

A NATIONAL SURVEY OF COMPLEMENTARY THERAPY PROVISION

The Association for Complementary healthcare Practice with Substance Misusers (ACHPSM) was set up last year by a group of therapists and substance misuse professionals in order to provide a much needed forum for this specialist treatment intervention. Its main aims are: to promote the development of specialist complementary therapies for the treatment of substance misuse; to support standardisation and regulation of complementary therapy provision; and to support the development of an evidence base for the efficacy of these treatments.

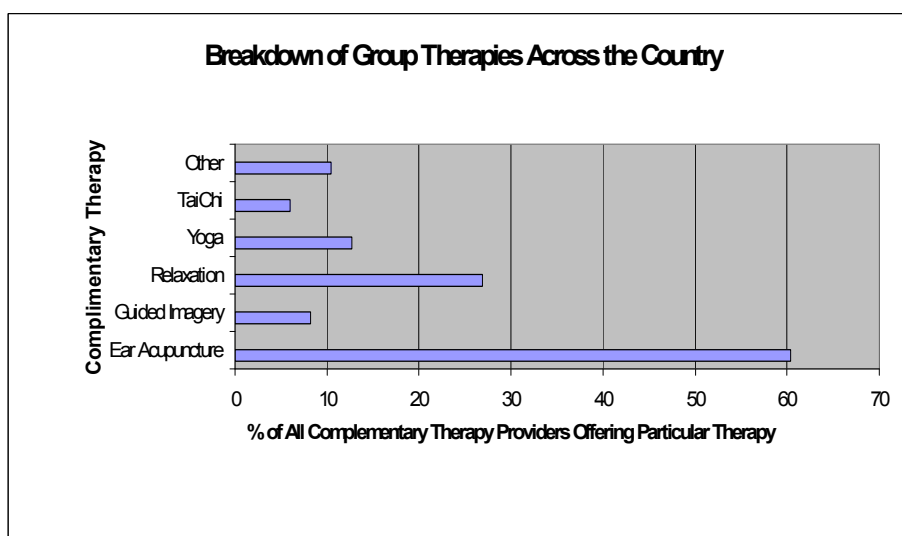
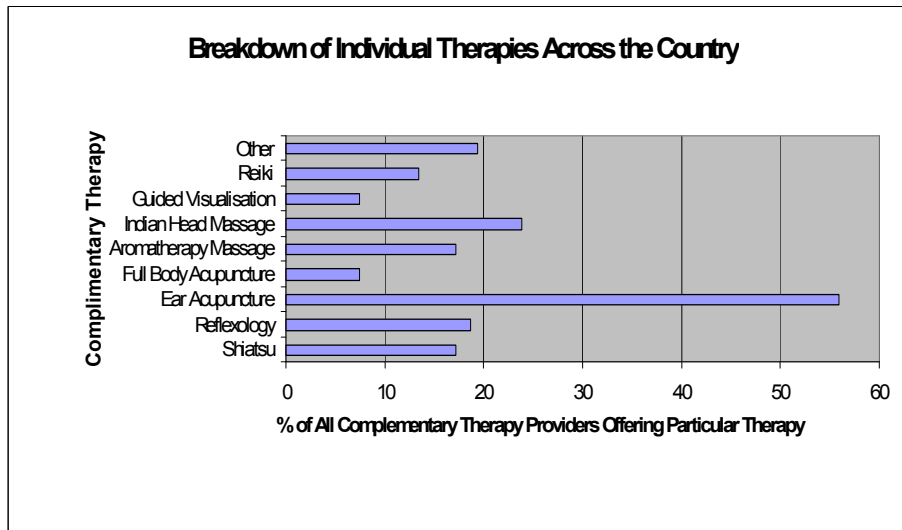
In order to begin to draw a clearer picture of current complementary therapy provision nationally in the substance misuse field, the ACHPSM conducted a detailed quantitative survey by email and post of all the drugs agencies (693) listed by Drugscope for England. The main objectives were: to establish the proportion of agencies delivering onsite services that are providing complementary therapy; which therapies are the most popular; and finally the quantity and range of therapies provided.

The survey generated 267 replies. This represented a 38.5% response rate: a healthy return for a voluntary survey. Out of this return 252 agencies provided onsite services (rather than outreach and/or telephone advice lines), and of these, 139 agencies (55.5%) provided complementary therapies. These agencies had a weekly attendance of 9550 clients and they provided a total of 1516 hours of complementary therapy per week

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. The category of other therapies offered by roughly one in five agencies covered a wide range of treatments, examples being hypnotherapy and

homeopathy. Unusual regional clusters showed up in this category, such as the provision of Electro Stimuli Treatments only in the North of England.

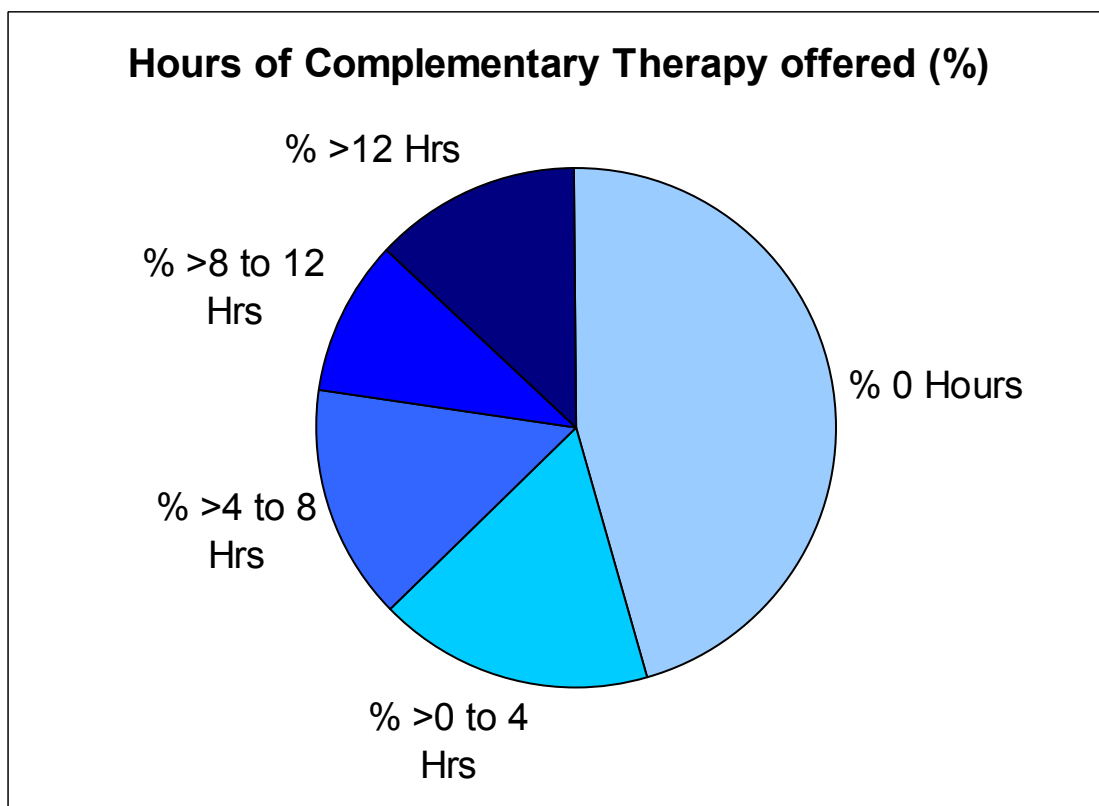
Charts 1 & 2



Findings concerning the range and 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 the 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)
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. This could well suggest that a middle ground in complementary therapy provision has now been established where agencies are more likely, on average, to be offering 2 – 3 types of therapies for somewhere between 5 and 12 hours per week.

Chart 3



The ACHPSM considers that these findings both confirm anecdotal evidence of the widespread established provision of complementary therapy in the substance misuse field and indicate current trends at a national level. The survey respondents are delivering approximately 79,850 hours of complementary therapy per year so clearly this represents a significant unregulated and unstandardised treatment intervention in the substance

misuse field. Val Thomas from the ACHPSM argues that now is the time for complementary therapy to be recognised as an adjunct treatment that should be professionally regulated and properly integrated into substance misuse service provision at a national level..

For a full report of the survey's findings including a regional and service tier breakdown please go to the ACHPSM website on www.achpsm.org.uk