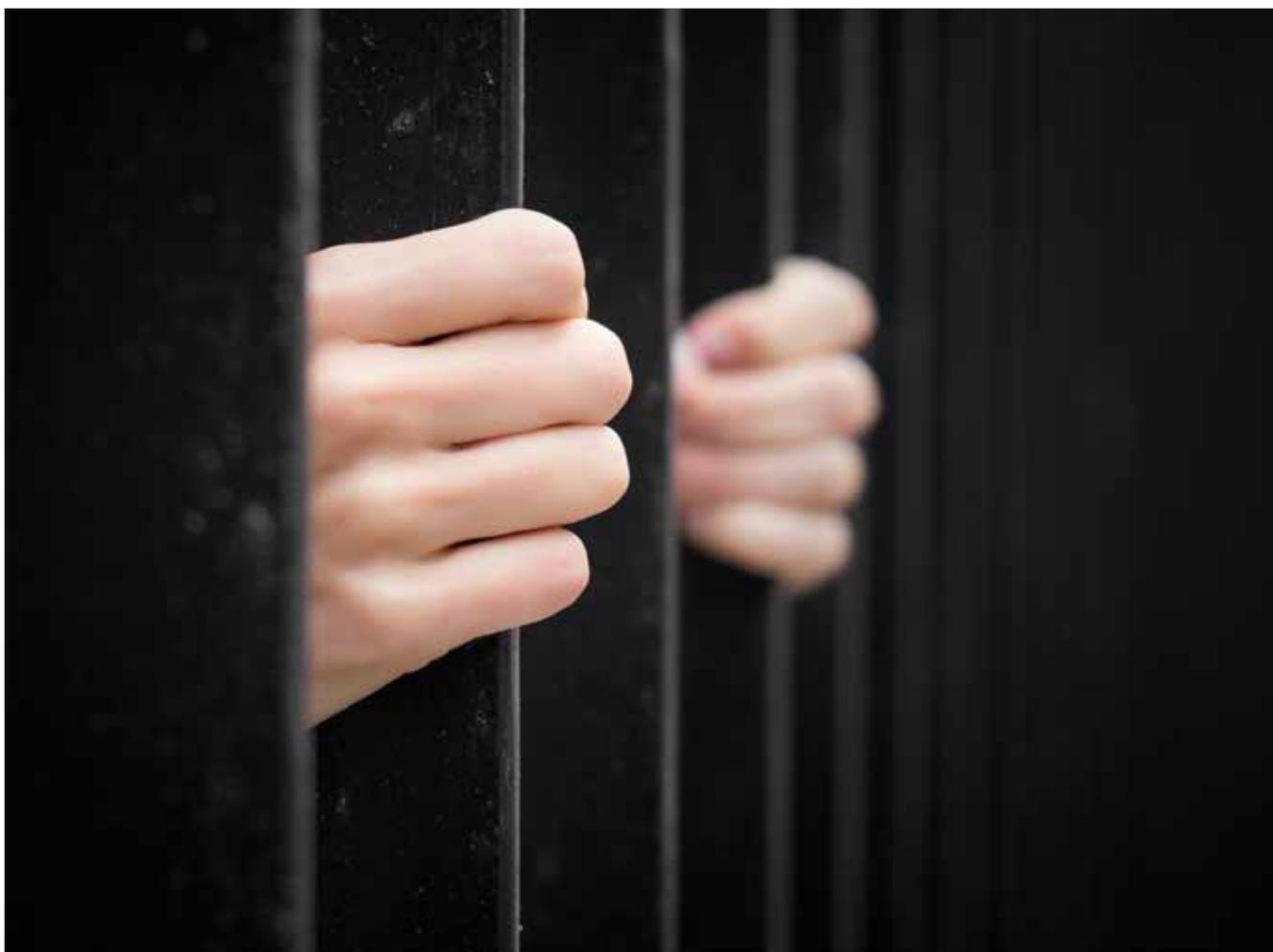


RAPt RESEARCH AND POLICY BRIEFING SERIES

No.1

Why reducing drug-related crime is important, and why the new government needs to act



RAPt

THE REHABILITATION FOR ADDICTED PRISONERS TRUST

stopping addiction. stopping crime.

12th May 2015

FOREWORD

This series of RAPt 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

A very high proportion of all offenders report problematic or dependent use of drugs and/or alcohol. While the latest (2013/14) British Crime Survey reports that just 1% of 16 to 59 year olds have taken heroin or crack in the previous year, the figure for prisoners¹ is 31%.

There is a strong causal relationship between drug dependence and high volume property offences. The Home Office Arrestee Survey found that 31% of arrestees who reported taking heroin and crack at least once a week said they committed "an average of at least one property offence per day."

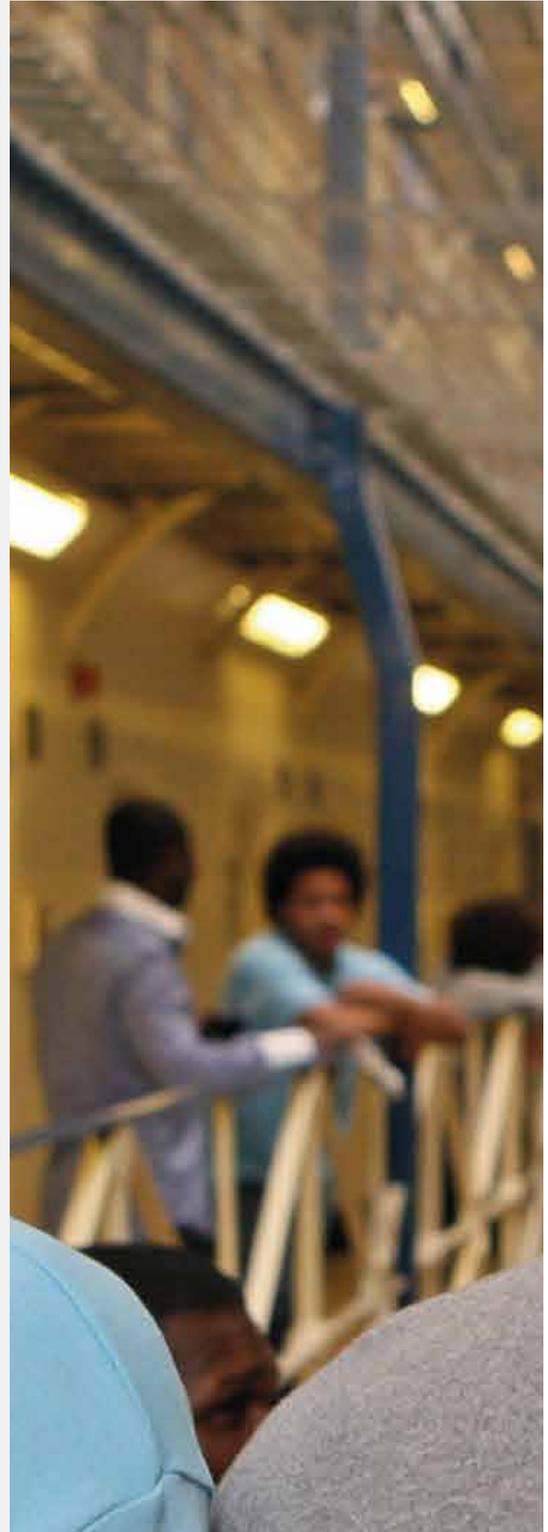
There is also a strong causal relationship between problematic drinking and violent offences. According to the latest British Crime Survey (2013/14), victims believed that their offender(s) were under the influence of alcohol in over half (53%) of the estimated 704,000 violent incidents. Almost 50% of perpetrators of domestic abuse were found to be alcohol dependent.

Recent Ministry of Justice research² found that drug use before and after prison is predictive of reoffending and that, "Class A drug use since release from prison was directly linked to increased chances of reoffending".

Finding ways of intervening to help these offenders overcome their drug or alcohol dependence is therefore an important component of any overall strategy to reduce reoffending, and a key consideration for prison governors, Police and Crime Commissioners, and the new providers of Community Rehabilitation Companies (CRCs).

RAPT's model of peer-led prison treatment programmes coupled with aftercare on release has been found to cut **one year reoffending rates by 18%, according to an independent evaluation**. The crimes of those who did reoffend were less frequent and less severe than the comparison group, and less likely to lead to a custodial sentence.

However, recent changes to the commissioning of probation services and drug and alcohol treatment systems means it is becoming increasingly difficult to get offenders into drug and alcohol treatment and reduce their offending. We summarise these changes briefly in the following pages.



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 RAPt 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 RAPt 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 RAPt 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.



CONCLUSIONS

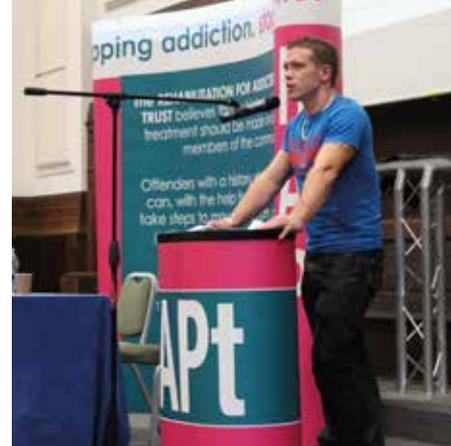
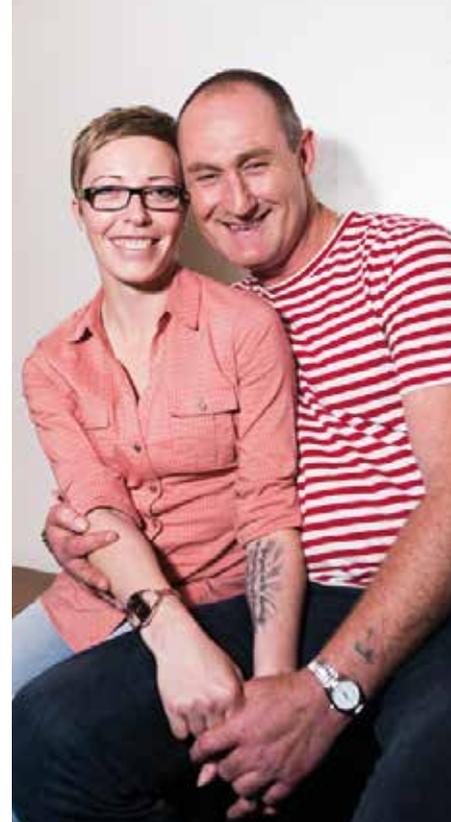
The policy challenges are clear:

- 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 Criminality 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 RAPt

RAPt (The Rehabilitation for Addicted Prisoners Trust) 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 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.



Briefings in this series (as of 12th May 2015):



RAPt Research and Policy Briefing No 1:

Why reducing drug-related crime is important, and why the new government needs to act



RAPt Research and Policy Briefing No 2:

Substance misuse and mental health in prison



RAPt Research and Policy Briefing No 3:

A successful approach to tackling drug-related crime

RAPt

THE REHABILITATION FOR ADDICTED PRISONERS TRUST
stopping addiction. stopping crime.

RAPt (The Rehabilitation for Addicted Prisoners Trust)
The Foundry, 2nd Floor
17 Oval Way
London SE11 5RR

Tel: 020 3752 5560
Fax: 020 7691 7612
Web: www.rapt.org.uk