

Are UK interventions targeting drug-misusing offenders evidence based?

Key findings from a review of the recent evidence

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Background

- Commissioned by UKDPC to inform a broader thematic review on this issue. Published in March 2008.
- Not an exhaustive review of the literature - particular emphasis on highlighting lessons from recent UK evidence.
- Used a number of search terms and bibliographic data sources.
- Main searches conducted during July and August 2007.
- Quantitative evaluative studies graded using the SMS.

Background

- To answer four broad questions:
 - What is the nature and extent of the problem?
 - What are current British responses?
 - What are effective strategies for dealing with these issues?
 - Where are the gaps in our knowledge and understanding?

Rationale for the review

- Large proportion of CJ caseloads ‘drug-related’:
 - *125,000 (or 1 in 8) arrestees in E&W are estimated to be problem users;*
 - *45,000-65,000 prisoners each year will have used Class A drugs.*
- Relative ineffectiveness of conventional sanctions in deterring drug use and related crime – high rates of relapse:
 - *70% of those using heroin in the month prior to imprisonment report continued use while in custody (Strang et al., 2006).*
- Rapid expansion in range of CJ options targeting this group since 1997; at considerable public expense:
 - *£330m for adult CJS drug interventions in E&W in 06/07.*
- But what do we know about the effectiveness of these approaches?

What is the nature & extent of the problem?

Source	Sample	Percentage reporting use during the previous year				
		Any drug	Any Class A	Heroin	Crack	Cocaine
British Crime Survey 2005/06	Household population aged 16 to 59 (n = 29,631)	10.5	3.4	0.1	0.2	2.4
Arrestee Survey 2005/06	Arrestees aged 17+ (n = 7,758)	59	35*	15	15	23
Community Penalties Criminality Survey 2002	Probationers aged 16+ (n = 1,561)	61	39	22	19	18
Prisoner Criminality Survey 2000	New male prison admissions aged 16+ (n = 1,884)	73	55	31	31	32

* Refers to use of heroin, crack or cocaine only.

What is the nature & extent of the problem?

- But how might their offending be ‘drug-related’?
 - **Induced**: 25% of positive testing arrestees said taking drugs was the cause, and not the purpose, of their offending (NEW-ADAM).
 - **Inspired**: 1 in 5 people in drug treatment report committing crime in the 30 days before entering treatment in order to raise cash to buy drugs (DTORS).
 - **Defined**: 110,640 people convicted or cautioned for drug offences in England & Wales during 03; or 15% of prison population in Oct 07.
 - **Systemic**: drugs trade a key factor behind the growth of gun crime in UK (Hales et al., 06).

What are effective strategies for dealing with these issues? Some considerations (1)

- Good international evidence that drug treatment can be effective at reducing illicit drug use and offending:
 - Drug Abuse Reporting Programme (DARP)
 - Treatment Outcome Prospective Study (TOPS)
 - Drug Abuse Treatment Outcome Study (DATOS)
 - National Treatment Outcome Research Study (NTORS)
 - Drug Outcome Research in Scotland (DORIS).
- Evidence for treating stimulant use & supporting growth of structured day programmes is less well developed in UK.

What are effective strategies for dealing with these issues? Some considerations (2)

- Interpretation of the evidence complicated by:
 - programme selection effects;
 - sampling and response bias;
 - limited use of matched comparison groups; and
 - small sample sizes.
- Most evidence on UK CJ interventions gathered during piloting/early implementation stage – a period fraught with problems.

Evidence base: specific UK interventions (1)

- There is 'reasonable' evidence for effectiveness of:
 - drug courts (mainly US and AUS evidence – 8 pilots in UK);
 - DTTOs (60,000+ in UK since 1999);
 - prison-based therapeutic communities (n=5; 300 starts 06/07; £1.7m; only one UK study);
 - opioid detoxification and MMT within prisons (n=51,520 06/07; £23.3m); and
 - RAPt 12-step abstinence-based programme (n=12; 930 starts in 06/07; £3m).
- There is mixed UK evidence for:
 - Test on Arrest and Required Assessments (*'Tough Choices'*)
 - Restrictions on Bail (RoB) and
 - Prolific & Other Priority (PPO) schemes.

Evidence base: specific UK interventions (2)

- There is very little international evidence for the added value of drug testing and the effectiveness of intensive forms of supervision.
- There are no evaluations for the effectiveness of:
 - CARAT interventions (n=78,000 in 06/07) & drug-free wings;
 - drug rehabilitation requirements (the ‘new’ DTTO);
 - prison programmes based on CBT (e.g. SDPs and P-ASRO) (n=44; £15.2m in 06/07);
 - conditional cautions (6 UK pilots);
 - diversion from prosecution schemes (n=63 in Scotland 06/07); and
 - intervention orders (attached to ASBOs following Drugs Act 05).

What other factors influence outcomes? (1)

- Treatment quality and availability remains variable and inconsistent across parts of the UK (e.g. equivalence & standards of prison-based treatment; Scottish review of methadone treatment; and access to residential rehab).
- Similar concerns regarding the adequacy of aftercare provision for those completing treatment and CJ penalties.
- Limited capacity to tackle wider social and environmental factors thus facilitating recovery and reintegration (e.g. access to housing and enhancing skills & employability).

What other factors influence outcomes? (2)

- Those referred into treatment via the CJS are a more intractable group (e.g. more crack users – DTORS).
- Flexibility & responding constructively to lapses:
 - appropriateness of probation National Standards
 - no use of innovative strategies such as contingency management to promote engagement and compliance.
- Some evidence of fewer concerns about political interference, penal populism and being influenced by punitive rhetoric in Scotland (McIvor, 2004; Millie, 2007).

What's changed since the UKDPC review?

- *'Tackling problem drug use'* –Report by HoC Committee of Public Accounts published in April 2010.
- The Government spends £1.2 billion a year on measures aimed at tackling problem drug use, but does not know what overall effect spending is having on use and related crime:

“we find it unacceptable that the Department has not carried out sufficient evaluation of the programme of measures in the strategy and does not know if the strategy is directly reducing the overall cost of drug-related crimes” (HoCCPA, 2010: 1).

Implications for policy (1)

- Facilitating more rigorous and robust evaluations of programme effectiveness.
- Cost-effectiveness and VfM offered by most UK CJ-based interventions still needs to be quantified and measured.
- Little to inform the targeting of such interventions (e.g. which programmes work best for whom):
 - community-based or residential?
 - abstinence or harm reduction?
 - strategies for engaging and retaining crack cocaine users

Implications for policy (2)

- Offering greater consistency in policy making; for example:
 - detect and arrest more people more quickly;
 - sentence and deal with them more severely;
 - increase emphasis on enforcement & compliance;
 - at the same time strive to reduce the prison population!
- Improving the management of expectations (with reference to ‘recovery’ and desistance literature). Need for pragmatism.
- Contribute towards changing the rhetoric and tone of this particular debate (invest on basis of compassion not fear).

Finally, thanks to:

The UK Drug Policy Commission for funding the review

The meeting organisers for the opportunity to present

More information about the UKDPC and copies of the reports
from this thematic review at:

<http://www.ukdpc.org.uk>

Further details of the Institute for Criminal Policy Research are
available at: <http://www.kcl.ac.uk/icpr>



11th PG Criminal Justice Platform Meeting
Thursday 27th May 2010

