

Meta analysis sample work

Systematic review-Drug and Alcohol Interventions:
Analysis of Benefits

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INTRODUCTION

This study seeks to look at whether drug and alcohol interventions are of benefit to that of the service user, especially from an adult perspective. It will seek to address the help that is out there to help individuals who might recognise the need to be rid of their addiction and to be restored back to their normal routine life, before the addiction gets a hold of them any further. A qualitative approach will be used; this is to best understand the experience that they have faced, and the method of interviews will be used to help gather concrete data. When a person becomes addicted, the individual no longer consumes alcohol or drugs for the fun of it or to get high. But in actual fact, the person with the addiction now needs the alcohol or the drugs in order to perform on a day by day basis. One might say in some circumstances, the addicted person's daily life will revolve around fulfilling their need for the substance on which he or she is hooked.

Literature Review

Intervention is the course of action for which an individual take advantage of when all other options has been exploited in an attempt to help a person conquer a drug or alcohol problem. It is an intentional method used by which change is introduced into an individual's thoughts, that of their feelings and behaviour. The process of drug intervention normally seeks reinforcement from a wide variety of service providers. In addition to specialist addiction services, this may include general practitioners, pharmacists, hospital staff, social workers, and those working in housing, education and employment services, who sees it crucial to approach individuals whom they recognise are self-destructing themselves. The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England, NTA (2007). The NTA has reasoned that there is absolute need for combined and harmonised input from a diverse range of professional groups. However in such case it should be that the local regions offer substance misuse individuals the choice of generic and specialist interventions (NTA 2006).

“Illicit drug users have multiple and complex needs, including high levels of morbidity and mortality, domestic and family problems, homelessness, physical and sexual abuse, and unemployment” (Neale 2002).

However in order to get help the person struggling with the addiction must first of all recognised the need for help. Habitually an individual with substance misuse issues finds it hard to come to terms in accepting the fact that they do have a problem, by acknowledging this it is as if the world around them is at fault or that one’s causing a commotion over nothing. Folks who are uncompromising in regards to their addiction do not recognise the gravity of their problem. What matters to them is attaining the drug, despite the consequences. Neither health nor Legal are taken into considerations.

“Alcohol & Drug Services has valued its involvement with ITEP. The project has delivered immediate and tangible, benefits for clients though mapping interventions that are clear, straightforward and meaningful.” Hogan. T. 2007. (Alcohol and Drug services)

The International Treatment Effectiveness Project (ITEP) is branch of the National Treatment Agency’s Treatment Effectiveness strategy, which acknowledges matters for improving the excellence of treatment interventions. ITEP employs intervention to support care development which is referred to as “mapping” in the structure of a changing pattern guide. ‘Mapping is a visual communication tool for clarifying shared information between client and key worker. It helps clients to look at the causes and effects of their thinking and also assists in problem solving’. NTA (2007). This is used by qualified key workers along with their services users; this is in the format of maps which consist of five different stages and it shows the phase by which a client go through in order to get to the point where they then acknowledge that they may have a serious drug problem.

Besides the mapping, the treatment manual included a concise intervention designed to change clients thinking patterns. This helps them to explore self and recognise the stage in which they are at, it highlights their strengths, things that matters to them most in life for example decision making, social relationships, careers and there morals and beliefs and how best they can improve their life It was envisage that services instigating this treatment manual would see a improved and encouraging change in service users self assessments of their treatment understanding over a period of time, in comparison to that of clients in services who had somewhat or no mapping.

Research has said that the alcohol and drug services has valued the involvement with ITEP, it claimed that the project has provided direct and substantial assistance to that of the service users.

Another programme that works alongside National Treatment Agency is that of the Drug interventions programme. This plays an important role in dealing with drugs and the decline of crime. Instigated in the year 2003, it was aimed at adult substance misuse criminals who specifically use Class A drugs, like for example heroin and cocaine and this is aimed at helping them to get out of crime and to get on treatment and other support that is available to them. It is stated in the Drug Intervention Operational Hand Book that above £900m overall has shown interest in DIP since the programme has been established and readily available is constant financial support to guarantee that Drug Intervention Programme progression grows to be the reputable way of working with drug misusing offenders across England and Wales.

Majority of these offenders who makes use of the Drug Intervention Programmes are amongst the most difficult to reach and most challenging drug misusers, and are offenders who have not formerly had access to treatment in any significant way before. The advantage of DIP is that it concentrates on the requirements of the offenders by sighting innovative ways of inter-professional working, whilst linking pre-existing ones, across the criminal justice system, healthcare and drugs treatment services along with a variety of other assistance and rehabilitative services. It is stated that the Drug Intervention Programme and the Prolific other Priority Programme (PPO) are similar in their joint intention to diminish drug associated wrong doing by switching Prolific and other Priority Programmes into treatment, rehabilitation and other support services.

The Improving Tier 4 provision quality service is a fundamental part of the National Treatment Agency's (NTA) Treatment Effectiveness strategy. This associates the responsibility that the entire stakeholder sectors can participate in cooperation with finding solutions and improvements. The Tier 4 service provision offers supportive responses to drug misuser's whose consume has been ongoing, intake is quiet a substantial amount, individuals with complicated needs, and this can allow the drug users to move forward in the direction of long-term self-restraint when and where convenient. Institutionalise services can also admit and support disordered clients. However some Tier 4 service arrangement may perhaps also have a significant function to participate in whilst entertaining individuals aside from continual substance misusing livelihood by intervening early.

In accordance with this, the NTA has already produced guidance on commissioning Tier 4 service provision, specifically the Models of Residential Rehabilitation for Drug and Alcohol Misuser's (NTA, 2006d) and Commissioning Tier 4 Drug Treatment (2006b).

Tier 4 consists of two different but related categories of service provision as defined by Models of Care: inpatient treatment (IP) and residential rehabilitation (RR). Aftercare (AC) is a closely related category of service provision (see Annex 1-3 for definitions) This document seeks to be clear as to which type of provision is being referred to at any given point – denoted by IP, RR and AC. The term “Tier 4” is only used when the guidance could apply to all interventions. It is assumed that all references to Tier 4 provision will have due regard to integrated care pathways with Tier 3 or Tier 2 provision and with aftercare. Aftercare is not always residential and can take a range of different forms when delivered in a community setting.

In addition, may need to consider the wider context of mainstream health and social care commissioning initiatives when reading this guidance – notably the requirement of local authorities and primary care trusts to form health and wellbeing partnerships and carry out joint strategic needs assessments of their populations, in accordance with the Local Government and Public Involvement in Health Act 2007.

Aim

How do drug and alcohol interventions in health and social care benefits service users?

The study also seeks to test the following hypothesis whether it is true or not.

Methodology

Qualitative data

Qualitative data refers to expression or images, method used for interpretation. Qualitative data does not survive ‘out there’ waiting to be exposed, but are shaped by the way they are interpreted and used by the researcher. The character of qualitative data is seen to be wholesome and intact by the act of research itself. Qualitative approach investigates the importance of in depth understanding for a research topic as experienced by the participants of the research. The qualitative approach has been used to study extremely complex experience which can be understood without being expressed in words (Bradbury & Lichtenstein, 2000), others have

suggested studies that justify answers like “ what” or “how” type questions would be careful in using qualitative approach (Lee et al.,1999). Qualitative research usually does not seek to calculate or evaluate objects under examination using numbers, as this is an approach which deals within the quantitative domain. The profundity of qualitative data develops on or after the conversation between the researcher and the participant; the insights achieved throughout this course of action can only be achieved given the interaction between the two.

Research Strategy

The research strategy chosen is the plan of answering the research questions (Saunders et al, 2000). It is a choice on the methodology to be used and how it is to be used (Silverman, 2005). The research strategy seeks to classify the alternative strategies of inquiry according to quantitative, qualitative and mixed method approaches (Creswell, 1998). From this research strategy a phenomenology approach is used. A phenomenology sample comes from the word philosophy and it provides a framework for a method of research. ‘It is based within the Humanistic research theory and follows a qualitative approach’ Denscombe, 2003. The aim of phenomenological sampling is to investigate fully and describe ones lived experience. ‘It stresses that only those that have experienced phenomena can communicate them to the outside world’ Todres and Holloway, 2004.

The phenomenological research strategy as a result answers questions of significance in accepting an experience from those who have experienced it. The phenomenological term ‘lived experience’ is identical with this research approach. ‘Phenomenology consequently aims to develop insights from the perspectives of those involved by them detailing their lived experience of a particular time in their lives’ (Clark, 2000).this sampling is about searching for meanings and essences of the experience. It gathers descriptions of experiences all the way through hearing the first-person accounts during informal one-to one interviews. These are then transcribed and analyzed for themes and meanings (Moustakas, 1994) allowing the experience to be understood. Husserl’s phenomenological enquiry originally came from the certainty that untried methodical study may perhaps not be the best to use to revise human phenomena and had become so detached from the fabric of the human experience, that it was in fact hindering our understanding of ourselves (Crotty, 1996). He then felt driven to start up a thorough discipline that found truth in the lived experience (LoBiondo-Wood and Haber, 2002).

Quantitative v Qualitative

Quantitative data lend themselves to various forms of statistical techniques based on the principles of mathematics and probability. In contrast, qualitative research is suited to investigating and seeking a deeper understanding of a social setting or an activity as viewed from the perspective of participants (Bloomberg and Volpe, 2008).

Qualitative research is concerned with the nature, explanation and understanding of phenomena. Unlike quantitative data, qualitative data are not measured in terms of frequency or quantity but rather are examined for in-depth meanings and processes (Labuschagne, 2003). Silverman (2006:42) warns that quantitative research can amount to a “quick fix” approach involving little or no contact with people or field and has been deemed inappropriate for understanding complex social phenomena.

Approach

Typical methods used in qualitative research are structured interviews, surveys, structured observations and potentially a focus group. This is where the researcher places his or herself in the midst of the participant for a while, learns from that persons only when in the presence. Silverman (2006) recommends a qualitative philosophy to be appropriate when the researcher seeks to investigate an incompletely documented phenomena and aiming to provide a better means understanding of social phenomenon where processes are involved. Even without wanting to shift entirely away from a purely quantitative view of health, many people now appreciate that a basic understanding of qualitative research can have a positive effect on our thinking and practice. It offers new ways of understanding the complexity of health care, new tools for collecting and analysing data, and new vocabulary to make arguments about the quality of the care we offer. As a consequence of our enhanced learning, we come to realize that qualitative research is neither a sham science nor a poor substitute for experimentation.

Interviews

Interviews will be my method by which to gather data for this research. They are generally used in assembling data in qualitative research. ‘They are typically used as a research strategy to gather information about participants’ experiences, views and beliefs concerning a specific research question or phenomenon of interest’ (Lambert and Loiselle, 2007). Important types of interviews

are identified by Babbie (2007) they are known as standardized interview, the semi-standardized interview and the unstandardised interview. The distinctions regarding each type are predominantly concerned as to how the interview is structured.

Interview process

Individuals will be chosen from a population 200 service users who attend on a weekly basis the local drug drop in centre for counselling, rehab or to be signed posted to other agencies who might be of help. Such individuals might be undergoing drug or alcohol interventions treatment to help them steer away from their addiction. Sample target will be aimed towards adults who may be institutionalised or living at home, but are faced with the challenges of been an addict and are trying to seek help. The size of participants will be 10 and have residency within the Northamptonshire area. Interviews notifications were sent in advance, as to prepare participant. A consent form prior to interviewers visit was sent (see Appendix A), and participants were provided with an outline of the types of questions (see Appendix B) that might be asked at the interview. This was to enable that they had adequate time to prepare and reflect what it is they would like to share and also to ensure interviewer collected the right information from interview. In a qualitative interview it is important that the questions capture the interviewee's perceptions and not those of the researcher (Perry, 1998). This is mostly to verify that the responses given were not probed by the interviewer.

The interview was carried out the local drug and alcohol drop in center in a room away from other clients. This was to enable full concentration and for them to be more open, as they might feel embarrassed about the issue at hand. The researcher asked questions at the interview scheduled which can be found in (Appendix B). During the interview a soft approach was taken to give the participant a chance to settle down and relax. For such reason an easy question was asked to start off with, something which the interviewee might have had time to formulate views on already. The interviews took twenty five minutes per participant and notes were recorded during the interview. A convenience sample best represents the direction of this research as it generally assumes a consistent population, and that one person is pretty much like another.

Data Analysis

The data gathered from the interviews shows concrete evidence in relation to that of the information shown in the literature review. Though not a sufficient amount of data from the literature review to speak on behalf of the service users as to how they felt whilst going through the different treatments, the interviews really helped in shedding some light as to what they thought. When asked the question how they recognised they needed help, some raised the issue that they recognise that their family lives were a mess, were not able to hold down employment and other issues. Responses received from the interviews were somewhat shocking, as some found they were still struggling to be rid of their addiction whilst others were trying to get back to norm within society. The individuals who shared that they were still finding it a bit difficult was due to the fact that the environment which they still remained in, did not help them to refrain but rather tempted them more, for some this was the challenges they faced. Others recognised that the intervention treatment centres out there were readily available to help them which one can say is a good sign for them.

Ethical Consideration

Qualitative research confronts ethical issues and dispute exclusively to the study of human beings. Standard knowledge in areas such as physics, chemistry and biology permits the researcher to presume a point of view separate from the purpose of study occurrence in questioning.

Confidentiality is an important ethical concern for most when considering a rehab program or other drug interventions treatment. Each individual in recuperation may have experiences they may not feel comfortable sharing with everyone. It is therefore important for not just doctors, but for other inter-professional members to respect the confidentiality of each person in they are treating. Giving permission for the individual to come to terms with their experience which is part of the rehab procedure, and it is not somewhat to be hastened or taken for granted. Permitting the individual who might be feeling emotional the opportunity to heal their wounds from the drug and alcohol abuse is vital for recovery. This is why it is imperative that a client enquire what the confidentiality policies are before registering unto a treatment program.

Ethical standards of care have been established by numerous national groups and organizations, to help support and identify quality care within the industry. For example, the National Association

of Social Workers has a specialization program just for professionals who deal with Alcohol, Tobacco and Other Drug (ATOD) problems. The American Society of Addiction Medicine (ASAM) is another group that supports increasing the quality of addiction treatment by establishing “addiction medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services, and the general public.” Becoming aware of the ethics of addiction treatment can give you the insight necessary to ask informed questions about treatment before embarking on the road to recovery.

SAMPLE WORK