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Missing link

Labour's push to cut drug crime by getting addicted offenders into treatment is now a decade down the line. But, as **Robert Ralphs, Toby Seddon and Lisa Williams** reveal, while the strategy has been effective in helping drug users, there is little evidence to show it has reduced offending.

Launched in the optimism of New Labour's first full year in office in 1998, the government's ten-year national drug strategy is now nearing its end, with a new strategy imminent. During the course of the last ten years, one area that has become increasingly central in the strategy has been action to tackle 'drug-related crime' – in short, the problem of heroin and crack users stealing to 'fund their habit'.

The piloting of Drug Treatment and Testing Orders (DTTOs) in 1998 was only the beginning. Since then, we have had a dizzying succession of initiatives (see box), from 'enhanced arrest referral' to the recent 'Tough Choices' project. Brought together under the umbrella of the Drug Interventions Programme (DIP), with the slogan 'out of crime, into treatment', these criminal justice-focussed drug interventions have been funded in their first four years at an eye-watering cost in excess of £500 million.

A big and bold investment then, but has DIP been a success? And what might success actually look like? Underlying DIP are very clear aims: to identify problem drug-using offenders as they enter the criminal justice system, direct them into treatment, keep them there for an optimum time, and as a result, cut crime and make communities feel safer. These aims provide a benchmark of success and enable us to gain a clearer view on whether the DIP experiment has been worthwhile.

Being able to identify the target group in an effective, efficient and reliable way is clearly vital, as it is the starting point for the whole DIP process. Early attempts at drug interventions in the criminal justice system, like the pioneering arrest referral schemes in the early 1990s, were always hampered partly by their reliance on self-identification. The government's solution to this problem was the introduction of drug testing in police custody, piloted initially in 2001 and now operating in 175 custody suites.

The 'revolving door' still seems to be spinning in many parts of Britain, albeit more slowly

In broad terms, this has been a major step forward, although at a high financial cost. Some commentators argue that testing misses a whole raft of problem drug users who end up in the police station, because the threshold of the testing machine is set too low – coming up negative for people who have smaller amounts of Class A drugs in their system – while others have suggested that the testing net is too wide and captures too many 'low-level' offenders. Nevertheless, compared to self-identification, it has greatly improved the

efficiency of identification and targeting.

At least one issue does remain though – the testing equipment's inability to distinguish between crack cocaine and cocaine powder. With the continuing rise in cocaine powder use, more and more of this group have been caught in the DIP net. This has posed a challenge for many local services about what to do with them. What treatment or other provision do they actually need? Even if this question can be answered, it is highly unlikely that crime-reduction benefits will accrue from effective interventions as powder cocaine users' offending is not generally seen as 'drug-driven' in the same way as for crack or heroin users.

A fundamental barrier faced by DIP precursors in the 1990s was the lack of capacity in the treatment system. Initiatives involving police or probation referrals to treatment were always bedevilled by the seemingly insurmountable problem of long waiting lists. Put simply, even when the pathways between the systems could be made to work, there was often little or no suitable treatment provision to which criminal justice clients could be referred.

Since 2001 and the establishment of the National Treatment Agency (NTA), there has been nothing short of a transformation in the availability of treatment. According to NTA figures, in 2007 just under 200,000 individuals entered treatment, compared to an estimated 85,000 in 1998. The basic capacity barrier has, quite simply, been removed. Indeed, 96 per cent of referrals from all sources now actually access treatment in less than three weeks. According to public pronouncements of the chief executive of the NTA, Paul Hayes, this unprecedented investment has been driven to a significant extent by the whole criminal justice and DIP agenda.

Against this backdrop of investment and expansion, how effective has DIP itself been in channelling people into treatment via the criminal justice system? Here too, progress has been impressive and DIP appears to be on track to meet the government's target of 1000 referrals into treatment per week by March 2008. So, in terms of raw numbers, DIP does seem to have been a success so far in directing those identified by the process into treatment.

However, it is obviously not enough simply to increase referral rates and treatment entry. Drug-using offenders not only need to arrive at treatment, they also need to stay there long enough for treatment to have some impact. This has been a perennial problem for criminal justice initiatives. In the 1990s, graphs of drop-out rates from arrest referral schemes showed vertiginous falls between initial contacts and any ongoing engagement with services. Analysis of data from the period 1998-2001 reported in a 2006 Centre for Public Health report, *Trends in drop out, drug-free discharge and rates of re-presentation*, suggested that attempts to increase treatment participation were speeding up the 'revolving door' both into and out of treatment. This seemed to be a real weak point in the system and a fundamental block to further developments in this area.

DIP has attempted to address this by introducing more and more mechanisms which utilise the coercive leverage of the criminal justice system. The Restriction on Bail, for example, presents users with a clear choice – agree to attend treatment or face remand in custody instead of bail. Similarly, the Required Assessment predominantly undertaken at the police station is effectively an attempt at making old-style arrest referral assessments mandatory.

Have these initiatives worked? As yet, we have little evidence to go on. A Home Office study, *The Drug Interventions Programme (DIP): addressing drug use and offending through 'Tough Choices'*, published last year presents a mixed picture.



Statistic: Heroin user Rebecca Tucker was caught stealing three legs of lamb from a supermarket in Exeter in 2006

From the point at which DIP clients actually begin structured tier three treatment, it suggests that 12-week retention rates are not very different than for non-criminal justice clients, at around 75 per cent. However, the study also shows that there is still significant drop-out at each stage in the process before this point. Nevertheless, compared to earlier initiatives like arrest referral, the most recent and more coercive DIP elements do appear to have reduced drop-out, although the problem is clearly far from eliminated. The 'revolving door' still seems to be spinning in many parts of Britain, albeit more slowly.

The central objective of DIP is to reduce crime. So what is the evidence here? On the government website, drugs.gov.uk, it is claimed that acquisitive crime, to which drug-related crime is believed to be a big contributor, has fallen by one fifth since DIP began. An impressive return? Perhaps, but it is difficult to attribute this fall with any confidence directly to DIP effectiveness. It is notable, for example, that acquisitive crime was falling long before the establishment of DIP. In fact, the general trend in property crime over the last ten years has been downwards. Countering this, the government has claimed that falls in property crime have been faster in DIP 'intensive' areas than elsewhere, implying a causal

MAJOR CRIMINAL JUSTICE DRUG INITIATIVES 1998-2008

- 1998 Drug Treatment and Testing Order (DTTO) pilots initiated
- 1999 Enhanced arrest referral announced
CARAT services made available in all prisons
- 2000 National roll-out of DTTOs
- 2001 Drug testing pilots begin in 3 sites (testing on charge, Drug Abstinence Orders, Drug Abstinence Requirements, testing on licence)
- 2002 Drug testing pilots expanded to 6 further sites
- 2003 Criminal Justice Interventions Programme (now Drug Interventions Programme) launched
Further expansion of drug testing on charge
- 2004 Restriction on Bail pilots begin
- 2005 Tough Choices' project launched (test on arrest, roll-out of Restriction on Bail, Required Assessments)
DTTO replaced by the Drug Rehabilitation Requirement (DRR)
Conditional Cautioning introduced
- 2007 Follow-up Assessments implemented
Integrated Drug Treatment System (IDTS) in prisons begins implementation



Test on arrest: DIP has worked well in getting people into treatment

connection. This may be true but this type of aggregate area-level evidence is very weak in methodological terms as an indicator of programme effectiveness.

Acquisitive crime was falling long before the establishment of DIP

To date, the only publicly available individual-level data on offending is from the Home Office's 2007 DIP study. It reports that amongst a cohort of DIP clients, offending was 26 per cent lower in the six months post-entry to DIP, compared with the preceding six months. The report authors acknowledge that in the absence of a comparison group, this is an indicative finding only. As participants are 'chosen' for DIP by the fact that they have been arrested, the statistical phenomenon known as 'regression to the mean' is especially likely to be a factor here. Put simply, this means that an unknown proportion of the 26 per cent reduction in offending is likely to have occurred anyway, even without any

intervention. We are clearly still some way off knowing with any certainty whether DIP has reduced crime.

So what can we conclude about the success of DIP to date? Has it been worth the substantial investment? The most honest and fair answer is that we simply do not know. This uncertainty is partly a reflection of a failure to invest in a proper DIP research programme and, arguably, the poor use of research funding where it has been available. There remains an urgent need for more focused, critical and genuinely independent research.

Taking a deep breath, and putting to one side these caveats about the evidence base, our view is that DIP has worked well in getting people into treatment and has achieved some success in keeping them there. It is much less clear whether it has had much effect on crime.

One fundamental issue here is the type of people who have in practice been caught in the DIP net. In most areas, the bread-and-butter work of DIP has become centred on shoplifters, as well as those involved in other low-level theft and dishonesty offences. Burglars and robbers are in a small minority amongst entrants to the DIP process, at just 13 per cent and four per cent respectively of all positive testers. This means that the potential for large impacts on making communities feel safer is quite significantly diminished.

Whether this means DIP has been a waste of money depends partly on what is seen as its core purpose, but certainly some of the early government claims about crime and community safety now seem overblown. However, given the levels of investment in the treatment sector which DIP has brought, some people in the field may be reluctant to shout this too loudly.

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