

Improving drug treatment for people under probation supervision - co-commissioning, harm reduction and targeted interventions

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Introduction

This article follows on from one I wrote for *Probation Quarterly* in March 2021, which looked at the opportunities for the probation service to develop work with drug users. That article argued for a greater involvement in drug treatment for the reformed National Probation Service and for the probation service to develop skills in partnership working and co-commissioning. In this article I discuss developments since the spring, including part 2 of Dame Carol Black's review of drug treatmentⁱ, published in July 2021, and the recent thematic inspection of the work of the probation service with drug usersⁱⁱ which came out soon afterwards. I also look briefly at alcohol use and gambling, as other areas where dependency and addiction may influence offending and reoffending. I then discuss the opportunities presented by a newly reunified probation service and the new mechanisms for funding work external to the probation service, particularly the Regional Outcomes and Innovations Fund (ROIF) and the Dynamic Framework (DF).ⁱⁱⁱ

Recent Policy Announcements

The present government sees the criminal justice system as a key part of its response to drug use: there will be no ceasefire in the war on drugs. It does however recognise the need for treatment and that drug use can be one of several social and health related problems faced by individuals^{iv}. Part 2 of Dame Carol Black's report makes several recommendations regarding treatment and the criminal justice system and diverting more people into treatment and recovery:



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"Too many people with addictions are cycling in and out of prison, without achieving rehabilitation or recovery. The recent sentencing white paper committed to greater use of police diversions and community sentences with treatment as an alternative to custody. This must now be put into action, alongside extra funding for treatment places to accommodate the extra demand.

In prisons, Ministry of Justice should work with Department of Health and Social Care and NHS England to improve the experience of treatment, with prisoners always taken to their treatment appointments. On release from prison, prisoners must have ID and a bank account and the ability to claim benefits on the day of release. Those with drug dependence should be helped to continue with drug treatment in the community as soon as possible."

Dame Carol Black asked for an additional £500m for drug treatment and recommended a return to local joint commissioning of drug treatment, guided by national standards for treatment and commissioning. The government has said that it will respond to the recommendations by the end of the year and produce a national drug strategy (the first major revision since 2010, although clinical guidelines for treatment agencies were produced in 2017^v). The development of joint commissioning will have to negotiate the emerging architecture of the proposed reforms to health and social care, though at present it seems that drug and alcohol commissioning will remain with local authorities at a “place based” level^{vi}. “Project ADDER”^{vii} – which stands for Addiction, Diversion, Disruption and Enforcement – includes additional funding for treatment services to work with drug related offenders, including those released from prison. These are multi-agency initiatives in which the probation service is working locally as partners.

The elephant in the room when discussing the government’s approach to illicit drug use is legal drug use i.e., alcohol consumption. Alcohol was excluded from the Dame Carol Black review although it does get a mention as part of Project ADDER and the government is supporting a national roll-out of Alcohol Abstinence Orders, linked to the use of tags which can detect alcohol in sweat. The pilot areas showed good compliance by people made subject of the tags, though the limitations of Alcohol Abstinence Orders are that they are not suitable for dependent alcohol users and at present they have not been linked to treatment.^{viii}

Any discussion of the link between dependency and offending should also include a mention of gambling. Problem gambling can lead to offending and has much in common with drug and alcohol dependency, which it may be associated with.

The Royal College of Psychiatrists consider that it can be helped with similar treatment approaches, including the use of the drug naltrexone, used to help people with impulse control and function as a “blocker” to the pleasurable effects of the behaviour. Treatment and help are available for problem gamblers but the proportion of gamblers in treatment is low.^{ix}

Meanwhile in the probation service...

Probation reunification presented many challenges, one of which was the loss of expertise in drug treatment and in commissioning since 2014. The recent thematic inspection^x described the current probation response to drug use among offenders as “disappointing”; a kind word in the circumstances. Among the two pages of recommendations were the development of a drug strategy and the commissioning of services to support the probation service in working with drug users.

The Dynamic Framework (DF) and Regional Outcomes and Innovations Fund (ROIF) do give the probation service some leverage in developing and supporting drug treatment services. There are concerns among the probation service’s voluntary sector partners that the DF may prove to be inflexible and other mechanisms, particularly co-commissioning, may need to be explored^{xi}. The new probation regions now have regional Heads of Community Integration and have produced, admittedly high level, regional reducing reoffending plans^{xii}. Drugs are recognised as a national priority in them all and many refer to co-commissioning. However, co-commissioning is not always a straightforward process and requires skill, appropriate mechanisms for commissioning, monitoring performance and review.

Effective interventions - what do drug strategies need to include?

The next section of this article looks at the elements to include in a drug strategy. The thematic inspection was clear that drug treatment is effective in reducing crime and that this objective can be achieved even if the person under supervision does not become completely abstinent. Harm reduction, managing behaviour linked to drug use and addressing a drug user's other social needs can all reduce offending. This can include housing, employment, mental health needs and reducing their vulnerability to exploitation or abusive relationships.

The evidence for the effectiveness of low level interventions is limited. Examples of this type of intervention include Required Assessments for people testing positive for drugs on arrest and Information and Brief Advice (IBA). IBA has been widely used in health settings but has not lived up to expectations, with evidence suggesting that its effects are limited to only a slight reduction in alcohol use in non-dependent drinkers. Despite the current Home Secretary's sudden enthusiasm there are similar concerns with drug testing in custody suites on arrest. The evidence is that these interventions have not lived up to hopes and that making them more intensive does not appear to increase their effectiveness. Furthermore, it is hard to deliver these interventions at a big enough scale to make a population level effect. For example, the number of people using cocaine on a night out is much greater than the number that will get arrested and test positive. Even an effective intervention will be used on such a small proportion of the target population that its overall effectiveness will be limited. The test for interventions at this level should be whether they can be used to keep low level non-dependent drug users out of the

already overburdened criminal justice system rather than creating an ever-widening net for them to fall into. For this reason, non-prosecution for low levels of drugs for personal use - an approach currently being tried in Scotland - or diversionary schemes to avoid prosecution may be helpful.

Working with non-dependent drug users is an area that can be developed by the probation service, particularly where the drug use has a direct bearing on offending, and this can often be delivered without the need for support from clinical services. This group of people can often reduce their risk of re-offending without completely abstaining from drug use so interventions looking at managing drug use and avoiding high risk situations may be effective.

The biggest impact of reoffending is likely to be work with people who are dependent, have multiple social and health concerns and who commit a disproportionate number of crimes. The probation service can improve assessment, offer credible Community Sentence Treatment Requirements, provide support to Integrated Offender Management and work closely with treatment services to address offending, dependent drug use and reduce risk. This is unlikely to be effective unless it is supported by multi-agency working and treatment services able to work with drug users with complex multiple needs.

Conclusion

The reunification of the probation service and the recognition of the importance of community integration has coincided with a renewed government interest in drugs policy. This is both an opportunity to influence and improve drug treatment for those in the criminal justice system and significantly reduce reoffending.

References

ⁱ The Dame Carol Black Review: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

ⁱⁱ <https://www.justiceinspectorates.gov.uk/hmprobation/inspections/drug-treatment/>

ⁱⁱⁱ See the Target Operation Model: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/959745/HMPPS - The Target Operating Model for the Future of Probation Services in England Wales - English - 09-02-2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/959745/HMPPS_-_The_Target_Operating_Model_for_the_Future_of_Probation_Services_in_England_Wales_-_English_-_09-02-2021.pdf) in particular p79-92

^{iv} The best example of this is the Changing Lives initiative, which has been rolled out in several areas and which looks at a coordinated response to people with multiple and complex needs, see: <https://www.gov.uk/government/publications/changing-futures-changing-systems-for-adults-experiencing-multiple-disadvantage>

^v See the clinical guidelines at: <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>. The 2017 update of the 2010 strategy can be read here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

^{vi} For an overview of the proposed new structure of the NHS see: https://www.kingsfund.org.uk/audio-video/integrated-care-systems-health-and-care-bill?utm_source=linkedin&utm_medium=social&utm_term=thekingsfund

^{vii} <https://www.gov.uk/government/news/148-million-to-cut-drugs-crime>

^{viii} For a good discussion of Alcohol Abstinence Orders see: https://findings.org.uk/PHP/dl.php?file=Hobson_Z_1.txt&s=eb&sf=sfnos

^{ix} For a discussion of gambling see: <https://www.gamcare.org.uk/> and <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review>. A review of the Royal College of Psychiatrist position on problem gambling is given here: https://www.rcpsych.ac.uk/docs/default-source/members/faculties/addictions-psychiatry/addictions-resources-for-specialists-rapid-evidence-for-gambling.pdf?sfvrsn=736e144a_2

^x <https://www.justiceinspectorates.gov.uk/hmprobation/inspections/drug-treatment/>

^{xi} See: <https://www.clinks.org/sites/default/files/2021-08/Review%20of%20the%20Dynamic%20Framework%20of%20the%20National%20Probation%20Service%20-%20Richard%20Oldfield.pdf>

^{xii} <https://www.gov.uk/government/publications/regional-reducing-reoffending-plans>

^{xiii} See the Cochrane review of IBA at: https://www.cochrane.org/CD004148/ADDICTN_effectiveness-brief-alcohol-interventions-primary-care-populations. A good summary of the debate is given in Drug and Alcohol Findings: https://findings.org.uk/PHP/dl.php?file=alc_BI.hot&s=eb&sf=sfnos. A good discussion of testing on arrest is available here: <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-019-0103-z>