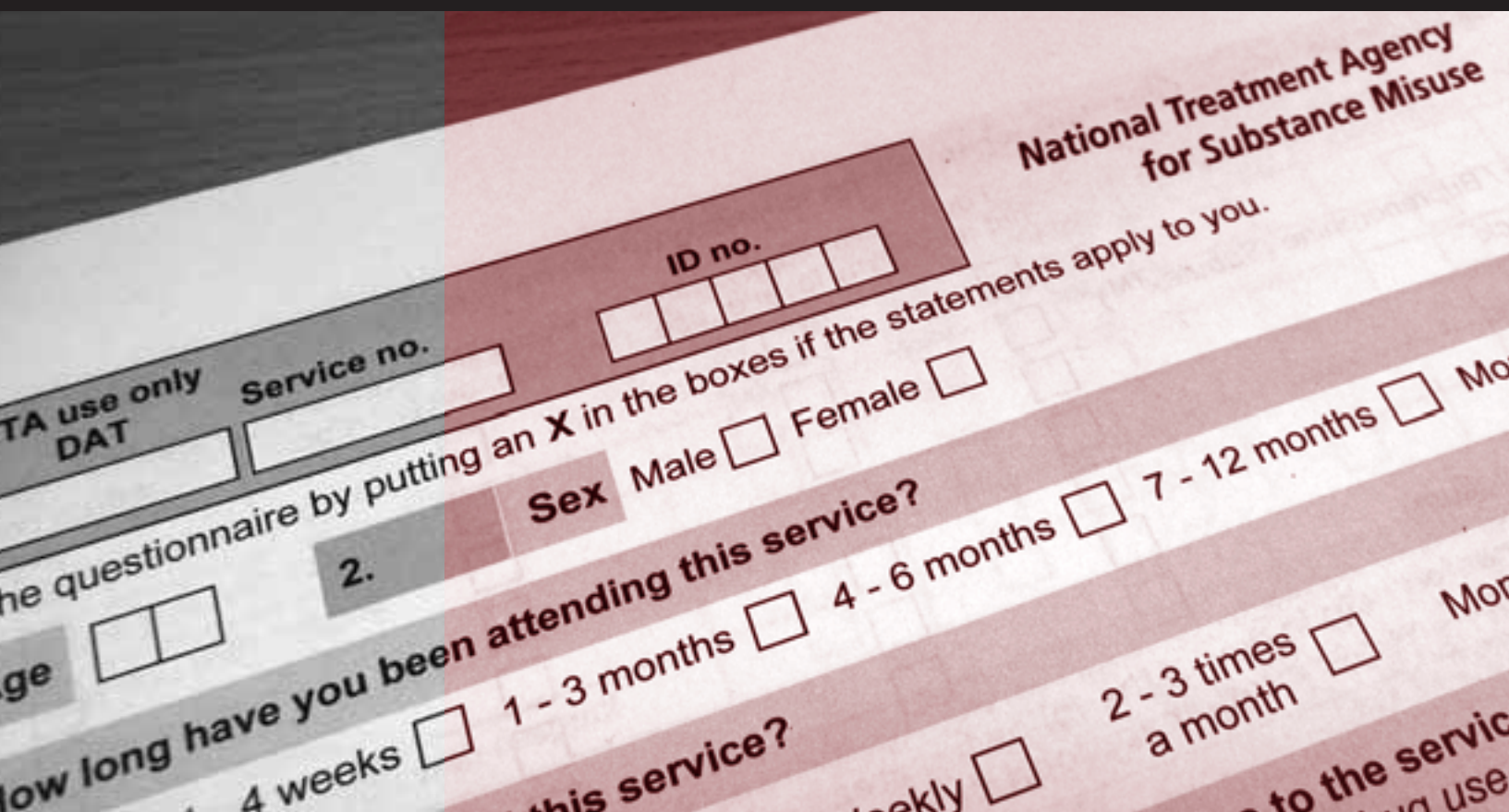


The 2007 user satisfaction survey of Tier 2 and 3 service users in England



TA use only
DAT

Service no.

ID no.

2. Sex Male Female

How long have you been attending this service?

4 weeks 1 - 3 months 4 - 6 months 7 - 12 months More

How often do you attend this service?

weekly 2 - 3 times a month More

National Treatment Agency
for Substance Misuse

the questionnaire by putting an X in the boxes if the statements apply to you.

Dawn Gordon, Daniel Burn,
Angela Campbell and Oswin Baker

National Treatment Agency for Substance Misuse

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Key findings

The vast majority of service users in September 2007 were generally satisfied with their drug treatment, viewed the treatment they received in positive terms and agreed that drug treatment had made a difference in their lives.

The 2007 survey reveals some significant group differences in terms of satisfaction with drug treatment:

- Higher satisfaction levels were reported by women and over-40-year-olds
- Service users who did not wish to disclose their sexual orientation were the least satisfied group in terms of sexuality
- Parents or carers who lived with children under the age of 16 reported higher levels of satisfaction than service users who were not parents or carers who lived with children under the age of 16
- Service users receiving methadone reported lower levels of satisfaction than those who received no substitute medication
- Significantly higher levels of satisfaction were reported by service users attending services with convenient opening times.

The 2007 user satisfaction survey confirms many of the findings from previous sweeps of the survey. For the third year running:

- Service users had higher levels of satisfaction with treatment if they had received a comprehensive assessment, started treatment and were allocated a keyworker after a short time
- Service users were most likely to be satisfied with their treatment if they had care plans, with their satisfaction increasing the more recently it had been reviewed
- Substantial numbers of service users reported falls in drug use and involvement in crime since starting treatment
- Most service users agreed that they were treated with respect by drug treatment staff, in particular keyworkers and doctors.

The 2007 service user survey does find room for improvement. Service users highlighted a need for greater levels of engagement and increased support for family members, partners and friends. The survey also highlights unmet needs around gaining access to employment and accommodation or housing support.

Introduction

Project rationale

Recent guidance – including the NTA's 2005 Treatment Effectiveness strategy, Models of Care for Treatment of Adult Drug Misusers: Update 2006 (NTA, 2006), Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH *et al.*, 2007) and the National Institute for Health and Clinical Excellence's suite of drug misuse guidance (NICE, 2007a–d) – all place a strong emphasis on the evidence that active involvement of service users as partners in their drug treatment is associated with better outcomes. The annual user satisfaction surveys provide a continuing opportunity to explore service users' experiences and ensure that their views are taken into account when developing drug treatment. This report presents the findings from the main NTA 2007 user survey.

The NTA annual service user satisfaction surveys also contribute to the joint annual NTA and Healthcare Commission Improvement Review, which in 2007 was “endorsed and supported” by the Commission for Social Care Improvement.

The first survey (Best *et al.*, 2006) was carried out in 2005 and each year focuses on a different theme. In 2005 the theme was community care planning and prescribing, and in 2006 the focus was harm reduction and commissioning.

Project design

In 2007, the focus was on diversity and Tier 4 interventions (residential rehabilitation, inpatient units and supported housing), and as a result two separate user surveys were carried out. The first looked at adult users of community-based drug services (Tier 2 and 3)¹ and had a particular focus on diversity issues. The second survey targeted users of Tier 4 services. The findings from the Tier 4 user survey are published in a separate report (Abdulrahim *et al.*, 2008).

The Tier 2 and Tier 3 survey addressed the following issues:

- Overall satisfaction with the care and drug treatment service users received
- Key aspects of treatment delivery including waiting times, care planning and substitute opioid prescribing

- The extent to which drug treatment is operating in line with Models of Care for Treatment of Adult Drug Misusers (NTA, 2006), Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH *et al.*, 2007) and the suite of NICE drug treatment guidelines (2007a–d)
- Baseline information for measuring change over time
- Diversity.

The questionnaire was designed for service users to complete themselves anonymously and confidentially. Its layout and design retained many of the features of the original 2005 questionnaire, which was constructed from several existing instruments, including:

- The NHS mental health survey questionnaire (Reeves *et al.*, 2004)
- The Client Evaluation of Self and Treatment (CEST) questionnaire, satisfaction sub-scale (Simpson and Joe, 2004)
- Assessment of Client Satisfaction with Specialist Drug Treatment, the drug treatment satisfaction audit constructed in the Maudsley Hospital (National Addiction Centre, 1999, unpublished).

Methodology

All 149 joint commissioning managers were asked to provide lists of all the Tier 2 and 3 drug treatment services they commissioned. Based on this list, questionnaires were distributed to all Tier 2 and 3 services throughout England. The number of questionnaires each service received was proportionately calculated based on the number of service users each service had in treatment. Youth, alcohol and criminal justice-only services were not included in the survey.

Services were asked to place promotional materials (a poster advertising the survey, questionnaires and freepost envelopes) in a prominent position. Staff with day-to-day service user contact, such as keyworkers and receptionists, were also asked to explain the purpose of the survey to service users and encourage them to take part. Service users could then return their completed questionnaires in a sealed freepost addressed envelope either to a collection point in the service or directly to the NTA.

Results

Approximately 80,000 questionnaires were sent to approximately 1,300 drug treatment services in England. Service users completed and returned 12,398 questionnaires. Assuming that every questionnaire was distributed, this represents a response rate of around 15%. The survey gathered data from all 149 English DAT partnership areas across the nine Government Office regions.

¹ Tier 2 refers to open-access drug treatment – such as needle exchanges and drop-in advice services – where service users do not always need a care plan. Tier 3 refers to drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions are always Tier 3 treatments. The main difference between Tier 2 and Tier 3 interventions is that Tier 3 refers to the provision of care-planned interventions that meet the threshold of structured treatment.

Throughout this report, reference is made to statistical tests and statistical significance. Where a reference to F and p is found, this means that a statistical test called analysis of variance (ANOVA) was used to determine whether the differences between the average scores of different groups are statistically significant (for example, average scores among women compared to men).

Tests are carried out to obtain a factor (F) that refers to the independent variable under consideration (for instance, gender). In this example, the F factor tests how far gender affects satisfaction and is used to derive the probability value (p). This in turn tells us if there is a difference between the groups under comparison.² The p value can lie anywhere between 0 and 1, and the smaller the p, the more significant the result is. Anything larger than 0.5 is not significant, while values of <0.001 are highly significant. Care should be taken when interpreting results that are not statistically significant.

	Number	Percentage
White British	9,589	83.5
White Irish	287	2.5
White other	287	2.5
Mixed white and black African	88	0.8
Mixed white and black Caribbean	198	1.7
Mixed white and Asian	77	0.7
Mixed white and other	61	0.5
Asian Indian	132	1.2
Asian Bangladeshi	74	0.6
Asian Pakistani	112	1.0
Asian other	41	0.4
Black Caribbean	278	2.4
Black African	68	0.6
Black other	48	0.4
Chinese	5	0.0
Other	136	1.2
Total	11,481	100

Table 1: Ethnicity of sample (excluding "don't know/refused")

² It is customary when reporting on ANOVA tests that the F and p values are reported. The F values, however, need to be read in conjunction with statistical tables that are not included in this report.

	Number	Percentage
Regular full-time employment	1,254	11
Regular part-time employment	593	5.2
Pupil or student	410	3.6
Unemployed	6,977	61.3
Economically inactive (e.g. housewife)	1,347	11.8
Other	804	7.1
Total	11,385	100

Table 2: Employment status (excluding "don't know/refused")

Characteristics of the sample

Demographics

The NTA has responsibility as part of its Equality and Diversity Strategy to monitor differential impact of treatment on diverse groups, and factors such as ethnicity, gender and age are observed.

Of the 12,398 service users who returned questionnaires, two-thirds were men (68.8%) and one-third women (31.2%). These return rates are similar to those in the 2005 and 2006 surveys, and show a similar proportion of women in treatment as 2006/07 data from the National Drug Treatment Monitoring System (NDTMS).

Two in five service users were aged between 31 and 40 (39.1%), one-third were between the ages of 22 and 30 (33.5%) and one in five were over 40 (22.2%). Five per cent of respondents were under 21 years old. Overall, the average age of service users who completed questionnaires was 34 years (with a median age of 33). The median age calculated using NDTMS 2006/07 data is 31 years.

Turning to ethnicity, where recorded, the vast majority of service users saw themselves as white (88.5%). Less than one in 40 said that they were black Caribbean (2.4%) although 3.7% recorded themselves as mixed. These response rates show a slight over-representation in the sample of those from mixed ethnic backgrounds when compared to NDTMS 2006/07. The ethnicity breakdown is summarised in Table 1.

The majority of respondents reported their sexual orientation as straight (90.0%), with just over 3% defining themselves as bisexual and 2.5% as gay (3.6% did not wish to disclose their sexual orientation).

Sexual orientation – or rather the desire not to reveal it – was a significant factor when looking at overall service satisfaction: the lowest satisfaction score was for those service users who did not wish to disclose their sexual orientation (F=7.602, p<0.001).

Around one in five respondents (21.7%) were parents or carers who lived with children under the age of 16. Women were nearly twice as likely to be parents or carers as men (35.6% compared with 15.3%). This data is categorised differently by NDTMS and so comparisons with the treatment population cannot be made.

Parents or carers who live with children under the age of 16 reported higher levels of satisfaction than service users who were not parents or carers who lived with children under the age of 16 ($F=23.389$, $p<0.001$).

As shown in Table 2, most of those who took part in the survey did not have a job – 61.3% said they were unemployed, of whom 42.9% reported that they received Incapacity Benefit. One in ten (11%) defined themselves as economically inactive (such as pensioners, people with disabilities, and housewives and househusbands). A similar proportion (11%) said they were in regular full-time employment and 5.2% were in part-time employment. Less than 4% said that they were studying.

Unemployed service users showed significantly lower levels of satisfaction with treatment than those who were employed, students or economically inactive ($F=29.680$, $p<0.001$).

Nearly three in five service users (57%) said that they were in settled or permanent accommodation and a quarter (25.2%) lived in temporary accommodation. One in ten (10.3%) reported that they had no fixed abode. This data is collected differently by NDTMS and so comparisons with the treatment population cannot be made.

Service users in settled or permanent accommodation reported significantly higher levels of service satisfaction than either of the other groups. Homeless service users were the least satisfied ($F=115.554$, $p<0.001$).

Treatment status

Nearly three in four service users in this study had been attending their services for more than three months at the time of the survey (71.8%). This figure is similar to that recorded by the NDTMS in 2006/07, when it was found that 75% of treatment journeys that started during that year lasted 12 weeks or more.

One in seven (13.8%) had been attending services for less than a month and a similar proportion (14.5%) had been attending for between one and three months. Slightly fewer (12.8%) had been in treatment for between four to six months, 11.4% had attended for between seven to 12 months, but the largest proportion – nearly half (47.6%) – had been attending treatment for a year or more.

Service users who have attended their services for between seven and 12 months had the highest levels of satisfaction ($F=13.340$, $p<0.001$).

	Less than one week	One week to one month	More than one month
From contact to comprehensive assessment	49.1%	39.1%	11.8%
From assessment to treatment start	50.9%	40.5%	8.6%
From treatment start to worker assigned	66%	27.8%	6.2%

Table 3: Waiting times for different elements of treatment

The frequency with which service users attend services was also explored. Three in five service users (61%) said that they attended their service frequently:

- 5.7% every day
- 4.2% attended 5–6 times a week
- 21.0% attended 2–4 times a week
- 30.2% once a week.

Just under a quarter (22.9%) attended 2–3 times a month, 12.4% attended monthly and 3.7% attended less than once a month.

Service users who attended their service for 2–4 times a week had the highest levels of satisfaction ($F=6.920$, $p<0.001$).

Waiting times

The survey assessed the length of time service users had to wait for each component of their treatment – from first contact to comprehensive assessment, from comprehensive assessment to starting treatment, and from starting treatment to having a keyworker allocated. The results are summarised in Table 3.

Nearly half of service users in this survey (49.1%) reported having received a comprehensive assessment within a week of attending their service for the first time, and a similar proportion (50.9%) waited less than a week between this assessment and the start of their treatment. Two in three service users also said that they then waited less than a week to be allocated a keyworker (66%).

Higher levels of satisfaction were expressed by service users when comprehensive assessment took place within a week of attending their service ($F=190.714$, $p<0.001$).

They were also more satisfied with treatment if they waited less than a week from comprehensive assessment to start of treatment ($F=166.154$, $p<0.001$). It is also significant to note that service users had higher levels of satisfaction with treatment if they were allocated a keyworker within a week of starting treatment ($F=154.820$, $p<0.001$).

Accessibility

Nearly two-thirds of service users reported that their services were open at least once a week after 5pm (63.1%), with a small number operating at the weekend (2.1%). A further 20% said that they did not know the opening times of their services. That said, most service users felt that their services opened at times that were convenient for them (89.3%).

Those who agreed their services were open at convenient times had higher levels of satisfaction with treatment ($F=340.234$, $p<0.001$). Service users who were in full time employment were more likely to say opening times were inconvenient ($\chi^2=75.920$, $p<0.001$), while those in permanent accommodation were more likely to find the opening times more convenient than those in temporary accommodation or those with no fixed abode ($\chi^2=65.461$, $p<0.001$).

As well as services being accessible, it is also important that information is accessible. Service users in this survey agreed that they understood what was being said to them most by their keyworkers (55.8%), followed by receptionists (48.3%) and then doctors (46.4%). As for written information, letters (46.9%) and leaflets (45.6%) were found to be accessible by just under half of all respondents.

Care plans

Two-thirds of service users who took part in the survey (65.9%) reported that they had care plans, representing year-on-year rises since 2005. Of these, just over half reported that a care plan

review had taken place in the last month (56.2%), with one in seven (13.6%) having had a review between one and three months previously. However, one in ten (9%) said their care plans had never been reviewed, while one in five (20.2%) did not know when their care plans were last reviewed.

Service users with care plans had higher levels of satisfaction with treatment than those who did not have care plans ($F=235.977$, $p<0.001$). Furthermore, those who had care plans that had been reviewed in the last three months had significantly higher levels of satisfaction with their treatment than those whose care plans had been reviewed over four months ago. Those whose care plans had never been reviewed had the lowest levels of satisfaction with treatment ($F=156.060$, $p<0.001$). Again, these findings replicate those found in previous user satisfaction surveys.

Composite measures for waiting times and care planning

By combining the various questions about waiting times and care plans, we are able to create composite measures for each (broadly defined as “adherence to Models of Care”). Both scores can range from 0 and +3, where +3 is the best score and 0 the worst, in terms of adherence to targets and Models of Care objectives.

When looking at the composite measure for waiting times, the mean score across the entire sample was +2.44, implying that service users in the survey did relatively well in terms of accessing treatment. Although there is no significant variation by ethnicity or gender, there is a statistically significant difference when looked at

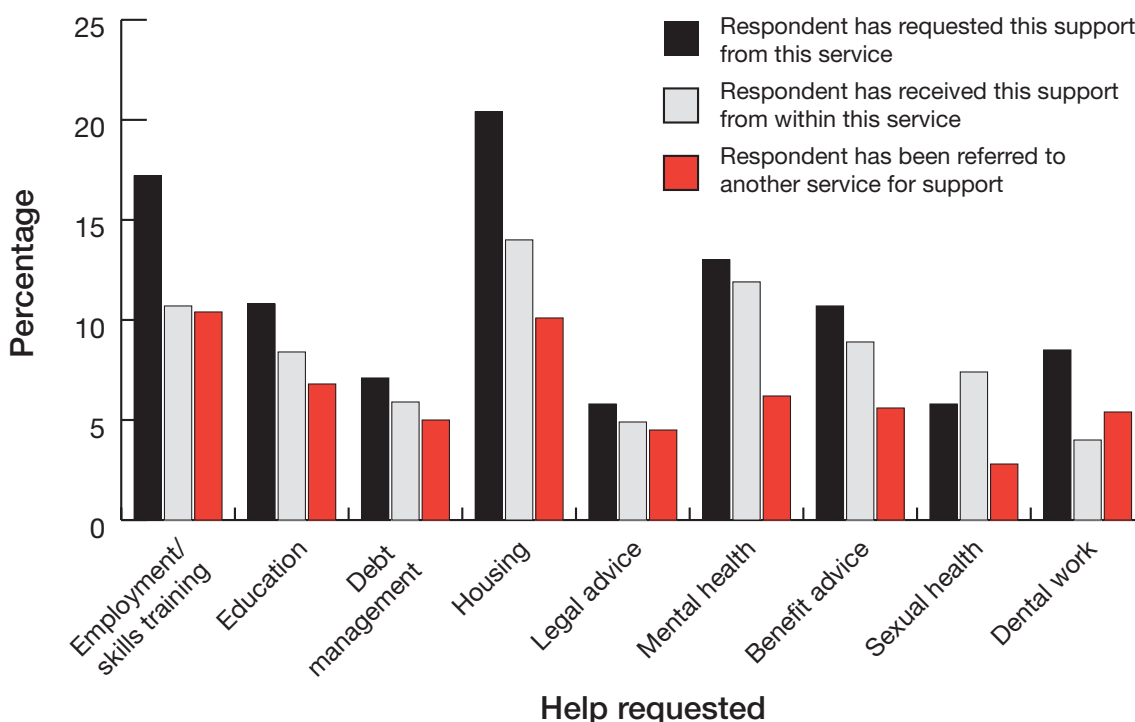


Figure 1: Help with non-drug-related concerns

by age, with services having better adherence to Models of Care for waiting times (+2.56) for younger service users (those 21 or under), with scores declining as age increases (reaching +2.37 for over-40-year-olds) ($F=28.432$, $p<0.001$).

As for the composite measure for care planning, the mean score across the entire sample was +1.78, indicating that there is still room for improvement here. There was a significant difference when looked at by gender, with services showing better adherence to the guidance laid out in Models of Care for women and care planning. Higher scores were identified for women service users (+1.92) compared to men (+1.71; $F=50.543$, $p<0.001$). No significant variation was found when comparing those receiving substitute opioid prescriptions with those who did not.

Wraparound services

There is currently an emphasis on wraparound services such as housing, training and employment. Half (49.5%) of all service users requested at least one type of support from drug services.

The most common wraparound services requested were for assistance or help with housing (20.4%) and employment (17.2%). Fewer service users wanted advice or assistance with debt management (7.1%), while advice on sexual health (5.8%) and legal advice (5.8%) were the least requested.

As for whether people received these forms of support, service users were most likely to have received support from within their services for housing advice (14%). Service users were mainly referred to other agencies for employment advice (10.4%), housing advice (10.1%) and education (6.8%).

Advice and support

Respondents frequently requested advice and support for achieving abstinence (18.9%) and addressing alcohol use (13.4%). The findings showed service users were often provided

	Happy with level of use	Would like to reduce use	Would like to stop using
Heroin	11.4%	8.1%	80.5%
Methadone	36.5%	12.9%	50.7%
Crack and cocaine	16.3%	10.5%	73.2%
Amphetamines	27.5%	11.4%	61%
Cannabis	64.2%	14.7%	21.1%
Alcohol	53.6%	21.2%	25.2%
Benzo-diazepines	50.4%	12.7%	36.9%

Table 4: Perceived objectives in relation to differing aspects of drug use

with advice and support in these areas even when they were not requested, as 20.5% of respondents received support for achieving abstinence and 14.5% received alcohol advice from within their services.

Substitute prescribing

Nearly one in four of those who took part in the survey (23.5%) said that they did not receive substitute medication.

The survey revealed that nearly three in five of all respondents (57.2%) reported being prescribed methadone, with a mean daily dose of 62.8mg. Just under half (45%) of those receiving methadone reported receiving daily doses of between 31–60mg. The 2006 service user satisfaction survey (Gordon *et al.*, 2007) reported a daily mean dose of 60mg. It should be noted that Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH *et al.*, 2007) suggests that the optimal methadone dosage should be between 60 and 120mg a day.

People who reported that they received substitute methadone were significantly less likely to be satisfied with treatment than those who received no substitute medication ($F=105.669$, $p<0.001$).

By contrast, only one in eight (12.8%) service users received buprenorphine prescriptions, with mean daily doses of 11.2mg. Two in five of those who were prescribed buprenorphine (42%) reported receiving a daily dose of between 9 and 16mg. Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH *et al.*, 2007) also suggests that “effective maintenance treatment with buprenorphine involves doses in the range of 12–16mg a day for most patients”.

People on buprenorphine were significantly more likely to be satisfied with treatment than those who received methadone ($F=24.986$, $p<0.001$).

Long-term objectives regarding drugs

Service users were asked about their long-term goals regarding their use of a range of drugs. Most users of heroin, crack, cocaine, amphetamines and methadone reported wanting to stop using these drugs completely. This proportion ranged from four in five heroin users (80.5%) to half of methadone users (50.7%).

However, it is important to note that while half of methadone users would like to stop, over a third (36.5%) were happy with their levels of use – compared to just one in ten heroin users who felt the same (11.4%). This would seem to indicate that many methadone users think they need to be maintained on the drug for some time.

Service users who used cannabis or alcohol seemed happier with their levels of use and less inclined to want to stop, as can be seen in Table 4.

	SA	A	DK	D	SD
Crime has reduced	62.7%	29.3%	3.8%	3.1%	1.2%
Drug use has decreased	56.6%	33.6%	4.3%	4.4%	1.1%
General health has improved	41.3%	38.5%	12.5%	6.2%	1.4%
Mental health has improved	34%	37%	18.7%	8.2%	2.1%
Housing situation has improved	30.5%	29.2%	12.6%	20.3%	7.3%
Relationships have improved	29.1%	40.4%	14.7%	12.2%	3.6%
Employment situation has improved	19.8%	22.7%	18.8%	30.9%	7.7%

Table 5: Improvements since starting treatment

SA=strongly agree; A=agree; DK=don't know; D=disagree; SD=strongly disagree

Crack and cocaine: Asian cocaine and crack users were the most likely ethnic group to report that they would like to stop using completely (80.5%), although no differences in crack and cocaine use and ethnicity were statistically significant. When looking at age, 22–30-year-old crack and cocaine users were the least likely to be happy with their use (15.5%) and were the most likely age group to report that they would like to stop using the drug completely (74.7%). Conversely, those aged 21 and under were the least likely (64.6%) to state that they would like to stop using the drug completely ($\chi^2=11.162$, $p<0.01$).

Heroin: As with crack and cocaine, Asian service users who used heroin were more likely than any other ethnic group (87.7%) to report that they wanted to stop using the drug ($\chi^2=17.451$, $p<0.05$). Men were more likely (12.2%) to report being happy with their levels of heroin use than women (10.2%), while female heroin users were more likely than men to report that they wanted to stop using the drug completely (82.5% compared with 79.4% – $\chi^2=6.976$, $p<0.05$). In addition, heroin users aged 22–30 were significantly more likely (83.8%) to report that they wanted to stop using heroin completely, followed by 31–40-year-olds (80.4%), those aged 21 and under (79.8%), and those aged over 40 years (74.6%; $\chi^2=46.906$, $p<0.001$).

Cannabis: Service users from “other” ethnic backgrounds were the most likely (68.0%) to report that they were happy with their use of the drug. That said, white service users were the least likely (20.4%) to report that they wanted to stop using the drug completely. Asian cannabis users were least likely (44.3%) to report being happy with their levels of use, and most likely (29.1%) to want to stop using the drug completely ($\chi^2=26.086$, $p<0.005$). When looking at cannabis use in relation to age, those

aged 21 and under were the least likely (57.7%) to be happy with their levels of use, with this figure increasing as age increases to 66.9% for those over 40 years old (although this is not statistically significant).

Alcohol: Although mixed race service users were most likely (57.2%) to report that they were happy with the amount of alcohol they used (with black service users the most likely to want to stop using alcohol completely – 28.8%), differences across ethnic groups were not statistically significant. Service users aged 22–30 years old were the most likely (61.5%) to report that they were happy with the amount of alcohol they used, followed by those aged 21 years and under (54.4%), 31–40-year-olds (52.7%) and those over 40 (42.4%; $\chi^2=138.236$, $p<0.001$).

Drug treatment impact

The 2007 survey showed that substantial numbers of service users reported that entering drug treatment had made a positive impact on their lives. Most service users reported falls in drug use and crime since starting treatment, and treatment was also found to have a positive impact on general health, mental health, housing and relationships with other people.

As can be seen in Table 5, nine in ten people felt that their drug use and criminal activity had decreased to some extent (90.2% and 92% respectively). Four in five (79.8%) said that their general health had improved, while over two-thirds felt that their mental

	SA	A	DK	D	SD
The service is good at taking users' views into account	38.7%	45.4%	10.4%	3.6%	2%
You have received a lot of help	38.3%	44.1%	8.1%	7.2%	2.3%
Your care plan reflects what you need	33.5%	46.2%	15.9%	3.1%	1.2%
You contributed to your care plan	32.2%	49%	14.6%	2.9%	1.3%
This is not the right service for you	15.6%	12.8%	6.7%	30%	35%
The service discourages complaints	7.6%	8.7%	22.2%	33.6%	27.9%

Table 6: Statements about service components

SA=strongly agree; A=agree; DK=don't know; D=disagree; SD=strongly disagree

health and relationships had also improved (71% and 69.5% respectively).

Housing and employment status – perhaps the two most readily identifiable wraparound services – also improved for many, although not by such a large proportion as for the other areas: three in five (59.7%) said that their housing had improved whereas 27.6% said that their housing had not improved. Two in five (42.5%) said that their employment had improved and 38.6% reported that their employment had not improved.

Turning to other treatment impacts (shown in Table 6), most respondents felt that their services were good at considering users’ views and that they had received a lot of help while there.

It should be noted, however, that over one in four service users (28.4%) felt that they were attending a service that was not right for them.

Composite measures of treatment impact

As with the composite measures for waiting times and care plans, it is possible to create a measure of perceived treatment benefit (adjusted for negative items) based around the statements in Tables 5 and 6. The scale for this measure ranges from +26 (strongly agree with all positive items and strongly disagree with both negative items) to -26 (strongly disagree with all positive items and strongly agree with both negative items).

The overall mean score on this measure was +12.5, suggesting that across the sample there was generally a positive response to treatment impact.

- Although not statistically significant, Asian service users were slightly less positive (+11.7) about treatment effects compared to service users from other ethnic backgrounds (+13.2), mixed race service users (+12.8), white service users (+12.6) and black service users (+12.4)
- Women were slightly more positive about treatment effects (+13.2) than men (+12.2, F=33.055, p<0.001)
- Over-40s were the most positive about treatment impact (+12.9), with those aged 21 and under being the least positive (+12.1, F=2.729, p<0.05)
- For the third year running there has been a strong association between care plans and perceived benefits of treatment. There was a clear link between how well care planning was carried out and how much benefit clients felt they derived from treatment – for example, there was a reduction in involvement in crime and drug use among those who had care plans. The highest treatment impact scores were achieved by service users with care plans that had been reviewed in the previous month (+14.7)
- Those who had care plans that had been reviewed one to three months ago had an average treatment benefit score of

+14.5, falling to +13.1 for service users who had care plans that had been reviewed four to 12 months ago, +12.9 for those who had care plans that had been reviewed a year ago, and +11.7 for those who had care plans that had never been reviewed. The lowest score was reported for service users who didn’t know if they had care plans (+11.5, F= 37.174, p<0.001)

- There was a significant relationship between perceived treatment benefits and waiting times – the longer service users had waited to start treatment, the less satisfied they were with the impact of the treatment they had received. The highest satisfaction score was reported by service users who waited less than a week from attending the service to comprehensive assessment (+13.5, F= 103.646, p<.0001) and from comprehensive assessment to start of treatment (+13.5, F=113.859, p<0.001).

Dignity and respect

The majority of service users agreed that drug service staff and pharmacy staff treated them with respect. Keyworkers in particular were perceived to be the most respectful group by service users. The results are shown in Table 7.

Composite measures for respect

As with treatment impact, another composite scale can be created for respect, with a range of +12 to -12 (the higher scores indicating greater perceptions of respect). The overall mean score was +7.8, demonstrating that service users in the survey had very

	SA	A	DK	D	SD
Your keyworker treats you with respect	61.2%	35.7%	1.9%	0.8%	0.3%
Reception staff treat you with respect	52.2%	43.1%	2.5%	1.8%	0.4%
Doctors treat you with respect	43.1%	44.0%	5.5%	5.7%	1.7%
Pharmacy staff treat you with respect	41%	43.9%	5.2%	7.3%	2.4%
Other staff treat you with respect	45.5%	47%	5.4%	1.8%	0.4%
Other users treat you with respect	30.6%	46.8%	15.6%	5.8%	1.2%

Table 7: Levels of respect shown by staff at services
 SA=strongly agree; A=agree; DK=don't know; D=disagree; SD=strongly disagree

positive attitudes about the level of respect they received from staff and fellow users.

- Women reported that they were happier with the respect accorded them than men (+7.9 compared with +7.7; $F=7.061$, $p<0.01$)
- Over-40-year-olds had higher levels of perceived respect (+8.2) than those aged 31 to 40 (+7.7), 22 to 30 (+7.8) and those aged 21 and under (+7.4, $F=13.930$, $p<0.001$)
- Though not statistically significant, the highest levels of perceived respect were reported by black service users (+8.0), followed by those from “other” ethnic groups (+7.9) and then white service users (+7.8). Lower levels of perceived respect were reported by service users from a mixed ethnic background (+7.7) and Asian service users (+7.3)
- As with treatment benefits, there was a strong relationship between care planning and perceived respect. Those with care plans reported a higher respect score (+8.0) than those without them (+7.3, $F=46.567$, $p<0.001$). The highest mean respect scores were reported by those with care plans that had been reviewed in the last month (+8.2), with those who last had their care plans reviewed a year ago having the lowest respect score (+7.0, $F=7.222$, $p<0.001$)
- There was also a link between waiting times and perceived respect. As with treatment impact, the longer service users had to wait overall, the lower the level of respect they felt they had received at the service. The highest respect score was reported by service users who waited less than a week from attending the service to comprehensive assessment (+8.2, $F=88.855$, $p<0.001$) and from comprehensive assessment to start of treatment (+8.1, $F=62.886$, $p<0.001$).

Treatment engagement and support

There is strong evidence to suggest that respondents were satisfied with the support offered by drug treatment agencies.

Around two in five strongly agreed with statements that staff were efficient at doing their jobs, that the treatment service met their needs and that the service was well-organised. They also felt that they had enough say in treatment decisions. Furthermore, across all the measures in Table 8 – with two exceptions – at least four in five either strongly agreed or agreed with the statements.

The two exceptions relate to family support and whether the service is a default choice because “there is nothing better available”. A quarter of respondents (25.3%) felt that they used a service because there was nothing better available. Around three in five (62.9%) disagreed that they used a service because there was nothing else available. These figures are similar to the 2005 and 2006 results.

As for family support, a third (33.6%) felt that family members and partners did not receive enough support. This figure is up on previous results (28.1% in 2006 and 28.9% in 2005), while the proportion that felt that family members did receive enough support has fallen from a high of 43.1% in 2006 to 35.9% in 2007.

The 2008 Drug Strategy (HM Government, 2008) and the suite of NICE drug treatment guidelines (2007a–d) both place a greater emphasis on the needs of the families and carers of drug misusing patients. They identify the importance of families and carers as a valuable resource in drug treatment but point out that they are often in need of support themselves and that their needs should not be overlooked.

It is clear that the level of support for families is also an area of concern for service users, as they identify a need within drug

	SA	A	DK	D	SD
This programme expects you to learn responsibility and self-discipline	25.8%	54.1%	14.9%	4.1%	1.1%
The staff are efficient	44.8%	48.1%	4.4%	2%	0.8%
You are satisfied with this programme	39.7%	51.3%	4.4%	3.3%	1.2%
This service meets your needs	40%	49.9%	5.2%	3.5%	1.4%
This programme is organised and well-run	37.3%	37.1%	4.2%	5.5%	1.8%
This service location is convenient	38.1%	49.2%	2.9%	7.2%	2.6%
You get enough personal keyworking at this programme	40.2%	48.3%	6%	4.1%	1.5%
You have had enough say in decisions about your treatment	36%	50.1%	6.9%	5.6%	1.4%
Appointment times are convenient	35.1%	54.5%	4.3%	4.8%	1.4%
Family members and partners do not get enough support	10.7%	22.9%	30.5%	26.6%	9.3%
You only use this service because there is nothing better available	8.9%	16.4%	11.7%	41.7%	21.2%

Table 8: Treatment engagement and support

SA=strongly agree; A=agree; DK=don't know; D=disagree; SD=strongly disagree

treatment systems for higher levels of engagement and increased support for family members, partners and friends.

Composite measures for engagement and support

As with the other measures of treatment, a composite scale can be created for “engagement and support, with a range between +22 and –22. Overall, a mean score of +11.5 was achieved, indicating that respondents had generally positive views on how well their needs were addressed.

- The highest levels of satisfaction with support were expressed by the oldest group (those over 40), whose average score for treatment engagement and support was +12.0. This compares with a mean score of +11.3 for those aged between 31 and 40 and +11.5 for those aged between 22 and 30. The mean score for those aged 21 and under was +11.4. These differences are statistically significant ($F=5.573$, $p<0.005$)
- Women were more likely than men (+12.1 compared with +11.2) to have higher levels of satisfaction with support ($F=37.643$, $p<0.001$)
- Though not statistically significant, black service users had the highest levels of satisfaction with support (+12.2), with Asian service users having the lowest (+10.9)
- As with the 2005 and 2006 findings, there was a significant difference in satisfaction with support by care plan status. Those who reported having a care plan were more likely to be satisfied with the support they received than those who said that they did not have care plans (+12.4 compared with +9.3; $F=158.265$, $p<0.001$).
When looking at service users who had been in treatment for more than three months, those who had care plans that had been reviewed in the last three months had the highest levels of satisfaction with the support they received from services (+12.8). In contrast, those whose care plans had been reviewed 4–12 months ago (+10.7) and those who had their care plan reviewed over a year ago (+10.4; $F=20.551$, $p<0.001$) expressed lower levels of satisfaction with the support they received.
- There was a link between waiting times and treatment engagement and support. As with treatment impact and perceived respect, the findings suggest that longer waits for assessment, start of treatment and allocation of a keyworker are associated with lower levels of satisfaction with treatment engagement and support. In this context, the highest support score was reported by service users who waited less than a week from attending the service to comprehensive assessment (+12.7, $F=232.268$, $p<0.001$) and from comprehensive assessment to start of treatment (+12.5, $F=184.322$, $p<0.001$). These findings are similar to those in 2005 and 2006.

The overall satisfaction measure

Throughout this report, reference has been made to overall service user satisfaction. This index of satisfaction was created by combining the three sub-scales for treatment impact, respect and support to create an overall measure of treatment satisfaction.

The scale for this measure ranges from +60 (strongly agree with all positive items and strongly disagree with both negative items) to –60 (strongly disagree with all positive items and strongly agree with both negative items). The composite satisfaction yielded a total score of +31.0.

- Women were more likely to be satisfied than men (+32.6 compared with +30.5)
- Satisfaction was strongly correlated to age, with over-40s being the most and under-21s the least satisfied (scores of +32.4 and +30.2 respectively)
- Higher overall satisfaction was reported by service users of mixed race (+31.3), white backgrounds (+31.7), black backgrounds (+31.9) and those of other ethnicities (+32.0) when compared to Asian service users (+29.6)
- Heterosexual service users were more satisfied with treatment than gay or bisexual service users (+32.0 compared with +30.8 and +29.1 respectively), while those who did not wish to state their sexual orientation displayed the lowest levels of satisfaction (+28.5)
- Parents or carers who lived with children under the age of 16 reported higher levels of satisfaction (+33.1) than service users who were not parents or carers who lived with children under the age of 16 (+31.3)
- One of the most significant factors in terms of satisfaction was opening times: higher levels of satisfaction were expressed by service users who reported that their services opened at times convenient to them (+33.1). Much lower levels of satisfaction were expressed by those who felt their services did not have convenient opening times (+19.1)
- One of the groups most likely to be satisfied was made up of service users who were not currently receiving methadone (+33.5) compared with a figure of +30.0 for those receiving a methadone prescription

A clear effect was also found in relation to care planning, with markedly lower satisfaction with treatment reported by those with no care plans (+25.0) and those whose care plans had been reviewed more than a year ago (+29.7) or had never been reviewed (+30.9) when compared to those with care plans. Those with care plans that had been reviewed between four and 12 months ago were significantly more satisfied (+31.0) but those who had a care plan review in the last month were the most satisfied in the survey (+35.5). These differences were highly significant ($F=29.231$, $p<0.001$).

Conclusions

The NTA's 2007 service user satisfaction survey confirms many of the findings from previous years' studies. For the third year running, service users were generally satisfied with:

- Their drug treatment
- The impact that treatment had made on their lives
- The way they were treated by service staff.

Furthermore, the 2007 survey showed that for the majority of service users, entering drug treatment had a positive impact on their lives, especially in terms of falling drug use and involvement in crime. It is clear, however, that levels of family support were seen to be low (and falling).

Moreover, there were three key areas which appear to be strongly related to satisfaction:

- **Care plans:** The highest satisfaction scores were found among those who had a care plan which had been reviewed in the last month
- **Opening times:** Some of the highest levels of satisfaction were recorded by those who reported that their services were open at times convenient to them, while some of the lowest levels of satisfaction were reported by those who felt that opening times were inconvenient
- **Substitute prescribing:** Service users who were not currently receiving methadone were more likely to be satisfied with treatment than those who received methadone.

The survey also highlighted four areas that impact significantly on treatment satisfaction:

- **Employment:** Unemployed service users were significantly less satisfied with treatment than those who were employed, students or economically inactive
- **Housing:** Service users in settled or permanent accommodation were significantly more satisfied than those in temporary accommodation or of no fixed abode
- **Retention:** Service users who have attended their services for between seven and 12 months had the highest levels of satisfaction
- **Assessment:** Service users whose comprehensive assessments took place within a week of attending their services were significantly more satisfied with treatment than those who waited longer.

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Reader information

Document purpose	This survey provides an opportunity for drug treatment service users to give their views on quality of treatment. The data will also contribute to the 2007/08 NTA and Healthcare Commission Improvement Reviews, which contributes to the Treatment Effectiveness agenda.	Description	Regional government department leads on drugs. Central government department leads on drugs. The third annual England-wide survey of drug users in contact with treatment services, giving users the opportunity to give their views to the NTA.
Title	The 2007 User Satisfaction Survey of Tier 2 and 3 Service Users in England	Timing	Ongoing
Lead author	Dawn Gordon, Daniel Burn, Angela Campbell and Oswin Baker, National Treatment Agency	Contact details	8th floor, Hercules House, Hercules Road, London SE1 7DU. Tel: 020 7261 8801 Fax: 020 7261 8883 Email: nta.enquiries@nta-nhs.org.uk www.nta.nhs.uk
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Target audience	Primarily providers and commissioners of drug treatment services in England. Drug treatment service users		© National Treatment Agency, London, 2008
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