

# Effects of Pre-treatment Status on the Inpatient Treatment of Drug Addicts in a Therapeutic Community



## Effects of detoxification

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**General aim** : Strengthening the links between the detoxification process and inpatient rehabilitation.

**Purpose of the study** : Identification of the variables of detoxification which correlate with successful inpatient rehabilitation.

**Method** : Standardized interviews in the first week of rehabilitation in a therapeutic community with all patients who have just finished detoxification

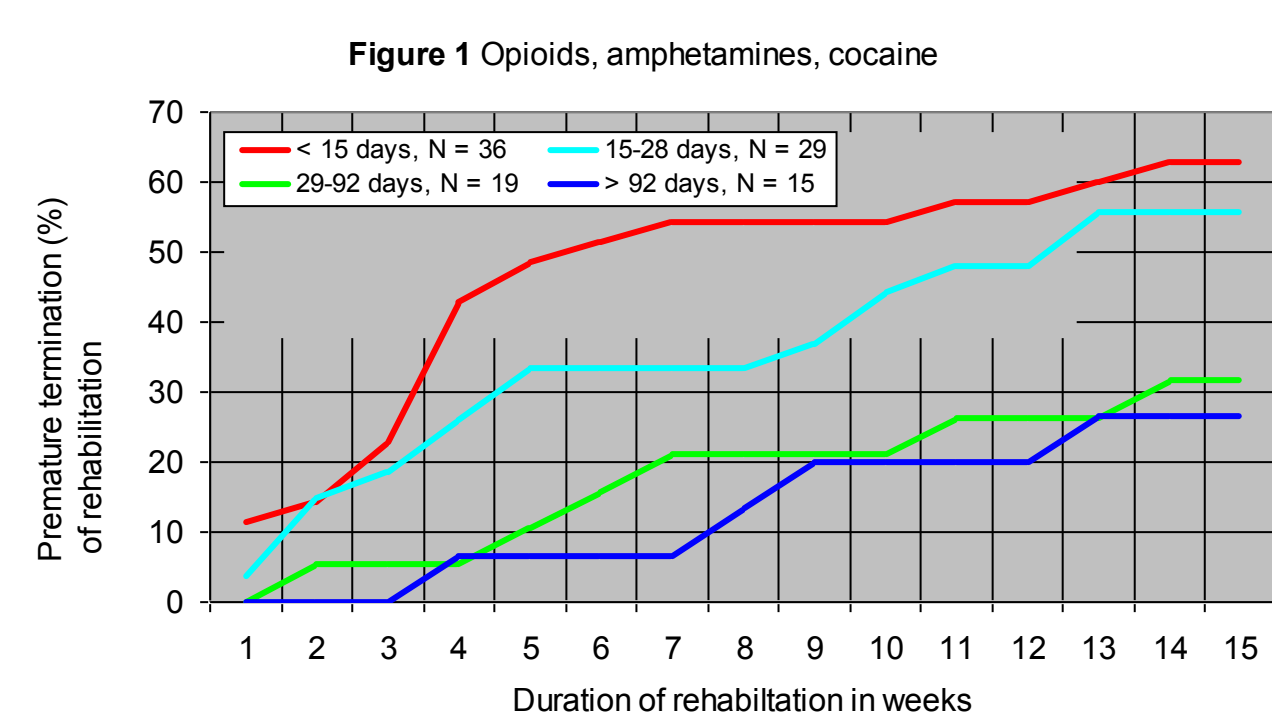
**Participants:**

- Total number of patients 102
- DSM IV: 304.00: 65 %, 304.40: 3 %, 304.80: 32 %
- Mean age: 27 (SD = 6,7)
- 28 % female
- Average number of previous inpatient detoxifications: 7 (SD 5.9)
- Average duration of the last detoxification: 3 weeks (SD 1.8)
- 52 % of patients are being rehabilitated for the first time

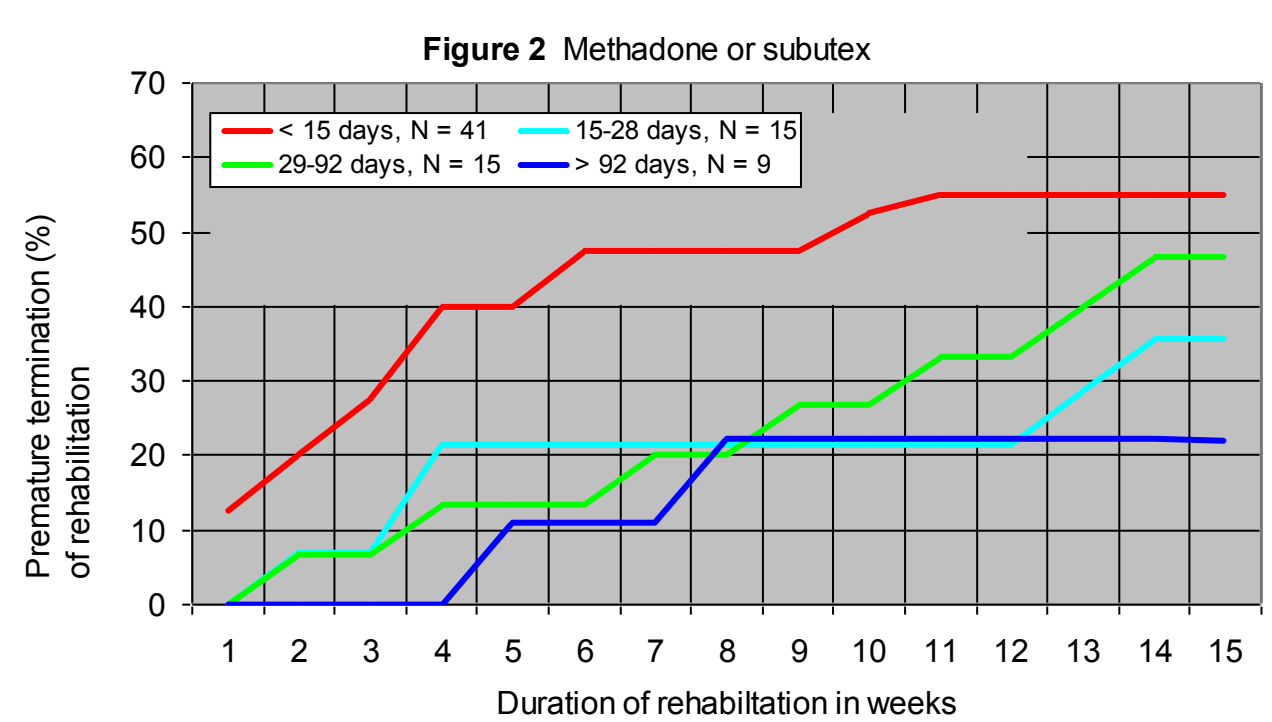
**Success criteria:** The success criteria are completion of our rehabilitation therapy according to plan or within a stay of  $\geq 15$  weeks.

## Results

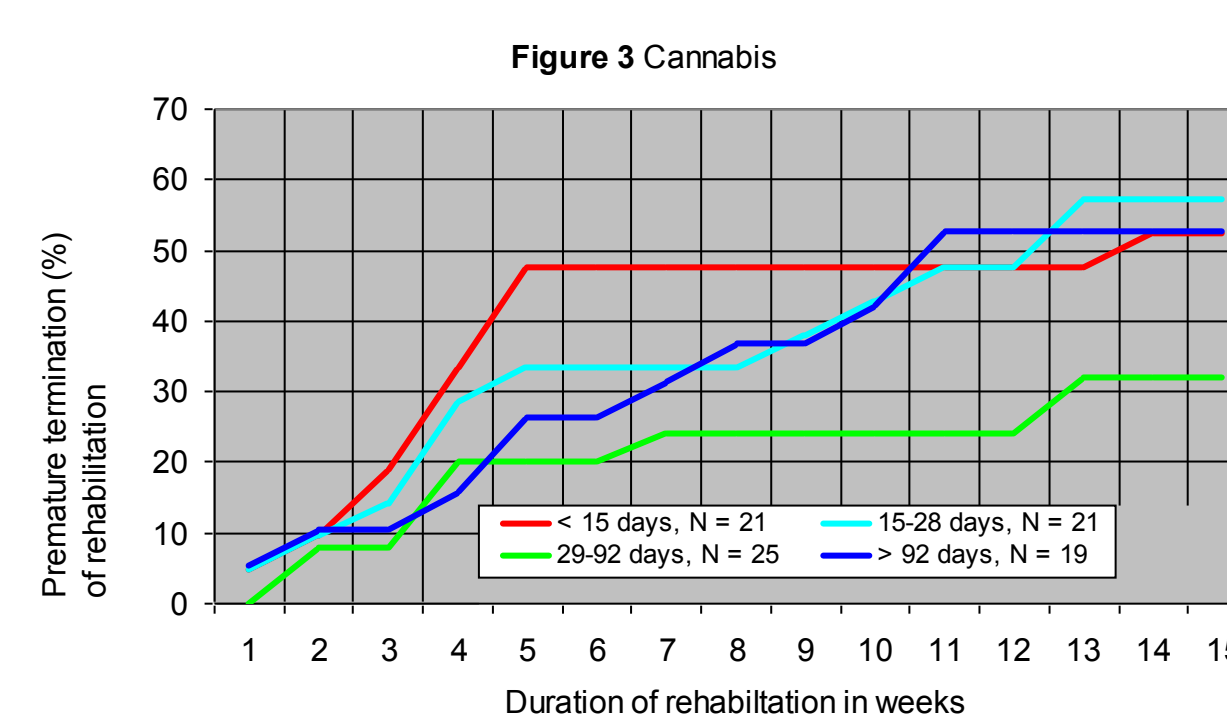
### Last use of psychoactive substances before commencement of rehabilitation



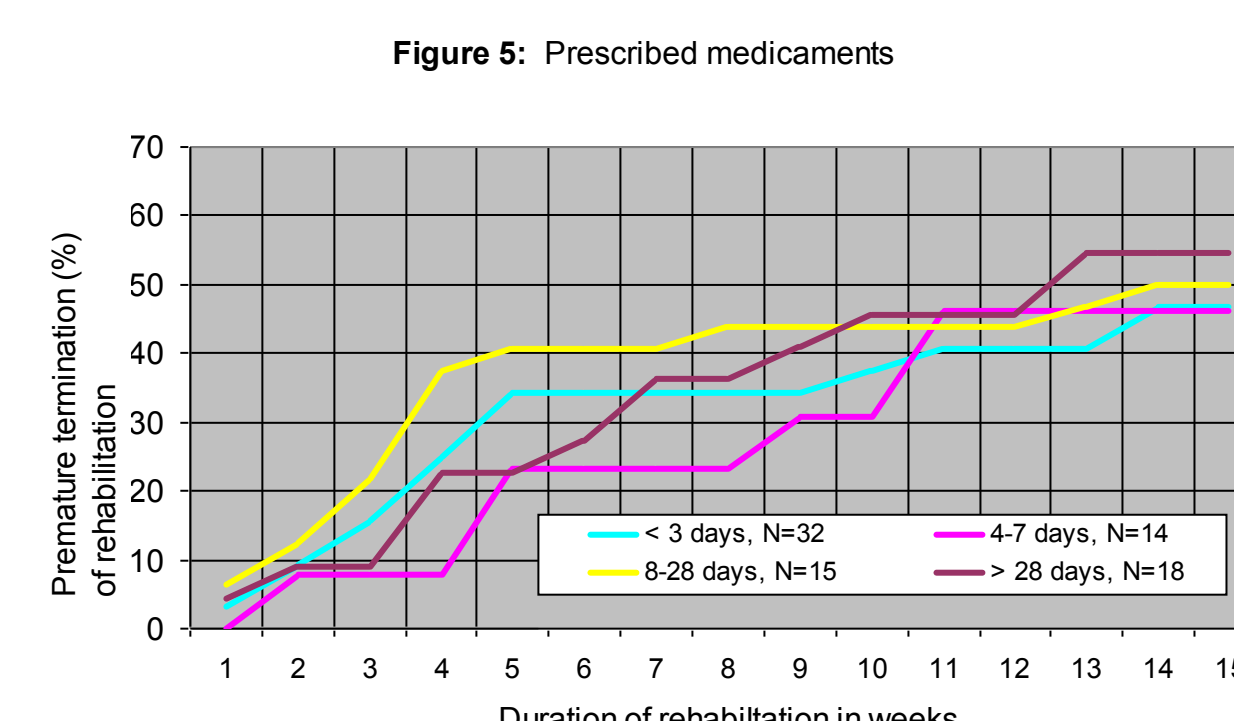
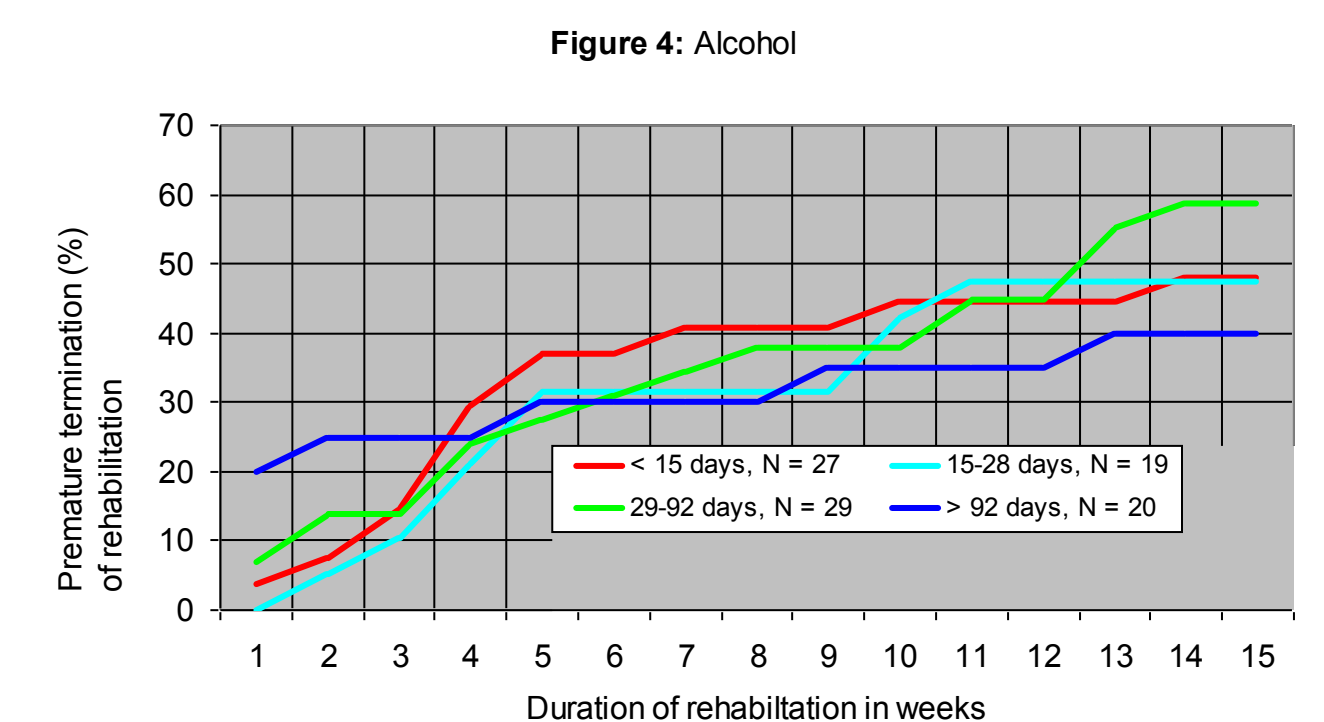
50 % of the patients who last took opioids, amphetamines or cocaine less than 15 days before commencement of the inpatient rehabilitation terminated rehabilitation in our TC prematurely within the first 5 weeks (red line). It was only when they last took opioids etc. more than 28 days before rehabilitation (blue and green line) that the risk of premature termination was significantly reduced by comparison with the group that had more recently taken drugs ( $p < .05$ )



The recent use of methadone or subutex (<15 days) correlated significantly with premature termination of therapy ( $p < .05$ ).

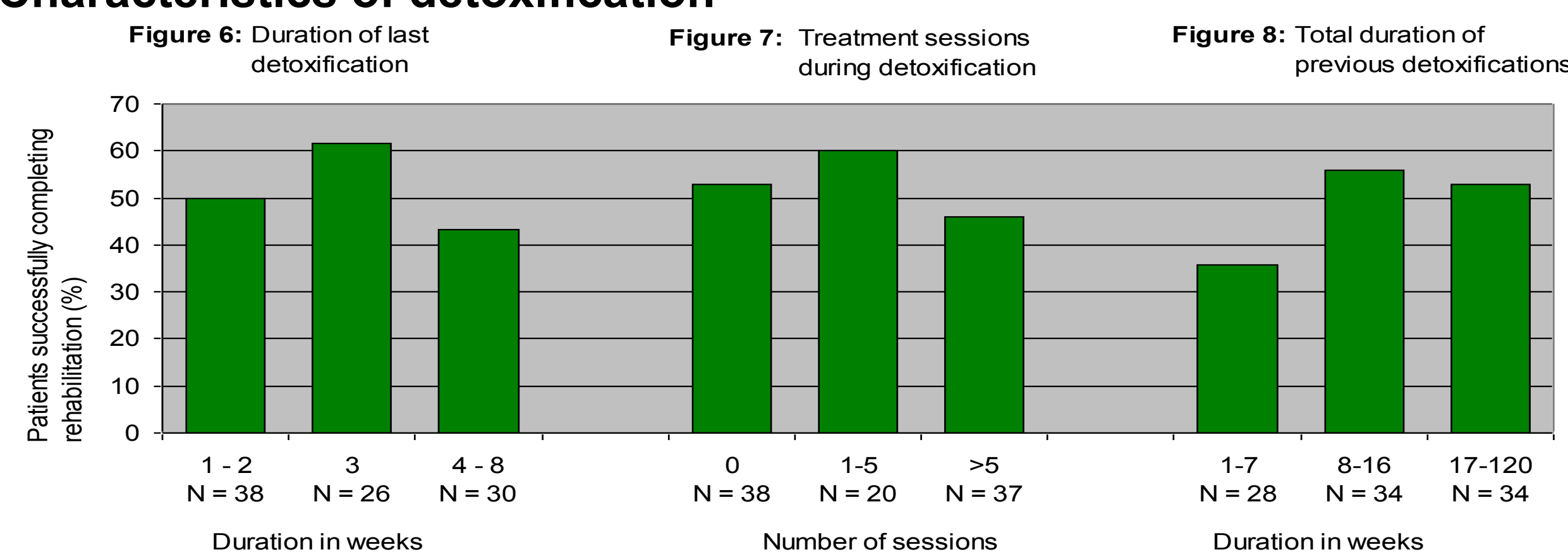


The consumption of cannabis or alcohol before treatment did not undermine the success of the rehabilitation. Patients who had consumed cannabis or alcohol within the last 14 days were just as likely to complete therapy successfully as those whose consumption was less recent.

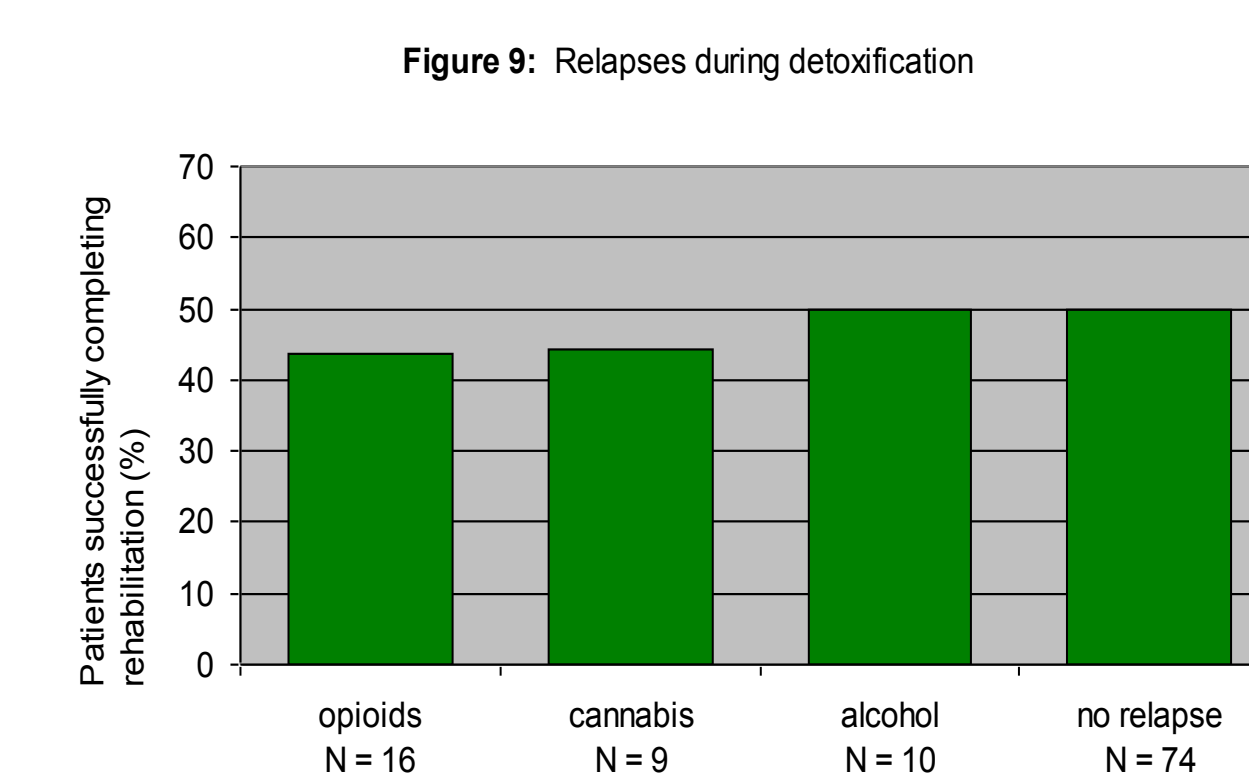


The taking of prescribed medication shortly before rehabilitation did not correlate significantly with the success criteria of inpatient rehabilitation.

### Characteristics of detoxification

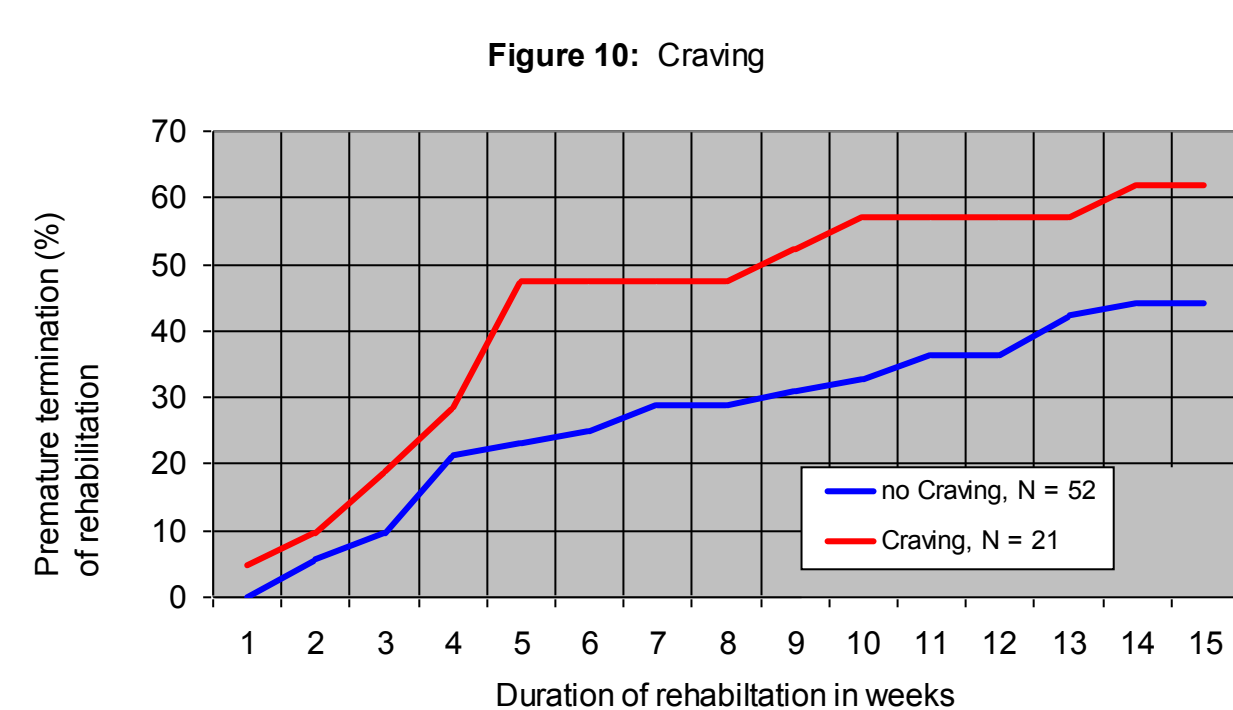


The duration of the last detoxification immediately before rehabilitation (Fig. 6), the number of therapy sessions during this detoxification (Fig. 7) and the total duration of previous detoxifications (Fig. 8) did not correlate significantly with our success criteria. For example (Fig 6), of the 38 patients whose detoxification lasted up to two weeks, 50% successfully completed rehabilitation.



Patients who had a relapse during detoxification were just as likely to complete rehabilitation successfully as patients who did not have a relapse, irrespective of the type of psychoactive substance involved. For example, of the 16 patients who had a relapse with opioids, 43% successfully completed rehabilitation.

### Craving



The problem that was most frequently spontaneously mentioned by the patients at the beginning of rehabilitation was craving (29 %). No conclusions about the success of the rehabilitation can however be drawn from the existence of craving ( $p > .05$ ).

### Discussion:

Patients who have recently consumed opioids, amphetamines or cocaine (< 28 days) and patients who have recently consumed methadone or subutex (<15 days) are risk groups in inpatient rehabilitation, but not patients who continue to be detoxified in spite of a relapse during detoxification. The influence of craving on therapy is probably dependent on other factors as yet unknown to us. General criteria for the duration of detoxification or the number of therapy sessions cannot be derived from our study.

### Conclusions:

Particular therapeutic interventions are necessary for the risk groups. It is not justified to make negative assumptions about the patients' attitudes to therapy, such as expecting them to have low therapy motivation, if they consumed alcohol or cannabis shortly before starting inpatient rehabilitation or had a relapse during detoxification. The fact that overall the individual groups of patients differ little from one another suggests efficient decision-making processes on the part of the therapists conducting both the detoxification and rehabilitation, which cannot yet be shown as algorithms. **Our results thus support individually tailored therapy programmes on the basis not only of empirical evidence but also of clinical experience.**