

Research Outcome Study in Ireland Evaluating Drug Treatment Effectiveness (ROSIE) Baseline Findings and 1-year Outcome Summaries (2007)

Research conducted by:

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Aim:

ROSIE is the first national, prospective, longitudinal, multi-site drug treatment outcome study in the country. The NACD commissioned this research in 2002 as required by the National Drugs Strategy Action 99. The aim of the Study is to recruit and follow opiate users entering treatment over a period of time documenting the changes observed.

Method:

The study recruited 404 opiate users entering treatment and followed them over 3 years. Interviews were carried out at treatment intake, 6 months, 1-year and 3-years after treatment intake. Participants were recruited from methadone maintenance/reduction (53.2%, n = 215), structured detoxification (20%, n = 81), abstinence-based treatment (20.3%, n = 82) and a sub-sample was recruited from needle exchange services (6.4%, n = 26). These modalities were considered to represent the most widely implemented interventions for opiate users in Ireland. Follow-up of participants was assisted by the provision of at least four contacts (locator information) for each person (including a drug treatment contact, family member, GP and others).

The main outcome measures in the study were drug using behaviour, physical and psychological health, harm, social functioning, mortality and crime.

ROSIE Baseline Findings

- 75% of participants were male
- 27 was the median (average) age of male participants
- 25 years was the median (average) age of female participants
- 86% of participants stated they were receiving the type of treatment they wanted
- 87% had engaged in some form of treatment prior to commencing their study intake treatment
- The average (median) age at which participants first sought treatment was 20 years
- On average participants first started smoking tobacco at 13 years, drinking alcohol and smoking cannabis at age 14 years
- On average participants first used heroin at 17 years
- Respondents were less likely to consider their usage of other substances as problematic
- More than three quarters of the participants reported recent use of two or more substances and 44% reported recent cocaine use. The Baseline findings showed dichotomous drinking patterns – 46% were non-drinkers and 42% heavy drinkers

- The majority, 77%, had injected a drug and the average age of first injecting was 19 years (median)
- 17% of those who had injected did so before the age of 17 years
- 63% of those who had ever injected used a needle after someone else, 63% shared filters and works and 88% reused their own injecting equipment
- 55% had never overdosed, the remainder had overdosed anywhere from once to five times or more
- Just over half had seriously contemplated suicide
- 59% had left school by Junior Cert, the average age was 15 years (mean and median)
- 33% had no qualifications
- 49% had Junior Cert/basic skills or NCVA Level 1
- 90% reported that they had ever committed a crime (excluding drug possession and traffic related offences)
- 55% had committed theft from a person
- 73% had committed theft from a commercial property and 48% had been arrested for this offence
- 76% had handled stolen goods and 27% had been arrested for this offence
- 70% had been involved with selling or supplying drugs and 31% had been arrested for this offence
- All suffered from a range of physical and mental health problems, with 72% reporting poor appetite during the three months before interview. One quarter reported having thoughts of suicide in the six months prior to treatment intake, 10% attempted suicide in the six months prior to baseline interview and one third reported having attempted suicide in the past
- Only 16% were employed (full-time or part-time) at baseline interview, while 21% had been employed over the previous three months. For 77% of participants their main source of income was social welfare.

Conclusions:

- Polydrug use rates among ROSIE participants (76%) is consistent with those found in NTORS (81%) (UK National Treatment Outcome Research Study)
- The analysis of ROSIE baseline data highlights that Irish drug treatment services are facing broadly the same challenges identified in many countries.

ROSIE 2: Detoxification Modality

Structured detoxification is a process whereby individuals are systematically and safely withdrawn from opiates, under medical supervision. The most common method of opiate detoxification in Ireland is to use methadone and slowly taper the dose down to zero over a period of time. Structured detoxification programmes are provided in both in-patient and out-patient facilities and can vary in duration from approximately 4-12 weeks.

Key Findings:

- 68% of participants successfully completed their intake detoxification treatment programme
- (Illicit) drug abstinence rates (i.e. excluding alcohol) increased from 8% at treatment intake to 45% at 1-year
- Abstinence from **all drugs** (including prescribed drugs) increased from 5% at treatment intake to 39% at 1-year
- Participants' use of heroin and other substances had reduced at 1-year
- 74% of participants reported no involvement in crime at 1-year compared to 19% at intake
- Only 23% reported injecting at 1-year compared with 48% at intake
- Improvements in physical and mental health symptoms were observed at 1-year
- At 1-year follow up, 73% of participants were in some form of treatment; 42% were on prescribed methadone
- **The mortality rate for the cohort was 1.2% (1/81).**

ROSIE 3: Abstinence Modality

For the purposes of this study the abstinence modality is defined as being any structured programme which required individuals to be drug-free (including free from any pharmacological intervention) in order to participate in, and remain on, the programme. Such programmes provide intensive psychological support and a structured programme of daily activities which participants are required to attend. Treatment can occur in an inpatient (often referred to as residential rehabilitation) or an outpatient (i.e. structured drug-free day programmes) setting.

Key Findings:

- 66% completed their intake abstinence-based treatment programme
- 27% dropped out before programme completion
- Abstinence from **all drugs** (including prescribed methadone and excluding alcohol) increased from 18% at treatment intake to 41% at 1-year
- Cannabis was the only drug where no reductions in the numbers reporting use at treatment intake and 1-year were observed

- The most substantial reductions over the follow-up period were in participants' cocaine use, in terms of the proportions reporting use, the frequency of use and quantities consumed
- Involvement in crime reduced across six of the 12 categories of offences
- Improvements were observed in nine of the physical health symptoms, and five of the 10 mental health symptoms
- **The mortality rate of the cohort was 1.2% (1/82).**

ROSIE 4: Methadone Modality

The provision of methadone, a long-acting opiate agonist, under medical supervision, is the main pharmacological substitution intervention for opiate users in Ireland. Initially, a low commencing dose (usually between 10-40 mls) is prescribed, aimed at achieving a level of comfort while reducing the likelihood of overdose. By the end of six weeks of treatment, the individual is generally stabilized on an appropriate therapeutic dose.

Key Findings:

- Retention in the methadone modality exceeded rates reported in comparable outcome studies
- 79% of the cohort were still receiving treatment in the methadone modality at 1-year follow-up
- Reported use of heroin reduced from 84% at intake to 53% at 1-year follow-up
- The most substantial changes were in opiate consumption – use dropped from 50 days at intake to 15 at 1-year and quantity dropped from 1 gram to 0.3 grams at 1-year on a typical drug using day
- Reductions in reported involvement in acquisitive crime (from 28% at treatment intake to 15% at 1-year) and selling/supplying drugs (from 22% at treatment intake to 11% at 1-year) were observed
- A decrease in the number of participants who reported injecting drug use and in the frequency of injecting drug use was observed at 1-year
- Participants' physical and mental health symptoms remained largely unchanged between treatment intake and 1-year follow-up
- No participant had died in the 1-year follow-up period within this modality.