The Impact of Drug Treatment & Testing Orders in West Yorkshire: Six month outcomes

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Key Findings

- Half of (179) DTTO orders, made between October 2000 and December 2001, remained current by the fourteenth week and 27% (48 cases) were still attending by six months.
- A sample of 59 offenders was available for analysis. These were offenders with orders made since October 2000 who had both completed six months and had completed evaluation questionnaires pre-DTTO and at six months.
- The proportion of offenders reporting continuous heroin use dropped by 58%, from 84% pre-DTTO to 26% at six months.
- Small reductions were found for usage of crack but these were not statistically significant.
- Average weekly drug spend per offender fell from £200 to £25 a week on average by six months on the order.
- Psychological dependency reduced by over half – it initially measured at a mean of 19.3 at the pre-DTTO stage compared to 8.9 at follow-up, on a scale of 0-30; a statistically significant reduction.
- Self-reported criminal activity fell by approximately 70%. Offenders reported an average of 439 crimes a month pre-DTTO and around 133 crimes a month at the six-month stage.
- Shoplifting dropped by 37%, theft from vehicles and receiving stolen goods by 15%, and commercial burglary by 13%. Vehicle theft (3% to 0%) and robbery and mugging (both 2% to 0%) showed complete cessation.
- The proportion of offenders funding all or most (100% or 75%) of their drug use had reduced by 50% by six months, from 68% pre-DTTO to 19%.
- However, a third of offenders at the six-month point were still spending around £100 a week on heroin and/or crack and between 15% and 19% of these had neither reduced their criminal activity nor the proportion of illegal drugs being funded by such activity.
- General health problems reduced by 12.5% and offenders who reduced their weekly drug-spend to under £50 tended to have lower health scores.
- Use of shared needles in the last month dropped by 26.5% from 33% to 6.5% of the sample still sharing injecting equipment after six months on the order.
- A quarter of offenders classed as unemployed prior to the DTTO classed themselves as ‘Economically Inactive’ at the six months point, with a third of these coming under ‘Temporarily Sick/Disabled’, compared to just 8% pre-DTTO.
- Offenders reported an improved financial situation after six months with a 10% increase in the number of offenders reporting that finances are not a significant problem.
- The housing status of offenders is much improved by six months with no homeless offenders and fewer offenders temporarily lodging with friends and acquaintances. There is however little change in the number of offenders living with drug-using co-residents, which was 18% of the sample.
• Substantial improvements were found in offenders’ views of their general social situation at six months but this did not correlate with the amount spent on drugs each week.
• Positive changes were made in how offenders view their relationships and disassociate themselves from drug-using friends, but there were only small improvements in reinstating relationships with family and friends.
• The biggest rise in reasons given for why attending the DTTO is important, by offenders who reach the six-month stage, was in the in the ‘Other’ category which mainly comprised comments on either getting confidence back or reconciling family relationships.
• Offenders report that the DTTO has helped them with changes in the way they think and/or feel in three main areas: Lifestyle changes; Relationships; Personal Changes. Qualitative offender feedback lends support to the quantitative findings in this report.
• Maintaining motivation, learning new skills, and changing the way you think and/or feel showed the greatest rises in what offenders thought was difficult about attending the programme. Withdrawing from drugs however was the difficulty that the most offenders reported both pre-DTTO and at six months.
• 90% of the sample said that they thought the DTTO programme was either extremely or very helpful. The remaining 10% said the programme was quite helpful.

Summary of Recommendations

• Generate strategies to improve retention rates.
• Address the current DTTO treatment provision in West Yorkshire for offenders who use crack.
• Make positive use of the ‘harm reduction’ effectiveness of the DTTO, to both offenders and to the public, in discussion of DTTO ‘success’ with all stakeholders.
• Revisit area policies and strategies concerning the treatment and supervision of offenders still using Class A substances and/or spending over £50 a week on drugs at six months on the order.
• Investigate current health provision for offenders at various stages of the order to ensure that ongoing and wide-ranging health interventions are available to offenders throughout their order.
• Consider the longer term impact of being an Incapacity Benefit claimant as opposed to a Job Seeker with current limited availability, in terms of longer term aims of working to improve offenders’ employability and confidence in their employability.
• Explore current drug-free housing options for DTTO offenders.
• Circulate that work on offenders’ social situation need not be undertaken either in isolation from, or much later than, work directly on drug use.
• Ensure that addressing offenders’ social situation particularly in terms of building or rebuilding relationships with family and friends is formally and frequently reviewed.
• Explore current strategies/interventions that assist offenders to work positively with maintaining motivation, learning new skills, and changing the way they think and/or feel.
Introduction

Drug Treatment & Testing Orders (DTTOs) form a key component in the Governments’ Updated Drug Strategy (Home Office, 2002) and contribute to the Home Office aims of reducing reoffending and the harm caused by drugs. The Updated Drug Strategy indicates that direct annual expenditure on tackling drugs will rise from £1025 million this financial year to £1.5 billion by April 2005. The number of DTTOs made is expected to double in the same period. Local West Yorkshire targets for DTTO starts have risen by nearly 50% for 2003/4 alone.

Set against this backdrop of renewed policy and increased expenditure and targets, the evidence base for DTTOs is slowly emerging. The initial pilot (Turnbull et al., 2000) showed that substantial reductions in drug spend, usage, along with commensurate reductions in acquisitive crime, were reported by offenders after 4-6 weeks on the order. Follow-up interviews at six months showed that these reductions were sustained over time. It is important to be mindful that these first DTTO orders were located in exploratory pilot projects beset with a range of “quite serious ‘teething problems’” (Turnbull et al., 2000, p.viii). It is to be expected that once services had addressed such initial problems the improved quality of the service would yield better outcomes.

Service issues have also been highlighted by research conducted on DTTOs since their national roll-out in October 2000. Ricketts et al. (2002) found that organisation and consistency were reported by offenders as being helpful in improving the quality of service. Organisation in terms of speed and perceived appropriateness of response and the quality and consistency of communication between staff including the courts were key service characteristics highlighted by offenders. Turner (2002) also reports that offenders construct problems of engaging with the DTTO in terms of service organisation and conflicting messages from staff. Indeed, differences in approaches to service delivery between staff were also noted as contributing to organisational problems at the service-level. These local pieces of research indicate the importance of service and operational issues and the effect on the quality of DTTO delivery on a national scale.

Currently, there is no national evaluation of the impact of DTTOs. If one takes seriously the notion that DTTO teams will experience service problems to greater or lesser extents, the arising question is what differential impact do such services have on offenders? It is crucial that services continually address issues concerning quality of delivery but it is equally crucial that the service provided delivers results in terms of impact.

Defining impact and success for offenders on the DTTO is not wholly straightforward and uncomplicated. The DTTO exists in a relatively open policy environment concerning delivery and can thus provide varying interventions for a range of offender needs. Whilst the overarching aims are the reduction of drug misuse and drug-related offending, a range of other factors often take priority in the process of working towards eventual subsistence from drugs. For example, improved health and job prospects,
gaining stable drug-free accommodation and dealing with other social and personal issues may well be taken as proxy indicators of reductions in drug misuse and crime.

Clearly then in the short-term, impact in the case of the DTTO is a multifarious thing. To address the local impact of DTTOs in West Yorkshire a longitudinal data-collection operation was put in place. This collected a range of measures on offenders just prior to sentencing, at six months, and at termination of the order for any reason. Although it is still too early to have sufficient data on a sample of fully completed orders, a sizeable sample of offenders reaching the six-month stage is now available.

**Method**

The data-collection followed a repeated-measures within-subjects model. Initial pilot attempts to access a comparison group proved extremely difficult with the resources available. All offenders attending for full treatment assessment for the DTTO were administered with a self-completion questionnaire. Offenders with literacy needs received support from staff conducting the assessment. Offenders still attending at approximately six months completed the questionnaire again. This included some offenders whose orders had recently been revoked.

The questionnaire was compiled from both validated and non-validated measures. These included measures of: type and frequency of drug use and weekly drug spend; dependency (the Leeds Dependence Questionnaire, Raistrick et al., 1994); health and health-risk behaviours (from section D1 of the Maudsley Addiction Profile, Marsden et al, 1998); drug-related criminal activity; employment, financial, and accommodation issues; social situation; offender views and opinions of the order.

**Sample**

The sample comprised 59 offenders sentenced to a DTTO between January 2001 and July 2002 who had completed both the pre-DTTO and six month questionnaire. The spread of offenders across the five West Yorkshire operational districts is as follows: Bradford 8 (14%); Calderdale 6 (10%); Kirklees 17 (29%); Leeds 12 (20%); Wakefield 16 (27%).

The sample had a mean age of 29.7 years. 52 offenders (88%) were male; 7 (12%) were female. Ethnicity information for this sample used a four-category system: Asian – 4 (7%), Black – 1 (2%), White – 52 (88%), and Other – 2 (3%). Index offences were recorded in four categories as follows: Burglary 11 offenders (20%), Fraud 2 (4%), Theft 28 (52%), and Other with 13 offenders (24%). Index offences recorded as ‘Other’ were mainly drug-related offences. 51 offenders (86%) were still attending their DTTO at the time of completing the questionnaire and 8 (14%) had just had their orders revoked for failure to comply.

61% of the sample had previous experience of probation and half had previous experience of drug agencies. Half of those who had previous experience of probation thought that it was either very or moderately helpful,
but the other half thought it was either a little or not at all helpful. Three-quarters of those with previous experience of probation believed they were either very or moderately involved in making the most of their supervision. Three-quarters of those in the sample who had previous experience of drug agencies thought they were either very or moderately helpful and nearly all (96%) believed they were either very or moderately involved in making the most of the experience.

The sample was drawn from the West Yorkshire DTTO database. This collects a range of information on all referrals to DTTO teams in West Yorkshire and tracks offenders through each stage of the process through to termination.

Retention of DTTOs in West Yorkshire

It is important to know how representative the sample of 59 offenders is of DTTO practice in West Yorkshire. Obviously, offenders who are no longer attending at six months are much more difficult to locate in order to administer the follow-up questionnaire. Clearly then the sample of 59 will tell us something about offenders who do stay on the DTTO in West Yorkshire for at least six months but what proportion of offenders manage to reach the six-month point?

Based on a sample of 179 12-month DTTOs made between 01/10/00 (when DTTOs first became operational in West Yorkshire) and 31/12/01 – to allow 12 months for possible completion of the order in December 2002 – retention figures can be calculated. A report by Briggs & Turner (forthcoming) found that calculating length of retention using order termination dates for DTTOs gives very misleading results compared to using a ‘Final Attendance’ date obtained from reading case records.

Using final attendance dates to calculate retention, figure 1 shows the proportion of offenders retained by the length of retention in weeks, based on all 179 offenders.

**Figure 1 – Retention of DTTO offenders (N = 179)**
Figure 1 shows that half of the sample has stopped attending by the fourteenth week and by six months 27% (48 cases) were still attending. It cannot be said that offenders attending for less than six months make no progress and research is currently underway in West Yorkshire to address the impact of the DTTO on early revocations for negative reasons\(^1\). In consequence, it is important to bear in mind that the findings contained in this report relate only to the quarter or so of DTTOs that make it to halfway through their orders. A more favourable view might be that the changes highlighted in this report are already well underway prior to six months.

The sample size of 59 offenders, on whom pre-DTTO and six month data is available, can be considered to be more than adequately representative of DTTO practice in West Yorkshire for the period October 2000 and December 2002. Although these offenders are not necessarily drawn directly from the sample used above to calculate retention figures, they relate to the same time periods of practice.

\(^1\) ‘Failing DTTOs: Breach cause, partial impact, and follow-on processes for part-completers’. A DAT-funded study being undertaken by the Research Unit, National Probation Service (West Yorkshire) due for completion in Autumn 2003.
Results

Changes in Drug Use, Spend & Dependency

Drug Use

Statistically significant reductions in heroin use were found at the six-point follow-up point\(^2\). Figure 2 shows the changes as a bar-chart. Pre-DTTO 84% of offenders described their heroin use as ‘All the time’ whereas at six-month follow-up this dropped to 26% (based on 45 offenders); this gives a reduction of 58%. Usage in the ‘Hardly Ever’ and ‘Never’ categories rose from 4% pre-DTTO to 41% at six months. Substantial rises in the lower-level usage and ‘Never’ categories are also apparent.

Figure 2 – Changes in reported heroin use between pre-DTTO and six months

[Bar chart showing changes in reported heroin use]

Heroin is the main drug of choice for DTTO offenders in West Yorkshire and this finding suggests that DTTOs are making a significant impact in reducing use of this drug for those offenders still attending at six months.

Significant reductions were not found for any other drug type. This may be due to the low numbers of offenders at the pre-DTTO stage who reported daily use of drugs other than heroin or crack. Reductions in cocaine use were evident but were not statistically significant.

It is important however to note that reductions in crack usage were not statistically significant (based on 29 offenders). Crack was the second most popular drug in the pre-DTTO sample. The continuous use category dropped from 7% to 4% and the occasional use category reduced from 41% to 29%. When the three heaviest categories of drug intake are considered together\(^3\),

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\(^{2}\) \(\chi^2 = 31; \text{df} = 2; p<0.01; n = 45\). The five usage categories - ‘All the time’, ‘Regular Heavy Sessions’, ‘Binges’, ‘Occasionally, but controlled’, ‘Hardly Ever’, and ‘Never’ - were combined into three categories to run the chi-square test. These were ‘All the time’, ‘Regularly/Binges and Occasionally’, and ‘Hardly ever and Never’.

\(^{3}\) See footnote 2 for the usage categories.
crack usage rose by 1% from 28% to 29%. However when the four heaviest severest categories are considered together crack usage does show a drop of 11% from 69% to 58%. Figure 3 shows the changes in each separate usage category.

**Figure 3 - Reductions in reported crack use between pre-DTTO and six months (n = 29)**

Previous work on DTTOs in West Yorkshire found high levels of poly-drug use centring on heroin and crack. The treatment of crack addiction presents different problems, such as to that of heroin addiction and might require an additional set of interventions.

**Drug Spend**

Statistically significant reductions were found in the amount offenders were spending on drugs each week between pre-DTTO and six months on the order\(^4\). The median weekly drug spend pre-DTTO was £200 whereas at the six-month point it had fallen to £25 (based on 36 offenders). Figure 4 shows the changes graphically.

**Figure 4 – Changes in weekly drug spend between pre-DTTO and six months**

\(^4\) Wilcoxon z = -2.9; p<0.01; n = 36.
This supports the finding that heroin use significantly reduces after six months on the DTTO. Heroin was by far the most prominent drug in the pre-DTTO sample and it follows that money spent on drugs in this sample would primarily be spent on heroin. This suggests that even though other drug types did not show significant reductions, the overall money being spent has significantly reduced. The reason why many drug types, excluding heroin and crack, do not show significant reductions at six months may well be that they are not being used with the same frequency as heroin and crack at the pre-DTTO stage, rather than being due to ineffective treatment methods.

Those offenders still spending some money on drugs at the six-month follow-up point tended to buy different drugs depending on the amount they were spending. Figure 5 shows the number of offenders who rated their drug use as ‘heavy-end’ usage\(^5\), divided by drug type and the amount they reported they were spending (based on 36 offenders).

Figure 5 – Graph of heavy-end drug use by type and amount spent by offenders at six-month follow-up

\(^5\) In the categories ‘Regular heavy sessions’, ‘Binges’, and ‘All the time’.
Figure 5 illustrates that offenders spending £50 a week or under on drugs are using drugs such as cannabis, alcohol, and illicit methadone. The average weekly spend for this group was £19. These ‘softer’ drugs are not as strongly associated as heroin and crack with high levels of criminality. However these drugs do not come without their own associated problems, such as dependency in the case of methadone and health risks in the case of alcohol. Offenders spending much more on drugs, such as over £100, tend to be using heroin and crack. There were only 13 offenders in this group and caution should be used if generalising further than this sample.

On the one hand this suggests, for this sample at least, just under two-thirds of offenders who reached the six-month point were spending around £19 a week on drugs not strongly associated with criminal activity. On the other it raises the issue of the other third of offenders who complete six months of their DTTO but report spending £100+ a week mainly on crack and heroin. Further collection of data at the twelve-month follow-up point may help to address these issues.

Offenders who achieved a 50% or greater reduction in their weekly drug spend (n = 22) were mainly continuous heroin users at the pre-DTTO stage. Figure 6 shows the level of drugs being used ‘heavily’ at the pre-DTTO stage by offenders who achieved a 50% or greater reduction in their weekly drug spend.

*Figure 6 – Offenders with heavy-end drug use at pre-DTTO stage who halved their drug spend by the six-month stage*

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6 Any drug usage described in the top three categories: ‘All the time’, ‘Binges’, ‘Regular heavy sessions’.
Clearly those offenders who achieved a 50% or greater reduction in their drug spend were serious heavy-end drug users prior to attending the DTTO. This promotes the idea that the significant reductions in drug use and drug spend shown cannot be attributed to offenders who initially had a less serious drug problem in terms of drug intake. It is apparent that those achieving the significant reductions initially presented with heavy-end usage of drugs associated with criminal activity and a whole host of other issues, such as health problems.

**Drug Dependency**

Psychological drug dependency, as measure by the Leeds Dependency Questionnaire on a 0-30 point scale, showed statistically significant reductions at the six-month follow-up stage\(^7\). Dependency measured at a mean of 19.3 at the pre-DTTO stage compared to 8.9 at follow-up. This suggests that the level of dependence, as a psychological construct, has halved for offenders in this sample. This supports the findings on the reductions in heroin use and drug spend. It also gives some indication that offenders on the DTTO, as well as simply reducing the amounts of drugs or money they are using/spending, are undergoing changes in terms of their attitudes or thinking style about drug use.

**Changes in Criminal Activity**

Levels of self-reported criminal activity showed statistically significant reductions between the pre-DTTO and six-month points\(^8\). Figure 7 displays the levels of reported criminal activity at both the pre-DTTO and six-month stages.

**Figure 7 – Levels of self-reported criminal activity in the previous three months**

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\(^7\) \(t = 7.64; \text{df} = 38; p<0.01; n = 39.\)

\(^8\) Wilcoxon \(Z = -5; p<0.01; n = 42.\)
Turning the figures underlying figure 7 into crimes per offender per month, this suggests that 439 crimes a month were being committed by this sample in the period prior to the DTTO. At six months on the DTTO this sample report committing around 133 crimes a month; a reduction in self-reported crime of 70%. This could suggest an estimated 307 crimes have been prevented by operating just 59 DTTO cases for the equivalent of six months.

Prior to attending the DTTO 70% of offenders reported criminal activity on a weekly basis. At the six-month stage this had reduced to 15%. Almost two-thirds of offenders attending at the six-month stage reported no criminal activity in the previous three months on their DTTO. Some caution may be required with this finding as it is based on self-reported information on criminal activity. The reductions, however, appear consistent with changes found on this sample using other measures associated with criminal activity such as heroin use and weekly drug spend. Self-report data may result in ‘inaccuracies’ in levels of criminal activity reported but such a marked shift in criminal activity and drug use across the whole sample suggests the figures bear some relation to actual changes in offenders behaviour.

Significant reductions were also found in the proportion of drug use being funded by criminal activity\(^9\). The proportion of offenders funding all or most (100% or 75%) of their drug use had halved by six months, from 68% pre-DTTO to 19% by six months. Figure 8 shows these changes broken down into different categories of criminally-funded drug use.

**Figure 8 – Proportion of drug use being funded by criminal activity**

\(^9\) Wilcoxon Z = -5; p<0.01; n = 42.
On the one hand these changes correspond to the reductions found in criminal activity and suggest that crime and more specifically drug-related crime are much reduced at the six-month follow-up point for this sample. On the other hand the data presented in both figures 7 and 8 show a small proportion, somewhere between 15% and 19% of offenders, who at the six-month point had neither reduced their criminal activity nor the proportion of illegal drugs being funded by such activity. This raises the question of what should be done with such offenders who after six months on the DTTO are clearly not making progress in terms of reducing their drug-related criminal activity. Should other indicators of progress be taken into account for such offenders?

Shoplifting was the most common type of criminal activity offenders reported committing prior to the DTTO. All of other types of criminal activity were reported by 20% or less of the sample, with fencing, theft from vehicles, commercial burglary and fraud being the next most reported types. Figure 9 below shows the top eight types of criminal activity by frequency before the DTTO along with the corresponding levels reported at six months.

**Figure 9 – Six-month changes in the top eight types of criminal activity**
Clearly, shoplifting shows the largest decrease, a drop of 37%. Theft from vehicles (-15%), fencing (-15%), and commercial burglary (-13%) show the next largest decreases. Vehicle theft (3% to 0%), robbery and mugging (both 2% to 0%) show complete cessation, although these were relatively low level at the pre-DTTO stage. These three types of criminal behaviour were only very low level at the start of the DTTO but it is important to recognise firstly that these crimes tend to be those of greater public concern. This lends some support for a shift from more to less serious crime by offenders attending the DTTO. Secondly that the decrease in these crimes may at best represent a genuine cessation in these crimes, or at least shows an attitudinal shift towards these crimes and what it means to report them. In the context of data on the reduction of drug use, drug spend, and psychological dependency it would seem more likely that we can be confident that the reductions relate to a ‘real’ change in behaviour.

Changes in Health and Social Situation

Health

General health had improved for offenders attending at six months on their DTTO. Data was available on 26 offenders who completed a 10-item health checklist, as used in the Maudsley Addiction Profile (Marsden et al., 1998), both pre-DTTO and at the six-month follow-up stage. The six-month scores showed statistically significant reductions\(^\text{10}\) with health scores dropping from a mean of 23 to 18 on a 0-40 scale (the lower scores indicating better health). In percentage terms, this could be stated as a 12.5% reduction in health problems. Offenders who reduced their weekly drug-spend to under £50 tended to have lower health scores. Figure 10 plots weekly drug spend against health, at the six-month stage.

Figure 10 – Weekly drug-spend & health scores at six months

\(^{10}\) t\((25) = 3.271; p<0.01; n = 26\)
Although a statistically significant correlation existed between weekly drug-spend and health scores at six months\textsuperscript{11}, only 21% of the changes in health scores could be accounted for by changes in weekly drug-spend\textsuperscript{12}. This suggests that DTTO offenders may present a variety of health problems only some of which can be linked to the amount of drugs they are taking. It seems probable that health problems that may have been caused, if only partially, or exacerbated by use of illicit drugs, could continue to occur after drug use has been substantially reduced.

Marsden et al. (1998) report that a cohort of problem drug users receiving treatment in the community had pre-treatment health scores of 15. This suggests that although notable reductions are being made by DTTO offenders their pre-treatment health scores were comparatively high. This raises the question of whether greater improvements in health can be expected after six months on the order, i.e. should health scores be at least as low after six months as the pre-treatment health scores reported by Marsden et al. (1998). If so, the question arises as to whether current provision is geared up to effectively deliver this.

Reductions in the use of shared injecting equipment were also found. Data on the number of times injecting equipment had been shared during the previous month was available on 46 offenders. Figure 11 shows that at the pre-DTTO stage a third of offenders reported sharing injecting equipment at least once in the previous month. By six months on the order this had dropped to 6.5% of the sample.

**Figure 11 – Changes in the Use of Shared Injecting Equipment**

\textsuperscript{11} F (1, 37) = 10.8; p<0.01

\textsuperscript{12} R = 4.75; R^2 = 0.23; R^2 (adj.) = 0.21
There is a significant level of statistical association between use of injecting equipment and the time spent on the order. This indicates that offenders who reach the six months stage are more likely to reduce use of shared injecting equipment.

Sharing injecting equipment increases the likelihood of contracting blood-borne diseases. Reducing the use of shared injecting equipment is a key part of a harm minimisation approach designed to lessen risks to offenders’ health. The reductions found at six months demonstrate that the DTTO can not just contribute to the increasing the offender’s overall well-being, but has wider benefit to local health provision.

Just over 40% of the sample reported having previously overdosed, with 22% of offenders stating this was an intentional overdose. This provides further example of the kind of harm minimisation the DTTO could offer.

Three questions on mental health were included in the questionnaire. Although these question lack the robustness and validity of a longer psychological inventory or questionnaire their purpose is to give some level of indication of the mental health issues presented by offenders on a DTTO. Improvements were found at the six-month stage from the responses to all three questions and these are shown in figures 12, 13, and 14.

Figure 12 – Changes in responses to question on feelings of despair and hopelessness

\[ \chi^2 = 9; df = 1; p<0.01; n = 46 \]
**Feelings of Despair & Hopelessness**

<table>
<thead>
<tr>
<th></th>
<th>Pre-DTTO</th>
<th>Six-months</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>37.3</td>
<td>11.9</td>
</tr>
<tr>
<td>Yes, but not recently</td>
<td>26.5</td>
<td>23.7</td>
</tr>
<tr>
<td>Yes, within the last 3 months</td>
<td>41.2</td>
<td>32.4</td>
</tr>
</tbody>
</table>

% of offenders

**Figure 13 – Changes in responses to question on thinking other people are plotting against you and/or out to get you**

**Thinking other people are plotting against you and/or out to get you**

<table>
<thead>
<tr>
<th></th>
<th>Pre-DTTO</th>
<th>Six-months</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>78.0</td>
<td>45</td>
</tr>
<tr>
<td>Yes, but not recently</td>
<td>15</td>
<td>6.8</td>
</tr>
<tr>
<td>Yes, within the last 3 months</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Regularly</td>
<td>15</td>
<td>6.8</td>
</tr>
</tbody>
</table>

% of offenders

**Figure 14 – Changes in responses to question on feeling very anxious and/or agitated without apparent cause**
Figures 12-14 all show reductions at six months in the percentage of offenders responding that they experience these thoughts and feelings. However, the data only supports statistically significant findings for the reductions in feelings of ‘despair/hopelessness’ and ‘anxiety/agitation without apparent cause’\textsuperscript{14}. What the data presented in all three graphs suggests is that the time spent on the DTTO can impact on offenders’ mental well-being. Improved assessment of this, at least in terms of evaluation measures, if not treatment needs, may yield fruitful results both in addressing offenders’ mental health needs within the DTTO and measuring the impact of such interventions.

**Social Situation**

Changes in the social situation of offenders can potentially serve firstly as a proxy indicator of reductions in drug misuse and criminal activity, inasmuch as drug misuse is often preceded, if not accompanied, by a range of social problems. Secondly, the DTTO aims to improve offenders’ general well-being not just in health terms, but also in terms of reintegration into the community. This social element of rehabilitation concerns helping offenders re-construct their social positioning to allow them a realistic way of living without drug use and offending.

**Employment Status**

The key change in employment status by six months is a drop in the number of unemployed offenders and a corresponding rise in the number who are economically inactive (not working but not registered as unemployed/seeking work). Figure 15 shows the employment status of the sample at both pre-DTTO and at six months.

\textsuperscript{14} ‘Despair & Hopelessness’ - χ² = 19; df = 3; p<0.01; n = 93. ‘Anxious/agitated without apparent cause’ - χ² = 9; df = 3; p<0.05; n = 85.
Further investigation would be needed to explore this change however a likely explanation would be found from looking at how offenders claim benefits whilst on the order and the associated status this gives them. In West Yorkshire, an agreement is in place with the local Benefits Agency offices. This allows offenders sentenced to a DTTO to make a choice to either continue to claim Job Seekers Allowance, with an agreed limited availability clause, or to switch to Incapacity Benefit. The figures suggest that around a quarter of unemployed offenders do switch to Incapacity Benefit. Indeed a third of economically inactive offenders at the six-month point were classed as ‘Temporarily Sick/Disabled’, compared to just 8% pre-DTTO. Although this might seem more practicable whilst offenders are on the order it perhaps important to think through the longer term impact of being an Incapacity Benefit claimant as opposed to a Job Seeker with current limited availability. Pre-DTTO over half of the sample had been unemployed longer than two years and a further quarter for over one and a half years. Working to improve offenders’ employability and confidence in their employability is clearly a key area of need for DTTO offenders. Decisions about benefits and progress towards employability however need to be made with consideration to individual circumstances and progress on the order.

**Financial Situation**

The data collected at six months shows positive changes in the financial situation of offenders. These are given in Figure 16.
Figure 16 – Changes in offenders’ financial situation by six months

The left-hand bars on the chart are the more negative categories and those on the right are the more positive financial situations. The figures show an increase at six months in the categories representing a better financial situation, particularly a 10% increase in the number of offenders reporting that finances are not a significant problem. The figures above lend support to the idea the DTTO can work to help offenders address their financial difficulties and better manage their income.

**Housing**

Prior to being sentenced to the DTTO a quarter of offenders described their housing as ‘Other’. Virtually all of these offenders were temporarily lodging with friends, relatives (excluding parents), or with other acquaintances. Figure 17 shows offenders’ housing both prior to the order and at six months.
The most notable change is the reduction in the number of offenders in the ‘Other’ category suggesting that by six months on the order there are more offenders in stable accommodation. This suggests that generally speaking the housing status of offenders is much improved by six months on the DTTO. From those in the ‘Other’ category at six months only three offenders were lodging or staying with friends. Also by six months the number of homeless offenders has reduced to none. Both of these positive findings are supported by a rise in categories such as ‘Living with parent/s’ (+4%), ‘Owner & occupier’ (+5%), and ‘Rented’ (+5%).

For offenders in shared accommodation it is important to note whether they are co-habiting with other drug users. Figure 18 shows that despite the positive changes in offenders’ housing there is little change in the number of drug-using co-residents.

Figure 17 – Changes in housing status by six months

Figure 18 – Changes in drug-using co-residents
The figures suggest however that this is only an issue for around a fifth of offenders. However, working with offenders to obtain not just stable and/or improved accommodation but ensuring that it is drug-free accommodation, where possible (e.g. an offender could have a long-term drug-using partner), may increase the likelihood of maintaining progress made in other areas.

**General Social Situation**

By six months scores for offenders’ general social situation showed marked improvements. Using a 14-item questionnaire, social situation scores were produced on a 0-40 scale with higher scores indicating a better social situation. The figures are displayed as box-plots in figure 19.

**Figure 19 – Box-plots of social situation scores (N = 41)**

The figures support statistically significant improvements in offenders’ social situation by six months on the order\(^{15}\). This could suggest that work being undertaken with offenders on the DTTO is either directly or indirectly contributing towards an improvement in offenders’ social situation. Interestingly, the figures showed virtually no correlation between weekly drug-spend and social situation score\(^{16}\). This suggests that although both drug spend and social situation show improvements at six months one does not necessarily bring about the other. It seems more likely that both could be bought about by another set of factors concerning the type, style, and frequency of the intervention, especially the relationship with staff (see Turner, 2002). It makes sense that drug use could be reduced leaving a whole set of social issues to address separately. However these figures do not support the idea that drug use should be addressed either prior to any other issues or in isolation of such issues.

\(^{15}\) Wilcoxon Z = -4.3; p<0.01; n = 41.

\(^{16}\) Pearson’s r = -0.05; p = 0.77; R\(^2\) (adj.) = -0.03; n = 41.
Different questions within the social situation questionnaire show differing levels of change. Figure 20 shows the changes in the responses to each of the individual questions.
Figure 20 – Changes in responses to individual social situation questions

Changes in the Social Situation of DTTO Offenders at 6 months

Key:
Q.4 – Interest in hobbies/leisure activity
Q.5 – Quality of spare time
Q.6 – Quality of family relationships
Q.7 – Quality of general relationships
Q.8 – Frequency of contact with family
Q.9 – Frequency social circle contact you
Q.10 – More relationships with non-users
Q.11 – Fewer relationships with users
Q.12 – Input/effort into relationships
Q.13 – Importance of relationships
Q.14 – Involvement in community life
Q.15 – Value attached to community life
Q.16 – Difficulty expressing opinions
Q.17 – Exclusion/rejection from social circle
Q.18 – Difficulty managing resources

Improvements – being increases in scores – are evident in responses to all questions. The greatest changes were made in the following areas: Importance of relationships (+54%), Fewer relationships with users (+50%), Input/effort into relationships (+49%), Quality of spare time (+37%), and Quality of general relationships (+36%).

The smallest changes were in the following areas: Frequency social circle contact you (+3%), Frequency of contact with family (+4%), and Exclusion/rejection from social circle (+9%).

The findings suggest that by six months offenders’ views on the importance of their relationships and the effort they put into maintaining relationships show some marked changes. This lends support to the idea that the DTTO staff can work with offenders to address social issues, in particular repairing or reinstating family and other relationships of importance. Moreover there is some indication that this work brings about attitudinal shifts in the value and importance offenders place on these relationships. It is interesting that the smallest changes centred on how much the offender feels they are part of a social circle and how often they have contact with friends and family. This might suggest that although important changes are made in how offenders view their relationships and disassociate themselves from drug-using friends, there may be further improvements to be made in terms of reinstating
relationships with family and friends. It also implies that although reconciling family relationships may well take longer than six months, the issue remains important to offenders.

**Offenders’ Views & Opinions**

The previous sections have dealt with changes in offenders’ needs, some of which are more directly linked with crime and some that contribute towards a wide-ranging package of rehabilitation. It is also important to understand how offenders respond to the programme in terms of their own views and opinions on what is working. This section aims to provide some basic information about the changes in offenders’ views and opinions of the order.

Asked about what they think is important in attending at both the pre-DTTO and six-month stage, offenders responses showed increases in all categories. These were generally at around 15% and figure 21 shows these changes.

**Figure 21 – Changes in offenders’ views on the importance of attending**

The greatest increase was in the ‘Other’ category. Comments made at the pre-DTTO stage were general aspiration comments like “Gives me some motivation”; “Improve my life”. At six months the ‘Other’ importance had become more varied but specific to personal goals e.g. “To gain confidence and start taking part in social activities again”; “Reconcile relationship with partner and family”; “To hopefully get employment”; “To help me with family things and to help me see things differently”. Indeed, all of the 23 comments in the ‘Other’ category at six months concerned either getting confidence back or reconciling family relationships. This highlights an aspect of the DTTO which seems of much importance to offenders, yet may go somewhat understated within the overall aims of the DTTO.

At the six-month follow-up point offenders completing the questionnaire had the opportunity to give unstructured information about changes in the way
they think and/or feel which the programme has helped them. The comments from 59 offenders fall into three broad areas: Lifestyle changes; Relationships; Personal Changes.

‘Lifestyle Changes’ generally centred on the reduction of drugs and/or crime, along with generally keeping active in other ways. ‘Relationships’ focused on two key areas. The first concerned getting rid of drug-using friends and/or making new friends. The second was about improving family relationships, particularly in terms of building up trust with family members and increased contact, but also included being a better parent. ‘Personal Changes’ related to a range of motivational, attitudinal, and problem-solving skills. It is testament to the effect of the work undertaken with these offenders that they report such changes as:

- “Sense of humour has come back. Helped my confidence to rise. Have a nice steady home”
- “It’s totally changed my life around, I feel like my old self again and it’s the best feeling in the world. I couldn’t have got through this without the support of the DTTO programme”
- “I find the DTTO has helped maintain my motivation and not become complacent. If I’ve needed help or support the DTTO staff have always been available to help. Sometimes just having someone to talk to can be therapy enough.
- “It has helped me a lot, I have maintained and stayed drug free, I am starting new courses to further my education and hope to become employed towards the end of the year”
- “It has given me the extra motivation to stay drug free, also it made me realise the effect my drug taking and criminal activity was having on me, my family and my local community”

These comments lend support to the idea that it is the DTTO, or more importantly the staff who deliver the DTTO, that are achieving these effects on and changes within offenders. This demonstrates that the programmes being delivered across West Yorkshire are engaging those offenders who maintain attendance and working responsively with their differing needs. The comments also add weight to the many of the findings contained in this report; the measures used in this research show similar findings to those reported directly by offenders.

Only a few negative comments were made by offenders still attending at six months. These focused on: problems concerning being around other drug users; feeling that they were not being taken seriously; the prescribed drugs not being helpful. Although these comments were only made by a few people, it might be useful to bear these issues in mind in terms of improving how we respond to offenders and how we engage and encourage them to increase their input into the order over its duration.

17 Thanks goes to Sarah Briggs, Research Assistant, National Probation Service (West Yorkshire) for assistance with the analysis of this aspect of the study.
The issue of being around other drug users is partly dependent on team resources, in terms of being able to offer different groups for using and non-using offenders. However, research highlighted in the introduction suggests that offenders’ views on and reactions to being in a group with other users differ according to several factors. Such factors include: where the offender is at in terms of their own drug intake; offenders’ views about their ability to abstain from drugs; offenders’ beliefs about what motivates them to keep off drugs, i.e. keeping away from users or some other factor. Exploring these factors with offenders may be useful in terms of working with their current frame of mind and helping them constructively to address difficult issues.

Offenders were also asked about what was difficult in attending the DTTO. Overall the proportion of offenders who found attendance difficult increased after six months. This may be little surprise from offenders who have attended for six months. It is interesting however to look at the changes in offenders’ views on which aspects are more difficult. Figure 22 shows these different aspects.

**Figure 22 – Changes in offenders’ views about what is difficult about attending**

|                        | Pre-DTTO (%) | Six-months (%) |
|------------------------|--------------|----------------|---|
| Maintaining attendance  |              |                |  |
| Maintaining motivation  |              |                |  |
| Withdrawing/reducing from drugs | |                |  |
| Being involved in group work |           |                |  |
| Learning new skills     |              |                |  |
| Changing the way you think/feel |       |                |  |
| Other                   |              |                |  |

Withdrawing from drugs, changing the way you think and/or feel, and maintaining motivation were the three most difficult aspects of attending the DTTO, according to offenders after six months on the order. This broadly reflects what offenders thought would be difficult prior to starting the programme. However, whilst all categories showed increases between what offenders thought pre-DTTO and what they thought after six months attendance, some categories showed marked increases. Maintaining motivation, learning new skills, and changing the way you think and/or feel, all rose by at least 17%. This suggests that these categories represent the greatest challenge for offenders in terms of maintaining their attendance. Strategies to assist offenders to work positively with these difficulties, or with
unrealistic initial expectations of the order, may go some way to help improve retention.

Lastly, offenders were asked to rate how helpful they thought the DTTO programme had been. 38 out of 42 offenders (90%) said the programme was either extremely or very helpful. The remaining 4 offenders (10%) said the programme was quite helpful. Although one such question in isolation is a crude measure of success, taken with findings from all sections of this report including comments on offenders’ views and opinions, this suggests that not only do the reported changes seem to be occurring for most offenders who attend for six months but that the offenders themselves recognise and welcome these changes.

Recommendations

The findings of this report suggest that offenders attending the DTTO for at least six-months can make significant improvements in terms of reducing drug use and drug-related criminal activity and in terms of improving their health and social situation. However with half of offenders dropping out by the fourteenth week and 27% still attending by six months there is much work still to be done to improve retention. Little detailed information is available on attrition from the DTTO but in the absence of this local strategies to improve retention need to be developed.

This sample of offenders mainly used heroin and crack at the pre-DTTO stage. Although heroin use showed statistically significant reductions at six months, this was not the case for usage of crack. The treatment of crack addiction requires different methods to those used to treat heroin. It is important to ensure that the current DTTO treatment provision in West Yorkshire caters for offenders who use crack.

The findings on reductions in drug use, weekly drug spend and psychological dependency all highlight that offenders attending the order can make substantial changes in these areas. Clearly not every offender on the order will completely and immediately stop taking drugs and stop committing crime. However two important points should be considered:

1. If the DTTO can be considered, on the basis of these findings, to be effective to greater or lesser degrees in reducing drug use and criminality, then positive use of the ‘harm reduction’ effectiveness of the DTTO, to both offenders and to the public, needs to be made in discussion of DTTO ‘success’ with all stakeholders

2. The findings also suggest that a third of those still attending at six months had not made a great deal of progress in terms of reducing drug usage, weekly drug spend and criminal activity. Dealing with these offenders is likely to be a difficult and complex task. However employing a ‘What Works’, rather than a ‘Nothing Works’ mentality, would initially suggest revisiting area policies and strategies concerning the treatment and supervision of such offenders, who are still using
Class A substances and/or spending over £100 a week on drugs at six months on the order.

One of the key aims of the DTTO in West Yorkshire is to improve offenders’ health and general well being. Statistically significant reductions in health problems were found for this sample. However, previous studies on drug users suggest that the scale of health problems of West Yorkshire offenders on the DTTO is comparatively high. This raises the question of whether greater improvements in health can be expected after six months on the order. Investigating the current health provision for offenders available at various stages of the order, to ensure that ongoing and wide-ranging health interventions are available to offenders throughout, may provide the relevant information to address this question.

The main change in offenders’ employment status at the six month point on the order was a shift from ‘Unemployed’ to ‘Economically Inactive’ and an increase in the proportion of these coming under ‘Temporarily Sick/Disabled’. There may be short-term benefits in terms of offenders being able to receive Incapacity Benefit claimant as opposed to being a Job Seeker in receipt of the allowance but with limited availability. However, the longer term impact in terms of working to improve offenders’ employability and confidence in their employability would need to be carefully considered.

The housing status of offenders is much improved by six months with no homeless offenders and fewer offenders temporarily lodging with friends and acquaintances. There is however little change in the number of offenders living with drug-using co-residents. It could be expected that working with offenders to obtain accommodation that is both stable and free from other drug users, particularly users of Class A substances, would increase the likelihood of achieving or maintaining progress in other areas, such as reducing drug use. Exploring whether current housing provision in West Yorkshire can cater for offenders on DTTOs who are either drug-free or very low-level drug users would help in determining the issues. For example, there may be sufficient capacity but ineffective referral mechanisms to access the provision, or good referral mechanisms but insufficient support concerning maintaining the drug-free status of the premises.

There is little support from these findings that there is a relationship between reducing the weekly amount spent on drugs and improvements in offenders’ social situations. For example, an offender who reduces their drug-spend from £200 a week to nothing may still present a whole range of pressing social problems. Clearly both reducing drugs and improving offenders’ social situation needs to be addressed, along with other needs, but it cannot be said that drug use should be addressed either prior to or in isolation of social issues. Indeed staff may already be well aware that work with offenders to reduce drug use can be intertwined with work on social issues. Circulating that working on reducing drugs need not necessarily be divorced from addressing social issues may help a standardisation of practice in this area.
One of the most important aspects of the DTTO to offenders is building or rebuilding relationships with family and friends. However only small improvements had been made in these areas by six months. This might suggest that although reconciling family relationships may well take longer than six months, the importance of this to offenders does not markedly diminish with time. Formally and frequently reviewing whether offenders’ social situation, particularly in terms of building or rebuilding relationships with family and friends, is being addressed would help maintain focus on these areas. The importance of the issue to offenders suggest that improvements in retention as well as in treatment ‘effect’ could well be increased through paying close attention to this issue.

Maintaining motivation, learning new skills, and changing the way you think and/or feel showed the greatest rises in what offenders thought was difficult about attending the programme. It can be expected that offenders may not have wholly realistic expectations of the DTTO prior to starting the order. However, it is important to ensure that offenders receive appropriate levels of support to work constructively with these challenges. Reviewing the current strategies and/or interventions in use to assist offenders to work positively with maintaining motivation, learning new skills, and changing the way they think and/or feel would provide the first steps in ensuring that such support is in place.

References


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