Substance use disorders are a major contributor to disability and preventable deaths worldwide. Residential substance use treatment services provide intensive short or long-term treatment within a stable and structured environment for individuals with severe and complex substance use disorders. Since 2000, there have been seven reviews of residential substance use treatment studies with a predominant focus on community-based settings - collectively examining 68 studies published between 1981 and 2013. Findings of prior reviews suggest there is limited good quality evidence on best practice approaches to substance use treatment in community-based residential settings.

**Aim** To provide a comprehensive update on the evidence base for residential substance use treatment across a range of outcomes, and directions for future research and clinical practice.

**Search Strategy**

**Databases included:**
- Medline
- CINAHL
- PsycARTICLES
- PsycINFO

Forward & backward snowballing to capture additional studies
Title & abstract search strings using truncation, and Boolean & proximity operators.

**Inclusion Criteria**

- Quantitative research
- Assessed effectiveness of residential substance use treatment programs for adults
- Published in the English language
- Published in peer-reviewed journals
- Published between January 2013 & July 2018

**Methodological Quality Assessment Tool**

The Effective Public Health Practice Project’s Quality Assessment Tool for Quantitative Studies

Criteria:
- Selection bias
- Study design
- Confounders
- Blinding
- Data collection method & withdrawals

**RESULTS**

17 studies identified

Methodological quality ratings = 8 x strong, 3 x moderate, 6 x weak

*Effectiveness examined across four outcome categories: substance use, social, criminal activity and mental health*

**Mental health outcomes:** reported in 13/17 studies. Improvements reported in 12/13 studies across range of mental health conditions and following integrated treatment.

**Substance use outcomes:** reported in 15/17 studies. Improvements reported in 15/15 studies. High quality studies less inclined to report long-term change, particularly in studies on co-morbid populations.

**Social outcomes:** reported in 8/17 studies. Improvements reported in 8/8 studies for quality of life, family and social relationships, and employment outcomes.

**Criminal activity outcomes:** reported in 8/17 studies. Improvements reported in 7/8 studies.

**Contribution to evidence**

- Prior reviews found weak support and conflicting results
- This review provides support for residential treatment based on better quality evidence - more RCTs and stronger quality ratings
- Increase in studies reporting on outcomes across range of life domains (using ASI) improved diversity of outcomes reviewed

**Limitations**

- High attrition bias in many studies
- Generalisability of results – 15/17 studies conducted in developed countries
- Small sample sizes
- Most studies used self-report data only
- Heterogeneity across studies limited review (e.g. could not perform meta-analysis)

**Implications**

- Best practice residential substance use treatment integrates mental health treatment & provides continuity of care post-discharge
- Future research & practice should focus on better collection of outcome data; cost-effectiveness analyses; and using data linkage of key health, welfare and justice agency administrative data to enhance understanding of risk and recovery trajectories