

The Drug Treatment Outcomes Research Study (DTORS): Final outcomes report

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

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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.