Effectiveness of Treatment – The Evidence

The treatment programme at Castle Craig is based on the 12 Step abstinence model. This document describes the evidence for residential and 12 Step treatment programmes.

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- Why is our residential, 12 Step rehab programme so effective?
- Studies measuring the effectiveness of treatment at Castle Craig
- Effectiveness of residential addiction treatment services
- Effectiveness of 12 Step treatment programmes

Introduction
One of the persistent myths about addiction treatment is that it doesn't work. There is however a vast body of evidence to show that residential treatment does indeed work, and enables people to lead drug-free lives. At Castle Craig we strive to provide the highest standard of treatment and the results show that our treatment is effective. Castle Craig has produced several ‘outcome studies’ over a number of years and these have shown consistently good results. These can be studied in detail on the ‘research’ [LINK] page.

At Castle Craig, recovery begins with detoxification, but detox is not a treatment in its own right. Those who have been detoxified are as likely to relapse as those who have not. It is essential to follow up detoxification with appropriate treatment.

Why is our treatment programme so effective?

The evidence detailed in this page shows that residential, 12 Step treatment is highly effective. But what is it that makes it so successful?

The 12 Step treatment programme used at Castle Craig, incorporates a number of vital elements:

- There is a clear unequivocal goal for treatment: abstinence.
- Treatment occurs in a residential setting which immerses the person in a recovery focused community
• The person is removed from the situations or other triggers to alcohol/drug use in their lives.
• Group therapy allows sharing of common experiences with peers and provides vital peer-support.
• Personal therapy with a focal therapist allows an opportunity to explore specific needs.
• Educational lectures cover a range of relevant topics including the causes of addiction, the neurobiology of addiction and relapse prevention.
• A number of effective therapies are used, including cognitive behavioural therapy which helps reinforce coping strategies.
• There is a thorough introduction to 12 Step philosophy and access to meetings (the AA/NA support network).
• Since patients often have other mental health issues such as depression we ensure a clinically integrated approach to care.

And at Castle Craig the care is delivered by a team of highly trained medical, therapeutic and nursing staff so that our patients receive the highest standard of care.

Studies measuring effectiveness of treatment at Castle Craig

Outcomes for Dutch patients at Castle Craig Hospital, 10th December 2010
Independent analysis of outcome data, Christo Research Systems

Our most recent study, in 2010, used as a follow-up tool, the Christo Inventory for Substance Misuse Services (CISS). This tool is the most widely used outcome tool in the UK. CISS is accessible, affordable and validated.

The questionnaire was sent to 156 patients admitted to Castle Craig between 2007-2008 for alcohol, drug and gambling addictions. 62% of patients completed treatment, 32% of patients prematurely self-discharged against medical advice, 6% of patients were prematurely discharged for rule violations, and one patient was prematurely discharged on medical grounds.

We received a 72% response rate which showed that:\(^1\)
• 92% of followed-up patients improved, 8% remained the same, none got worse.
• 61% were totally abstinent from all drugs or alcohol at follow-up.
• 69% achieved low problem severity at follow-up.
• 89% showed a reduction in measured levels of dysfunction.

Outcomes for cocaine addicted patients at Castle Craig Hospital, 9th May 2007
Independent analysis of outcome data, Christo Research Systems
Our study of cocaine addicted patients, in 2007, also used as a follow-up tool, the Christo Inventory for Substance Misuse Services (CISS).

Our questionnaire was sent to 89 patients admitted between August 2002 and February 2004 for severe cocaine dependence, and yielded a 75% response rate.

The results showed that good outcomes were achieved for these patients despite their high severity of dependence, their severe psychological and physical health problems, poor social functioning and previous attendance at numerous out-patient treatments.

The success rate for the total group of 89 patients (based on the assumption that the 21 patients who didn’t respond to the questionnaire had poor outcomes) showed that:

- 66% of those who completed treatment at Castle Craig were totally abstinent from all drugs or alcohol at follow-up (after 3-5 years).
- 46% of those who completed detox (but not necessarily the full treatment programme) were totally abstinent on follow-up.
- 78% of those questioned achieved low-problem severity.
- 84% of those questioned showed a reduction in levels of dysfunction.
- Those patients who entered the Castle Craig extended care programme were significantly more likely to have a good outcome.

The study found that even the treatment ‘failures’ i.e. those who relapsed, still appeared to have benefited from their experience in treatment.

“Castle Craig Hospital appears to be providing a service for very dysfunctional cocaine dependent people with complications from lack of support, poor health, psychological problems, and lack of occupation. However good outcomes are achieved despite these high levels of dysfunction at intake.”

G. Christo, BSc, PhD, PsychD., AFBPsS, CPsychol. 2007

Outcome Study of patients in employment 1999

Dr. R. Hughes

This study analysed a consecutive sample of 96 alcohol dependent people entering treatment who were in employment. The follow-up period was an average of 21 months (6-35 months). Data was obtained from a Castle Craig follow up questionnaire and the response rate was 78%. The results were as follows:

41% had been continually abstinent during the follow up period and a further 19% had a good “outcome” (i.e. they had had a period of continuous abstinence of six months duration prior to follow up)

In total therefore 60% of clients were abstinent for at least 6 months prior to follow up.
Extended Care follow-up study, 1999
Dr. Margaret McCann, MB BCh Medical Director, Castle Craig Hospital

A study in 1999 investigated the results of 96 severely dependent patients who were admitted into the extended care programme after the first phase of treatment was complete.

The results showed that 62% of those who completed treatment had remained abstinent for a minimum of 3 months and up to a minimum of 420 days.

Results from other outcome studies can be found here.

Patient satisfaction at Castle Craig

In 2009, Castle Craig surveyed 150 patients from primary stage care and from the extended care facility. The audit was conducted by an external consultant ensuring objectivity. The overall satisfaction for the service ran at 87% in the Intensive Therapy Unit with the categories of ‘Nursing Care’, ‘Individual Counselling’, ‘Detoxification’, ‘Group Therapy’, and ‘Staff Attitude’ all scoring 90% or more.

The Extended Care Unit scored 82% overall satisfaction level with Specialised Therapies Individual therapy Group Therapy and Family Therapy all scoring 90% and above.

“The high level of satisfaction expressed by the patients in this survey indicates that the staff and management of Castle Craig Hospital continue to provide a service which is greatly appreciated by its service users and that Castle Craig Hospital continues to listen to its service users.”

The recommendations from the survey have since been used to further improve and strengthen those areas of service at Castle Craig.

Overall effectiveness of residential services

NTORS²
An important study in 1995 was the National Treatment Outcome Research Study (NTORS) published by the Department of Health. The researchers recruited 1,075 former patients who received treatment in one of four modalities of addiction service in the UK. A random sample of 650 clients was followed up over one and five years.

The study demonstrated showed that: 47% of patients treated in residential rehabilitation services achieved abstinence after five years vs. 35% of those in community-based services.
The researchers also commented that clients who attended residential rehabilitation were some of “the most severely disturbed and they made some of the greatest treatment gains”. The greater level of poor social and personal functioning presented by rehab clients lend further weight to the high success level of the results for residential rehabilitation.

It is interesting to note that in this particular study those who are receiving a methadone script are described as ‘abstinent’.

Drug Outcome Research Study (DORIS)³
The 2006 DORIS study measured 1033 drug users from Scotland 33 months after they left treatment. The aim was to see whether they had managed to be abstinent for at least 90 days after discharge.

The results showed that:

• 25% of those who had attended residential rehab services were abstinent vs. 6% from community-based services.
• 30% of those admitted to residential treatment at any point since the start of the trial were abstinent for 90 days at follow-up vs. 3% who had received methadone maintenance

The evidence from this study also confirms the fact that quality residential treatment can help improve mental and physical health, reduce offending, improve employability and enhance social functioning.

The DORIS study most importantly showed that what drug users contacting drug treatment services in Scotland desire is abstinence. However the majority will still receive Methadone maintenance.

Is residential rehab a key factor in abstinence?⁴

In 2008, Dr. David Best⁵ and researchers followed 269 people in full (abstinent) recovery. They concluded that: “The only type of formal treatment service which was a key factor in helping drug users to stay abstinent was residential rehab.”

Effectiveness of 12 Step treatment programmes

Many researchers see Twelve Step groups as essential to effective addiction treatment. There are over 2 million members of Alcoholics Anonymous (AA) worldwide, and each member has a unique story of their journey towards abstinence. AA has played a unique role in helping people to recover from dependence and has become the prototype for other similar self-help groups such as Narcotics Anonymous (NA), which helps drug addicts to recover from addiction to drugs other than alcohol. In 2007, there were over 25,065 NA groups holding over 43,900 weekly meetings in 127 countries and NA literature has been translated into 65 languages.
There have been over 180 research studies into the effectiveness of 12 Step treatment. Below we have details a few of the most important ones.

**Project MATCH (1998):**

Two independent but parallel matching studies were conducted, one with clients recruited to the “outpatient arm” who received outpatient treatment (non-residential), the other with patients receiving aftercare treatment following inpatient care (“the Aftercare arm”). Patients were randomly assigned to 12 Step facilitation (a therapy utilising the principles of the first three steps of the AA programme), cognitive behavioural therapy, or motivational enhancement therapy. After 12 weeks of treatment both groups were followed up for one year and were evaluated for changes in drinking patterns, quality of life, and use of treatment services. The researchers concluded:

“The findings of this trial support the effectiveness of the 12 Step programme and continued attendance at Alcoholics Anonymous in the patient’s home community”.

Project MATCH proved 12-step facilitation and continued attendance at AA to be major effective interventions in the treatment of alcohol dependence. There were a number of findings from this study which support the efficacy of 12 step facilitation and continuing attendance at Alcoholics Anonymous. Firstly, major improvements in the well-being of the patients occurred relatively rapidly, in all three treatments, and persisted for three years afterwards. Overall, the results indicated that all three treatments were effective in vastly reducing drinking and that these reductions were maintained.

Severely dependent clients benefited more from Twelve-Step facilitation than cognitive behavioural therapy.

The trial demonstrated that, in all three therapies, AA involvement during therapy produced better outcomes. These findings indicate that AA principles play an important role in the maintenance of sobriety especially for severely dependent clients.

Other results include:

- **46%** of aftercare clients were abstinent when contacted after 15 months and a further **7%** were drinking without problems.
- **30%** of patients in the ‘outpatient group’ were abstinent when contacted after 15 months and a further **12%** were drinking without problems.
- The ‘outpatient group’ was followed up after three years and the results showed that **36%** of patients who received 12 Step treatment reported abstinence vs. **24%** of those who had cognitive behavioural therapy and **26%** of those who had motivational enhancement therapy.
- Aftercare participants who had already been introduced to AA were more likely to attend AA meetings.
• Patients who had received inpatient treatment were more likely to attend AA meetings throughout the trial.

The results show that AA principles play an important role in the maintenance of sobriety, especially for severely dependent patients. Overall 12 Step treatment produced a greater rate of total abstinence. At Castle Craig, patients are introduced to AA and NA during treatment and, after discharge, are encouraged to attend AA and NA meetings. Our own outcomes indicate that AA and NA attendance after treatment correlates with better outcomes.

**Success of 12 Step Groups**

In a study by Fiorentine and Hillhouse 356 addicts were followed up for 8 months after entering outpatient treatment. The researchers found that when clients attended 12 Step meetings before treatment that they remained longer in treatment and were more likely to complete treatment. Those clients who completed treatment and then attended AA were more likely to remain abstinent than those who did not.

Conclusion: when people combine treatment and 12 Step support groups, they experience a powerful advantage over using treatment or self-help groups separately.

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1 The following success rates are liberally based (by not including the 39 patients that could not be contacted for follow-up. Some of these missing patients were not contactable due to having recovered and being in full time occupation.)

2 Gossop, M., Marsden, J., Stewart, D. (2001) NTORS After Five Years The National Treatment Outcome Research Study Changes in substance use, health and criminal behaviour during the five years after intake. National Addiction Centre


5 Dr. David Best is the Reader in Criminal Justice at the University of Western Scotland. He was formerly a senior lecturer in addictions in the department of psychiatry at Birmingham University, and worked for Birmingham DAT.