

PREVENT DROP-OUT

SUBSTANCE ABUSE TREATMENT

Drop-out occurs in significantly higher numbers in specialized addiction treatment compared to other specialized health services.

Prolonged participation in the treatment program increases the likelihood of successful treatment results.

What predicts drop-out?



OUR FOCUS ←

Brorson et al. (2013),
Drop-out from addiction treatment:
A systematic review of risk factors

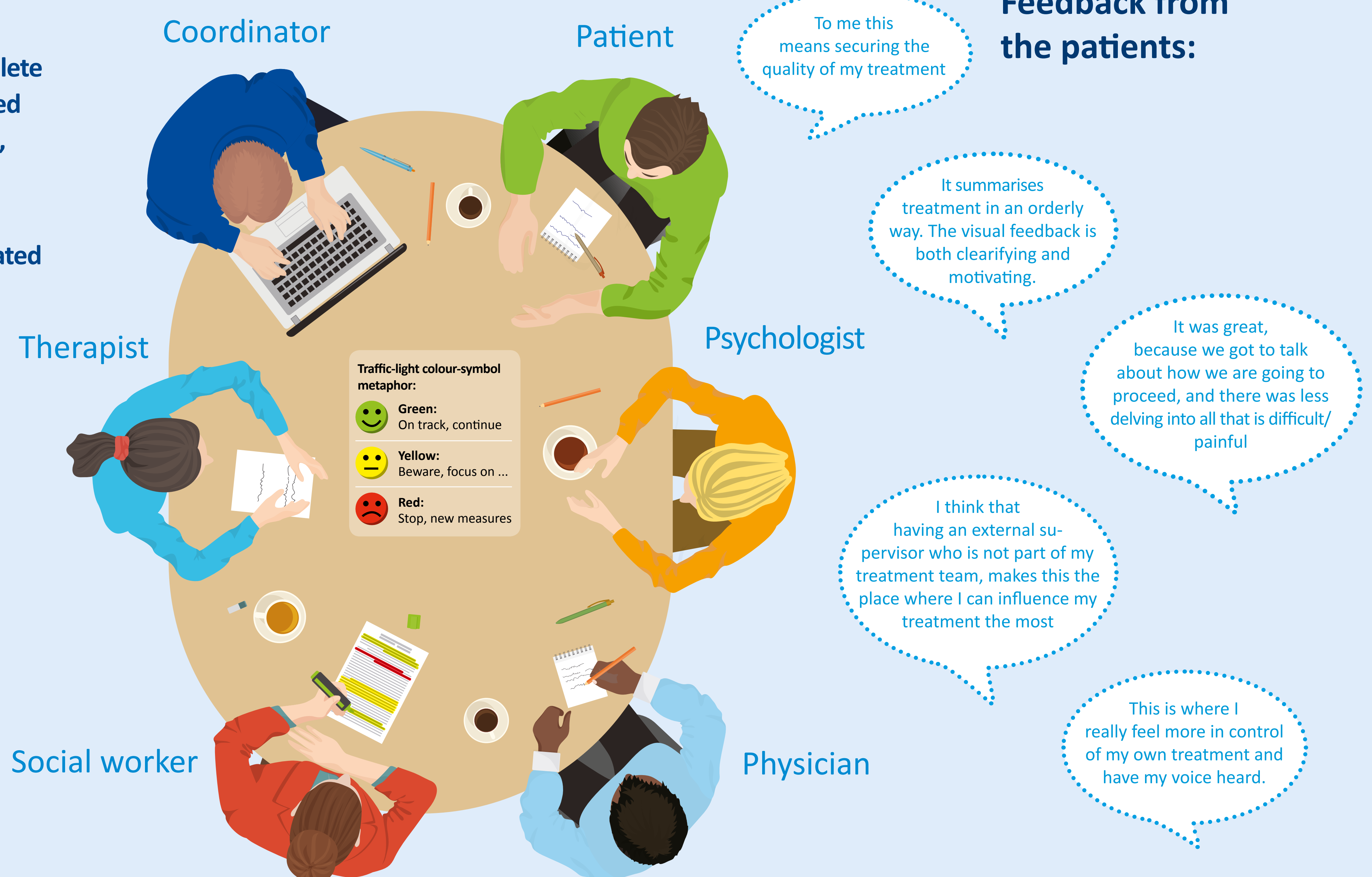
Goodman et al. (2013),
Progress Monitoring in Mental Health
and Addiction Treatment. A Means of
Improving Care

Milestone meetings

Monthly sessions of 45 minutes with the complete treatment team, consisting of several specialized health care professionals as well as the patient, supervised by an external coordinator.

The treatment progress is discussed and evaluated according to five pre-determined highlights:

- A) The patient's own 3 individually selected goals, or points of focus
- B) Participation in the group-treatment program including physical exercise
- C) Experienced burden of symptoms (HSCL-25)
- D) Experienced environmental support and commitment (short-version of WAS)
- E) Urine samples (punctual delivery and its perceived usefulness)



New introduction program for all new patients

Patient feedback influencing the treatment plan

Effects on the organizing of treatment

Group-therapy participation clearly defined for all involved

Simplified weekly program with less overlap

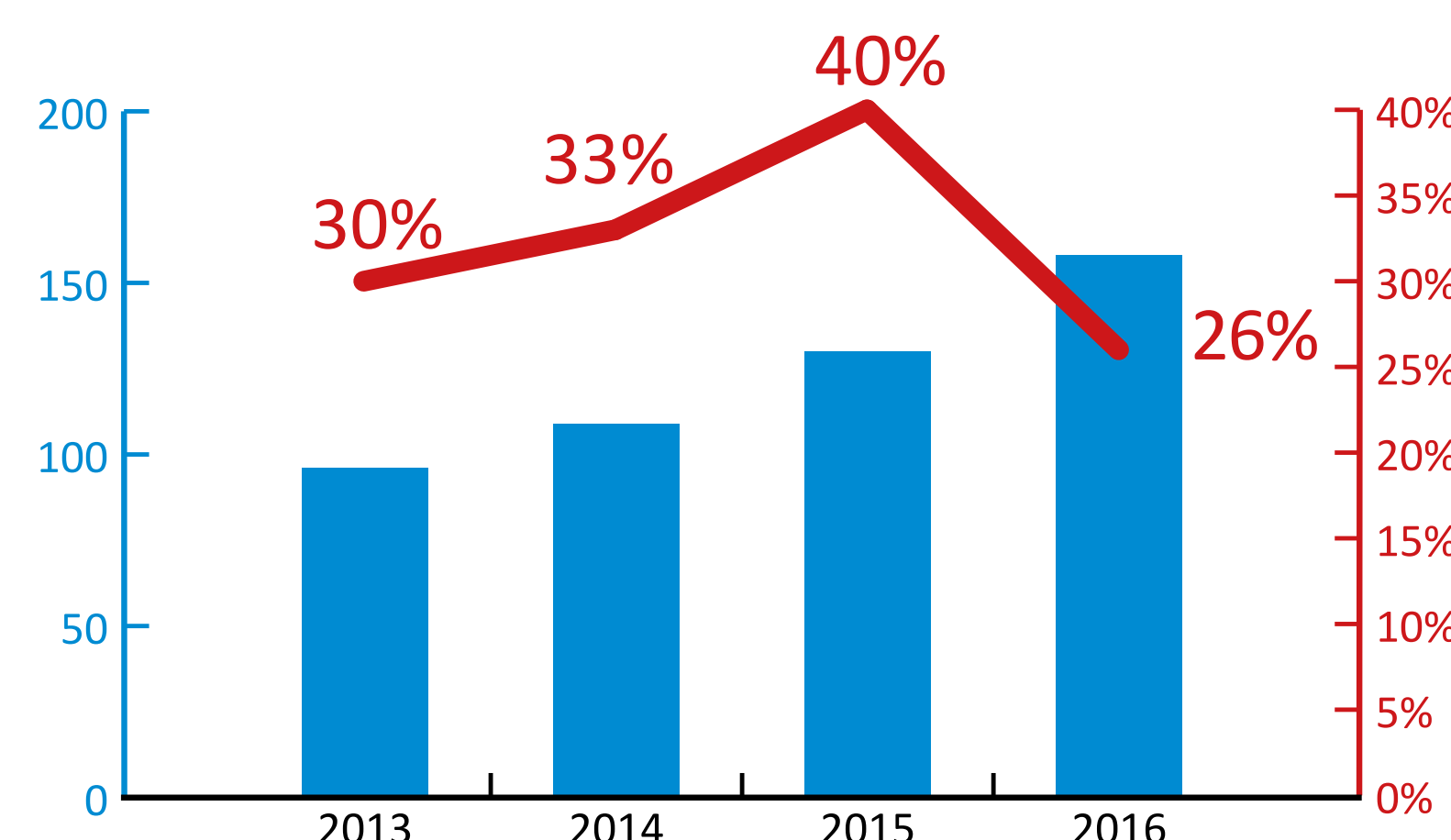
Quality assurance

Fewer cancelled treatment measures

Activity and Drop-out

Department of Addiction Treatment - Adult: development in drop-out 2013-2016

Number of admissions Drop-out percentage



The graphs show a decline in drop-out for 2016, while the number of admissions steadily increases.

	Admissions	Drop-out
2013	96	30%
2014	109	33%
2015	130	40%
2016	158	26%

