

## The Drug Treatment Outcomes Research Study (DTORS): Final outcomes report 2nd Edition

**Andrew Jones, Michael Donmall, Tim Millar, Alison Moody, Samantha Weston, Tracy Anderson, Matthew Gittins, Varunie Abeywardana and John D'Souza**

This report summarises follow-up data from the Drug Treatment Outcomes Research Study (DTORS): a longitudinal study that explores the outcomes of drug treatment in England.

The overriding finding is that treatment reduces the harmful behaviours that are associated with problem drug use. The majority of treatment seekers received care-coordinated treatment, expressed satisfaction with their care, were retained in treatment beyond three months, reported significant and substantial reductions in drug use and offending, and improvements in mental well-being and social functioning. DTORS has measured a broad range of outcomes. Where comparable, the positive DTORS outcomes are equivalent to, or better than, those observed a decade ago by NTORS, the previous national outcomes study. Alongside the fact that the number of people in contact with treatment services has more than doubled over the last decade, this suggests that the drug-treatment system has been responding effectively by increasing numbers in treatment and improving treatment effectiveness.

Most improvements occur within the first few months of entering treatment. The changes in behaviour observed at first follow-up (three to five months after initial interview) are mainly only sustained at second follow-up (11 to 13 months), although there are some additional improvements during this later stage of treatment. This may suggest that there are opportunities to further capitalise on the early gains that are achieved. Further work is needed to establish whether these gains are sustained once treatment has stopped.

Levels of drug use declined rapidly within the first three months of starting treatment, and then continued at the same rate, for up to six months. These findings support the validity of the national performance indicator of retention in treatment for at least three months, but suggest potential value in longer measures of retention than currently employed as well as the need for treatment facilities to focus on a continuing process of change.

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### Keywords

Drugs	Survey
Drug treatment	Longitudinal
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Offending	
Criminal justice system	

*The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).*

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It is important to note that 'new' treatment candidates (those without previous treatment experience) showed levels of treatment retention that were significantly lower, suggesting the need for innovative work with this group during the early stages of treatment, in order to ensure that their successful treatment continues.

Treatment appears to have a significant impact on income from offending. However, no direct correlation with levels of drug use was distinguishable within these data. Among offenders interviewed for the baseline stage of this study (see Jones *et al.*, 2007), legitimate income at first follow-up was just sufficient to pay for declared drug use. This suggests that a reduction in drug use achieved via treatment cannot, of itself, be expected to tackle all offending among the client group in the short term. However, continued improvement was recorded in the longer term.

Clients presenting for treatment via criminal justice sources demonstrate overall equivalent rates of retention and positive outcomes to those from other referral sources. Though the criminal justice system (CJS) does not appear to recruit from the treatment naïve population any more than other referral routes, it appears to be an equally valid source of referral in terms of outcomes achieved. A third of CJS referrals stated that they would not have come to treatment without the pressure resulting from their legal involvement, although over half stated that they would have come to treatment anyway. Whilst this supports continued investment in diversion, at the same time it highlights the need to consider overlap between CJS and non-CJS client groups when formulating the focus of that investment.

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### Context

The Drug Treatment Outcomes Research Study (DTORS) has been designed to update existing knowledge on the effectiveness of drug treatment in England, within the context of recent changing patterns of drug use, specifically the rise of crack cocaine, and an expansion in criminal justice referrals. The study comprised three key elements, namely: a quantitative study of outcomes, a qualitative study of treatment-related issues, and a cost-benefits analysis.

- This report describes the follow-up findings from the quantitative element of the study, subsequent to the description of the baseline sample, available at: <http://www.homeoffice.gov.uk/rds/pdfs07/horr03c.pdf>

### Approach

- Baseline interviews were conducted with 1,796 adult treatment seekers as soon as an interview could be arranged after initial assessment for drug treatment at 342 agencies within 94 Drug Action Team areas.
- Follow-up interviews were conducted between three and 13 months after initial interview. A total of 1,131 initial follow-up and 504 second follow-up interviews were achieved. Results are presented in relation to sub-samples interviewed within two target catchment windows: first follow-up at three to five months and second follow-up at 11 to 13 months. These results are supported by longitudinal analyses incorporating all follow-up interviews, including those not achieved within the target catchment windows. The data have been weighted so as to be representative of adult treatment seekers in England and to account for non-response bias in follow-up data where significant differences were found between responders and non-responders (see Technical Appendix).

### Results

DTORS observed a number of positive outcomes following treatment contact. There were significant reductions in harmful behaviours associated with problem drug use.<sup>1</sup>

#### Referral source

- CJS referrals resulted in equivalent levels of change to non-CJS referrals across nearly all outcomes.

#### Treatment received

- Eighty-three per cent received a care plan within three weeks of triage. Eighty-three per cent of these were happy with all or most of their plan. Seventy-seven per cent felt that the plan proceeded according to their expectations.
- Eighty-nine per cent started one or more modalities of structured care by first follow-up. Clients waited an estimated median of seven days from triage for treatment and 75 per cent started a treatment modality within 22 days from triage.

#### Treatment retention

- Seventy-six per cent of all eligible<sup>2</sup> treatment seekers and 89 per cent of those starting treatment were either retained for 12 weeks or completed planned treatment. At second follow-up, 81 per cent had been retained for nine months or completed planned treatment.
- 'New' clients with no previous experience of structured treatment were significantly less likely to start or be retained in treatment.

- 1 Although direct comparisons with NTORS are not always possible due to methodological differences, DTORS results suggest equivalent or greater reductions in heroin and crack use, injecting, sharing and offending over similar time periods.
- 2 Excluding those with less than 12 weeks potential retention at the time of follow-up interview.

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### **Treatment length**

- The majority of improvement in outcomes was achieved within 12 weeks of treatment but the rate of improvement continued between three and six months, with no significant change thereafter.

### **Changes in social functioning**

- Employment levels improved from nine per cent at the time of the baseline interviews to 11 per cent at first follow-up and 16 per cent at second. The proportion classed as unemployed and not looking for work fell from 24 per cent to 17 per cent and 11 per cent.
- The proportion staying only in stable accommodation rose from 60 per cent at baseline to 67 per cent and 77 per cent at follow-up. Those staying only in unstable accommodation fell from 21 per cent to 15 per cent at second follow-up.
- The proportion of parents of dependent children having all their children living with them rose from 22 per cent at baseline to 34 per cent by second follow-up.

### **Changes in drug use**

- All drug types were used by significantly lower proportions of respondents at follow-up interviews compared to at the baseline interviews.
- The proportion using heroin, crack, cocaine, amphetamines or benzodiazepines approximately halved by follow-up. The proportion using non-prescribed methadone or opiates other than heroin or methadone (such as morphine) fell by considerably more than half, whereas the proportion using cannabis or alcohol fell by considerably less.
- The proportion who reported each drug to be causing any problems at the time of interview fell, in all cases by a greater amount than the proportion actually using that drug.
- Among heroin users involved in the baseline interviews, 44 per cent had stopped using at first follow-up and 49 per cent had stopped using at second follow-up. Corresponding figures for stopping crack use were higher at 53 per cent and 61 per cent respectively.
- The mean weekly value of drugs used fell from £169 at baseline to £64 at first, and £63 at second follow-up.

### **Changes in offending**

- The proportion who reported committing any acquisitive offences in the four weeks prior to interview fell from 40 per cent at baseline to 21 per cent at first follow-up and 16 per cent at second. The proportion who reported committing any high-cost offences fell from nine per cent at baseline to three per cent and four per cent at follow-up.
- Sixty-one per cent of those reporting some offending in the baseline interviews reported no offending in the four weeks prior to first follow-up, rising to 68 per cent at second follow-up.
- Recorded offences,<sup>3</sup> except shoplifting, selling stolen goods and selling drugs, were reported by less than five per cent of the sample at either follow-up.
- The proportion who reported committing any crime specifically in order to fund their drug use fell from 22 per cent at baseline to eight per cent at first and seven per cent at second follow-up.
- Among those committing an offence in the four weeks prior to baseline interview, legitimate median monthly income was £188 below the value of drugs consumed. By first follow-up, legitimate median monthly income was £140 above the value of drugs consumed.

### **Changes in health**

- Measures of mental well-being (SF12 scores<sup>4</sup>) improved significantly by first follow-up (from 35 to 40) but stayed below the UK norm score of 52. Self-reported physical well-being scores (SF12) were similar to UK norms before and after treatment.

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3 The full list of recorded crimes are: shoplifting (acquisitive), begging in a public place, buying or selling stolen goods (acquisitive), dealing drugs (acquisitive), prostitution (acquisitive), stealing a vehicle (acquisitive), stealing from a vehicle (acquisitive), house burglary (acquisitive), business burglary (acquisitive), violent theft (acquisitive), bag snatching (acquisitive), any other stealing (acquisitive), cheque or credit card fraud (acquisitive), benefit fraud (acquisitive), other violent crime.

4 A 12-question health-outcomes tool designed to summarise self-reported mental and physical well-being.

### Changes in risk-taking behaviour

- Among the 57 per cent of injectors who reported sharing injecting equipment at baseline, 72 per cent did not share at first follow-up, rising to 77 per cent at second follow-up.
- Rates of overdose in the three months prior to interview among treatment seekers more than halved from nine per cent at baseline to three per cent and four per cent at follow-ups.
- Opiate-specific overdose-associated behaviour (taking opiates in combination with other opiates, benzodiazepines or alcohol) fell among opiate users reporting the behaviour at baseline (76%) to 43 per cent and 48 per cent at follow-ups.
- Little change in the baseline proportion reporting unprotected sex (48%) was detected at either follow-up.

The fact that improvements observed at first follow-up are mainly only sustained at second follow-up suggests that there are opportunities to further capitalise on the early gains that are achieved.

The continued reduction in drug consumption observed between three and six months in treatment suggests a potential value in measuring success levels of retaining clients for longer than the 12 weeks currently employed for national targets.

Those without previous treatment experience showed significantly lower levels of retention, suggesting the need for more innovative work with this group during the early stages of drug treatment.

The criminal justice system appears to be an equally valid source of referral in terms of outcomes achieved.

### Implications

The majority of treatment seekers reported significant reductions in drug use and, where applicable, offending, affirming the overriding message that treatment is an effective means of reducing the harmful behaviours that are associated with problem drug use. Where comparable, the positive DTORS outcomes are equivalent to, or better than, those observed a decade ago by NTORS, the previous national outcomes study. Alongside the fact that the number of people in contact with treatment services has more than doubled over the last decade, this suggests that the drug-treatment system has been responding effectively by increasing numbers in treatment and improving treatment effectiveness.

## Errata

Page IV – Footnote 4

‘The full list of recorded crimes are: shoplifting (acquisitive), begging in a public place, buying or selling stolen goods (acquisitive), dealing drugs (acquisitive), prostitution (acquisitive), stealing a vehicle (acquisitive), stealing from a vehicle (acquisitive), house burglary (acquisitive), business burglary (acquisitive), violent theft (acquisitive), bag snatching (acquisitive), any other stealing (acquisitive), cheque or credit card fraud (acquisitive), benefit fraud (acquisitive), other violent crime.’

has been replaced by

‘A 12-question health-outcomes tool designed to summarise self-reported mental and physical well-being.’