

The Drug Treatment Outcomes Research Study (DTORS): Qualitative Study

Matt Barnard Stephen Webster and William O'Connor with Jones, A. and Donmall, M.

The qualitative study of the Drug Treatment Outcomes Research Study (DTORS) was designed to explore treatment providers' and treatment seekers' perspectives on the factors influencing the effectiveness of drug misuse treatment in England. The main implications of the research are as follows.

- The findings highlight the complexity of drug treatment and are suggestive of the need for drug treatment to be sufficiently flexible to enable consideration of the range of pressures reinforcing an individual's dependency and thus their differing needs from drug treatment.
- A key challenge in meeting the multiple needs of treatment seekers within a multi-agency model of delivering services is developing effective working relationships among provider partners. It was suggested by some practitioners that more needs to be done in some areas to develop and strengthen the links between provider organisations. This may have particular relevance to the reintegration agenda, and is to some extent a focus for some of the areas involved in the Drug System Change Pilots.
- The additional challenges of responding comprehensively to clients' needs against a backdrop of increasing numbers and longer retention in treatment were acknowledged.
- Service providers recognised a range of positive and negative impacts from the increase in referrals through criminal-justice-system routes. The benefits were felt to include increasing the numbers in treatment of people who would otherwise not have accessed drug treatment; the negative impacts were felt to include treatment services being under-resourced to cope with the additional high volume of clients.
- There was a widely held scepticism that treatment could be effective in the absence of a deep level of motivation on the part of the treatment seeker. Referral through the CJS did not seem to impact on levels of motivation. Thus both CJS and non-CJS pathways into treatment seem valid in this respect.
- Study participants reported that maintaining full and timely engagement with treatment seekers, particularly at key transition points such as leaving prison, was essential to successful drug treatment.

Contents

Key Findings	i
Summary	ii
1. Introduction and background	1
2. Treatment seekers: needs from drug treatment	3
3. Treatment seekers: factors influencing recovery	6
4. Factors influencing the delivery of treatment	9
5. Outcomes of contact with treatment services	12
6. Implications	13
References	14

Keywords

Drugs
 Drug treatment,
 Drug use
 Drug services
 Interviews
 Qualitative
 DTORS

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

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

The Drug Treatment Outcomes Research Study (DTORS): Qualitative Study

Matt Barnard Stephen Webster and William O'Connor with Jones, A. and Donmall, M.

Context

- This report describes the findings from the qualitative study of the Drug Treatment Outcomes Research Study (DTORS). It was designed to update existing knowledge on the effectiveness of drug misuse treatment in England within the context of changing patterns of drug use and an expansion in criminal justice referrals using stakeholder and client perspectives.

Approach

- The aims and objectives of the study were to use the perspectives of treatment providers and treatment seekers to provide an in-depth description of: the treatment needs of treatment seekers; the range of outcomes of contact with treatment services; and factors affecting the success of treatment.
- The qualitative study used in-depth unstructured interviews to explore the views and experiences of providers and treatment seekers of Tier 3 and Tier 4 drug treatment services, which offer structured interventions to people with significant drug problems.
- A sample of 32 front-line drug treatment providers were interviewed across four Drug Action Teams (DATs). The DATs were chosen so that there would be variation in relation to the number of people joining treatment programmes and the organisational conditions within which the DAT functioned. Treatment workers came from a range of modalities including prescribing services, structured day care, drug intervention programmes and residential rehabilitation services.

- A sample of 44 treatment seekers were interviewed across six DATs drawn from participants who completed the second wave of interviews in the quantitative element of the DTORS study as this maximised the number of potential participants (Jones *et al.*, 2009). Treatment seekers were sampled to reflect a range of experiences and backgrounds.

Findings

Treatment needs

- The needs of treatment seekers in this research were seen as reflecting the set of pressures directly reinforcing their drug-taking behaviour. These pressures were: drug-taking rewards; physical need; cognitive dependence; the impacts of dependence; and underlying vulnerabilities.

Motivation to change

- Some treatment providers and treatment users made the distinction between motivation that was just at the surface level and a 'deep' level of motivation. It was reported that 'surface'-level motivation could lead to positive short-term impacts but was seen as unlikely to lead to longer-term recovery.
- Referral to treatment via the criminal justice system (CJS) did not seem to affect treatment seekers' motivation positively or negatively.

Capacity for recovering from addiction

- Some treatment seekers with considerable issues, such as childhood trauma, seemed able to address their dependence with limited input from service providers. Conversely, some people with fewer issues and who received much more help showed little change in their drug use. This indicated that treatment seekers had varying capacity to address their own problems or respond to help or treatment.

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

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

Impact of personal and local environment

- The context in which treatment was taking place was seen as being able to either help or hinder change. Key factors included the level of drug taking in a participant's immediate environment; the presence of stressors in their life (particularly their housing situation); the presence or lack of a support network; and the attitude and approach of non-specialist services.

Response of service providers

- The importance of key workers building trust with clients was emphasised by both treatment providers and treatment seekers.
- Barriers to engagement with treatment services identified by treatment seekers included waiting times and difficulties in maintaining engagement at transition points, such as leaving prison.
- Barriers to assessment identified by treatment seekers included providers making inaccurate assumptions about the reasons behind their drug taking making them feel that the treatment being recommended was not appropriate.
- Barriers to referral described by some service providers included a reluctance to refer clients between treatment services because of fear of loss of funding, and reports from some treatment providers that other services, such as mental health, did not want to accept clients while they were still using drugs.
- Barriers to delivery described included service instability, high case loads, lack of training, and inexperienced or insensitive delivery of interventions. Problems with a lack of aftercare in some cases and negative attitudes among some service providers were also identified.
- The range of positive and negative impacts from the increase in referrals through criminal-justice-system routes was recognised by service providers. The benefits were felt to include increasing the numbers in treatment of people who would otherwise not have accessed drug treatment; the negative impacts were felt to include treatment services being under-resourced to cope with the additional high volume of clients.

Outcomes of contact with treatment providers

- Five categories of outcome were constructed based on the accounts of treatment seekers. These were: recovering, stalled progress, illicit substance replaced, relapsed and no change in original behaviour.

Implications

- The findings highlight the complexity of drug treatment and are suggestive of the need for drug treatment to be sufficiently flexible to enable consideration of the range of pressures reinforcing an individual's dependency.
- A deep level of motivation on the part of the treatment-seeker was key to successful drug treatment.
- A current challenge to service providers was responding comprehensively to clients' needs against a backdrop of increasing numbers and longer retention in drug treatment.