offered 2 nd appt, but did not attend	(1)
Referred to Another Agency	(2) (2)
Case closed (and reason for closure)	(9)
Client did not attend scheduled appointment(s)	↳ (7)
Client discharged to GP for on-going prescribing	(2)
Client requested no further contact	(1)
Client had been regularly attending treatment but was now in prison	(1)
Total	(53)

Figure 2 : Comparison of case status at follow-up for clients who were, and were not, given a date for a second appointment



* This individual had been regularly attending the agency for treatment until imprisonment.

Comparing clients who “dropped out” to clients who stayed in treatment

Just over one-third of clients (n=19) had had only one appointment with the agency within the period of the study (see above). However, the majority of these individuals were on a waiting list with the agency, and therefore may be considered to still be in contact with services. The cases of only eight clients were closed for reasons of:

- 7 clients failed to attend scheduled appointments
- 1 client requested no further contact with the agency

These eight clients may be considered to be the ones who “dropped-out” of treatment.

Unfortunately, because of the very small numbers, it is not possible to undertake meaningful analysis of this group, or to compare them in any meaningful way to those (n=32) who remained in treatment. That said the study findings do highlight the fact that there are a group of clients who make contact with services but also stopped attending very quickly. The study’s data regarding clients’ perceptions of met need and levels of satisfaction provide tentative insights into some of the factors which might lie behind this observation. Clients who dropped-out were *more likely* than those who stayed in treatment to say that all of their needs had been met during their first appointment compared to those who attended subsequent appointments. Clients who dropped out of services were also marginally less likely than those who stayed in treatment to rate various aspects of the service positively (i.e., as “Good” or “Very good”).

Feedback to service providers

In light of the relatively small sample of drug misusing clients recruited to this study, discussions took place with agencies to assess the representativeness of respondents in relation to the wider client population. Feedback meetings were held with representatives of six of the eight participating agencies

Discussions with agency staff confirmed the validity of the study’s findings and were suggestive of reasonable generalisability. For example, the agencies were already aware that a common client priority was to be given methadone prescriptions quickly. The agencies also agreed that many of their clients expressed a desire to be drug free. By expanding upon agency policies regarding tolerance testing and other preparations the agency staff contextualised why a client might report detoxification as a key reason for attending the agency whilst also commenting that there was little progress at their first visit. However, in general, the agencies also accepted the validity of some clients’ views that waiting times were too long.

The agency feedback meetings also provided insight into the variation between agencies in terms of the roles, responsibilities and ways of working. It was clear from these discussions that particular aspects of the findings were more relevant to certain agencies than others. For example, the finding that some clients waited over a month for their initial assessment appointment was not relevant to the agency which operated a drop-in centre. Similarly, the finding that some clients felt dissatisfied with the length of time it took to get a methadone prescription was not relevant to the agency that did not offer a prescribing service.

Conclusions

The Outcome Pilot study, conducted in 1998/9, found that at the three months follow-up nearly two-thirds of clients' cases were closed (base 629 clients, 396 closed). The analysis of the *major* reason for case closure showed that of the 233 clients whose cases were closed, nearly three-quarters (168) were recorded as 'client default'. The next most cited reason for case closure was 'closure by agreement with the client' (14 %). At the three month client follow-up the number of clients remaining on a waiting list, or who had not been seen since the initial appointment was low, two per cent and one per cent respectively.

The study reported here aimed to gather further information about the reasons for clients dropping out of treatment during the early stages of contact with agencies. The project is best viewed as a pilot study, which involved small numbers of respondents and employed an innovative research methodology (ie the use of peer researchers) to gain insight into drug misusing clients' perspectives. The innovative nature of the study's methodology was commented on and approved by the Multi-Centre Research Ethics Committee.

Undertaking fieldwork is a complex process that necessarily involves high levels of administrative coordination (arranging interviews, , booking rooms etc) and the management of varying relationships. This study highlighted an instance when the level of administrative coordination and service support resulted in a lower number of interviews than was hoped for (e.g. 40 per cent of appointments did not attend and a further 16 per cent did not attend for interview).

When comparing the findings from the original Outcome Pilot with this study there are certain methodological issues which need to be recognised.

1. Data for the current study was collected three to four years after the first study. The intervening period has seen changes in treatment demand and in some areas alterations to treatment interventions
2. The size of the sample within the original study was considerably larger and more robust statistically than that obtained for this study
3. Within the current study there was heterogeneity in length of time between clients' initial contacts with agencies and follow-up. At follow-up only eight clients had 'dropped out' of treatment. Therefore, this study's methodology does not allow for the generation of reliable or comparable (to the Outcome Pilot) quantitative information on the numbers or percentages of people who remain in treatment at three months.

The statistical profile of clients' experiences was different in this study compared to the original Outcome Pilot. In the current study a quarter of cases were closed at follow-up compared to nearly two-thirds in the original study. Client default was also lower in the current study and accounted for half of the case closures compared to nearly three-quarters in the original study. Conversely the number of clients who remained on waiting lists at follow-up was higher in the current study than the original Outcome Pilot (20% compared to 2%) – here however it must also be remembered that follow-up in the current study was generally earlier than in the original study.

The current study was able to generate more qualitative insights into the experiences of clients during their initial contact with treatment agencies than was possible with the previous larger scale study. These insights are important in understanding some of the processes which lead clients to remain in treatment (or otherwise) and clients' levels of satisfaction with their initial contacts with services.

At their initial assessment 43 clients reported that their priority was *substitute prescribing* and 45 clients that they felt they needed *advice and support*. Thirty-three clients cited both substitute prescribing and advise and support as key needs. Given the clients' emphasis upon obtaining a prescription it is not entirely surprising that waiting times and relatively long worker allocation processes were perceived by some clients as problematic. Simultaneously, some agency staff argued that the immediate provision of a substitute prescription was not always desirable and motivational work and tolerance testing were required prior to the provision of medication. Local policy relating to the provision of substitute prescriptions varies between geographic areas and professionals remain divided regarding what is best practice. When such variation exists there is the potential for clients to perceive inequity in provision between areas and/or inefficiencies in agency practice.

The study's data reveals that clients often express multiple motivations for attending services and present at treatment agencies with a combination of complex needs ie physical, mental and social. Treatment agency staff recognised the complexity and interactions between different areas of clients' lives and acknowledged that cessation of drug use was only one element of their work with clients. In some cases initial interventions were aimed at stopping clients experiencing further problems and the creation of stability in key areas of their lives.

Two-fifths (n=19) of study respondents *were not given* a date for a second appointment at assessment. At follow-up five of these 19 clients remained in active treatment, with a further four having been referred to other agencies. Thirty-four clients *were given* a date for a second appointment at assessment and 25 of these remained in active treatment at follow-up. A further three were under the care of other agencies. Although these samples are very small this suggests that being offered a second appointment at assessment (and subsequently attending) may help to retain clients in treatment. The data also shows that clients who attend a service only once are slightly more likely to have most of their pressing needs met at the initial contact. Further research is required to ascertain whether these relationship hold within larger statistically robust samples. The introduction of the monitoring of waiting times for drug treatment agencies from April 2004 will provide the opportunity for drug treatment agencies to consider these relationships in greater depth using representative samples and clients.

Appendix 1: The client questionnaire

STUDY QUESTIONNAIRE

Date _____ Time of interview _____ Agency _____
Age _____ Male/Female _____ Agreed to Interview Y/N?

Have you read the study information sheet, and received a copy to keep YES / NO

SECTION 1 - COMING HERE TODAY

Q1 Have you been to this agency for advice/treatment before?

Yes
No

Q2 If yes, how long ago was this? _____

Q3 How did you hear about this agency? (tick all that apply)

Word of mouth on the street	
Family	
Friends	
GP	
Other drug project	
Methadone Maintenance	
Residential rehab	
Social Work	
Pschiatrist	
Court	
Prison	
Housing support services	
Councillor	
Other	

If other, specify

Q4 Who were the main people who encouraged you to come today? (tick all that apply)

Self	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friend(s)	<input type="checkbox"/>
GP	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>
Court	<input type="checkbox"/>
Other	<input type="checkbox"/>

If other, please specify

Q5 Which of these services are you using now or in the past for your drug use (tick all that apply)

	Now	Past	Episodes
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Community Drug Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab (no of episodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical detox-inpatient (no. of episodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical detox-community (episodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare/Recovery services (episodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone Maintenance Programme (no.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Maternity Service (no.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify

SECTION 2- YOUR DRUG USE

Q1 Current drug use (tick one)

Illicit drugs only	<input type="checkbox"/>
Prescribed drugs only	<input type="checkbox"/>
Both	<input type="checkbox"/>
Drug Free	<input type="checkbox"/>

Q2 List drug(s)

Q3 Do you inject drugs (tick one)

Now	<input type="checkbox"/>
In the past	<input type="checkbox"/>
Never	<input type="checkbox"/>

Q4 What would you like to do about your drug use (tick all that apply)

Stop completely (drug free - not using illicit drugs)	<input type="checkbox"/>
Stop using illicit drugs	<input type="checkbox"/>
Stop using for a time (Illicit and/or prescribed drugs)	<input type="checkbox"/>
Cut down (Illicit and/or prescribed drugs)	<input type="checkbox"/>
Stay at the same level/no change (illicit and/or prescribed drugs)	<input type="checkbox"/>
Stop injecting	<input type="checkbox"/>
Stop sharing	<input type="checkbox"/>
Get a script	<input type="checkbox"/>
Not currently using	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please specify	<input type="checkbox"/>

Q5 How important is it for you to change your drug using behaviour

Very important	<input type="checkbox"/>
Quite important	<input type="checkbox"/>
Not at all important	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

SECTION 3 - YOUR AGENCY VISIT

Q1 How did you travel here? (Walk bus etc) _____

Q2 How long did it take

< 30 mins	<input type="checkbox"/>
30 mins to 1 hr	<input type="checkbox"/>
>1 hr	<input type="checkbox"/>

Q3 Did you have an appointment today, made by either yourself or another service, or did you turn up without an appointment? (tick one)

Made appointment myself	<input type="checkbox"/>
Another service made appointment for me	<input type="checkbox"/>
Turned up without an appointment	<input type="checkbox"/>

Q4 How long did it take to get an appointment with this agency? (Tick one)

Almost right away	<input type="checkbox"/>
Up to 1 week	<input type="checkbox"/>
Up to 1 month	<input type="checkbox"/>
1-3 months	<input type="checkbox"/>
3-6 months	<input type="checkbox"/>
6 months or longer	<input type="checkbox"/>

Q5 Could you please tell me the main reason(s) you came here today?

Reason/Issue	Tick all that apply	Progress made on issues today Yes/No?
Advice/Support - drugs		
Childcare advice		
Crisis support/intervention-drugs		
Court report/social enquiry report		
Counselling		
Detox-community		
Detox-residual		
Finance/benefits advice		
Health advice/info.		
Housing issues		
Mental health		
Physical health		
Prescription		
Referral to rehab		
Alcohol Abuse		
Other		

If other, specify

Q6 Did you get what you wanted from your visit to this agency today

Yes-all needs met	<input type="checkbox"/>
No-no needs met	<input type="checkbox"/>
Some needs met, not all	<input type="checkbox"/>

What did you get that you were looking for? _____

What didn't you get that you were looking for? _____

Describe, _____

Q7 Overall, how satisfied were you with the following features of the service?

	Very Poor	Poor	Ok	Good	Very Good
Its opening hours	1	2	3	4	5
Its physical accessibility	1	2	3	4	5
Its accommodation	1	2	3	4	5
Privacy	1	2	3	4	5
Staff attitudes	1	2	3	4	5
Service received	1	2	3	4	5

Q8 Do you have any concerns for your own safety/security in coming here today?
(ie gangs, dealers, warrant outstanding)

Yes

No

Didn't wish to answer

If yes, please describe _____

SECTION 4 - COMING BACK TO THE AGENCY

Q1 Do you have another appointment?

Yes

No

Q2 If yes, when is your next appointment? _____

Do you think you will keep the appointment?

Yes

No

Don't know

If No / Don't know, why?

What are you likely to do instead?

Q3 Why do you not have another appointment?

What are you likely to do instead?

Q4 If you could change one thing about this drug service what would it be?

Thank you for your co-operation

Appendix 2: Agency interview schedule

I am going to make some statements about some of the findings from the study. Please be aware that the statements I am making relate to the *entire* sample of drug users we interviewed — that is 56 individuals. The statements do not necessarily relate to the drug users we interviewed at your agency. Therefore, some of the questions I'm going to ask you may not seem to relate to your situation. Others may seem to relate very closely. Please try to answer the questions as best you can for your agency. The purpose of these questions is to try to get a well-rounded view of how drug users interact with your agency.

The vast majority of clients said they wanted to be drug free — that is, free of both prescribed and illicit drugs.

Would you agree that this is a goal frequently expressed by your clients?

Is your agency able provide support to users in achieving this goal? If so, what does this involve?

The vast majority of clients were looking for advice, support and information from their visit to the agency, and many of them got what they were looking for.

Would you agree that many of your clients are looking for advice, support and information from their visits?

As these are all quite general terms, what do you understand by advice, support and information in the context of your agency's work?

Does your agency publish any printed material relating to drug use and what can be done about it?

Do you distribute to your prospective clients any material in advance of their first appointment?

Many clients were also looking for a prescription (of one form or another). Many said progress had been made on the day of their visit, but a number expressed dissatisfaction with the slowness of the process.

Does your agency routinely prescribe to drug users?

What procedure do drug users have to follow to get a methadone (or other) prescription?

How long does this process ordinarily take? What is involved?

A few clients were looking for help relating to crisis support, detox and mental health issues, but many of these individuals felt progress on these issues had *not* been made during their visit to the agency.

How does your agency deal with each of these issues?

The drug users we interviewed seemed to be very satisfied with the service they received that day. However, a small, but significant proportion expressed some dissatisfaction with the accommodation provided by the services they attended.

Are there any issues relating to the quality of the accommodation at your agency? For example, how do you feel about your accommodation in terms of location and quality?

One of the things that drug users expressed some dissatisfaction about was the length of time it takes to get an appointment.

Do you regularly monitor the waiting times of new users of your service?

Does your agency have any standards regarding the length of time patients have to wait for assessment?

Drug users who self-refer seem to get seen faster.

What are your agency's procedures for receiving referrals?

Can drug users self-refer?

Do you think it is the case that self-referrals get seen faster? If so, why?

Our results seem to show that if a client is offered a second appointment, *and attends it*, he / she is likely to still be in treatment at follow-up. However, about one-third of the drug users we interviewed had had only one appointment with the agency at follow-up (between 1-3 months later). The majority of these had, in fact, not been offered a second appointment. In a few cases, this is because the agency referred the client elsewhere, but in most cases, it was because the client had been put on a waiting list.

Does your agency regularly take in new clients for assessment, but then puts them on a waiting list for treatment?

Does your agency prioritise new clients in any way? What criteria are used?

Does your agency have any standards regarding the length of time to the patient's second (post-assessment) appointments?

Does your agency keep in contact, in any way, with post-assessment clients who are on a waiting list?

One of the difficulties in recruiting the drug users for this study was the high rates of DNAs at a number of agencies on the days that fieldwork took place.

Would you say that during the period of fieldwork (November – January) that DNA rates were higher than usual in your agency? Are you able to provide any data to support this impression?

Do you regularly monitor the number of DNAs at your agency?

Fieldwork was organised by the Scottish Drugs Forum, and undertaken by “peer researchers” employed by SDF. Data analysis and follow-up was undertaken by research staff at the Information and Statistics Division.

Do you have any comments on the way in which the fieldwork was organised and undertaken?

Do you have any comments on the way follow-up was undertaken?