

Road to recovery Drugs and crime

Tough on the causes of crime

A government initiative aims to break the link between drugs and crime by treating users while they are in the criminal justice system

Jason Bennetto

Newspaper headlines such as "Crack cocaine epidemic sparks crime wave" and "Heroin addict's crime spree to fund £16k-a-year drug habit" are the kind of stories that for years have alarmed both the public and politicians.

The direct link between drugs and crime is indisputable. Between a third and a half of all acquisitive crime - typically shoplifting, burglary, and robbery - is drug related and the cost of drug-related crime in England and Wales is around £14bn a year. In addition there is the huge harm caused to the drug addicts themselves, their families, communities and wider society.

But research shows that getting offenders - particularly heroin and crack cocaine users - into effective treatment while they are in the criminal justice system, serving either community or prison sentences, is an effective way of reducing repeated drug-related offending.

In an attempt to help break the link between crime and drugs, the Home Office and Department of Health have introduced a series of initiatives targeting heroin and crack users.

Largely as a result of these schemes, more than one in four of the 188,000 new referrals to community-based drug treatment now come via the police, courts and prisons, compared with one in five in 2004/05. In addition estimates suggest about 65,000 offenders receive some form of drug treatment in prisons in England each year.

In high-crime neighbourhoods designated Drug Interventions Programme (DIP) areas, adults arrested for potentially drug-related offences, such as burglary, are automatically tested for heroin and cocaine. This is a way of identifying offenders with problem drug use at an early stage. Around a third test positive for Class A drugs. Police can require them to attend up to two assessments with a drug worker, often as a condition of bail.

Chief constables would like to see all suspected offenders screened in the same way. David Crompton, the Association of Chief Police Officers' spokesman on DIP says: "Drug misusing offenders cause significant harm to local communities. We now manage to get well over 1,000 offenders a week into treatment. We think that DIP is a real success story, and if we could afford to, we would support extending drug testing to include all offences."

Key to DIPs are Criminal Justice Integrated Teams (CJITs), which case-manage offenders and coordinate responses from different agencies. Judges and magistrates now take CJIT assessments of drug-misusing offenders into consideration when making bail and sentencing decisions. Last year drug rehabilitation requirements were imposed on more than 17,000 offenders, requiring them to take part in drug treatment as part of a community sentence.

But some offenders do end up in prison, and one of the most significant recent changes is how drug offenders are now treated behind bars. Until 2006 the Prison Service in England was responsible for running clinical drug treatment



Recovering addict Shaun Svilté with the tree mural he painted for the Peterborough Crime Reduction Initiative centre Si Barber

Turning point How I stopped breaking the law and started to break the cycle

Shaun Svilté first took heroin in 1998 when a dealer told him it cured toothache. Within two weeks, he was hooked, leading to years of addiction.

But after a near fatal relapse this year, Svilté, 39, from Peterborough, is on a treatment programme that stops his heroin use, allowing him to rebuild his life with a career as an artist.

When he first took heroin, he had already been injecting amphetamines for a decade. "It wasn't hard to move over. After two weeks you're hooked. Heroin is almost like your partner, you'd do anything for it. So I sold my items. I was in the beginnings of a relationship with a girl. I had two children with her and the first five years of their life was while I was on gear. It destroys your emotions, you don't care what other people think and feel."

While serving a five-year prison sentence for burglary he occasionally

took heroin. After release in March, he took it again. "I overdosed straight away. My heart stopped. I had to be brought back to life. I was supposed to have my kids to stay that weekend. I realised how close it had come to me going to my funeral."

He went to the Peterborough offices of the Crime Reduction Initiative (CRI), a charity that supports and rehabilitates drug users. As a heroin substitute, he was given Subutex, a semi-synthetic opiate, which he still takes.

He believes addiction can never be truly cured. "The disease is with you permanently; you simply transfer it. I started gambling at 12, then used amphetamines, then heroin. Now I drink a little bit more, and manage my addiction this way because it's less destructive to myself - and others."

Jeffrey Archer, who he met in prison, used his illustrations in his Prison Diaries:

Volume Two. "I spent three months doing an art course with him. He really likes art and told me I could become a great artist."

Over the past four months, his addiction has stabilised and encouraged by his drugs worker, Corranne Whicello, he has worked on large mural of a tree at the CRI offices in Peterborough, each branch representing a different stage of his treatment. "Corranne has helped me so much. We did the design together and had six or seven weeks of meeting up at weekends, working on it."

He hopes to use his experiences to help others. "I'd like to take a counselling course, so I can use the negative years for some good," he says.

Genevieve Roberts

Shaun Svilté accepts commissions for his artwork through the CRI in Peterborough. (cri.org.uk)

The real cost of addiction

- **Cost of drug-related crime in England and Wales in 2003/04 was estimated at about £14bn - with fraud costing approximately £4.9bn, burglary £4bn, robbery £2.5bn, shoplifting £1.9bn and drug arrests £0.5bn.**
- Drug users are estimated to commit between a third and a half of all acquisitive crime, such as shoplifting, burglary, vehicle crime and robbery.
- **Each year, 75,000 problem drug users enter the prison system**
- Around three-quarters of heroin and crack users say they commit crime to fund their habit.
- **On average, 55% of prisoners are problem drug users**
- Estimates say 60 to 70% of women who enter prison have drug problems

Source: Home Office

programmes, but the quality and level of resources were patchy and often poor.

But three years ago the Integrated Drug Treatment System (IDTS) was introduced nationally. Based on evidence that it reduces drug dependency among offenders, IDTS involves consistent, focused treatment programmes. For heroin users, this means prescribing a substitute using methadone or buprenorphine. Once addicts are stabilised, there are further options, such as detoxification, to help overcome addiction.

The National Treatment Agency for Substance Misuse took responsibility for managing the rollout of IDTS in April 2008, and is on target to complete implementation in most of the 130 adult prisons in England by April 2010. In the first 53 jails to get IDTS, out of 97,000 inmates, some 25,000 started drug treatment.

Nino Maddalena, the NTA's criminal justice manager, says: "Before the introduction of the integrated system, the quality and accessibility of drug treatment varied widely from one prison to another. Soon all prisoners with drug misuse problems will have access to a range of effective treatments."

As well as the large-scale initiatives there are several pilot projects running, including a scheme in which heroin is given to addicts in supervised clinics.

More than 100 users took part in The Randomised Injecting Opioid Treatment Trial in London, Brighton and Darlington, which has led to reductions in the use of street drugs and in crime.

But Harry Shapiro, director of communications at Drugscope, the national charity for drug information, questions whether we know enough about the effectiveness of the current drug strategies.

He argues: "There is strong evidence that drug treatment can reduce drug use and offending. What is less clear is whether the reductions are actually as a result of particular programmes.

"This underlines the fact that there is no magic bullet for this problem."

Weblinks

National Treatment Agency report: Breaking The Link: tinyurl.com/ythm2va
Home Office drug intervention strategy: tinyurl.com/yK5dbps
Home Office statistical report on cost of drug related crime. tinyurl.com/ygo35g7
Ministry of Justice strategy for drug offenders: tinyurl.com/yfo597b

A long-term solution at last



Sarah Brown Comment

The Police Service is now sharply focused on the intensive management of drug-misusing offenders as an effective way to reduce re-offending. The service also recognises that we cannot deliver important crime-reduction

strategies without working very closely with key partners such as the National Treatment Agency, primary care trusts, the probation service, prisons and the voluntary sector.

Much crime that has proved impervious to traditional policing methods - committed by the prolific, versatile, mixed-crime offender highly motivated by the need to fund a drug habit that often runs into hundreds of pounds a day - can now be effectively addressed.

Since 2003, the Drug Interventions Programme (DIP) has proved to be an effective tool for tackling this hard-to-reach group of offenders, who use heroin, cocaine and crack cocaine, among other controlled drugs. The DIP has helped the police, working with our key partners, to significantly reduce re-offending by people who are often highly experienced and opportunistic shoplifters, burglars, muggers and

fraudsters. In the past, despite being apprehended and convicted, these offenders ended their sentences and then simply resumed their Class-A drug misuse and offending behaviour, but DIP has proved itself able to break the cycle.

What we are now seeing is that many of those offenders, who were locked into a cycle of drug use/offending/prison are finding long-term solutions to address their behaviour through effective drug treatment, backed by wraparound support to help them avoid relapse and to

'The DIP is a major success that translates into fewer victims of crime in our communities'

return to a normal drug- and crime-free life. There are cases where offending has not been stopped completely, but given that these offenders are often among the hardest-to-reach and most persistent, the reduction in drug misuse and crime as a result of DIP is a major success that translates into fewer victims of crime within our communities.

Record numbers of people are being directed to drug treatment for the first time via the criminal justice system. Figures show there have been, consistently, more than 4,000 adult offenders a month entering treatment since January 2008. Through the Tough Choices legislation of 2005, our ability to retain and re-engage offenders with the programme has undoubtedly been the catalyst to reducing re-offending.

Mandatory drug testing and related interventions are now fully operational in 174 custody suites within 105 separate

police areas across 21 police forces. Six years down the line, the results are certainly being noticed. There is no doubt the DIP programme has had a significant effect on crime since its inception.

The programme has become a key component for delivering against a range of government targets and indicators concerned with reducing offending and drug misuse, improving health and fighting social exclusion. Government investment has continued beyond the original three-year life expectancy of the programme, and DIP sits at the heart of the National Drug Strategy. The police service now recognises DIP as a true core business and a real and effective crime-reduction strategy that has been proved to benefit everyone.

Chief superintendent Sarah Brown is the director of drugs and offender management for West Yorkshire Police

Road to recovery Rehabilitation

A new way to beat addiction

Government agencies are finding that ending the cycle of dependency and treatment permanently is best achieved through reintegration

Owen Bowcott

Some drug addicts are known to pass through treatment programmes four, five, six or even more times before beginning the end of their dependency. It's the job of drug treatment to engage and retain people while working through this cycle.

Such cycles are a reminder that the road to recovery from long term drug use can be lengthy and full of obstacles.

The National Treatment Agency for Substance Misuse (NTA), which funds local treatment programmes, has now signalled, however, that it wants drug workers to be "ever-more ambitious for their clients" to end this cycle.

Having fought the battle against drug-related crime, directed record numbers of addicts into treatment and reduced waiting times, the agency says it is refocusing efforts: helping recovering addicts back into society and pushing them more vigorously towards overcoming addiction.

The numbers seen by treatment services rose to 207,580 last year. Of those, 24,656 left free of their drug dependency. Most people are retained in treatment at the year end because of the length of time it typically takes to overcome addiction. Those discharged entirely free of any drug use amounted to 8,950.

It is the hardcore of those who keep returning to treatment - long-term users of heroin and other derivatives, and increasing numbers of "polydrug" users - that represent the biggest problem.

Despite criticism that large numbers of former heroin users are "parked" on substitute prescription drugs such as methadone but still resort to crime and suffer declining health, the NTA says maintenance can be used positively for long-term rehabilitation.

"The aim ultimately is to support people to overcome addiction," says Colin Bradbury, the NTA's treatment delivery manager. "For some that will take a period of stabilisation and maintenance.

'If we engage the family and keep them in touch, the outcome for these people tends to be better'

Types of treatment

The NTA divides its two broad approaches into "psychosocial" and "pharmacological" treatments. Different therapies from each approach are tailored to create "care pathways" for each individual addict to move towards a drug-free life.

Patients are assigned keyworkers - a doctor, nurse or voluntary sector drug worker - who follow them through treatment, monitoring progress and revising goals as they move through their "care plan".

For those with cocaine and cannabis problems, there is no effective chemical substitute, so the psychosocial approach - health advice, psychological therapies or motivational interventions - is the main method of delivering help.

Straightforward abstinence programmes, including the 12-step discipline devised by Alcoholics Anonymous, are acknowledged to be "highly effective for some individuals" - but are not a frequent starting point for treatment.

Residential "rehabilitation" courses away from home are aimed at breaking the link between the dealer and addict, while disrupting the pattern of a self-destructive lifestyle.

Residential courses, which have come to prominence through tabloid newspaper tales of celebrity breakdowns in clinics such as The Priory - form only a small minority of cases in treatment.

Everything is working towards long-term recovery. Residential rehabilitation can be appropriate for some people and needs to be an option. What we don't want to do is push people out of treatment before they are ready. A small number of people may be on methadone for an exceptionally long time."

The NTA is now also increasingly concerned about the difficult period of transition for patients leaving treatment and returning to family life, independent living and, ideally, work. "We need to plug drug treatment work into job creation and housing support," says Bradbury.

Drug coordinators have been introduced this year into every Jobcentre Plus district. "Their role is to pursue pathways to work ... People who have employment are more likely to recover from drug addiction."

More emphasis is now being placed on family and couples therapy in the belief that securing support for the addict improves the chances of reintegrating them into society. "There's evidence from the US that if we engage the family and keep them in touch, then the outcome for these people tends to be better," says Bradbury.

Extra training is also being offered to drug workers to ensure they develop the counselling skills that engage addicts and enable them to make positive changes to their lifestyles.

Despite criticisms that residential rehabilitation - away from home - is used inadequately and as a treatment of last resort because it is so expensive, the NTA defends its investment record. Around £54m has been put into building residential projects over the past three years, the agency says.

Addaction, a charity funded by the NTA, has, for example, opened a residential mother-and-child unit in London to help addicts overcome fears that they would lose custody of their kids if they admitted to having a drug problem.

Another key aim for the NTA is improving staff development to ensure treatment programmes are managed better.

Earlier this year, Paul Hayes, chief executive of the NTA, acknowledged this when he said that the agency needed to ensure that those working with drug users were able to identify how and where improvements could be made, and that they had the tools, skills and expertise to make the best of the increased investment in drug services.

He also emphasised the importance of reintegration and rehabilitation. "Changing trends in drug dependency," he said, "mean that a balanced treatment system, with sufficient ambition that offers appropriate interventions to meet different needs, requires a confident workforce that is able to deliver a range of treatments based on what is most likely to work for individual drug misusers."

Starting over It's about totally rebuilding every aspect of your life'



Lisa Carey: 'What the treatment's given me is life. Without it I'd be dead' Shaw and Shaw

At 12 years of age, Lisa Carey was smoking cannabis. At 17 she tried crack cocaine. By the time she was 18, she had a heroin addiction. "The doctors were just waiting for a phone call to pass me off as an overdose," Carey now recalls.

When she turned up at her father's 50th birthday party, covered in bruises, her former size 12-14 frame reduced to a tiny size six and weighing just six-and-a-half stone, her family, whom she had not seen in months, knew she was ill. "I walked in and my father just fell to his knees and cried his eyes out."

It was a pleading call from her father that persuaded Carey to escape life as a drug addict and her abusive co-dependent partner, and after a two-week stint of abstinence at hospital, she

spent the next four months at the Burton Addiction Centre, in Burton-on-Trent in Staffordshire, undertaking abstinence-based therapy.

She says: "Emotionally I was still the age I was when I started taking drugs. I didn't know how to communicate because the only relationship I'd had was dysfunctional and abusive. Getting you detoxed and clean is not the be-all and end-all. They [the centre] firmly deal with the underlying issue that got you using drugs in the first place. Rehabilitation is about totally rebuilding every aspect of you and your life."

Now 22, Carey's turnaround is remarkable: she has a stable job in media sales, a home in the countryside, and in December she marries the father of her newborn son.

But it is not about fixing the problem quickly; the most important aspect to beating addiction is the continued support and after-care. "I've got a fantastic life, but I'm always going to be a recovering addict. I always use my support network, and if I need to talk to somebody, their door will be open. It's three-and-a-half years on, and I popped into the centre today. What the treatment's given me is life. Without them I'd be dead." **Elisa Bray**

Weblinks

Staffordshire Mental Health: staffordshirementalhealth.info
Burton Addiction Centre: patient.co.uk/support/Burton-Addiction-Centre.htm

Why drugs workers are so crucial



Dr Judith Yates Comment

Richard came into my surgery today, looking like any smartly dressed 28-year-old man about town. The effect was helped by a big smile and also by his new full set of teeth.

There has been a transformation since I first met him four years ago, when he would have made a good model for an anti-heroin poster. At that time he had lost contact with his family and had no friends in Birmingham. He was sleeping rough because he felt hostels were dangerous places, begging - because his dyslexia made it hard to fill in benefit forms - and injecting heroin for comfort. This had resulted in the infected injection sites for which he found his way into my GP surgery looking for treatment.

Now, four years later, he is always neatly dressed and cheerful. He is stable on prescribed methadone and the wounds on his arms and legs have healed, as he no longer injects, and indeed does not use heroin at all. He has gradually rebuilt a sufficiently ordered life to create and nurture two large thriving tanks full of tropical fish.

The big smile on his face today was because he has at last felt strong enough to make contact with his family and has seen his father for the first time in four years. His family had thought him dead and he had been too ashamed of his state to make contact until this month. There are now plans for him to return to work in his father's property business, when he has completed his detox. He has already started to reduce his prescribed methadone in preparation for this, and today has filled in the forms to apply for his place in the detox clinic.

The methadone prescription alone would not have been enough to achieve this excellent progress. Although he needed the methadone to make the break from street drugs and to engage in treatment, it was the use of structured psycho-social interventions by my surgery drug workers and the help and support of other members of the primary care team that have helped Richard to begin to rebuild his place in his family and in society. Like many of

my other drug-using patients, with this help he has been able to develop the strength and confidence to make these changes in his thinking, his self-belief and in his behaviour. They can be seen in the progress he is making in his life and in his moves back into mainstream society. The role of dedicated drugs workers is clearly vital to this long-term rehabilitation.

I believe that the majority of drug users can and should be treated by their own GPs, with the help of the whole primary care team. Sharing the waiting room with all my other patients becomes part of their reintegration into the community. As their GP, I am fortunate to be able to continue to see many of these patients when they have finally learned to live without drugs, and returned to their families and to education, training and eventually paid employment. It has been a delight and a privilege over the years to be part of so many success stories and to be shown the happy children, certificates, wageslips, and other fruits of their graduation back into the midst of the local community.

Judith Yates is a GP who has been working in inner-city Birmingham for the last 30 years. During this time she has developed a special interest in the treatment of substance users in GP surgeries.

Road to recovery After care

A life beyond treatment

The government has launched a pilot scheme to target the many underlying social needs of recovering addicts

Cathy Pryor

Standing on the long, flat, grey sands of the beautiful National Trust-owned beach at Formby, north of Liverpool and looking out towards the Irish Sea, the notion of deprived city areas and severe drug problems seems a very long way away.

Sadly, however, that is not the case. Just a few miles to the south of this affluent coastal town - which has been home to several Premier League footballers such as Steven Gerrard and Wayne Rooney - and in the same Merseyside borough of Sefton lies the very different urban area of Bootle.

In this part of Sefton, there are pockets of council housing where poverty and unemployment is ingrained and where there is a high incidence of substance abuse. It is here that Sefton Drug Action Team (DAT) focuses its resources and it is this area that is likely to benefit greatly from the radical project that the team currently have under way.

Sefton is one of seven partnerships of the government's pioneering Drug System Change Pilot Programme, which is aimed at helping drug users achieve better outcomes from treatment.

The pilot scheme, which runs from this year to 2011, is based on recognition that drug users often have multiple social needs that need addressing. These, says John Hill, co-ordinator of Sefton DAT, include joblessness, homelessness, poor family relationships and domestic violence. All these problems can stem from drug use and be made worse by



Consultant Peter McDermott (left) and peer advocate Paul Caddick of the Sefton Drugs Action Team Christopher Thomond

it. "If you're sleeping under the pier in Southport, you're not going to successfully engage in treatment, and if you do get treatment you're not going to stay in treatment if your housing needs are not addressed," he says.

When a drug user comes to Sefton DAT seeking treatment, the idea is that they will be able to find help for all their needs in what he terms a "one-stop shop," which will be set up next month in the south of the borough.

The centre will include housing advice and a welfare rights service. Benefits and employment advice will be available from staff in the same building, who will be able to refer the user to other services if necessary. The idea is to involve users with mainstream services from the start

of their treatment and to maintain assistance until they are back on their feet.

To achieve this, Sefton is running what it believes to be the most ambitious and wide-ranging of the pilot projects. This involves working closely with Sefton Council, Merseyside Probation Trust, local police, along with health, probation and prison services. There are important links with organisations such as Job Centre Plus and local carers.

One of the most important aims at Sefton is to involve service users past and present to train and mentor staff. The intention is to improve the management of treatment by making it easier for staff to identify the wider needs of drug users.

Paul Caddick, 39 and now drug-free, was once a self-confessed "chaotic drugs

user" who started on solvents at 13. By his 20s, he was in and out of prison for shoplifting to fund his habit. He served 10 short-term sentences.

Now he works with the DAT as an advocate, helping drug users to access services and representing their views to service providers. He can vouch for how welcome the changes are: "As soon as I came out of prison I would relapse because there was no aftercare ... Most of the lads would come out and get money in their pocket and go out to get drugs again."

Peter McDermott, 53, a consultant to the DAT, has been a service user for 35 years. Addressing the broad range of drug users' needs rather than leaving them to fend for themselves is vital, he says.

"In the past, treatment focused pretty exclusively on drug use and took people up to the point at which their drug use ended, at which point they were cut off and thrown to the wolves."

If they had other needs they would often be made to jump through hoops to get help, he says. "I heard about a service in London where if you were homeless and wanted help with that, you needed to demonstrate some kind of commitment, which meant phoning on a daily basis. Well, if you're homeless, the chances that you'll have credit on a mobile phone are slim."

"It's because the people who use the services are not consulted, so what you get are professionals with their own ideas of what will work, which don't take into account the realities."

McDermott says the involvement of people such as himself and Caddick will help to eradicate the "them and us" mentality that has characterised drugs services in the past. "One of the good things about Sefton," he adds, "is that it is working hard to break that down."

Weblink

Sefton Drug Action Team: sefton.gov.uk/default.aspx?page=6438

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