

Research Summary
“Beyond the Community”

Multidisciplinary study of retention in treatment and follow-up on former residents of San Patrignano

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The research was conducted in order to examine subjects who were residents of the San Patrignano Community – during their therapeutic program and at a distance of two to four years after the completion of the aforementioned program (follow-up).

The first part of the study presented an evaluation of retention in treatment, with reference to the percentage of subjects which remained in treatment for a predetermined amount of time.

One of the main parameters we examine when carrying out a comparative evaluation of drug abuse treatment facilities is in fact the capacity to keep the patients in treatment for a reasonable length of time.

To this end, the community's archives pertaining residents from 1999, 2000, 2001, and part of 2002 were examined, checking to see what percentage of the subjects were still present in treatment after one, two, and three years.

The percentage of those still in treatment after one year, which is the standard typically used in this type of study, was between 61% (1999) and 71% (2001). This data is atypical, in that the percentages are extremely high.

After two to three years, the percentage still in treatment was between 52-55%, and 45%, respectively.

The secondary objective of this first phase of the study was to evaluate whether and to what degree the subjects in treatment in the community had access to illicit drugs, and if the use of said substances could be a partial cause of the high level of treatment retention.

To this end we decided to use a specific tool for diagnosis—one that would be objective, powerful, specific and sensitive—hair strand analysis. Through the testing of the hair strand, it is possible to detect exposure to drugs for up to one month per centimeter of hair analyzed.

The analysis was carried out on a random sample of 100 subjects, of whom fifty were residents of San Patrignano in the period between 1/1/01 and 8/31/02, and twenty

five each from the two previous years (2001 and 2000).

Time constraints and budget limitations forced us to use a limited sample rather than a wider group consisting of all subjects in treatment.

Nevertheless, it is important to underline that the number of subjects is equivalent to about 10% of the total subjects present for 2000 and 2001 and almost 30% of those which entered the program in 2002.

The sample was taken within the community by members of the staff of the Department of Forensic Medicine and Public Health of the University of Pavia in September, 2003.

The average length of each hair sample was 2.8 centimeters, with a margin of ± 0.5 cm. The samples were analyzed at the laboratory of chemical-toxicological analysis of the department, following an analytical protocol which tests for each specific substance (opioids, cocaine and metabolites, methadone, amphetamine, ecstasy and derivatives, cannabinoids) through gas chromatography/mass spectrometry (gcsms).

The cut off levels for a positive result were lower than the standard most often used (0.01 ng/mg instead of 0.05ng/mg for cannabinoids, 0.1ng/mg instead of 0.5ng/mg for other substances) in order to detect even occasional abuse.

Of the 100 hair samples tested, two resulted positive for methadone (0.25ng/mg and 0.22ng/mg), one for cannabinoids (0.055 ng/mg), while 97 yielded negative results.

The three positive results all appertained to subjects which entered in 2002. No positive results were obtained for those who had been residents in the community for longer periods.

The second phase of the research involved a follow-up study of former community residents.

The sample considered in this case was made up entirely of subjects treated at San Patrignano for problems of drug addiction (the majority of which had problems with heroin), who left the community in 2000, 2001, and 2002 after a continuous period of permanence within the community of at least three years.

Of these, 408 subjects were discharged from the community, while 103 subjects left the community without consent.

The objective was to evaluate the abstinence from drugs of illegal drugs at a distance of two, three, and four years from the completion of the therapeutic program.

The collection of the data took place between May to November 2004. The evaluation took place through hair strand analysis, as described in the preceding phase.

Furthermore, when dealing with the subjects which did not contribute samples or that we were unable to reach, we accepted as valid news of a relapse into drug use (conversely, we did not consider reliable news of successful results of the rehabilitative process).

We noted a vast difference between subjects which left the community with consent and those without, both in terms of participation and results indicated by the samples.

Of the subjects which left San Patrignano with the community’s consent, an average of 61% participated, with a peak of 70% of the former residents which left in 2002 (2 year follow-up) and a minimum of 53% in 2001 (3 year follow-up).

The percentage of subjects involved in the study which resulted negative for drug use at the time of the research was of 78% two years after leaving the community, 62.3% after three years, and 70% after four years.

The percentage of those who left the community without consent and who participated in the study was considerably smaller (39%) than those who completed the program and left the community with consent.

The percentage of those within this group who participated in the study who relapsed was 51%, with a slight variation in the three years examined (60%, 44%, and 50% in 2000, 2001, and 2002 respectively).

The hair strand analysis found a total of 50 positive samples for one or more illicit substances in a sample of 247 participants.

Cocaine was the most frequently used substance (12% of analyzed samples), followed by cannabinoids (8.5%), methadone and opioids (7% and 6%, respectively) and ecstasy derivatives (1%).

The samples which tested positive for more than one substance (ie: opioids, methadone and cocaine, cocaine and cannabinoids) made up half of the positive samples (25 cases). The other half resulted positive for one class of substances (44% of which were cannabinoids).

According to the information gathered, risk factors for relapse are: gender (higher relapse rate in males), length of time in the community (inversely proportional to relapse risk), and a precocious and lengthy addiction to drugs.

A sociological profile of the research

by *Giorgio Manfrè*

The essential data

The sociological aspect of the research involved 252 subjects who were asked to fill out an interview-questionnaire.

The interview-questionnaire consisted of fifty-seven questions, including three which were open ended. The questionnaires were administered through face to face personal interviews with skilled interviewers experienced in the field of drug addiction. Interviews were carried out in location which guaranteed full privacy and a neutral environment.

The interviewees were composed of 200 men (79.4%) and 52 women (20.6%), averaging thirty six years of age at the time of the interview, and twenty nine when they entered the community for treatment. The ages of the subjects ranged from a minimum of twenty to a maximum of fifty five years of age at the time of the interview, and a minimum of fourteen and a maximum of forty at the time of entrance in the community.

Distribution of interviewees by age group upon entrance in the community for treatment and at time of interview (percentages and absolute values)

Age group (upon entrance)		Age group (at time of interview)	
	% (n)		%(n)
20 and under	7.9 (20)	20-30	19.4 (49)
21-25	24.6 (62)	31-35	31.7 (80)
26-30	29.8 (75)	36-40	29 (73)
31-35	24.2 (61)	40 and over	19.8 (50)
36 and over	13.5 (34)		

The prerequisite for participation in this study was a minimum stay in the community of three consecutive years. In this respect the group of subjects was thus divided: 101 (40.1%) subjects had spent between three and four years in the community; 107 (42.5%) spent four to five consecutive years, and 44 (17.5%) spent more than five years.

Even those who had spent at least three years in treatment did not necessarily leave “with consent” of the community’s staff. In fact, 222 subjects (88.1%) left with consent, while 30 (11.9%) left on their own, against the staff’s recommendations.

With respect to the period of each subject’s addiction, about 39% of them had been using illicit substances for more than ten years (in 97 cases). Of these, fifty one (20% of them) had been drug addicts for more than sixteen years. About 23% declared that they had been drug addicts for a period of “up to five years”.

Distribution of cases by stated period of drug addiction (relative to the moment of entrance in the community)

Period of addiction	%(n)
Up to 5 years	22.7 (57)
6-10 years	38.6(97)
11 to 15 years	18.3 (46)
more than 16 years	20.3 (51)

With respect to the types of substances used, the majority (95%) of those interviewed used heroin, while 53% used cocaine. It is necessary to point out that more than 12% of the subjects selected the box marked “all” in reference to what substances were used. Furthermore, 36% had previously followed therapeutic programs in other communities. In addition, 17% of them came to San Patrignano under house arrest or under court order (of these, 59% had a sentence that was longer than two years).

After leaving the community the subjects “had one type of job in one workplace” in 37% of cases, “did the same type of job in more than one place of workplace” in 19% of the cases, “changed type of job once” in 20% of the cases, and “changed jobs more than

once” in 24.5% of the cases. The types of work represented within the reference group are extremely diverse, considering that 135 different answers were given to the question “what is your current occupation?”. “Laborer” was the most frequent answer - the only one selected more than ten times.

As for what we call “place of origin”, 63% of the cases live in the same city as before entering the community, while 37% live in a different city. Furthermore, 33% of the subjects (84 cases) live with their parents (the number was almost 60% in the period immediately after leaving the community), 46% (115 cases) have a family of their own, and about 20% live alone. Among those who “have their own family”, different from their family of origin, 67% of these formed it after leaving the community, 25% already had one when they entered the community, and the remaining 8% formed their family while living in the San Patrignano Community. Of those who have built their own family, 63% have at least one child (in 25 cases they have two and 9 couples have three).

Some considerations in brief

Some points to reflect on when considering the aforementioned data:

1) The range of professions (135) is truly wide. This result is worth noting because it is proof of the correlation between the professional training received within the community, and the increasingly diverse skills which are necessary in the current job market. It is probably also worth noting that the qualities produced by the job training offered inside the community, the subjects are able to adapt to various “niches” in the job market; this meaning an ability to adapt oneself, to be more flexible, and to adjust to the opportunities which present themselves in the job market itself.

2) Among the 252 subjects who participated in the study, 97 stated that they had been drug addicts for over eleven years. Of these, 51 stated that they had been addicts for more than sixteen years. This last piece of data merits further observation because the results obtained by the community are rather extraordinary.

The 97 people of whom we are speaking would have been considered chronic and incurable by most standards, if we follow traditional approaches to drug addiction used in Italy and abroad.

Harm reduction and similar strategies are often considered the only option for those who have been addicts for ten years or more.

This is why it is exceptional that about 60% of these ninety-seven people with more than eleven years of experience as drug addicts (and in many cases with about twenty years of this type of lifestyle) are not only alive and well, but have abandoned the need for drugs as a form of emotional anesthesia, and as a means to relate with the outside world.

The subjects of whom we are speaking would not normally even be considered viable for entrance into a “drug-free” type program, but could only hope for (at best) a “maintenance” program involving a substitutive therapy. Instead, the introduction of long-term drug addicts into a protected environment, where they are trusted and counted upon in their daily life and in the workplace, is a system which offers tangible, undisputable and scientifically solid results.

3) A high level of independence characterizes this group of subjects. Only one third (33% exactly) of the subjects studied live with their parents. Of the remaining two-thirds, 115 have built their own family, for the most part with children. This demonstrates “human functioning” (to borrow a term from Amartya Sen) which goes beyond mere social reintegration and truly explores life’s possibilities.

4) When examining the relationship created with the community, or with its associations (which are tied to the community and deal with drug addiction), we can observe that sixty of the subjects did some sort of volunteer work in the field after completing their program and thirty five (about 14%) were continuing to do so at the time of the interview. One interesting theme is the relationship with the community after the completion of the therapeutic program.

A stay of at least thirty-six months surely produces a strong “bond” with the community. This “bond” in the past was considered equivalent to a “dependence” on the community, a negative connotation obviously being ascribed to this dependence. The “dependence” on the community was born from a sense of belonging and gratitude towards a place (and people, obviously) by its ex-residents, not an incapacity to develop an autonomy and to face the outside world without the (at least symbolic) continuous support of the same community.

Considerations on “relapses”

When conducting a study which utilizes a toxicological analysis of a biological sample (hair), we define as “relapsed” those whose analysis came back with a positive result (in this case fifty subjects). It is of critical importance to focalize one’s attention on

this group of subjects which make up about 20% of the original sample.

Among the fifty subjects which had “relapsed”, thirty-nine (or 17% of the total group numbering 222) left the community “with consent” and eleven had left the community “without consent” (37% of the “relapsed” group). Even if in groups which are limited in number one must always be cautious when dealing with percentages, an attempt at creating a sociological character profile can be made. The group of relapsed individuals is made up of forty-four men and six women. We can already see a trend – women tend to “relapse” less (11.5% compared to 22% of the men). The length of time spent in the community, as one would expect, had a substantial effect on the probability of relapse. In fact, the incidence of relapse is almost 28% among those who lived in the community from four to five years, whereas it drops to 11% for those who had spent more than five consecutive years there.

The sociological profile of this specific group can be further defined, using the information gathered on their lives “after the community” with the interview-questionnaire. Thirteen people sought help in other communities or at state run facilities (Ser.T) after leaving San Patrignano (eleven went to Ser.T and two to therapeutic communities). Clearly this group manifests a greater level of instability in relation to the subjects’ occupations (a 15% increase in the number of people who gave a positive response to the voice “changed job more than once”).

Two aspects which are worth noting regard what has been defined “change of environment”. The relapse rate is decidedly higher among those who decide to return to living in the same city in which they lived before entering the community-over eleven percent higher. The relapse rate is also higher among those who returned to live with their family of origin after leaving the community (eight percent higher than those who went on to “live alone” and twelve percent higher than those who those who “went to live with their own family”).

Furthermore, as stated above, the relapse rate is greater among those who live with their parents than those that live alone or with the family they created. The data we have gathered shows that the relapse rate is greater for those who returned to their city of origin and those who returned to live with their parents.

A “break” with the place of origin, therefore, appears to be an important factor in the stabilization of the results which have been achieved during the therapeutic program. This evidence deserves further reflection, obviously without resorting to simplistic and one-dimensional conclusions.

