

**ORIGINATOR: Public Health Suffolk**

**PAPER NO: AP14/37**

**SUBMITTED TO: Accountability & Performance Panel 18 June 2014**

**SUBJECT: Suffolk Drug Interventions Programme – delivered by  
Westminster Drug Project (WDP)**

**SUMMARY:**

This report demonstrates how the DIP service contributes toward the PCC Crime Plan objectives.

**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 AND PROGRESS:

#### Suffolk Drug Interventions Programme

The purpose of this report is to provide the most up to date performance monitoring data available in respect of the Suffolk DIP service.

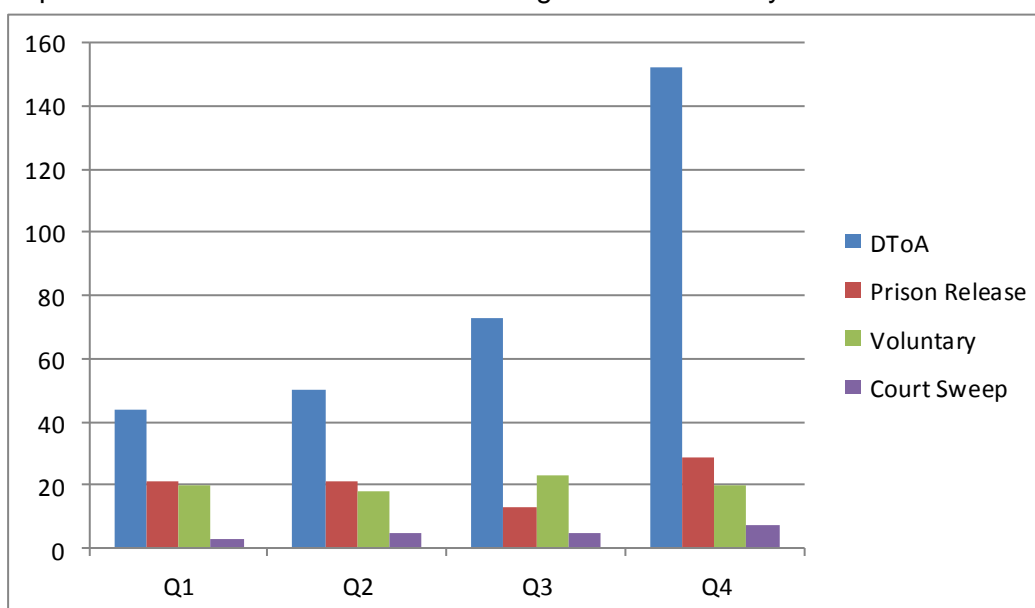
#### How Suffolk Compares with the National Picture

The Partnership and Police Report published by Public Health England demonstrates that Suffolk matches the national average of those criminal justice clients who are engaged with structured treatment. Suffolk have consistently either matched or exceeded the national average during 2013-14.

#### Local Data

##### Number of clients accessing the service

The graph below clearly demonstrates the impact that Drug Testing on Arrest has had on the number of Drug Intervention Records completed by DIP workers. We see an increase in numbers over the first three quarters of the year as the pilot at Martlesham PIC developed, with noticeable spike in quarter four to coincide with DToA being rolled out to Bury St. Edmunds PIC.



##### Live Caseload

The information below provides a breakdown of the current caseload in comparison to the same time in the previous financial year. The increase in numbers seem to be directly attributable to the additional work created by the Drug Testing on Arrest pilots across the two Suffolk PIC's. Since 2010 when the contract was awarded, the staffing levels have increased from eight to thirteen to accommodate the growth in service.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
No. on caseload	219	253	268	292
Increase compared to same period in previous year	+37	+38	+60	+84

## Prison Link

The service continues to offer a valuable link between custody and community. This post ensures early identification of Suffolk residents who are accessing substance misuse treatment in HMP Norwich, allowing seamless provision of support after release. The post holder is based part time in the prison establishment and part time in the community to ensure continuity of care for the client group. During the last two quarters, the link worker has identified those who have previously failed to engage fully with treatment services in order to provide targeted support which includes escorting clients from custody to community, escorting between services and full assessment prior to release. Work has been undertaken to develop a database of all Suffolk residents in a custodial setting across the East of England. This area of work will develop further during 2014-15 to identify those in prisons further afield.

## Tackling Offending Behaviour

Westminster Drug Project have piloted a programme of offending behaviour interventions called ROOTS (Recovery Orientated Offender Treatment Service) in another area and are due to roll out this provision in Suffolk during quarter one of 2014-15. Training will be provided to staff during May 2014. More information on this area of work will be provided in a future update.

## Integrated Offender Management (IOM)

The review of both the Norfolk and Suffolk IOM schemes and subsequent alignment has resulted in some changes particularly in co-location arrangements. Suffolk DIP remain a key partner in the scheme and along with colleagues in the police, probation and other treatment agencies, are working to ensure the same level of support continues.

## Single Point of Contact (SPOC)

The number of calls to the 24/7 helpline continues increase as the DIP service expands. Calls are received by professionals in the treatment system, police colleagues, service users and concerned family members. Telephone calls to this line increase the numbers of referrals for specialist alcohol treatment as well as drug services.

	Q1	Q2	Q3	Q4
No. of calls to SPOC line	55	59	80	77

<b>Supporting IOM to tackle PPO's</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q4 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 new clients on the IOM cohort who have contact with DIP services per month over one quarter				
IOM	1	4	8	13
% of clients on the IOM cohort who have contact with DIP service per month over one quarter				
IOM				
<b>Diverting people from the criminal justice system by assessing needs and early intervention</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q4 Total</b>
Through DToA, identification, screening and assessment				
Number of new screenings /assessments per month over one quarter				
Overall	20	50	60	130
Alcohol	1	3	5	9
Opiate & Non Opiate	19	47	55	121
Through voluntary engagement, screening and assessment				
Number of new screenings /assessments per month over one quarter				
Overall	8	10	11	29
Alcohol	7	2	3	12
Opiate & Non-Opiate	1	8	8	17
Through prison release, screening and assessment				
Number of screenings /assessments per month over one quarter				
Overall	5	8	11	24
Alcohol	0	0	1	1
Opiate & Non-Opiate	5	8	10	23
Opiate users who do not receive a custodial sentence taken on to caseload				
Opiate	96	98	98	292
Harm reduction advice and brief intervention given to all users of substances				
All users of all substances	22	56	59	137
Alcohol users with an audit score of <20 who receive a brief intervention				
Alcohol	4	30	48	82
Alcohol users with an audit score of >20 referred to specialist services				
Alcohol	3	3	12	18
<b>Prevent the damaging effects of drugs and alcohol on lives, crime levels and the night time economy by</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q4 Total</b>
Reducing dependence on drugs and alcohol				
Those drug users assessed as requiring structured treatment referred to CRI				
Opiate	13	34	37	84
Non-Opiate	7	16	23	46
All Non OCU clients given a brief intervention and signposted to appropriate service				

Non-Opiate				
Interventions with offenders where crime is caused by substance misuse				<b>Q4 Total</b>
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
Number of BI's delivered per month over one quarter				
All users of all substances		Recovery check-ups		
Referrals to structured treatment for all OCU's (DIP Case Closed)				
Opiate	2	9	8	19
Number of referrals to 'offending behaviour' group				
All users of all substances	0	0	0	0
<b>Raising awareness of responsible alcohol use</b>				
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q4 Total</b>
Brief Interventions and harm reduction advice given to all those who have an issue with alcohol regardless of audit score				
Alcohol	100%	100%	100%	
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	4	4
<b>Vulnerable Families.</b>				
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q4 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	2	3	3	8
<b>Improved trust and confidence in the criminal justice system</b>				
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Q4 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				
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	96	78	44	218
Refused to engage/dropped out of treatment with DIP Services				
Voluntary clients only	0	3	10	13
Received a custodial sentence prior to first appt				
Voluntary and DToA clients	0	1	0	1
Attended RA1				
DToA clients only	40	42	38	120
Attended RA2				
DToA clients only	34	39	32	105

## 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.

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

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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].

(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
<b>Theft</b>	<b>62</b>	<b>£ 763.00</b>	<b>£ 47,306.00</b>
<b>Burglary</b>	<b>17</b>	<b>£ 3,925.00</b>	<b>£ 66,725.00</b>
			<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.

**2. FINANCIAL IMPLICATIONS:**

£146,730 per annum toward the overall cost of the countywide DIP provision

**3. OTHER IMPLICATIONS AND RISKS:**

<b>ORIGINATOR CHECKLIST (MUST BE COMPLETED)</b>	<b>PLEASE STATE 'YES' OR 'NO'</b>
Has legal advice been sought on this submission?	No
Has the PCC's Chief Finance Officer been consulted?	No
Have equality, diversity and human rights implications been considered including equality analysis, as appropriate?	Yes – during contract procurement
Have human resource implications been considered?	N/A
Is the recommendation consistent with the objectives in the Police and Crime Plan?	Yes
Has consultation been undertaken with people or agencies likely to be affected by the recommendation?	N/A
Has communications advice been sought on areas of likely media interest and how they might be managed?	SCC Comms team developed a press release at contract award.
Have all relevant ethical factors been taken into consideration in developing this submission?	Yes – during procurement process.