

**ORIGINATOR: Public Health Suffolk**

**PAPER NO. AP13/34**

**SUBMITTED TO: ACCOUNTABILITY AND PERFORMANCE PANEL –  
13 AUGUST 2013**

**SUBJECT:** Performance Monitoring against PCC'S Police & Crime Plan Objectives from Young People's Substance Misuse Service and Drug Interventions Programme in Suffolk

**SUMMARY:**

The Police and Crime Commissioner now holds a proportion of the budget for both the DIP service and the Young People's Substance Misuse service. The reports included detail how both these services contribute towards the objectives of the Police & Crime Plan objectives and provide value for money

Appendix One – Young People's Substance Misuse  
Appendix Two – Drug Interventions Programme

**RECOMMENDATION:**

The PCC is recommended to note the information within this report and endorse the progress made to date.

## **DETAIL OF THE SUBMISSION**

### **1. KEY ISSUES FOR CONSIDERATION:**

Both services are already commissioned within Suffolk and contracts exist within Suffolk County Council for such provision.

### **2. FINANCIAL IMPLICATIONS:**

£146,730 per annum – DIP service  
£ 47,507 per annum – YP Substance Misuse Service

### **3. OTHER IMPLICATIONS AND RISKS:**

Not applicable

## Appendix One – Young People’s Substance Misuse Data

All clients	No of clients referred	Referral route	Unplanned exits	Planned exits	Planned exits which represented within 6 months	Planned exits who met goals agreed on care plan at exit	Measure of behaviour change as shown on questionnaire (This is only available for planned exits)
<b>Month One (April 2013)</b>	16	Children and Family Services (3) Relative (2) Targeted Youth Support (1) Universal Education (4) YOT (6)	2	12	1	12	
<b>Month Two (May 2013)</b>	24	A and E (1) Children and Family Services (3) School Nurse (1) Universal Education (4) YP Housing (1) YP Treatment Provider (1) YOT (13)	11	12	1	11 (one planned exit closed before being Care Planned)	
NOT PROTECTIVELY MARKED							

All clients	No of clients referred	Referral route	Unplanned exits	Planned exits	Planned exits which represented within 6 months	Planned exits who met goals agreed on care plan at exit	Measure of behaviour change as shown on questionnaire (This is only available for planned exits)
<b>Month Three (June 2013)</b>	18	Alternative Education (1) Children and Family Services (3)  Crime Prevention (1)  GP (1)  Self (1)  Universal Education (4)  YOT (7)	2	12	1	12	

All clients	No of clients referred	Referral route	Unplanned exits	Planned exits	Planned exits which represented within 6 months	Planned exits who met goals agreed on care plan at exit	Measure of behaviour change as shown on questionnaire (This is only available for planned exits)
<b>Total</b>	58	Children and Family Services (9) Relative (2) Targeted Youth Support (1) Universal Education (12) YOT (26) A & E (1) School Nurse (1) YP Housing (1) YP Treatment Provider (1) Alternative Education (1) Crime Prevention (1) GP (1) Self (1)	36	36	3	35	

### Monitoring Data.

Public Health England provide quarterly reports on activity and outcome data for the young people's substance misuse service which includes number and source of referrals, type of substances used, type of interventions given, number of planned exits and status on exit.

These reports are available to the Police crime Commissioner, with the understanding that they are restricted and not for onward distribution.

### **Please Note:**

The last column "Measure of behaviour change as shown on questionnaire" has not been completed because:

- Q1 data for 2013-14 is not available
- The data available for 2012-13 gives behaviour change for young people who have exited treatment in a planned way, but the way in which it is recorded is subject to different interpretation and therefore there are concerns as to the robustness and validity of the results.
- In recognition of this Public Health England are introducing a new outcomes tool that, it is hoped, will give greater assurance of the behaviour change in young people receiving the substance misuse service.
- It is therefore proposed that this information will be supplied once the new outcomes tool is in use and being reported against.

## Appendix Two - Drug Interventions Programme Performance Monitoring Data

<b>Supporting IOM to tackle PPO's</b>				
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
As part of the enhanced offer to those on the IOM cohort DIP ensure a minimum of once weekly contact with those on IOM caseload				
Number of clients on the IOM cohort who have contact with DIP services per month over one quarter				
IOM	4	3	3	10
% of clients on the IOM cohort who have contact with DIP service per month over one quarter				
IOM	TBC	TBC	TBC	Will provide in Q2 data
<b>Diverting people from the criminal justice system by assessing needs and early intervention</b>				
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
Through DToA, identification, screening and assessment				
Number of screenings /assessments per month over one quarter				
Alcohol	2	15	5	22
Opiate	8	11	12	31
Non-Opiate	1	4	2	7
Through voluntary engagement, screening and assessment				
Number of screenings /assessments per month over one quarter				
Alcohol	0	0	0	0
Opiate	7	19	9	35
Non-Opiate	3	4	5	12
Through prison release, screening and assesement				

Number of screenings /assessments per month over one quarter				
Alcohol	0	0	0	0
Opiate	2	10	6	18
Non-Opiate	1	1	1	3
Opiate users who do not receive a custodial sentence taken on to caseload				
Opiate	11	23	12	46
Harm reduction advice and brief intervention given to all users of substances				
All users of all substances	7	18	14	39
Alcohol users with an audit score of <20 who receive a brief intervention				
Alcohol	0	1	0	1
Alcohol users with an audit score of >20 referred to specialist services				
Alcohol	0	4	2	6
Prevent the damaging effects of drugs and alcohol on lives, crime levels and the night time economy by				
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
Reducing dependence on drugs and alcohol				
Those drug users assessed as requiring structured treatment referred to CRI				
Opiate	12	21	20	53
Non-Opiate	3	7	5	15
All Non OCU clients given a brief intervention and signposted to appropriate service				
Non-Opiate	1	5	3	9
Interventions with offenders where crime is caused by substance misuse				
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
Number of BI's delivered per month over one quarter				
All users of all substances	6	17	14	37
Referrals to structured treatment for all OCU's				
Opiate	11	24	24	59
Number of referrals to 'offending behaviour' group				

NOT PROTECTIVELY MARKED



All users of all substances	4	6	3	13
<b>Raising awareness of responsible alcohol use</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
Brief Interventions and harm reduction advice given to all those who have an issue with alcohol regardless of audit score				
Alcohol	0	5	2	7
Interventions to reduce inter-generational drug/alcohol use				
Disclosures of inter-generational use captured and information shared with appropriate treatment agency in order to inform future case management				
Number per month over one quarter				
All users of all substances	0	0	0	0
<b>Vulnerable Families.</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
Early engagement and intervention with parents				
Identification of parental issues captured and shared with appropriate treatment agency in order to inform future case management.				
Number per month over one quarter				
All users of all substances	0	2	1	3
<b>Improved trust and confidence in the criminal justice system</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Q1 Total</b>
Robust response to non-attendance of required assessment through DToA - information shared with Police and support from courts.				
To be measured by DToA reporting mechanism				
All users of all substances	5	6	5	16
Of all clients seen by DIP in custody or community, how many get their first appointment with CRI/Tier 3				
Number of new contacts				
Voluntary and DToA clients	61	60	75	196
Refused to engage/dropped out of treatment with DIP Services				
Voluntary clients only	1	11	5	17

NOT PROTECTIVELY MARKED

Received a custodial sentence					
	Voluntary and DToA clients	10	3	5	18
Attended RA1					
	DToA clients only	24	16	23	63
Attended RA2					
	DToA clients only	8	6	13	27

## Drug Interventions Programme - Value for Money – Suffolk

The Home Office estimates that drug related crime costs £13.9bn<sup>1</sup> per year and that offenders who use heroin, cocaine or crack cocaine commit between a third and a half of all acquisitive crimes<sup>2</sup>. As a result, reducing drug-related crime is one of the main objectives of the government's drug strategy<sup>3</sup>. This recognises that the provision of good quality drug treatment, combined with stable housing and employment, can be very effective in preventing high volume acquisitive offending.

Drug addicted people often develop a tolerance through daily compulsive use, which can result in an expensive addiction. For instance, the estimated average value of drugs used in the four weeks prior to treatment among participants of the Drug Treatment Outcomes Research Study (DTORS) was £1,296<sup>4</sup>. With little income they may resort to crime to pay for their drug use. This might include acquisitive crimes such as shoplifting, burglary or robbery, or other financially motivated crimes such as soliciting and begging. Drug treatment is designed to reduce people's need for drugs, which in turn reduces the driving force behind their drug-related offending.

The National Treatment Agency for Substance Misuse (NTA) has worked closely with economists in the Home Office (HO) and the Department of Health (DH) to build a Value for Money (VFM) model in response to the National Audit Office recommendation to develop a framework for evaluating value for money in relation to the previous drug strategy<sup>5</sup>. The VFM model estimates the crime prevention and health improvement benefits of treatment and recovery. This is the first time such estimates have been made at a national level.

In 2012 the National Treatment Agency published the following document [Estimating the crime reduction benefits of drug treatment and recovery](#) this report estimated the savings to society with regards to costs to the public, businesses, the criminal justice system and National Health Service (NHS). The report also hypothesised the number of crimes that were prevented due to a continued investment in drug and alcohol treatment services.

In particular the report refers to the Drug Treatment Outcomes Research Study (DTORS) which was published in 2009.

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<sup>1</sup> Singleton, N., Murray, R. and Tinsley, L. (2006). Measuring Different Aspects of Problem Drug use: Methodological developments. Home Office Online Report 16/06. London: Home Office. Available from: <http://www.druglibrary.stir.ac.uk/documents/rdsolr1606.pdf> [Accessed 6th March 2012].

<sup>2</sup> MacDonald, Z., Tinsley, L., Collingwood, J., Jamieson, P. and Pudney, S. (2005). Measuring the Harm from Illegal Drugs Using the Drug Harm Index. Home Office Online Report 24/05.

<sup>3</sup> HM Government (2010). Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. London: Home Office

<sup>4</sup> Table 1 in Jones, A., Weston, S., Moody, A., Millar, T., Dollin, L., Anderson, T. and Donmall, M. (2007). The Drug Treatment Outcomes Research Study (DTORS): Baseline report. Home Office Research Report 3. London: Home Office.

<sup>5</sup> NAO (2010) Tackling problem drug use. Available from: [http://www.nao.org.uk/publications/0910/problem\\_drug\\_use.aspx](http://www.nao.org.uk/publications/0910/problem_drug_use.aspx) [Accessed 9th June 2011].

DTORS was carried out by the National Drug Evidence Centre (NDEC) in collaboration with the National Centre for Social Research (NatCen) on behalf of the Home Office. The study was about people who were entering drug treatment programmes in England. It aimed to find out what sort of things affect a person's chances of success in drug treatment programmes. The information is available to be used to plan the provision of drug treatment and other services in this country, to help as many people as possible overcome their drug problems. The basis of the study was informed by the following points:

- a major longitudinal outcomes study of drug treatment in England
- based on a sample of drug users presenting for treatment at 100 DATs
- clients interviewed at baseline, 3 months and 12 months
- includes a qualitative study and a cost benefit analysis

These findings are based on an empirical analysis of data from the National Drug Treatment Monitoring System (NDTMS) linked to conviction records from the Police National Computer (PNC) and on self-reported offences data from the Drug Treatment Outcomes Research Study (DTORS).

Source: <http://www.dtors.org.uk/>

The purpose of this brief report is to take the methodology from the NTA's report and apply it to the Drug Intervention Programme (DIP) within Suffolk. With the aim of estimating:

- The potential number of crimes prevented through DIP
- The potential cost savings

## Drug Testing

The drug testing pilot was introduced within Ipswich in August 2012, for the purposes of this report the Drug Test Recorder (DTR) has been analysed in order to review the number of re-offences within the period August 2012 to May 2013. During this time

- 873 individuals were arrested and 1,201 offences were recorded on the DTR, these were primarily Theft and Burglary offences (869) which equated to 72% of the total offences.
- Of the 873 individuals that were arrested 223 (26%) tested positive for Cocaine/Opiates or both.
- Of the 223 individuals that tested positive for Cocaine/Opiates or both 172 were required to attend an initial assessment with drug workers in custody. This could be due to reasons such as individuals being remanded in custody; individuals disputing test results or on prescribed medication.
- Of the 172 individuals that were required to attend an initial assessment 125 (73%) did not commit any further offences in this period.

- Those individuals that did reoffend would on average commit a further 2.6 offences
- As an estimate; of the 125 that did not reoffend this is potentially a saving or reduction of approximately 325 offences. This estimate is based on those who did not reappear on the Drug Test Recorder as rearrested and subsequently drug tested within the period reviewed.

Looking at the types of offences that were previously committed by the 125 individuals the primary offence types are Theft and Burglary, totalling 63% (79). Using the methodology applied by the NTA, and just focusing on the Theft and Burglary offences this equates to the following costs.

	Total Offences for this cohort	Unit Cost	Estimated Cost
Theft	62	£ 763.00	£ 47,306.00
Burglary	17	£ 3,925.00	£ 66,725.00
			<b>£ 114,031.00</b>

As Burglary and Theft feature so predominately within the DTR it could therefore be estimated that for every individual that is engaged with via DIP and does not go onto commit a further offence there is a potential estimated saving of £2,344.00 (average of the Unit Cost for Theft and Burglary).

In 2011-12 the Cost Effectiveness Tool produced by the NTA identified that the cost of the Drug Interventions Programme (DIP) in Suffolk was an estimated 4.8% of the total Drug and Alcohol Treatment Budget against a national average of 12.1%. It could be estimated that there is a 30% return on investment here i.e. for **every £1,000 invested** in the DIP programme there is an approximate **saving of £3,000** to society.

## **Drug Intervention Programme (DIP)**

- DIP stands for Drug Interventions Programme
- It is the Home Office initiative to identify those in the criminal justice sector who require drug treatment. Its aim is to identify these clients and provide them with referral pathways to treatment which in turn will reduce their offending making communities safer.
- Each borough or area has its own DIP team though may be configured slightly differently.
- DIP areas are split into one of two kinds, Intensive and Non-Intensive. In intensive areas there is a lawful requirement to see drugs workers, in non-intensive areas there isn't.
- In non-intensive areas, drugs workers sweep the custody cells to see those who has been arrested for a 'trigger offence' and to then identify whether or not that client has a substance misuse issue and would benefit from engaging in our service
- The requirement in intensive areas is that if a client is arrested for a 'trigger offence' they have to be drug tested by the police – this is regardless of whether they are subsequently charged for this offence.

## **DIP and NDTMS Treatment**

- DIP is generally seen as a Tier 2 intervention (sometimes it is called Tier 2 enhanced or Tier 2 ½ but the main is that it is not structured treatment!)
- Most DIP teams are registered to provide some entry-level treatment, providing structured key working sessions to prepare a client for further treatment at other agencies.
- Some teams deliver treatment for a particular cohort of clients not being picked up elsewhere and so do not have large numbers being worked with in their treatment services
- Other teams provide more long-term interventions like Open Access etc.
- Generally, to be Tier 3 registered they must be providing particularly structured sessions and aim towards care plan goals etc.

## Glossary

**DAAT:** Drug and Alcohol Action Teams are multi-agency teams with responsibility for the local delivery of the drugs strategy.

**DIP:** The Drug Intervention Programme is a scheme allowing suspected offenders who are also problem drug users to access services subsequent to arrest. It began in 2003 as a three-year programme to develop and integrate measures for directing adult drug-misusing offenders out of crime and into treatment. Delivery at a local level is through drug and alcohol action teams.

**NDEC:** National Drug Evidence Centre. All services that provide structured treatment for drug and/or alcohol users are asked to submit data to NDTMS. This information is analysed by the National Drug Evidence Centre to produce the figures published via [www.ndtms.net](http://www.ndtms.net)

**NDTMS:** The National Drug Treatment Monitoring System relates to the process of collecting, collating and analysing information from and for those involved in the drug treatment sector.

**NTA:** The National Treatment Agency for Substance Misuse is a special health authority within the NHS, established by Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England and is responsible for ensuring implementation of the National Drugs Strategy.

**Structured treatment:** Tier 3 or 4 treatment intervention. Only structured drug and alcohol treatment is counted by the NDTMS.

**Tiers of treatment:** In Models of Care, the NTA groups treatment into four “Tiers” or levels. These reflect increasing intensities of intervention.

**Tier 1:** This level mainly involves interventions from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.

**Tier 2:** This is open-access drug treatment (such as drop-in services) that does not always need a care plan. Tier 2 covers things like triage assessment, advice and information and harm reduction given by specialist drug treatment services.

**Tier 3:** This is drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can be Tier 3 if they are part of a care plan.

**Tier 4:** This is residential drug treatment – inpatient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.