

# **FULL REPORT OF THE ACHPSM NATIONAL SURVEY OF COMPLEMENTARY THERAPY PROVISION IN THE SUBSTANCE MISUSE FIELD**

**\_by Val Thomas**

## **Introduction**

In October/November 2003 the Association for Complementary Healthcare Practice with Substance Misusers (ACHPSM) conducted a major survey, the first of its kind, in order to begin to draw a picture of the national provision of complementary therapies in the substance misuse field. The following report looks at the methodology and findings of this survey. It concludes with implications drawn by the ACHPSM.

## **Rationale**

Complementary therapies have been offered on an ad hoc basis in the substance misuse field since at least the beginning of the 1980s. However there has never been any overall responsibility for this provision at a national level. Consequently little is known apart from anecdotal evidence about current trends in amounts and types of therapies provided.

Therefore the ACHPSM decided that it could make a contribution by beginning to draw a clearer picture of national provision and thereby helping to better inform the current debate. We believed that the best way to do this was by conducting a detailed quantitative survey of all substance misuse agencies listed by Drugscope for England.

## **Objectives**

The three main objectives were as follows:

1. To establish what proportion of agencies offering on-site services provided complementary therapy.
2. To establish what types of complementary therapies were most popular in terms of provision at national level
3. To gain clearer idea of the proportions of the total that offered small, medium and large amounts of complementary therapies.

We also hoped to be able to make some statements about the following:

1. The availability of therapy to clients.
2. Regional variations.
3. Different service tiers' provision of therapy.

## **Design and Methodology**

Our main design considerations, beyond the obvious ones imposed by the objectives listed above, were to create a survey questionnaire that would be very simple to fill in and return. As this was not going to be a mandated survey there would be no great incentive for busy managers to fill this in. Without a significant percentage of responses we would not have a reliable enough sample from which to draw conclusions. Finally we had a survey page that could be filled in two minutes using either tickboxes or numbers entered in brackets (See Appendix 1.)

The survey page began by asking the agency to identify if it provided onsite services. Agencies that purely provided offsite services or advice lines would not be offering any therapeutic interventions therefore it would bias the results if they were included.

In order to gain some idea of the availability of therapy we looked at the relationship between numbers of clients attending on weekly basis with number of therapy hours offered per week.

The most detailed part of the survey related to the breakdown of types of therapies offered. We felt it was necessary to make the distinction between individual and group therapy sessions as to lump these together would create unclear results. As we were also interested at quantities of each type of therapy provided we also asked respondents to enter hours per week next to each therapy offered.

Finally we included a general comments box at the end for interested respondents to communicate to us.

Another design consideration concerned the method of survey delivery. We opted for conducting the survey as far as possible by email. We believed that this would make it more attractive to the recipient as they could send it back automatically. A colleague, Ken Morton, designed a programme for Access that automatically generated survey emails and imported the returning data. The subject line on the email identified it as the ACHPSM National Survey of Complementary Therapy in order to encourage recipients to open it.

## **Survey Delivery**

In October 2003 the survey was sent out by both email and post (100 agencies had no email address) to 693 agencies listed by Drugscope for England. 150 emails could not be delivered for various reasons. One big factor was the preponderance of email addresses for agencies to be to individual NHS worker. Therefore questionnaires were sent by post to these. Three weeks later, all email addresses that had not replied were re-contacted. This time the survey was put into slightly different format with more detailed instructions on how to fill it in and send it back.

The last postal and email replies arrived by December 31<sup>st</sup>. Out of 693 questionnaires we received back 267 replies: a healthy 38.5% response.

## **FINDINGS**

### **Data**

All of the findings have been generated from the following returned figures.

267 agencies responded to the survey representing 38.5% of the total contacted. Out of these replies 252 agencies provided on-site services. Out of the on-site services 139 agencies provided complementary therapies representing 55.5%

These 167 agencies had a weekly total client base of 9549 and they provided a total of 1516 hours of complementary therapy weekly.

The average agency has a client base of 69 and offers 11 hours of complementary therapy per week.

### **Popularity of Types of Complementary Therapy**

The overall picture of the types of therapies provided (see charts 1 and 2) produced a confirmation of the dominant position of auricular acupuncture, offered either as an individual treatment or in the form of group sessions. However, an unexpected finding was that Indian Head Massage (a relative newcomer to the substance misuse field) is the second most popular complementary therapy and is currently offered by a quarter of the agencies. Shiatsu, reflexology and Reiki appeared within a similar range (the category of other therapies will be examined separately).

Group therapy sessions appear to be mainly auricular acupuncture and relaxation classes with yoga and guided imagery being provided by roughly one in ten.

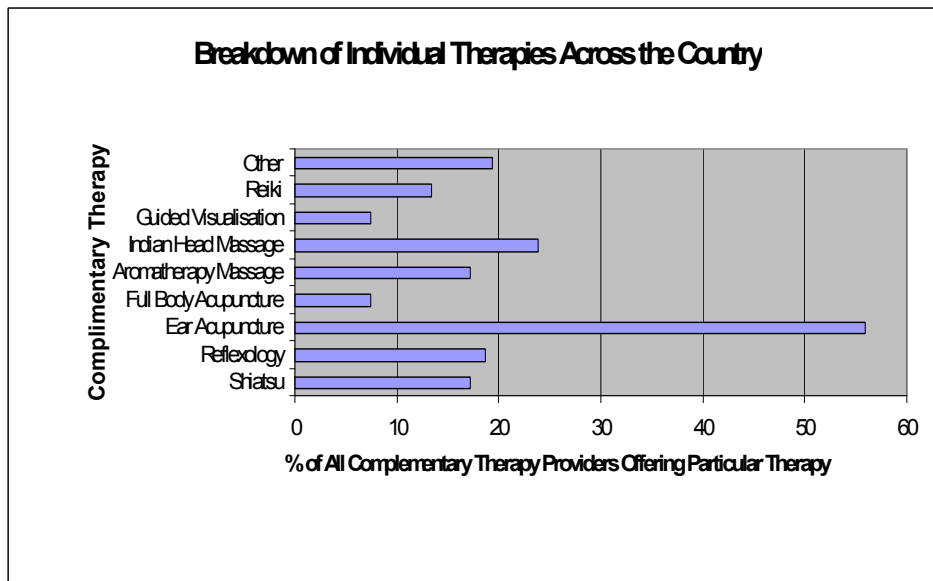


Chart 1

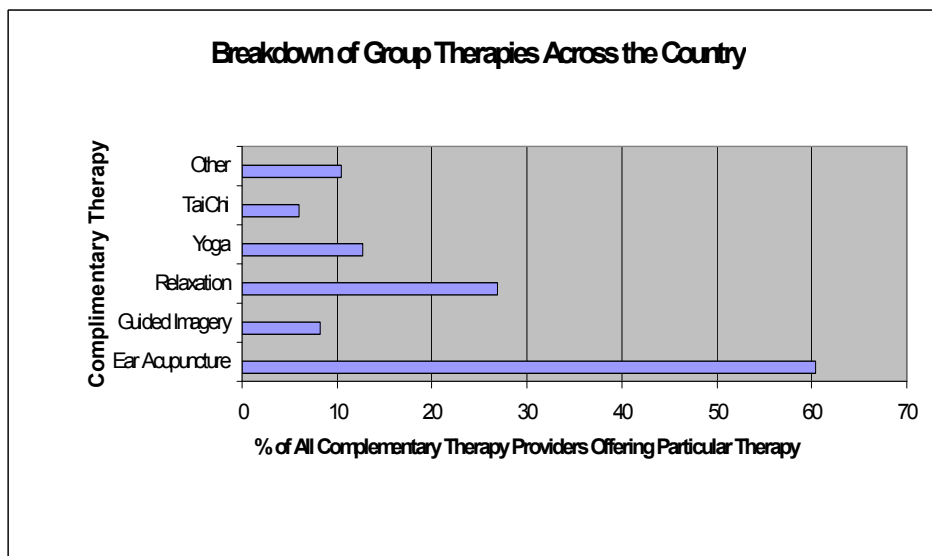


Chart 2

## Other Therapies

The category of other therapies offered by roughly one in five agencies covered a wide range of treatments. These therapies were identified as:

<b>Individual Therapies</b>	<b>Group Sessions</b>
Chinese Herbs	Reiki
Emotional Freedom Therapy	Breathing Techniques
Art Therapy	Creative Art Therapy
Homeopathy	Homeopathy
Yoga	Indian Head Massage
Osteopathy	Music Therapy
Bowen Therapy	Chi Gong
Electro Stimulation Therapy	Electro Stimulation Therapy
Sports Therapy	Hypnotherapy
Music Therapy	Reflexology
Massage	Meditation
Hypnotherapy	
Chi Gong	
Tai Chi	
Chiropractic	
Meditation	
Physiotherapy Massage	

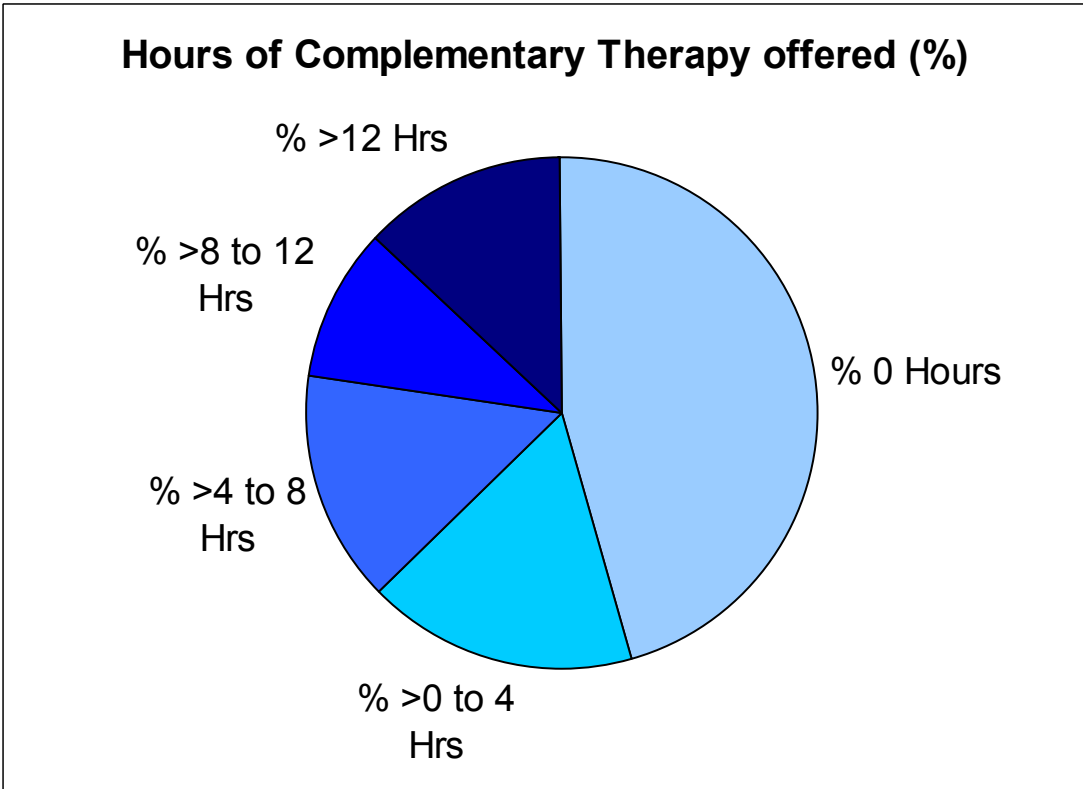


Chart 3

**Amounts of Therapy Provided**

Findings concerning the quantity of therapy provided by agencies produced some surprising results. The ACHPSM had expected to see a distribution profile representing its reasonable assumption that there was an inverse relationship between amount of therapy offered and the proportion of agencies offering complementary therapy i.e. by far the largest proportion of agencies would be offering the minimum amount of therapy and vice versa.

However the results revealed a much more even distribution (see chart 3) the proportions lying within the range of 10 – 17%.

## **Numbers of Different Types of Therapies Offered**

Furthermore the findings for the number of different therapies offered shows a similar range i.e. the proportion of agencies offering 1, 2, 3, and 4+ types of therapy are roughly the same. (See chart 4.)

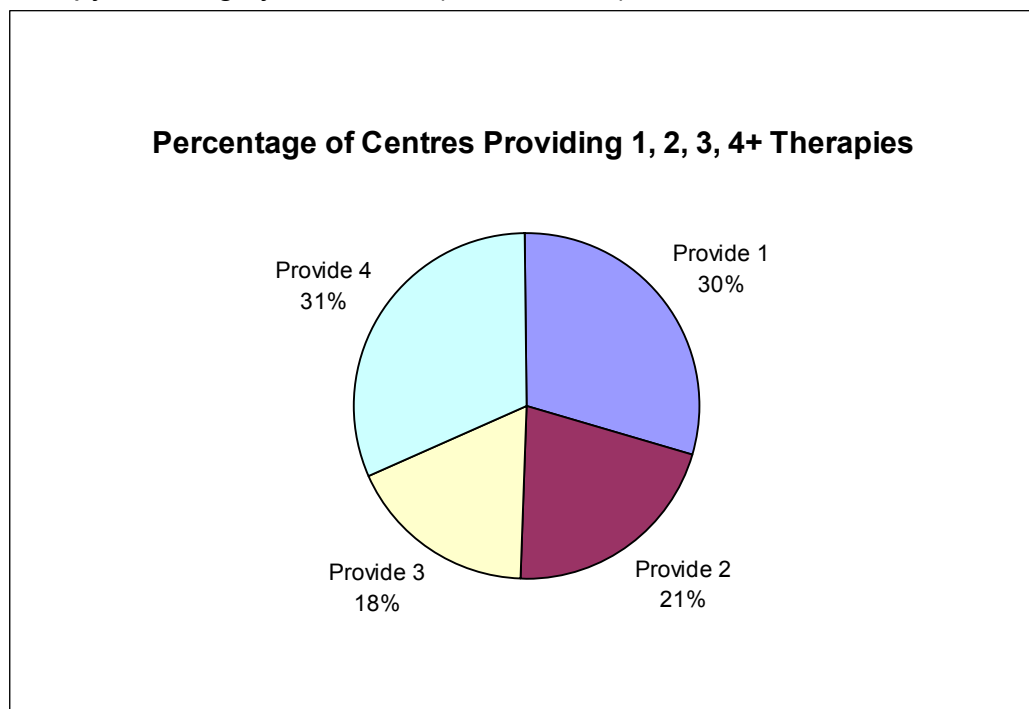


Chart 4

## **Tiers of Service**

Of the total of agencies providing complementary therapy 15% provided Tier 1 services; 71% provided Tier 2 services; 81% provided Tier 3 services: and 20% provided Tier 4 services. Most of the agencies provided more than one tier of service and the most common combination was the provision of tiers 2 and 3.

We had speculated that there might be a different pattern of provision between the lower and higher tiers of service reflecting different client requirements. Taking into consideration the fact that many agencies offer more than one tier of service we believed that we still might be able to identify a tendency towards different provision by looking at the data provided by each individual tier.

However, the overall pattern appears to be quite similar for each tier as shown in Chart 5. The only unusual findings are for Tier 4 provision of shiatsu, full body acupuncture and reflexology. This provision is considerably lower than for other Tiers. This is difficult to explain and counter intuitive. One possible

explanation is that the small number of Tier 4 providers has created a statistical fluke.

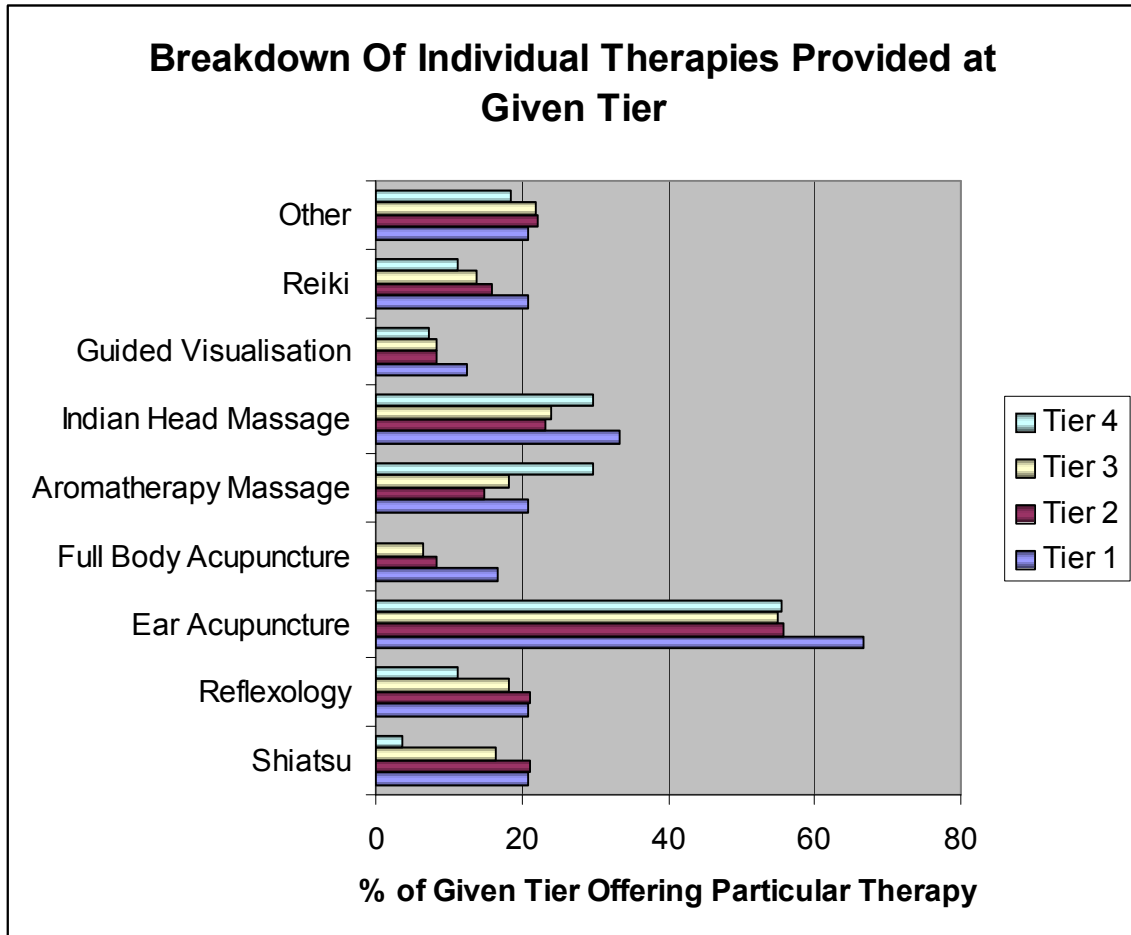


Chart 5

### Regional Breakdown

#### **Popularity of Types of Therapy**

Individual therapies consistently show auricular acupuncture as the most popularly provided therapy in all regions (see Appendix 2 for charts 6-14.) South East England produced a low percentage of 35% however this may be explained by the complicating factor that this therapy is usually offered inhouse and also in groups. When comparing it with figures for group therapy sessions South East England shows 60%. There are big variations in provision of shiatsu: 50% of London agencies offers this but no respondents do in NW, NE and East Midlands. Nearly one third of Yorkshire/Humberside

and E. England agencies offer other therapies, significantly higher than national profile.

Group therapies show auricular acupuncture as the most popular therapy provided in all regions (see Appendix 3 for charts 15-23.) And every region except for NE provides group relaxation classes. Apart from that there is little consistency to the regional pattern.

London, E. England and SW offered the largest range of other therapies (8 – 10). One significant cluster of therapies was the provision of Electro Stimuli Therapy offered by 7 of our respondents in YH, NE, and NW.

### **Conclusion**

This survey appears, therefore, to confirm anecdotal evidence of the widespread provision of complementary therapies in the substance misuse field and the dominant position of auricular acupuncture. It does, however, highlight the current popularity of newer therapies such as Indian head massage and reflexology. The ACHPSM would like to encourage further work at a national level both to professionally develop and regulate complementary healthcare with substance misusers and also to fully integrate it into service provision.

## APPENDIX 1

### Survey Questionnaire

#### ACHPSM SURVEY OF COMPLEMENTARY THERAPY PROVISION

The Association for Complementary Healthcare Practice with Substance Misusers is conducting a nationwide survey of the use of complementary therapies in drugs agencies. This will give a clearer picture of current trends in complementary therapy provision in the substance misuse field. We hope to publish a short report of the findings later this year. We would be grateful if you would take a couple of minutes to complete the short questionnaire below and email it back to us (using automatic reply and send buttons.) Your input would be valued.

With thanks,

Katy Porter, Frankie McClarey and Val Thomas  
ACHPSM Committee Members

#### SURVEY

**Note:** This survey is intended for agencies that provide face-to-face client services on site. If your agency only provides off-site (e.g. outreach work) or telephone advice services please enter an x in following box and return survey without completing questions below. ( )

Please enter number inside brackets.

1. What tier service (according to DTA Models of Care) does your agency provide? If there is more than one tier please enter tier numbers in separate brackets. ( ), ( ), ( ), ( )
2. What is the average number of clients attending your agency (drop-in or appointments) per week? In the case of residential units what is the number of beds? ( )
3. How many hours of complementary therapies (including group sessions) does the agency provide per week ? ( )
4. Which therapies are provided? Please enter hours per week next to therapy provided.

### **Individual Treatments**

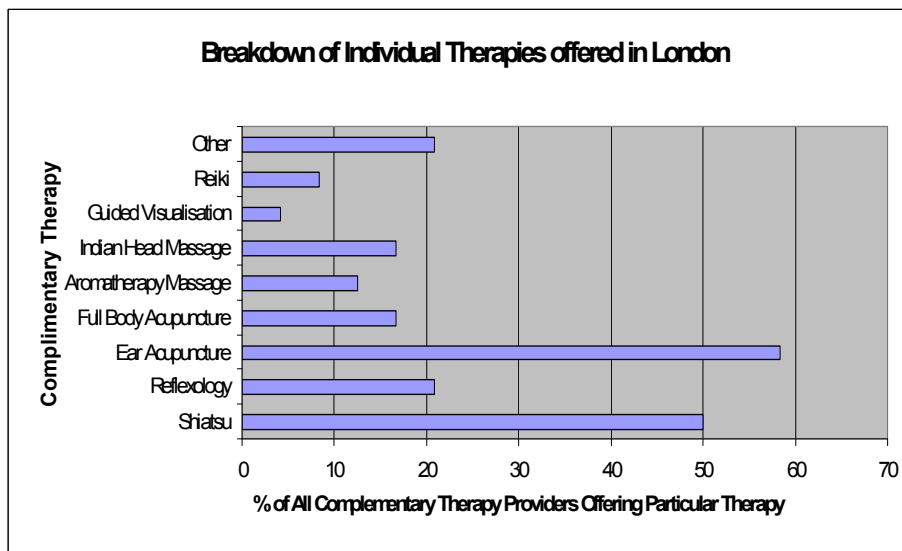
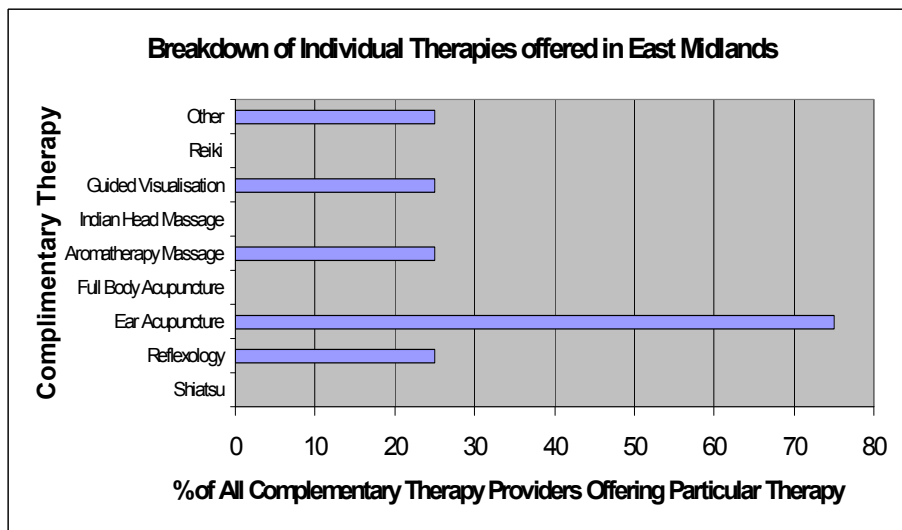
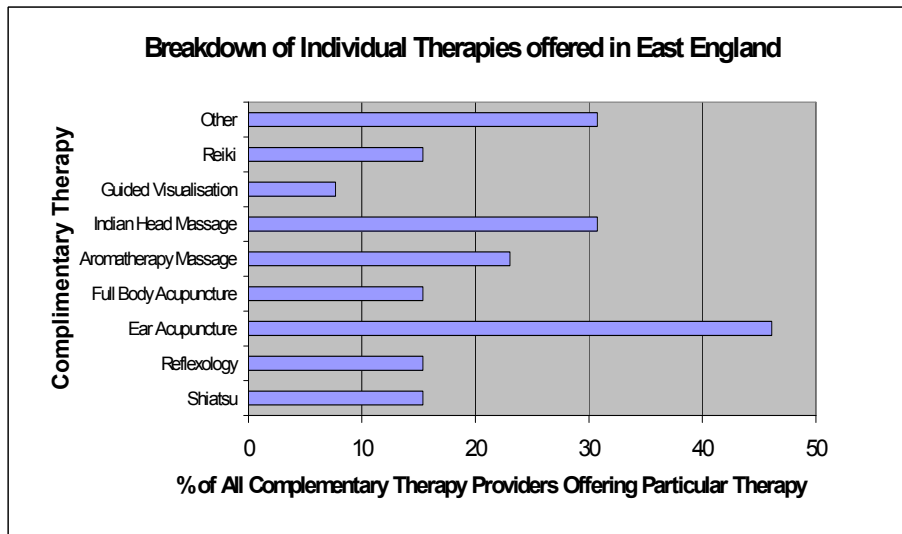
- Shiatsu ( )
- Reflexology ( )
- Ear Acupuncture ( )
- Full body acupuncture ( )
- Aromatherapy massage ( )
- Indian head massage ( )
- Guided visualisation ( )
- Reiki ( )
- Other ( )
- If Other please specify ( )

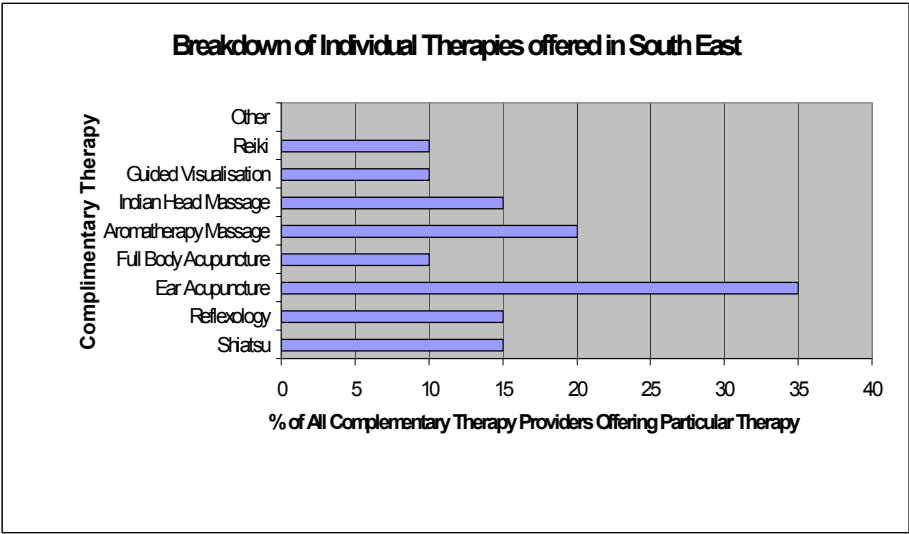
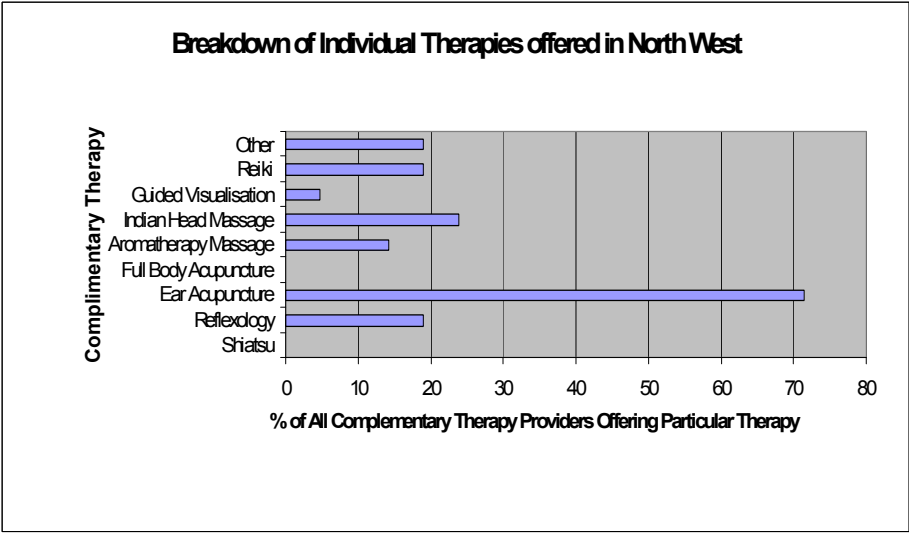
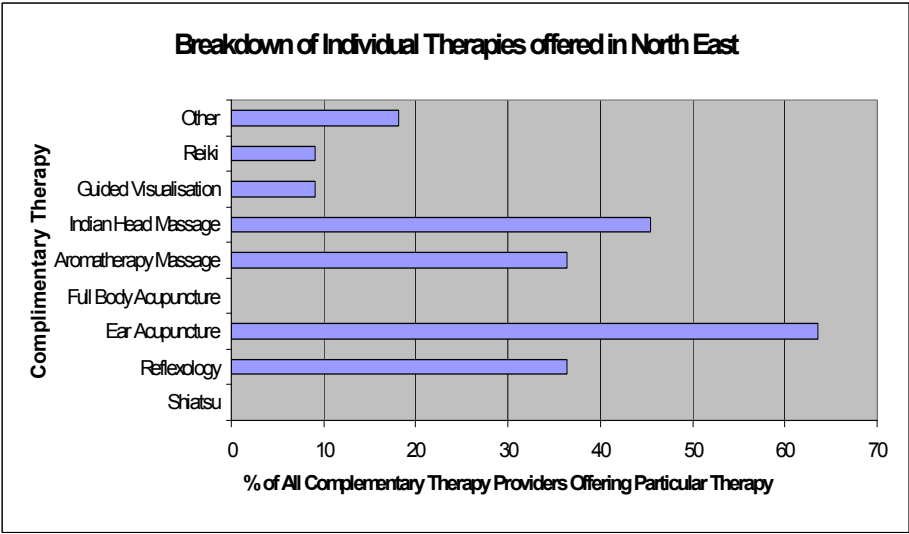
### **Group Sessions**

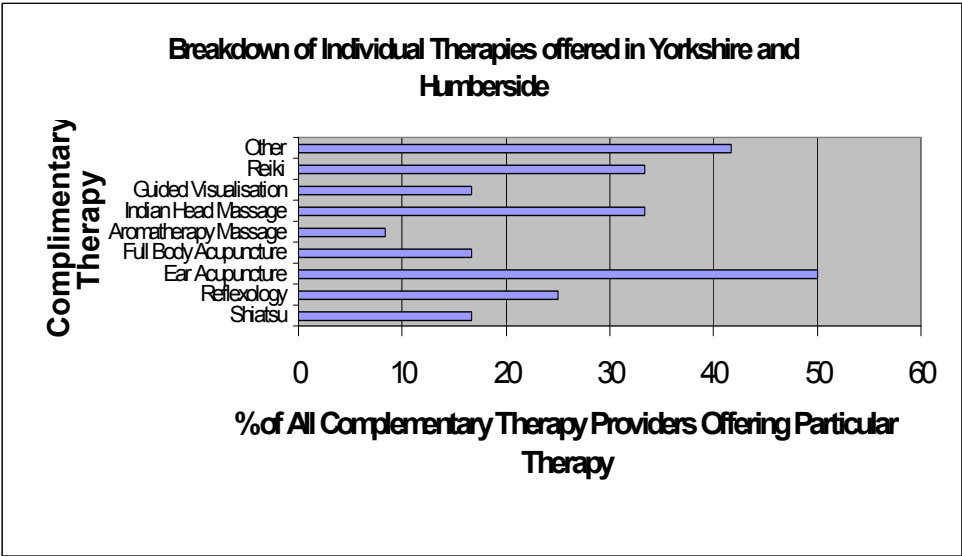
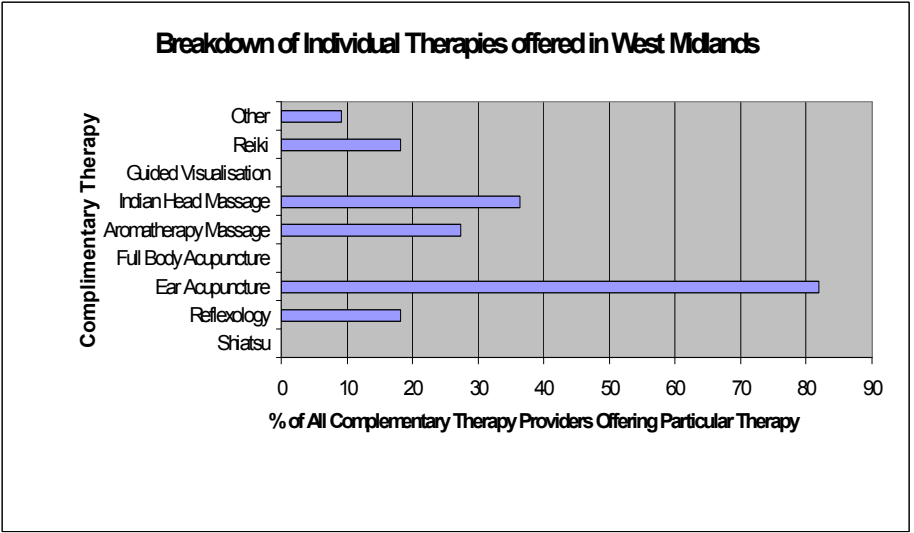
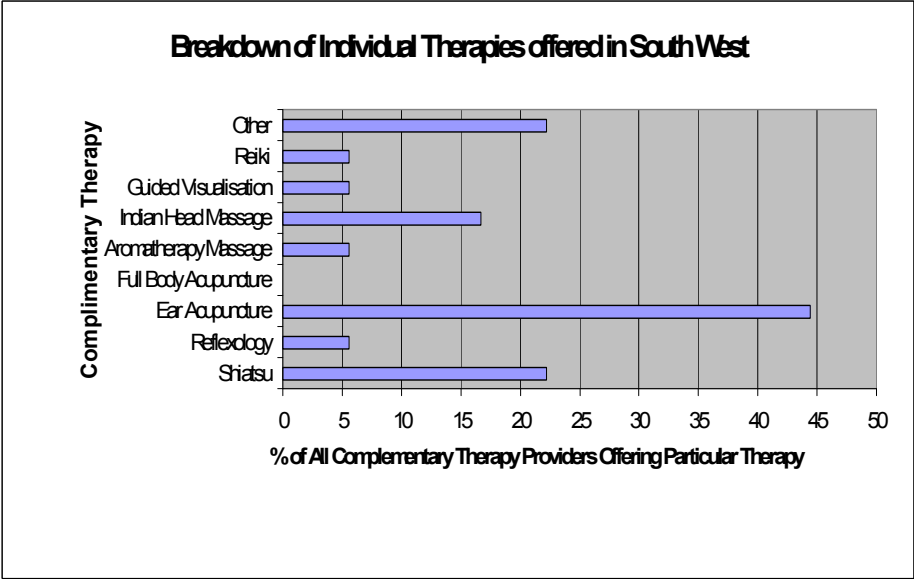
- Ear acupuncture ( )
- Guided Imagery ( )
- Relaxation ( )
- Yoga ( )
- Tai Chi ( )
- Other ( )
- If Other please specify ( )

GENERAL COMMENTS (please add any comments you may wish to make below)

## APPENDIX 2







### APPENDIX 3

