

***‘Tough Choices’*: Assessing the impact of
arrangements for the compulsory testing
and assessment of Class A drug-using
arrestees in one English region**

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What I'll cover

- Context – drug treatment justified as effective crime reduction and the introduction of *'Tough Choices'*
- Use a regional case study to examine the impact of *'Tough Choices'* on 'related' offending
- Research aims, objectives & methods
- Results (*with focus largely on offending outcomes & costs*)
- Policy and practice implications

Context – treatment as crime reduction (1)

- The expansion and increased funding for drug treatment during the last 13 years has increasingly been justified on the basis of its potential crime reduction impact:
 - *“Reductions in crime are among the more striking findings from NTORS”* (Gossop, 2005a: 7)
 - *“Problem drug users account for almost all economic and social costs (99%), and drug-related crime accounts for around 88 per cent of total economic and social costs [of Class A drug use]”* (Godfrey et al., 2002: viii).
 - *“Reduced crime and anti-social behaviour are the greatest of all the benefits associated with treating addiction to drugs”* (NTA, 2009).
- Review for PMSU in Dec 2003 recommended greater use of the CJS via a mechanism for *'capturing and gripping' high harm causing users (HHCUs) into coerced treatment aimed primarily at reducing offending.*

Context – treatment as crime reduction (2)

- Recommendations formed basis for Drugs Act (2005) & ‘*Tough Choices*’ policy:
 - **compulsory testing** - oral swabs for recent use of heroin and cocaine - on arrest for certain trigger offences (Theft Act and Misuse of Drugs); and
 - police can instruct adults (18+) testing positive for specified Class A drugs to attend a ‘**Required Assessment**’ (any subsequent engagement is voluntary)
 - **Restriction on Bail (RoB)** available in all areas across England from March 2006.
- Refusal is an offence punishable by £2,500 fine and/or 3 months custody.
- 17 English police force areas, covering 175 police custody suites, were conducting drug testing on arrest or on charge during 2007.

Context – lack of supporting evidence

- *‘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).

Research aims & objectives

Research specification from voluntary sector provider sought an independent study to describe and critically appraise:

- the extent of ‘drug-related’ offending in this particular region;
- the impact of ‘*Tough Choices*’ on rates of reconviction;
- the ‘cost-effectiveness’ of this work;
- service user views and experiences;
- the strengths, impacts and weaknesses of the service from the perspective of stakeholders; and
- identifying best practice and making recommendations for improving provision.

Methods

Multi-method approach combining new & existing data sources:

- administrative sources (local needs assessments, unit costs produced by the service provider, test on arrest data, details of criminal histories stored on the Police National Computer (PNC) and data from the Drug Interventions Record (DIR) e.g. demographics, circumstances and needs at point of screening/assessment);
- semi-structured, face-to-face interviews with 53 service users; and
- in-depth interviews with 11 stakeholders representing a range of backgrounds and perspectives from across the area: commissioners, treatment providers, CJS agencies, user groups.

Results: Extent of 'drug-related' offending

- 6,468 drug tests conducted by local police against 4,771 individuals following their arrest during 2007/08.
- Equivalent to 7% of the 64,721 people arrested during 2007/08.
- 40% tests positive – poly (18%), cocaine (16%) or opiates (6%); 27% in contact with treatment at time of assessment.
- As anticipated, existing data sources could not establish extent to which these offences were 'drug-related' (e.g. induced or inspired).
- But higher levels of drug misuse needs among local prison & probation populations than both the regional & national averages.

Results: Re-offending

Impact on rates of re-offending - sampling (1):

- Identified 515 suspects who tested positive during the first quarter of 2007/08 (i.e. between 01.04.07 and 30.06.07).
- Used this test on arrest data to assemble an experimental group of arrestees engaging with treatment (i.e. completing an initial screening/assessment) (n=252) and a comparison group of those who did not (n=263).
- Data linked to PNC to examine offending histories and rates of reconviction in 12 months post-index test.

Results: Re-offending

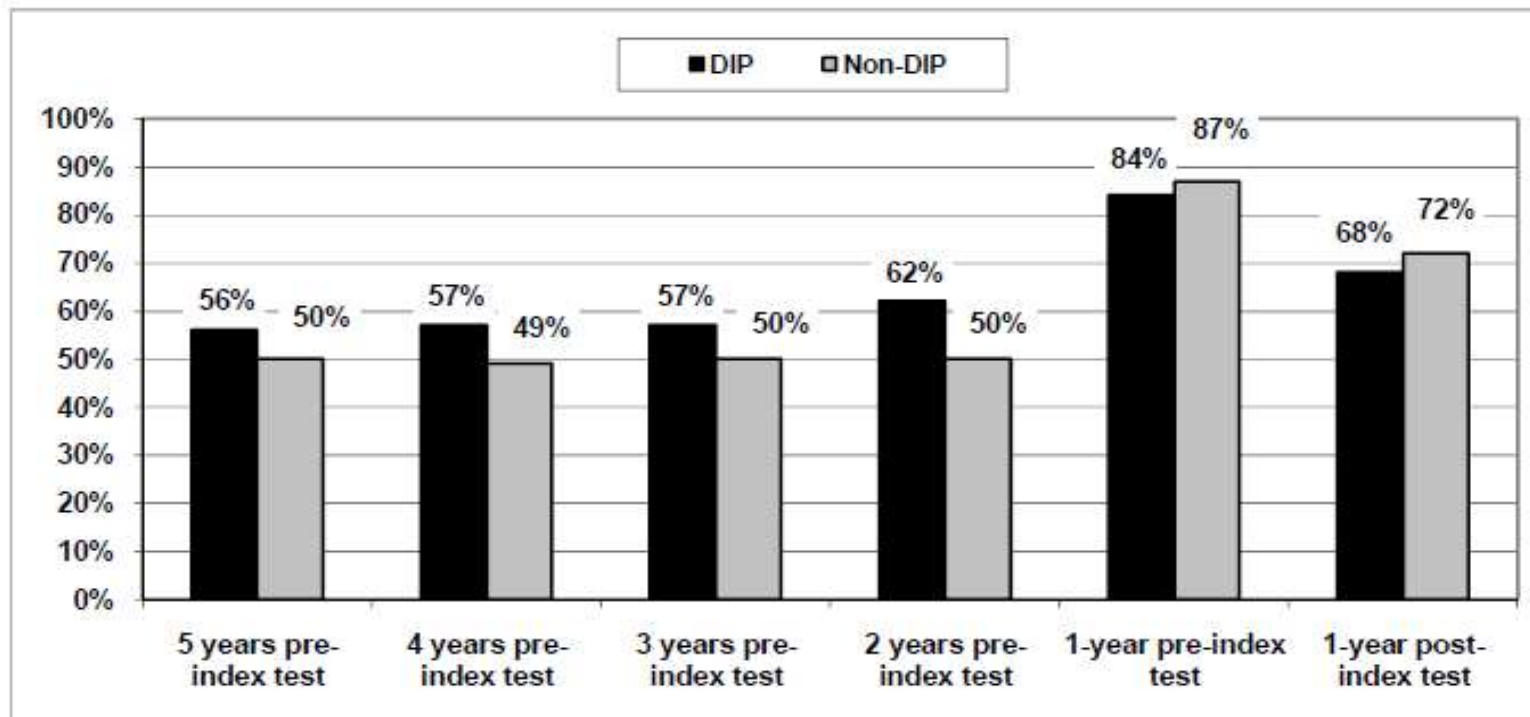
Impact on rates of re-offending – confounding factors (2):

- No differences between groups in terms of age (both averaged 29 years), gender (83% vs 80% male) or drug using profile at arrest (i.e. whether poly (45%), opiate (13%) or cocaine user (42%)).
- But those engaging with treatment had more previous convictions (11.3 vs 9.8) ($p < 0.05$).
- 40 per cent ($n=207$) received a custodial sentence between 2007/08.
- No significant differences between groups in likelihood of receiving a custodial sentence (42% vs. 39%) or average length of time spent in prison (3.7 vs. 3.5 months) during this period.
- Confident that any differences in the likelihood of being reconvicted not adversely affected by time at reduced risk because of imprisonment.

Results: Re-offending

Impact on rates of re-offending – trends over time (3):

Trends in conviction rates (N=495)



Results: Re-offending

Impact on rates of re-offending – number of offences (4):

Changes in the number of offences leading to conviction 12 months pre and post-index test (N=494)

Group	Change	N	(%)	Offences 12-months pre-index test		Offences 12-months post-index test		% change
				Sum	Mean	Sum	Mean	
All	Reduction	254	51	1,279	5.0	477	1.9	-63%
	No change	74	15	148	2.0	148	2.0	0%
	Increase	166	34	412	2.5	1,075	6.5	+161%
	Total	494	100	1,839	3.7	1,702	3.4	-7%
DIP	Reduction	116	48	589	5.0	237	2.0	-60%
	No change	44	18	74	1.7	74	1.7	0%
	Increase	82	34	212	2.6	574	7.0	+171%
	Total	242	100	875	3.6	887	3.7	+1%
Non-DIP	Reduction	138	55	690	5.0	240	1.7	-65%
	No change	30	12	74	2.5	74	2.5	0%
	Increase	84	33	200	2.4	501	6.0	+151%
	Total	252	100	964	3.8	815	3.2	-15%

Results: Re-offending

Impact on rates of re-offending – findings in context (5):

- 12-month reconviction rate for ‘*Tough Choices*’ cohort (68%) is lower than for both users accessing mainstream treatment via NTORS (74%) and drug misusers supervised by prison and probation services (74-75%).
- General trend observed in offending patterns among ‘*Tough Choices*’ cohort – with half showing a reduction and the remainder showing no change or an increase – is entirely consistent with the findings that emerged from an earlier national evaluation of ‘*Tough Choices*’ (but no comparison group).
- No significant differences between the two groups in terms of changes to the seriousness of their offending.
- Being a ‘prolific offender’ (i.e. 10+ offences leading to conviction in the year prior to index test) was the only significant factor predicting the likelihood of reduced offending.

Results: Costs

Cost-offset assessment – assumptions (1):

- In order to assess cost-effectiveness we used the PNC to calculate the cost per incidence of reconviction avoided using estimates previously provided by the Social Exclusion Unit (2002):
 - each re-offender is likely to be responsible for crime costing the criminal justice system an average of £65,000 (excludes the cost of imprisonment and wider non-criminal justice costs e.g. those incurred by victims).
- Adopted two opposing approaches: one offers an optimist assessment while the other a rather more pessimistic view.

Results: Costs

Cost-offset – optimistic view (2):

- Assumes 16% reduction observed amongst ‘*Tough Choices*’ cohort (from 84% in the 12 months before index test to 68% the following year) is attributable largely or entirely to the impact of ‘*Tough Choices*’.
- We estimate that reductions on this scale would result in savings of at least £2.6 million in criminal justice costs alone (but excluding the considerable costs of imprisonment and to victims).
- Based on unit cost data supplied by service provider this approach suggests that every pound invested delivers around £4.30 in criminal justice cost savings.

Results: Costs

Cost-offset – pessimistic view (3):

- Assumes contact with ‘*Tough Choices*’ may yield an additional 1% point reduction in reconviction rates, relative to 15% reduction observed among the non-DIP group.
- Using this approach ‘*Tough Choices*’ will have contributed towards savings of at least £162,500 in criminal justice costs alone.
- This means, however, that around £3.70 has to be invested in the service in order to deliver £1 in criminal justice cost savings.
- Think this is a more accurate assessment of ‘cost-effectiveness’ (e.g. 28% had a total of 107 subsequent contacts with ‘*Tough Choices*’ in 07/08).

Results: Stakeholder perspectives

- Praise for strong leadership, greater accountability and more clarity around roles and responsibilities via ‘*Tough Choices*’/DIP.
- Processes and systems ensure a large number of DUSs can access support in a more timely manner than previously via arrest referral arrangements.
- But performance still constrained by a range of factors:
 - *lack of proactive enforcement of non-compliance by police*
 - *staff training, development and turnover;*
 - *the range, flexibility and capacity within local treatment services to absorb additional demand;*
 - *inconsistencies around case management approaches;*
 - *the degree of focus on ensuring adequate levels of throughcare and aftercare support beyond initial ‘*Tough Choices*’ contact (maximum contact of 12 weeks).*

Results: Service user views & experiences (1)

- Satisfaction levels were highest among aftercare clients (N=25) in relation to assistance received around:
 - accessing training, college courses, and employment; and dealing with “*hassles or problems*” in life (e.g. debt, housing, boredom).
- They were lowest in relation to assistance with:
 - looking after children better, stopping injecting, and controlling the amount of drugs being used.
- Suggested improvements included:
 - more prominent advertising of the services available; increased resources, especially with regard to counselling; and, greater emphasis on links to other local services.

Results: Service user views & experiences (2)

- Satisfaction levels were highest among a sample of ‘prolific offenders’ (PPOs) (N=28) in relation to assistance received around:
 - stopping injecting and help in occupying time without drugs.
- They were lowest in relation to assistance with:
 - improving physical health, help in looking after children, and accessing training and college courses.
- Proposed service improvements included:
 - more immediate help for PPOs following release from prison; clearer guidance to prospective service users about what facilities and support are available; and, lengthier one-to-one meetings, especially at times of particular need.

Some implications for policy & practice

- Uncertainty about what constitutes a successful offending outcome for this group. Is it desirable to strive for a reduction in offending frequency/seriousness? How is this achieved in practice? What are the implications of a move towards payment by results?
- Given the main policy goal of '*Tough Choices*', a key challenge - both locally, and at a national level - is to develop strategies for improving offending outcomes for a large % of the target group.
- Impact of work with 'prolific offenders' is noteworthy and perhaps merits further exploration. Suggests '*Tough Choices*' should be more selective in who it targets (i.e. the most criminally active).

Some implications for policy & practice

- ‘*Tough Choices*’ is “*a small cog of a much larger machine*”; its effectiveness is constrained or enhanced by the broader treatment infrastructure within which it operates:
 - *e.g. concerns raised locally re: options for community detox; provision for stimulant users; brief interventions; arrangements for shared care; daycare programmes; alcohol services; access to tier 4 services.*
- Consistent calls for a greater emphasis on throughcare & aftercare for those accessing services (from both service users & stakeholders). Too much focus on throughputs vs. processes & outcomes.
- Currently exploring how to fill data gaps with research funders (e.g. data linkage between CJS and health).

Any questions?