

ROSIE Findings 1:

Summary of 1-year outcomes

Research Conducted by:

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Aim:

To evaluate the effectiveness of treatment and other intervention strategies for opiate users in Ireland.

Method:

The ROSIE study is longitudinal and prospective in design. The research method is based on the established tradition of longitudinal outcome research. For ethical reasons the study did not advocate the use of a control or non-treatment group. Consequently, the study employed a before and after research method, whereby individuals are used as their own reflexive control. To this end, study participants were interviewed at service intake, or as soon as possible thereafter, and at two six monthly intervals.

Between September 2003 and July 2004 researchers recruited and undertook a comprehensive interview with 404 opiate users at service intake. These interviews were designed to obtain baseline data on drug use and other key outcomes; general health, social function (including involvement in crime) harm and mortality. Participants were re-interviewed six months and one year after service intake. These follow-up interviews replicated many of the questions asked at intake interview focusing primarily on behaviour in the preceding three months.

A total of 44 agencies providing approximately 54 services participated in the ROSIE study. Agencies were purposively sampled to reflect the known geographical spread of provision and range of services. Four types of services were included in the study; methadone maintenance, medically supervised detoxification, abstinence-based treatment and needle exchange.

Of the study population a total of 305 people (75%) successfully completed the one year follow up interview.

Key Findings:

- Significant reductions in the percentages reporting the use of all seven target drugs were observed at one year follow-up. For example, the percentages reporting heroin use reduced from 81% at service intake to 48% at one year.
- These reductions were paralleled by reductions in the frequency (average days used) and quantity of use (average amount used) of all target drug.
- In addition, significant reductions in injecting drug use were observed; from 46% at service intake to 29% at one year. However no changes were observed in injecting-related risk behaviour.
- One year after service intake, over one quarter (27%) of those followed up were abstinent from all drugs excluding alcohol.
- The mortality rate of the study population at one year was low (0.5%, n=2).
- Self-reported involvement in acquisitive crimes reduced significantly; from 31% at service intake to 14% at one year. Reductions in the percentages reporting involvement in all categories of acquisitive crimes (e.g. theft from a person, theft from a house) were statistically significant. In addition, reported involvement in drug selling/supplying decreased from 31% to 11%.
- Some improvements in physical and mental health were observed. These were accompanied by a decrease in contact with hospital accident and emergency departments (A&Es) and a significant increase in reported contact with GP services.
- Increased contact with employment and housing/homeless services was also observed.

NACD Recommendations:

The NACD's main conclusion confirmed that investment in opiate treatment services leads to benefits to the individual drug user, to their family and to the rest of the community and that this investment must be continued. The NACD funded the continuation of the study to provide information on the participants, three years after entry to treatment.