

6.3 Lasting benefits of drug treatment in England

Findings Substantial improvements in crime and drug use after drug addiction treatment persisted to four to five years, though many clients were still regularly using illegal drugs.

The National Treatment Outcome Research Study (NTORS) monitors 1075 drug users who attended 54 services in England in 1995 for residential rehabilitation, specialist inpatient treatment (the 'residential' treatments), or outpatient methadone maintenance/reduction. Interviews with 496 five years later showed that reductions in drug use and crime and improvements in health seen up to two years (▶ [Links](#)) had broadly persisted. For example, compared to intake levels 38% of residential clients and 35% in methadone treatment were no longer illegally using opioids, stimulants or benzodiazepines. In the same two categories, daily opiate use had fallen from 51% and 62% to 18% and 20% respectively. The proportion sharing injecting equipment had fallen from 14% to 5% and the proportion committing acquisitive crime had roughly halved. The one in ten responsible for most of the crimes were now offending at just 13% of pre-intake levels. Residential programmes dealt with the most severely disturbed clients but on most measures achieved the greatest improvements.

However, at five years the proportion of (ex-)clients drinking excessively had not fallen since intake, about 40% were still using heroin at least weekly, a quarter continued to commit acquisitive crimes, and about as many methadone clients were regularly using cocaine as before intake.

In context ▶ [Links](#) for analyses of NTORS' methodology and early outcomes. Earlier reports revealed that even within the same broad service type, different agencies produced very different outcomes, from no overall reduction in heroin use to major reductions among most clients. In the featured report, the finding of lasting improvements after residential care (especially in serious crime) is important, contradicting fears that gains would be reversed once residents left. Across all settings, outcomes for the 37% of clients effectively not followed up at five years are likely to have been worse than for those who were, and might have substantially weakened (but not eliminated) the improvements.

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Practice implications Drug treatment services deliver considerable net cost savings for British society; expanding treatment will increase savings by capturing more clients. Drug use is the factor most closely linked to crime amongst 12–30-year-olds in England and Wales; treatment's long-term crime-reduction impact would be hard to match through non-treatment sentencing options.

There is room for improvement. Many more crack users (most also using heroin) are now being referred into treatment via criminal justice sources. Their drug spending is twice that of heroin-only users, meaning that many must offend prodigiously and seriously. Services (especially methadone services) need to improve their performance with this client group. Successfully addressing drinking should safeguard the health of the substantial minority of clients who drink very heavily (especially those with hepatitis infection), prevent overdoses, and help reduce alcohol-related crime and disorder.

Commissioners should ensure that services report retention and if possible outcome data which can be compared with the norms set by NTORS, and investigate services below par. Many methadone services prescribe too little to control heroin use and are unclear about treatment goals. Residential services should accept responsibility for poor retention rather attributing this to poor motivation. Commissioners too have an influence on the social impact of services. Cost-driven constraints on lengths of stay and on therapeutic inputs could prevent services dealing well with more severely affected clients or encourage admission only of those who can be managed within a reduced regime. Performance with the more severe cases and with non-opiate drug problems suggest that it is in the interests of society to maintain residential services, drawing not just on local authority community care budgets but on DTTO funding and on pooled budgets managed by drug action teams.

Featured studies Gossop M., et al. *NTORS after five years*. National Addiction Centre, 2001. Copies: apply DrugScope. See also later [journal report](#).

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Thanks to Dr Dima Abdulrahim for her comments.