

Forward Research and Policy Series

No.1 Why reducing drug-related crime is important, and why the new government needs to act



May 2015

forward

Foreword

This series of Research and Policy Briefings aims to synthesise over 20 years of practical experience, combined with data and analysis from our in-house research team, to improve our understanding of how to effectively tackle drug and/or alcohol related crime. We hold an in-depth database of more than 6,000 drug or alcohol dependent offenders who have engaged with our accredited programmes. We will use this evidence base to produce regular practice and policy briefings.

Briefing 1

This research and policy briefing explains why reducing the rates of re-offending amongst those struggling with drug and alcohol dependencies is a crucial factor in any strategy to reduce overall crime rates. It describes one successful intervention which shows that we should be ambitious in supporting approaches which successfully move offenders towards abstinence and crime-free lifestyles. The briefing expresses concern that a recent reduction in the attention paid by policymakers and commissioners to reducing drug and alcohol-related offending risks losing the significant gains in this field achieved over the last two decades.



The problem of drug- and alcohol-related crime

The illicit drugs market is separable into three constituents: “traditional” (illegal drugs such as heroin and cocaine), the diversion of prescription drugs and New Psychoactive Substances (NPS). This latter group are growing in popularity and are starting to figure significantly in prevalence figures, both in the community and in prison. New Psychoactive Substances (often referred to as ‘Legal Highs’) are designed to mimic the effects of certain illegal drugs, but with their chemical structures often altered in order to evade the law. The government has long been concerned about the emergence and increasing use of these substances - an expert advisory group was convened by the coalition government in 2013, and reported its findings in early 2015. The new Conservative government responded by bringing forward a new bill in May 2015 that will “make it an offence to produce, supply, offer to supply, possess with intent to supply, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect.” The bill is currently in its third reading at the House of Lords. Whilst such legislation will clearly introduce tighter regulations on the open sale of these substances, it is unlikely to prevent NPS being sold through more clandestine methods, such as online purchases, street dealing, or in prisons - where a thriving market is already established.

NPS are often more dangerous than the illegal drug they are trying to mimic, largely because the user cannot be sure of the contents of each batch and little is known about their potency and long term effects¹. The Global Drug Survey (2015)² found that users of synthetic cannabinoids, such as Spice, were 30 times more likely to have attended a hospital emergency room because of their drug use than users of herbal cannabis.

NPS use has quickly become widespread amongst prisoners. The annual report from the National Offender Management Service (NOMS) (2015³) affirmed that increased NPS use among prisoners is generating high levels of debt, intimidation and violence between prisoners and is likely the main catalyst for the recent rise in attacks on prison staff. Its popularity has been increased by the view amongst prisoners that drug tests are unable to detect its use, and that smoking certain types of NPS (such as Spice) does not produce a distinctive smell that can be detected by prison officers. There is also a lack of up-to-date knowledge on the dangers and effects of NPS. As new chemicals are constantly being manufactured, users are therefore rarely aware of exactly what they are taking, and what risks are associated. Whilst Forward welcomes the recent Ministry of Justice (MoJ) announcement that more will be done to address this problem⁴, we are concerned that the situation on the ground is developing more rapidly than our ability to respond, and is undermining good order and discipline in prisons. It is also putting the safety of staff and the delivery of drug recovery services at risk.



Transforming Rehabilitation

Transforming Rehabilitation (TR) is the most radical overhaul of probation in the service's 107 year history. The probation service is now split into a National Probation Service (NPS) - which services the courts and supervises high risk offenders - and 21 local Community Rehabilitation Companies (CRCs), which supervise low and medium risk offenders. These new CRCs, most of which are a partnership between private and voluntary sector providers, have been encouraged to be innovative and re-engineer the way the probation service works.

However, even if this new creativity pays dividends, new providers are required to deliver a reducing reoffending service to many more offenders (since an extra 45,000 short term prisoners are now subject to statutory supervision on release every year) with a substantially smaller budget.

Additionally, these new providers do not have responsibility for purchasing any of the health based interventions for offenders - including mental health and substance misuse services - which are the funding responsibility of Local Authority Health and Wellbeing Boards (HWBs).

It is no surprise, therefore, that most of these new CRCs have explicitly stated that they will not allocate resources to fund drug and alcohol treatment. The result is that the only publicly funded structures who are currently directly focused on reducing re-offending have no budget or responsibility to pay for the interventions that are the most effective in achieving that objective.

Community Based Drug and Alcohol Treatment

CRCs therefore need to rely on the willingness of local authority and public health commissioning systems to prioritise effective drug and alcohol treatment for offenders. In April 2013, local authorities assumed lead responsibility for public health, including the commissioning of drug and alcohol treatment via the new local Health and Wellbeing Boards. Drugs and alcohol are a relatively small issue on the public health agenda and the Drug and Alcohol Action Teams (DAATs), who had built up both expertise and effective partnerships over the previous 20 years - often with a range of specialist knowledge and interventions targeted at substance misuse related crime - have been effectively disbanded.

HWBs have no statutory police, probation or prison representation, tend not to see crime reduction as a priority and are, understandably,

preoccupied by restructuring local services in the context of funding reductions. At the same time, the re-commissioning of health services in police custody suites is now progressing quickly, with the previously extensive drug diversion schemes (that have for the last 15 years identified, assessed and referred drug dependent arrestees to treatment) seemingly a low priority.

These fundamental changes in both probation and health commissioning are having a negative impact on the range and quality of interventions designed to tackle drug-related crime in local areas. Relationships between health commissioners and probation have deteriorated rapidly and are complicated by the fact that HWBs now have to interact with two local probation agencies - the NPS and their local CRC.



Prison Based Drug and Alcohol Treatment

There is a reasonably well developed range of drug treatment services in prisons, encompassing case management, access to health assessment and substitute prescribing, as well as structured rehabilitation programmes.

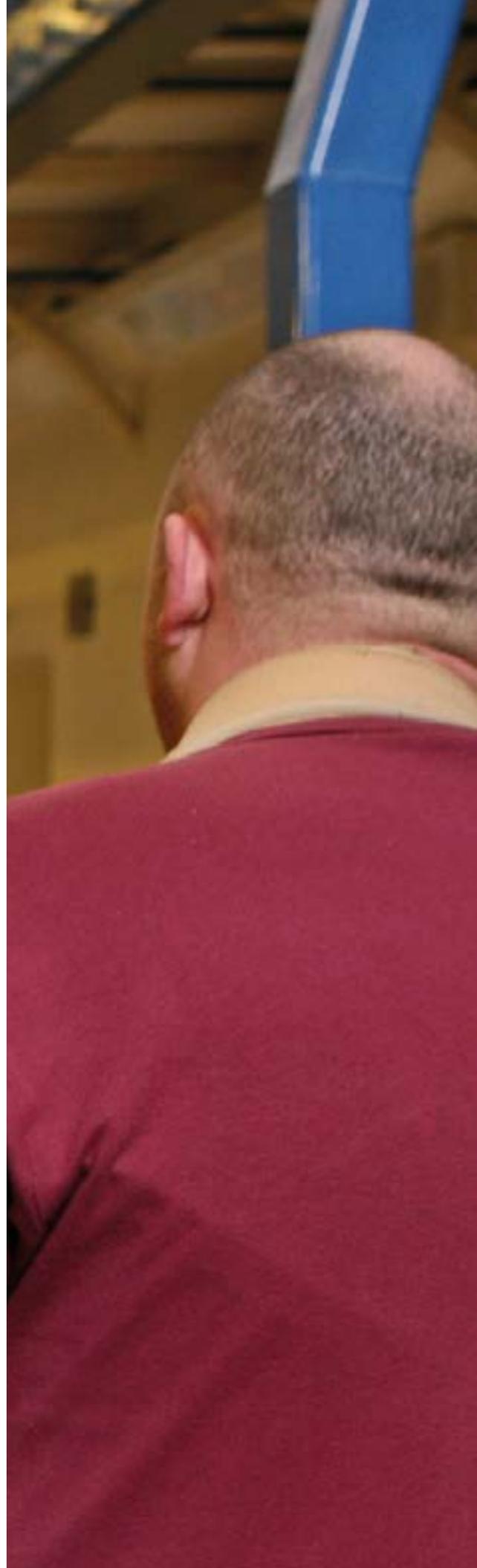
However, some interventions are clearly associated with substantial reductions in re-offending – for example, an independent evaluation of the Forward intensive drug treatment programme found that it significantly reduced the re-offending rates of drug dependent prolific offenders.

The programme is a 20 week, abstinence-based, intensive psychosocial intervention designed around a 12-Step framework, augmented and adapted with Motivational Enhancement Therapy, Cognitive Behavioural Therapy, and other evidence-based approaches. It is supplemented by a national Recovery Support service on release.

Only 31% of those who completed the Forward programme were reconvicted in the year following release, compared to 49% of those in the comparison group who received the standard prison drug treatment intervention.

In addition, released prisoners in the comparison group who re-offended committed twice as many offences on average as those from the Forward group. The overall reduction in the amount of recorded crime was an impressive 65%.

So, some prison based drug and alcohol interventions do have the potential to significantly reduce re-offending, but they are only available for a tiny proportion of the target population, and even that level of provision is under threat as funding priorities move away from reducing re-offending and promoting recovery.



Conclusion

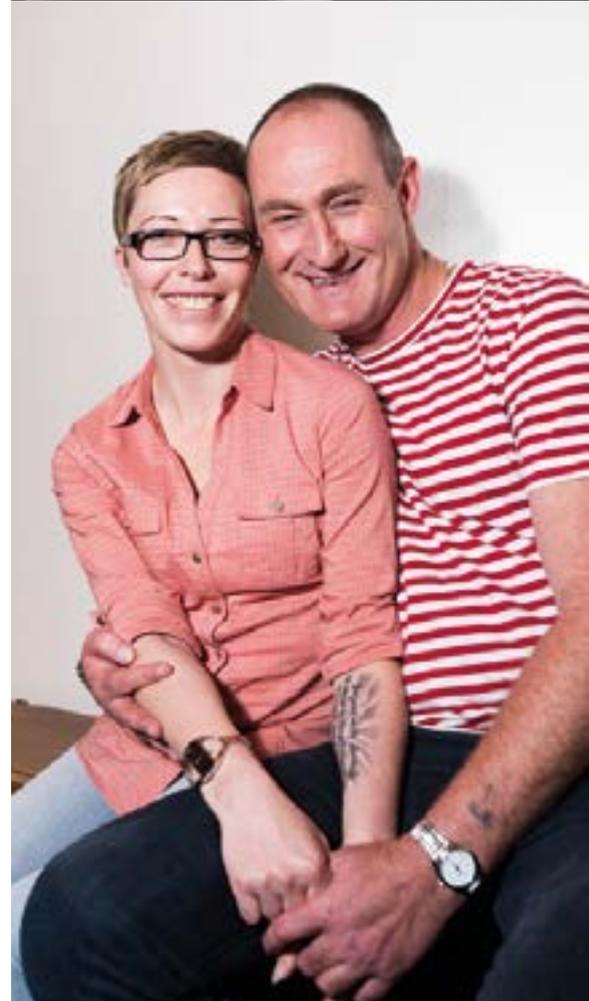
The policy challenges are clear:

- Drug and alcohol misuse are key drivers of property and violent crime.
- We have learnt over the last 15 years that it is possible to identify, motivate and treat prolific drug or alcohol dependent offenders to move away from crime and addiction, through refining and expanding interventions that are proven to substantially reduce re-offending.
- However, changes in probation and health commissioning and planning structures, coupled with budget cuts, means that offenders have less access to proven successful treatment models, putting at risk the gains made over the last 10 years in reducing drug and alcohol related re-offending.

Recommendations

If the incoming government wants to succeed in reducing re-offending, it must ensure that the strategy for identifying, motivating and treating drug and alcohol dependent offenders is robustly defended. This includes:

- Holding Health and Wellbeing Boards accountable for prioritising work to tackle substance misuse related crime, and ensuring they facilitate strong engagement with Police and Crime Commissioners, and representatives from both the National Probation Service and their local Community Rehabilitation Company (CRCs).
- Ensuring the new CRCs are fully aware of the evidence base for reducing drug related crime, and incorporate it into their spending priorities.
- Making reducing re-offending a key target for all relevant budget holders – not just the CRCs but also the Health and Wellbeing Boards, and the NHS England Health and Justice Directorate (the body that commissions health, mental health and substance misuse services in prisons).
- Reintroducing reducing re-offending as a key target for prison Governors, and incentivising them to support the development of the full range of effective drug and alcohol treatment services in their prison.
- Expanding the concept of drug recovery wings into ‘drug recovery prisons’, where an anti-drug and recovery culture is implemented across the whole establishment.



References

¹ BMRB Social Research (2000) The Prisoner Criminology Survey, London: Home Office.

² MoJ (2013) the factors associated with proven reoffending for release from prison: findings from waves 1 to 3 of SPCR, MoJ analytical series.



About Forward

Forward works to help people with drug and alcohol dependence, both in prison and in the community, overcome the grip of addiction and lead positive lives, free from drugs and crime.

In 1992 Forward (formerly RAPt) founded the first drug treatment facility in a UK prison. Today we are the leading provider of intensive, abstinence-based drug and alcohol rehabilitation programmes in UK prisons, providing high-quality drug and alcohol services to over 20,000 people every year within the criminal justice system and in the community.



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