What Works with Offenders who Misuse Drugs?

This fact sheet summarises the evidence for the effectiveness of criminal justice drug treatment programmes being delivered across England and Wales, including international research supporting the model of change adopted by these programmes.

The International Evidence

Much of the research into prison drug treatment has focused upon Therapeutic Communities (TCs). A Campbell systematic review concluded that, of all types of prison drug programmes, TCs have the strongest evidence for successfully reducing drug relapse and recidivism\(^1\). Other recent reviews have also provided further support for TCs\(^2\)

In a meta-analysis of TC evaluations\(^4\), recidivism rates were compared across 35 studies. Lower rates of reoffending were found for the treated samples when compared to non-treated groups, with outcomes improving with increased time in treatment. However, reviewers have noted that many TC evaluations are methodologically weak, and often do not account for drop-out rates, so they cannot draw really firm conclusions\(^1\)\(^4\). Many of the most successful TCs incorporate post-release follow-up treatment which is known to improve outcomes\(^5\)\(^6\)\(^7\)\(^8\)\(^9\)\(^10\)

Some international studies have also produced promising evidence supporting the use of a cognitive-behavioural (CB) approach for drug treatment within criminal justice settings. A meta-analysis of evaluations of 44 CB-based drug interventions concluded that CB programmes, delivered in correctional settings, reduce recidivism\(^11\). The Washington State Institute for Public Policy identified eight methodologically robust evaluations of CB-based prison drug programmes and found, on average, that they reduced recidivism rates\(^2\). Evaluations in Canada in prison and probation settings also show that CB programmes work with substance misusers\(^12\)\(^13\)\(^14\)\(^15\)

![Figure 1: Estimated percentage change in recidivism rates based on review of different correctional drug treatment interventions. Data from Washington State Institute for Public Policy Research \(^2\)](image)

The principal objective of drug treatment is usually to reduce drug use, but a recent systematic review\(^16\) asked whether such programmes also reduce crime? The selection criteria for inclusion in the review were that the evaluation should be based on voluntary treatment programmes that aimed to reduce drug use (e.g. methadone maintenance, detoxification, or self-help programs) or criminal justice programmes that aimed to reduce drug use and drug-related crime (e.g. drug courts and drug testing programmes). The main finding of the narrative review was that the majority of treatment programmes (68%) were associated with positive outcomes (the treatment group performed better than the comparison group in terms of subsequent criminal behaviour). In seven of the nine treatment types investigated, the majority of evaluations produced positive findings. The most successful were psycho-social approaches and therapeutic communities.

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The meta-analysis showed that 25 of 37 studies of drug programmes showed a favourable effect on criminal behaviour. The mean effect size for all studies combined showed that treatment was associated with a 26% reduction in criminal behaviour. The report concluded that drug treatment programmes (especially psycho-social programmes and therapeutic communities) are effective in reducing criminal behaviour. However, there were statistically significant differences among programme types which were difficult to explain without a better understanding of programme content and intensity.

**NOMS Programmes: the evidence**

A problem with evaluating NOMS Substance Misuse programmes is that they are not provided in isolation. Substance misuse treatment provided to offenders must be compliant with the NTA models of care. This means that treatment is tailored to meet the individual’s needs and preferences and will usually consist of a mix of clinical interventions (substitution prescribing or detoxification), keyworking, structured day care, and drug testing as well as a structured programme. Thus it is difficult to assess the contribution of a specific programme towards any reduction in re-offending.

- **Cognitive Behavioural programmes:**
  ASRO and OSAP are accredited CBT substance misuse programmes that run in probation areas in England and Wales, usually along with a Drug Rehabilitation Requirement. An evaluation of ASRO found lower reconviction rates in the treatment group compared to a randomly selected comparison group. OSAP has been evaluated in Canada, where it was found that completers are less likely to be re-admitted into custody 1-year after release compared to matched comparison groups and programme non-completers. A reconviction analysis found that the actual 2-year reoffending rates of offenders who completed either OSAP or ASRO was significantly lower than the predicted reoffending rate for this group (see below).

![Reoffending rates for community substance misuse programmes](image)

As yet, no outcome evaluations have been carried out on the accredited cognitive-behavioural drug programmes currently delivered in prisons in England and Wales. P-ASRO has been developed from ASRO, for which there is some supporting research evidence, detailed above.

- **TC and 12 Step programmes:**
  The RAPt 12 Step programme in England and Wales has been evaluated three times. These studies found that RAPt completers had a better understanding of substance misuse problems and offending behaviour than a matched untreated sample. RAPt completers had lower reconviction and drug use at 6 months post-release, compared with programme drop-outs and programme non-starters. A 2-year reconviction analysis also found lower reconviction compared to both predicted rates and a matched comparison group. The other NOMS prison TCs in England and Wales have not yet been evaluated although a process study is currently underway.

**CONCLUSIONS**

There is an evidence base for all the approaches NOMS has adopted in its drug treatment programmes. TCs have the strongest international evidence base. The studies conducted so far in this country indicate the same positive impact of treatment as found in other countries.
REFERENCES