

1.3 Major national treatment study suggests British drug services deliver net costs savings

This evaluation will be examined more extensively in the next FINDINGS.

Findings The National Treatment Outcome Research Study (NTORS) monitors the progress of 1075 drug users entering 54 services in England in 1995 for either residential rehabilitation, specialist inpatient treatment, or outpatient methadone maintenance/reduction.

In the three months before intake 76% had used heroin regularly, many were polydrug users and 28% drank excessively. 62% injected and nearly 15% had shared needles/syringes. Physical and severe psychological problems were common (29% had contemplated suicide) and 61% of clients had been criminally active, committing a total of 70,728 crimes, nearly half involving fraud or property.

Among the 753 re-interviewed a year later, nearly 40% of those who had been regularly using illicit opiates were no longer doing so and a substantial minority of former users had stopped altogether. Other illicit drug use had also substantially reduced. Numbers injecting and sharing injecting equipment had both more than halved. Alcohol use had changed little, improving more after residential care as did physical and psychological health. The crime rate was cut to a third of pre-intake levels; for every extra £1 spent on treatment it is estimated that over £3 was saved in the costs of crime alone. Though the study was not designed to test one treatment modality against another, it was apparent that residential programmes dealt with the most severely disturbed clients yet produced the best outcomes.

In context NTORS is the largest drug treatment follow-up study ever mounted in the UK. The services were not 'model' treatments run in experimental conditions but typical services dealing typically with typical clients. This lends confidence to the assumption that similar gains are occurring across the UK's specialist drug treatment system. The report's recognition of alcohol problems among drug dependants has been echoed in other findings; smoking and nutrition are other health issues among methadone clients which services may not be picking up on.

LINKS Nuggets 1.6

NTORS' strength – studying treatment under natural conditions – also makes it harder to attribute the improvements to the treatments. Improvement may be seen in treatment-seeking drug dependants, even without specialist intervention (the decision to seek treatment itself being seen as potentially an important factor) and some degree of 'spontaneous remission' is to be expected. However, the treatment history of the NTORS cases make it unlikely that such factors account for all the observed improvements.

Practice implications This study suggests that drug treatment services deliver considerable net cost savings for British society. Treatment waiting lists and the numbers failing to gain entry into residential care raise the prospect that expanding treatment could increase savings by engaging more clients. Adapting drug treatment to address drinking might pay further dividends. Their performance with the more severe cases suggest that it is in overall interests of society to maintain residential services, despite local authority funding constraints.

Main sources Gossop M., Marsden J., Stewart D. *NTORS at one year: changes in substance use, health and criminal behaviour one year after intake*. Department of Health, 1998. Copies: £4.95 from Department of Health, PO Box 410, Wetherby LS23 7LN.