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European Working Group on Drugs Oriented Research

Relapse rates after treatment in therapeutic communities: A systematic review

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Context

- When treating substance use disorders (SUD), a severe and lasting problem that often emerges is relapse (Tims & Leukefeld, 1986)

- Relapse rates may vary according to factors such as:
  - definition of the concept,
  - populations used in the studies
  - and the time since treatment.

- Some European studies have indicated relapse rates between 40 and 75% for heroin and other illicit drugs (Alterman et al., 2000; Pasareanu, Vederhus, Opsal, Kristensen, & Clausen, 2016).

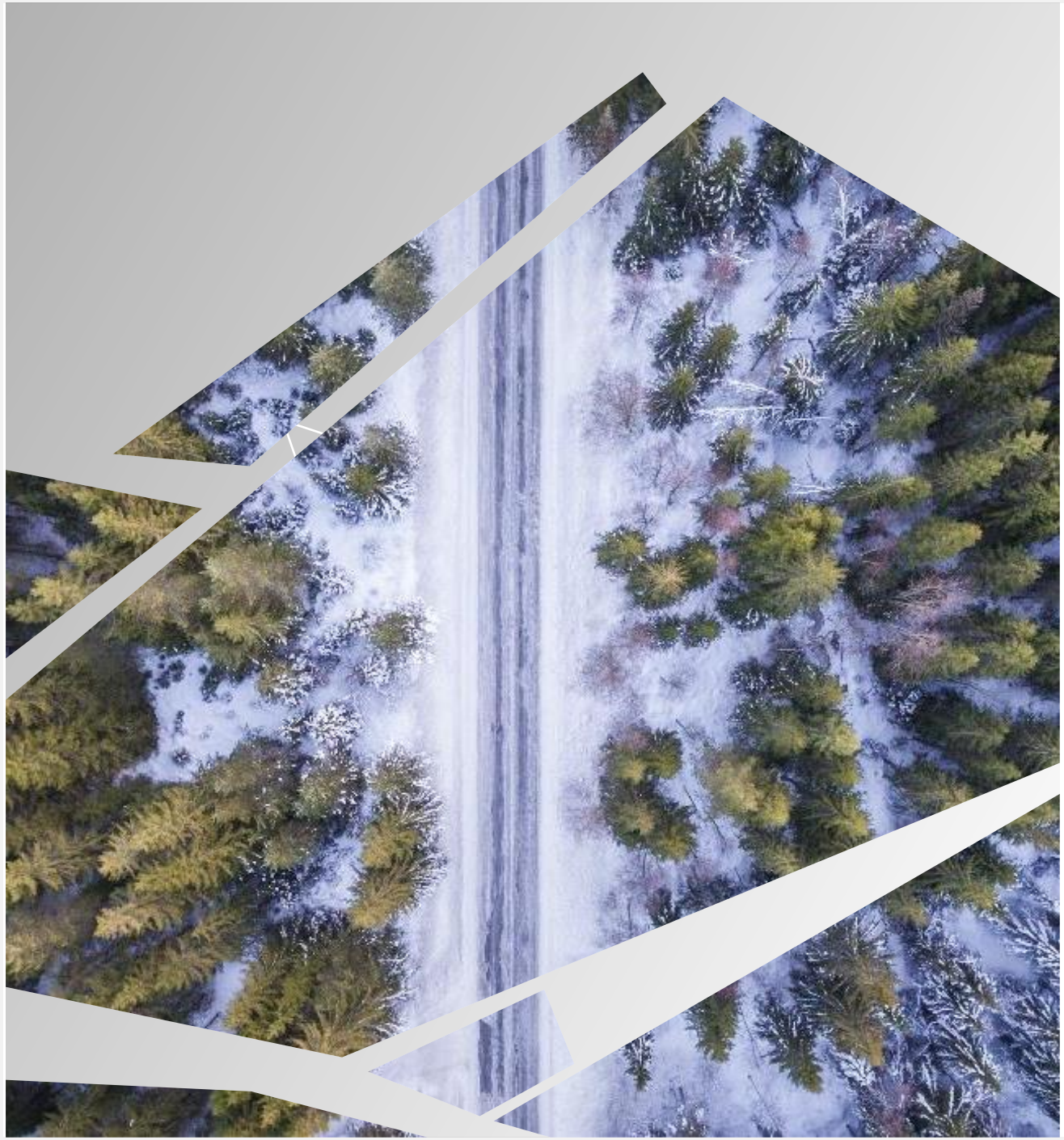
- Since the medical costs of detoxification and treatment for substance use disorders are significantly high, having to repeat treatment becomes a major problem for individuals (Gerwe, 2000).

Context

- Outpatient therapy is the most common treatment modality in the field of addiction (Vanderplasschen et al., 2013).
- However, a lot of people are engaging in other types of treatment, as residential substance use treatment services, including therapeutic communities (TCs).
- TCs:
  - 24-h residential locations that provide intensive support and treatment for individuals with an acute SUD (Reif et al., 2014).
  - is based on a specific approach: “community as method”
  - Treatment interventions vary and might include psychological support in group or individual, mutual self-help and peer help, and supported reintegration into the community (de Andrade, Elphinston, Quinn, Allan & Hides, 2019).
  - Length of treatment and stay in a TC also vary, TCs are considered as long-term residential treatment models and ranging from 6 to 12-months (De Leon, 2000).

Context

- The literature about the effectiveness of TCs is scarce.
- Some studies inform about the evidence of TCs but they have not shown the relapse rates (De Leon, 2010; Reif et al., 2014).
- Therefore, this study intends to add and to update the existing literature information about relapse rates after substance abuse treatment in TC.



Method

Systematic review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (Page et al., 2021)

Review protocol was registered with PROSPERO (CRD42021293676)

Databases searched: EBSCO, PubMed, and Web of Science.

Studies published in English, Portuguese, and Spanish, published until July 29, 2021

Method – Inclusion and exclusion criteria

Included:

(a) type of publication [experimental studies (randomized controlled trials, quasi-randomized trials, controlled clinical trials), quasi-experimental studies (interrupted time series, before-and-after studies), observational studies (cohort studies, case-control, and case series) and research protocols];

(b) population (18 and over);

(c) intervention (SUD in TC)

Excluded:

- **those in which there was no follow-up after a substance abuse treatment in a TC,**
- **studies not limited to adults,**
- **qualitative studies,**
- **and review studies**

PRISMA Flowchart

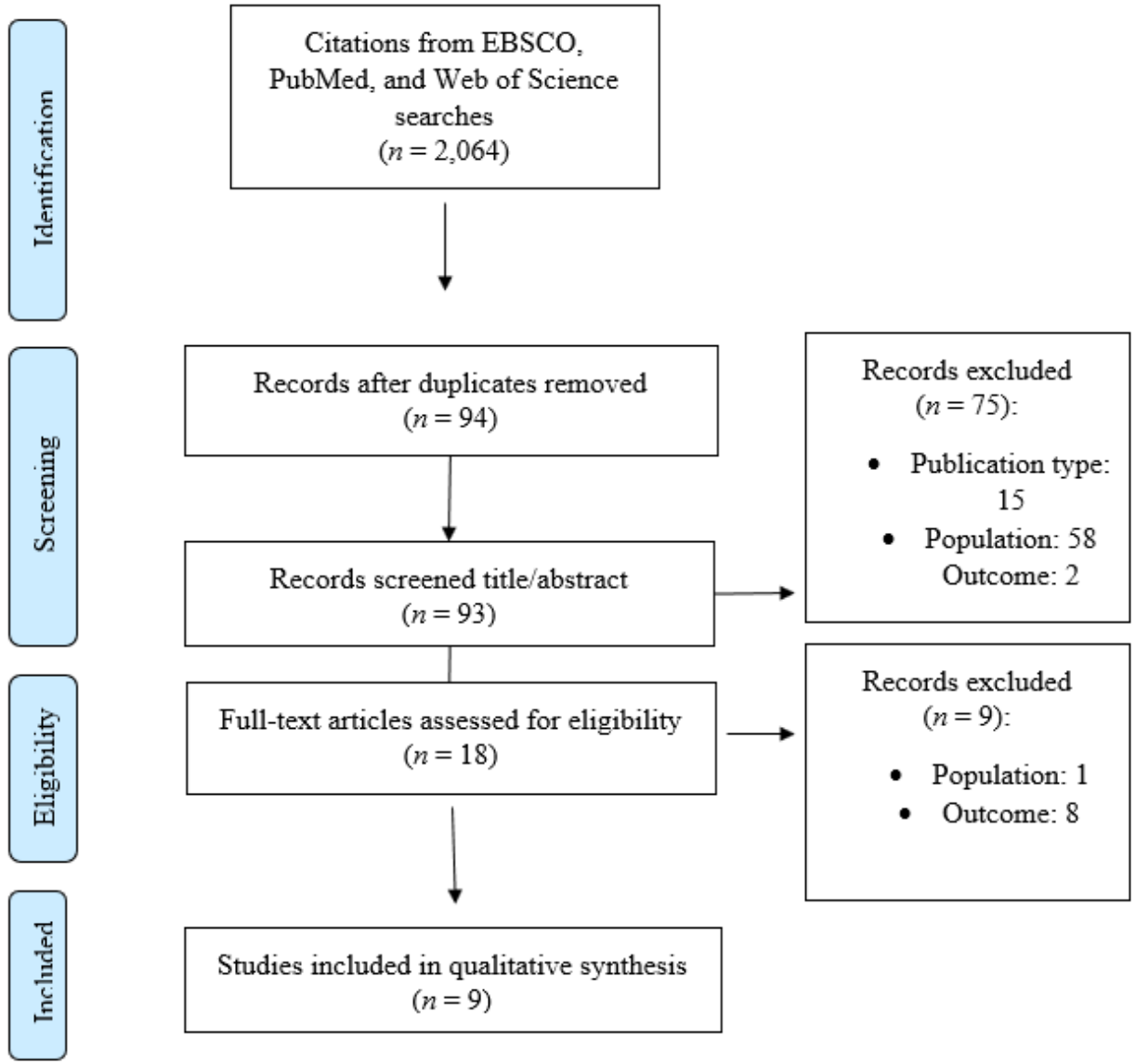
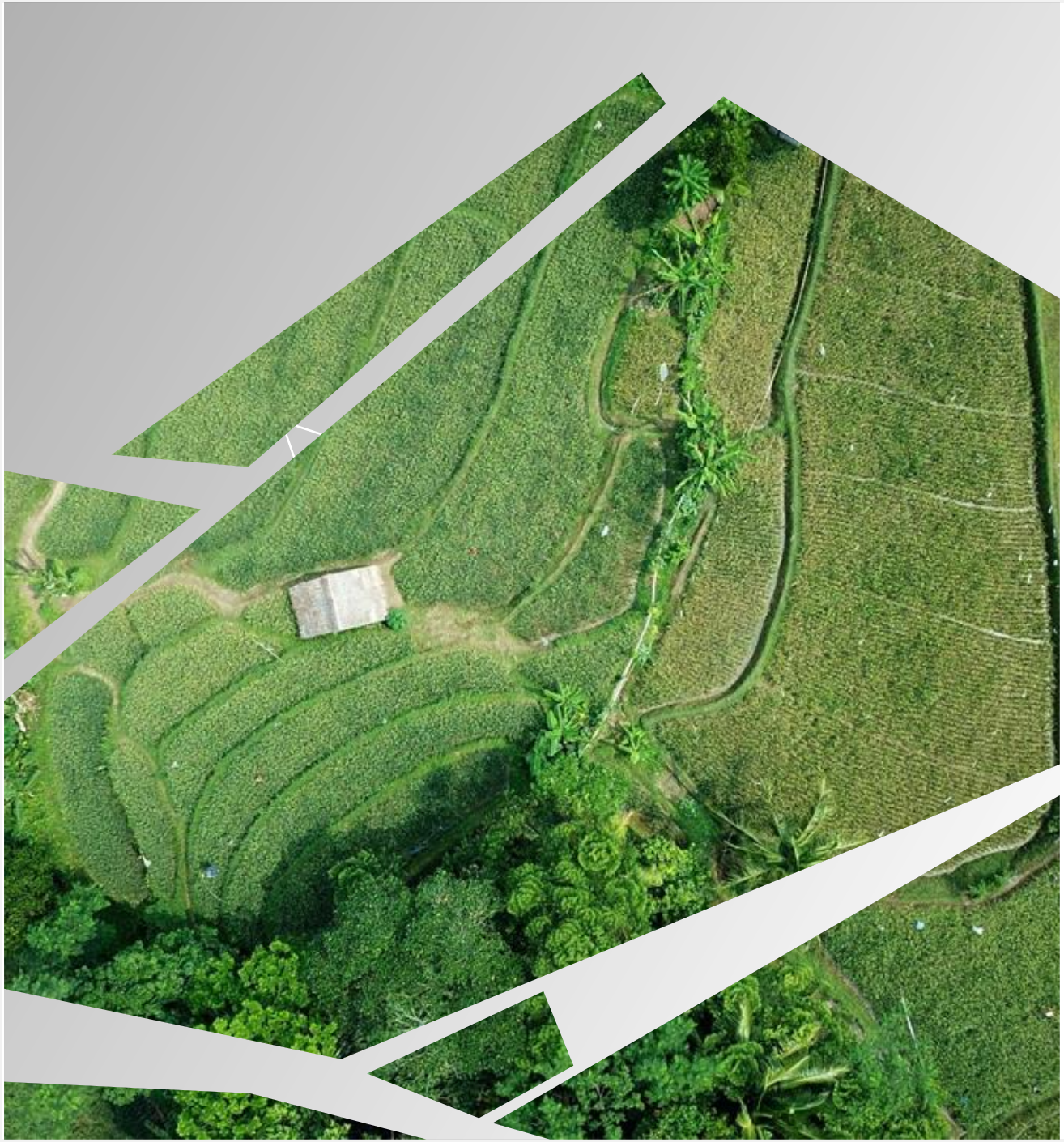


Figure 1

PRISMA Flowchart

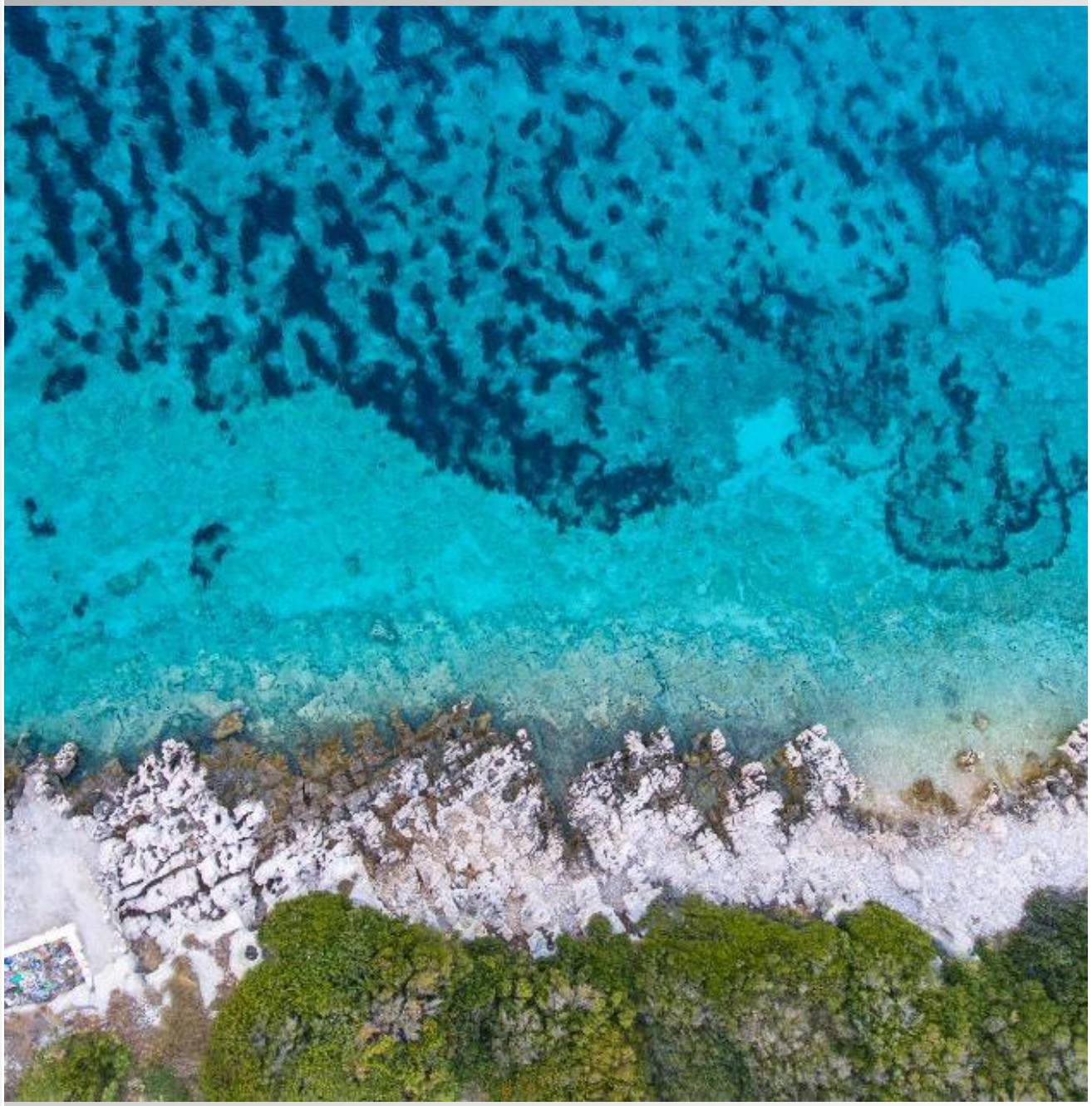
Main Relapse Outcomes

Study ID	Operation definition of relapse	Retention	Treatment Completion	Relapse Cases	Relapse Rate
Barreno et al. (2019)	Participants with positive drug results in at least two analyses were considered as 'relapses'.	----------	71%	*N* = 30	44% at 289 days follow-up. Heroin use: 13.3%; Cocaine use: 86.7%; Alcohol use: 56.7; Cannabis use: 50%.
Fernández-Hermida et al. (2002)	Three occasions of drug use in a maximum period of 2 months.	Abstainers: 89.7% Relapsers:10.3%	----------	*N* = 55	In 'treatment-completed' group was 10.3% at 8 years. In the non-completers group was 63.6% at 8 years. Most of the relapses involve heroin use (60%), followed by cannabis (32.7%), cocaine (18.1%), synthetic drugs (3.6%) and benzodiazepines (1.8%).
Fernández-Montalvo et al. (2008)	Three occasions of drug use in a maximum period of 2 months.	51.2%	72%	*N* = 42	46.5% at 6 years. Most relapses involved cannabis abuse (37.4%), followed by cocaine (31.6%), heroin (18.7%), and benzodiazepines (15.5%).
Gossop et al. (2002)	Using heroin after exiting treatment and continued to use regularly (on more than one-third of days from first use to follow-up).	----------	Abstainers: 44% Lapsers: 21% Relapsers:25%:	*N* = 75	31% used heroin at 12 months follow-up. Moreover, of relapsers, 46.7% used methadone; 50.7% used benzodiazepines; 49.3% used crack cocaine; 14.7% cocaine powder; 20% amphetamines; 20% heavy drinking.
Griffith & Ross (2019)	Participants had used substances at all since leaving treatment.	----------	----------	*N* = 51	45% at 5 years. There is not information about specific substance in follow-up period.
McCusker et al. (1995)	Self-report of any drug use since exit from treatment	65% completed follow-up at 6 months.	66%	3 months *N* = 223 6 months *N* = 221	71% used heroin at 6 months.
Mooney et al. (2014)	Any documented evidence of substance use	Day 30: 28% drop-out Day 90: 31 drop-out Day 180: 51% drop-out Day 360: 72% drop-out	----------	30 months *N* = 68 90 months *N* = 66 180 months *N* = 47 360 months *N* = 27	30 months 14.7% 90 months 28.8 % 180 months 44.7% 360 months 77.8% There is not information about specific substance in follow-up period
Stevens et al. (2015)	Any use of an illicit substance during the follow-up period.	----------	Abstainers: 39.45% Relapsers:28.23%	*N* = 84	56% at 2 years. There is not information about specific substance.



Limitations

- **Relapse in TC’s are limited**
- **Follow-ups were carried out at different times**
- **Just one is a randomized control trial**
- **Impossible to access the therapeutic community data that were not published**



Conclusions

Relapse rates after a treatment in TCs are high

Develop further and strengthen relapse prevention and relapse coping skills among drug misusers

Identify critical periods in the recovery process and the features of aftercare intervention that would help maintain abstinence

Examining the presence of mental health disorders among individuals who sought substance use treatment, as well as developing and strengthening relapse prevention and relapse coping skills in these individuals

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