HM Inspectorate of Probation

AN EFFECTIVE SUPERVISION INSPECTION PROGRAMME THEMATIC REPORT

'Half Full and Half Empty'

An Inspection of the National Probation Service's substance misuse work with offenders

2006

Foreword

The Effective Supervision Inspection programme (now completed) contained a thematic element, the subject changing twice a year. In the last seven probation areas, inspected between September 2005 and March 2006, the thematic element was substance misuse. The findings relating to each of the individual areas have already been described in their own Effective Supervision Inspection reports. This report therefore focuses mainly on national issues.

Although the link between substance misuse and offending is complex, there is little doubt that there is a strong association between the two. The contribution of the National Probation Service towards reducing offending by substance misusing offenders, in partnership with others, is therefore very important. This report brings together the findings from the seven areas and highlights the differing levels of treatment provision for drug and alcohol misusing offenders.

Over recent years there has been a significant shift in the treatment of drug misusing offenders from one that focused primarily on the health perspective to one that focused increasingly on it as a method of directly reducing reoffending. The inclusion of treatment as a requirement of a court order has increased alongside a general expansion in the facilities available.

In 2003 the HM Inspectorate of Probation published a thematic report into the implementation of Drug Treatment & Testing Orders 'A long way in a short time…', which concluded that more work was still needed to consolidate the delivery of treatment to drug misusing offenders. The present inspection found that the expansion of drug treatment availability had led to all areas now being able to deliver it promptly to offenders. The National Probation Service has also established relevant performance management targets so that areas now need to focus on both the start and the completion of Drug Treatment & Testing Orders and Drug Rehabilitation Requirements.

However, in contrast to these significant changes and enormous improvements, there continues to be a scarcity of treatment for alcohol misusers. One of our conclusions is that, despite considerable evidence of the prevalence of serious alcohol misuse amongst offenders, too few services are available to address these problems. In this respect, the glass is truly 'Half Full and Half Empty'.

ANDREW BRIDGES
HM Chief Inspector of Probation

June 2006

Acknowledgements

This was the sixth of our thematic inspections within the Effective Supervision Inspection programme. Most evidence was gathered by the examination of the cases in the main inspection, supplemented by interviews with probation area managers, staff and partner agencies. In each area, we also inspected a small additional sample of cases sentenced or released after the introduction of the Criminal Justice Act 2003 that had been assessed by the areas as either substance misusing offenders or Prolific & other Priority Offenders.

We would like to express our thanks to the Boards, managers and staff of the seven areas visited. All were very helpful in enabling the inspection to run smoothly. In each area, local assessors also assisted with scrutinising files and interviewing case managers. Their participation and commitment were greatly appreciated. In addition, we are grateful to the partnership agencies working with probation areas to deliver services to offenders with substance misuse problems, who were particularly generous with their time.

MARK BOOTHER HM Inspector of Probation
SHIRLEY MAGILTON HM Inspector of Probation
EILEEN O'SULLIVAN Inspection Officer
JOHN HUTCHINGS HM Assistant Chief Inspector of Probation

June 2006

Contents

	FOREWORD	2
	ACKNOWLEDGEMENTS	3
	CONTENTS	4
	LIST OF ABBREVIATIONS & ACRONYMS	5
1.	KEY FINDINGS AND RECOMMENDATIONS	6
2.	HISTORICAL CONTEXT	9
3.	AIMS, OBJECTIVES AND METHODOLOGY	12
4.	OVERALL FINDINGS	14
5.	AREA FINDINGS	19
	APPENDICES	23

List of abbreviations & acronyms

ART	Aggression Replacement Training
ASRO	Addressing Substance-Related Offending
ATR	Alcohol Treatment Requirement
BCU	Basic Command Unit
CJA 2003	Criminal Justice Act 2003
CO	Chief officer
CPO	Community Punishment Order
CRO	Community Rehabilitation Order
DAAT	Drug and Alcohol Action Team
DID	Drink Impaired Drivers programme
DIP	Drug Intervention Programme
DRR	Drug Rehabilitation Requirement
DTTO	Drug Treatment and Testing Order
ESI	Effective Supervision Inspection
HMI Probation	HM Inspectorate of Probation
IDAP	Integrated Domestic Abuse Programme
IT	Information technology
NOMS	National Offender Management Service
NPD	National Probation Directorate
NTA	National Treatment Agency
OASys	Offender Assessment System
OGRS2	Offender Group Reconviction Scale
OSAP	Offender Substance Abuse Programme
PC	Probation Circular
PPO	Prolific & other Priority Offender
PSR	Pre-sentence report
QA	Quality Assurance

1. KEY FINDINGS AND RECOMMENDATIONS

KEY FINDINGS

NOMS findings

- Alcohol treatment was scarce in the areas inspected, although senior managers were aware of the level of need as indicated by assessments using OASys.
- In contrast, the provision of treatment for offenders with drug misuse problems was generally readily available.
- The establishment of DTTOs had been accompanied by the setting of a target for starting new orders. The subsequent addition of a target for completing orders had assisted areas in focusing on outcome measures. This framework had been successfully applied to DRRs. However, no such targets existed or were planned for ATRs and, as a consequence, areas were unlikely to prioritise their development.
- Areas reported that the delivery of DRRs had been hampered by an array of complex guidance concerning the introduction of the CJA 2003 and the offender management model. In particular, it had been a key implementation difficulty for areas to reconcile the tensions between offence seriousness, offender management tier and treatment intensity. This had resulted in inconsistency of delivery between areas.
- The acceptance of drug testing as a useful tool in the treatment of substance misusing offenders was found to be widespread. Due to a lack of resources, the potential for the extensive use of this tool had yet to be realised.
- The inspection found that some areas struggled to make available sufficient numbers of appropriate accredited programmes to address substance misuse. Also, where they were included as a requirement of a community order, they often did not start within the time limit set by the national standard.
- Some areas were unable to identify a small sample of PPO cases for inspection purposes. This highlighted difficulties at an area level with management information systems. It also suggested that there were serious problems with the quality of data used to calculate the cash-linked performance measure on assessments of PPOs. There were no NPD targets concerning interventions or outcomes for PPOs, leading to a lack of focus on these stages.

Area findings

- There were few cases with ATRs in the areas inspected.
- The ability of probation areas to ensure that DAATs provided the necessary range of drug treatment services varied considerably and was largely determined by

pre-existing treatment provision. Surprisingly, there was not a strong correlation between the quality of area management and appropriate treatment availability.

- The quality of the assessments of the substance misuse sections of OASys was inconsistent. Where there was evidence of a substance misuse problem, as defined by the type of sentence or interventions planned, this was not always indicated in the assessment. This hampered the usefulness of any aggregated data to inform practice and service delivery.
- Some areas had insufficient systems for gathering and using outcome data to inform the improvement of service provision.
- Areas had interpreted the implementation of the offender management model in a variety of ways. Some feared that the expertise of specialist staff working with substance misusers would be diluted. Guidance issued during the inspection fieldwork clarified that areas were not required to abandon their specialist teams. Instead, these could operate as substance misuse teams rather than DTTO/DRR teams.
- Where areas had established co-located multi-disciplinary PPO teams, there was an increased potential for more effective work with offenders.
- Whilst there were significant opportunities for probation areas to work with the DIP, the inspection found that in practice these were rarely used to their full potential.

Recommendations

NOMS should ensure that:

- *more alcohol treatment services are made available in order to meet the identified level of need*
- *simplified guidance on DRRs is issued to help staff reconcile the tensions between offence seriousness, the offender management tier and treatment intensity*
- *consideration is given to the practical implications of managing community orders that contain a DRR without a supervision requirement*
- *consideration is given to whether more newly released offenders might benefit from a drug testing condition in their licence*
- *training is rolled out to enable all areas to deliver the required number of accredited programmes for substance misusing offenders within national standards timescales*
- *PPO data are quality assured, and consideration is given to the introduction of targets for interventions and outcomes.*

Boards should ensure that:

- *their area develops substance misuse strategies that maximise the opportunities for working with local alcohol treatment providers, and consolidate and improves existing arrangements with DAATs*

- *designated senior managers contribute regularly to strategic DAAT meetings, subsequent joint commissioning groups and any local strategic forum concerning the provision of alcohol services*
- *OASys assessments of substance misuse are quality assured, and the results are aggregated to enable the area to use the data to help plan future provision of services*
- *outcome data are collected and used to inform service delivery*
- *areas have fully considered the potential gains of establishing or maintaining co-located multi-disciplinary teams for the offender management of PPOs*
- *areas review their working relationships regarding the operational arrangements for their local DIP, to ensure that the full potential gains of working towards shared objectives are realised.*

2. HISTORICAL CONTEXT

2.1 The relationship between substance misuse and offending is complex; nevertheless, there is a strong association between the two. Research indicates that drug misuse is strongly linked with reconviction rates. The relationship between alcohol misuse and reconviction rates is more complicated but still important.

2.2 Until recently, substance misuse was seen principally as a medical or social problem, and as a consequence the majority of responses involved treatment funded through health or social services. Although probation staff often worked with substance misusers and were involved in 'referring on', there was little in the way of treatment as a condition of a court-ordered sanction. Furthermore, until the advent of OASys, there was no single common assessment tool to gauge the extent of substance misuse within the probation caseload. The possibility of reducing crime through the provision of enhanced or prioritised treatment opportunities for substance misusing offenders had yet to be recognised (see Appendix 2).

2.3 By 2000, there had been a significant shift in emphasis from a primarily health perspective, to one that recognised involvement in the criminal justice system as a legitimate catalyst for treatment. A proportion of substance misusing offenders in contact with probation could be made subject to treatment and testing as a requirement of a new court order, the DTTO, available from October 2000. The number of offenders commencing treatment in this way grew from 4842 in the first full year of operation (2001/2002) to 14002 DTTO/DRRs by the end of 2005/2006.

2.4 Alongside these criminal justice changes, the NTA was formed in 2001 with a combined health and criminal justice remit with the aims of significantly increasing treatment capacity, reducing waiting times and improving the quality of treatment.

2.5 The NTA introduced a treatment framework known as Models of Care that categorised treatment types into four tiers. Tier 1 involves non-specialist services, while Tiers 2, 3 and 4 involve more specialist services such as needle exchange, structured care, and the prescribing of medication. The latter are commissioned and paid for by local DAATs from a pooled treatment budget, contributed to by the NPD.

2.6 This shift in drug treatment availability has enabled the probation service to work more effectively with drug misusing offenders.

2.7 More recently, the development of DIP has introduced a further possibility for accessing treatment. DIP is funded to offer enhanced access to treatment services and support for those who are in contact with the criminal justice system, but are not subject to a requirement of treatment overseen by the probation service. The funding available from DIP to individual DAAT areas varies considerably, with the high crime 'DIP intensive' areas receiving additional funding related to their greater need.

2.8 The development of drug misuse services is shown below:

Model	Service entitlement	Principal funding stream	Time
Treatment Medical/Social	Treatment service as a citizen	Health (Department of Health)	To the present
Criminal Justice a) Court Order (DTTO/DRR)	Treatment service as a result of a court order	Pooled Treatment Budget (includes Home Office and Department of Health contributions)	2001 to the present
Criminal Justice b) DIP (contact with a drug worker through police/court/probation/prison)	Prompt access to treatment service as a result of contact with the criminal justice system	Pooled Treatment Budget and Drug Strategy Directorate (funding directly to DAATs)	2003 to the present

2.9 The following documents outline the key strategies that have raised the profile of the substance misuse agenda, particularly in relation to drugs:

- 1998 HM Government's National Strategy 'Tackling Drugs to Build a Better Britain'
- 2002 HM Government's 'Updated Drug Strategy'
- 2002 NTA's 'Models of Care for treatment of adult drug misusers'
- 2004 HM Government's 'Alcohol Harm Reduction Strategy for England'
- 2004 HM Prison Service Alcohol Strategy 'Addressing Alcohol Misuse'
- 2005 NOMS 'Strategy for the management and treatment of problematic drug users within the correctional services'.

The introduction of the CJA 2003

2.10 The CJA 2003 introduced a menu of 12 possible requirements as part of a community order. Of particular importance to substance misusing offenders was the introduction of ATRs and DRRs.

2.11 ATRs were targeted at offenders with serious alcohol misuse problems, who expressed a willingness to comply with treatment. They largely replicated provisions that had previously been available as requirements to receive treatment as part of existing community sentences.

2.12 DRRs were intended to have a greater degree of flexibility than DTTOs to meet the needs of drug misusing offenders. The contact time for the offender, as required under national standards, is dependent on offence seriousness, and DRRs may have low, medium or high intensity treatment components within this framework.

2.13 For adult offenders, the CJA 2003 removed from courts the sentencing option of a DTTO for offences committed on or after 4 April 2005. However, the effects of this change will take some time to work through the system as DTTOs can still be made for offences committed prior to this date and orders may last for up to three years.

2.14 In addition to the ATR or DRR, the community order may have had other requirements, including supervision by an offender manager and attending an accredited programme. The main accredited programmes currently in use for substance misusing offenders are ASRO, OSAP and DIDs.

2.15 Under the requirements of the CJA 2003, careful consideration is necessary to ensure that the overall intensity of the order is proportionate to the seriousness of the offence. This principle also applies to substance misusing offenders.

2.16 Alongside the implementation of the CJA 2003, probation areas were required to implement a new system of case management known as the offender management model. An offender manager was to be allocated to every case and would be responsible for the coordination of requirements of the order that might be delivered by a variety of providers.

'A core principle of offender management is that, as far as can be achieved, the same offender manager should retain overall responsibility for steering an individual offender through any single period of engagement with NOMS services' (PC 65 2005).

2.17 Inherent in the offender management model is the concept of tiering. This places an offender within a four-tier criminal justice framework dependent on the assessed risk of harm, likelihood of reoffending and complexity of need.

3. AIMS, OBJECTIVES AND METHODOLOGY

3.1 The inspection took place between September 2005 and March 2006 and was undertaken as part of the ESI programme. The seven areas visited were Avon & Somerset, Cambridgeshire, Devon & Cornwall, Dorset, Surrey, Sussex and Thames Valley. This phase of the ESI programme did not visit any of the Welsh probation areas, where different arrangements exist for the provision of substance misuse services.

3.2 There was a relatively low proportion of women and of black and minority ethnic people within the cases examined. As a consequence, it has not proved possible to draw conclusions on the specific quality of work undertaken with offenders from these groups.

Aims and objectives of the inspection

Aim:

- *To inspect the effectiveness of arrangements (formal and informal) which facilitate the access to, and engagement with treatment (at all tiers) for offenders with substance misuse problems.*

Objectives:

- *Evaluate the relevant implementation guidance produced by the NPD for the delivery of the CJA 2003 that pertains to substance misusing offenders.*
- *Evaluate the quality of management arrangements that areas have in place for the provision of services for substance misusing offenders.*
- *Evaluate the partnership arrangements that areas have in place to deliver services.*
- *Assess the quality of operational work undertaken with substance misusing offenders through the processes of assessment, interventions and outcomes.*
- *Examine the extent to which diversity issues have been taken into account in the delivery of services.*

Inspection process

3.3 The methodology for each visit comprised the gathering of information both from the entire area, and from a specific DAAT area within it. The latter was to enable the inspection of treatment provision as delivered within a particular DAAT area.

3.4 There were four main elements:

- an analysis of advance evidence provided by the area

- an analysis of the work done with substance misusing offenders within the main ESI sample *with a score of four or more for drug or alcohol use on the OASys assessment* (the substance misuse subsample). An OASys assessment is required on the majority of all offenders at the commencement of interventions and includes a preliminary assessment of drug and alcohol misuse. A score of four or more indicates a significant criminogenic factor (i.e. a factor that makes that person more likely to commit offences)
- interviews with senior managers and relevant staff from the area and with significant partners from the relevant DAAT
- an analysis of work undertaken with a sample of offenders with substance misuse problems from the defined DAAT areas, who had either recently been sentenced to community orders under the CJA 2003 or been supervised under licence as PPO cases.

3.5 We also interviewed senior managers at the NPD and NTA.

3.6 Although the inspection looked at the interface between probation and DIP, none of the DAAT areas inspected contained intensive DIP areas. The findings of the inspection can therefore only be directly related to non-intensive DIP areas.

4. OVERALL FINDINGS

CASE INSPECTION FINDINGS

4.1 In the seven probation areas visited, we examined 687 cases that had started supervision in the community during 2004/2005, of which 343 (50%) were identified as the substance misuse subsample by virtue of their OASys assessment. We also inspected 91 cases sentenced or released after the introduction of the CJA 2003 that had been assessed by the areas as either substance misusing offenders or PPOs.

4.2 The offending profile of the substance misuse subsample was broadly similar to the main sample, with fewer sexual offences and fraud cases and a greater incidence of violence and theft. The profile of sentences differed slightly, with a higher proportion of the substance misuse subsample sentenced to CROs and a lower proportion receiving CPOs.

4.3 We found that 38% of the main sample was found to have an OASys score of four or above for alcohol, and 21% had a similar score for drugs. Since 9% had such a score for both alcohol and drugs, this meant that we had found in all a total of 50% who scored four or above for either alcohol or drug use or both. Accordingly, this 50% of the main sample became our substance misuse subsample. The size of this subsample gives a strong indication of the potential for tackling offending through effective substance misuse interventions.

4.4 The OASys assessments of the substance misuse subsample undertaken at the start of supervision indicated that the most commonly misused substances after alcohol in the previous six months had been cannabis and heroin. There were indications that previous patterns of misuse had also included frequent use of amphetamines, crack and cocaine.

4.5 Overall, there were few significant differences in the quality of work between the main sample and the substance misuse subsamples, although both the OASys and OGRS2 scores for substance misusing offenders were significantly higher than for the main sample. This was also reflected in the reconviction rates in both the substance misuse subsample and the post-CJA sample, which were significantly higher than in the main sample.

NATIONAL FINDINGS

National provision of treatment services

4.6 Since the 1998 government strategy 'Tackling Drugs to Build a Better Britain', there has been a significant increase in the provision of drug treatment. As a result, treatment for drug misusers is generally readily available. In comparison, the 'Alcohol Harm Reduction Strategy' was only published in 2004. Despite the advent of this strategy, little treatment

currently exists nationally, as yet, and there is uncertainty over funding the expansion of alcohol treatment services.

4.7 We found that nearly twice the number of offenders had alcohol misuse, rather than drug misuse, identified as a significant criminogenic factor. Despite this, the main funding streams for substance misuse treatment have been for drugs and not alcohol, which has led to the underdevelopment of alcohol treatment services. Against this backdrop, areas have found it very difficult to offer interventions for alcohol misusing offenders in general, and in particular to begin to deliver the specific requirements of ATRs. Although some areas had been successful in forming strategic partnerships to deliver some level of service, other areas had been unable to do this, due to an absence of potential partners in the area.

Performance management

4.8 Since 2001, the NPD has set performance targets for starting DTTOs. This was a good starting position but our inspection of the implementation of DTTOs in 2003 recommended that outcome measures were also required. In 2004/2005 the NPD then set areas a target that 35% of DTTOs should be successfully completed. Overall, this target was met. When DRRs were introduced in April 2005, these were also included in the targets set. These performance management requirements have meant that all areas have focused their attention on both DTTO/DRR commencements and completions.

4.9 There have been no comparable targets for the commencement or completion of ATRs. Areas have not been measured on the development of this requirement, resulting in a lesser focus on their implementation. Whilst this situation persists, there is, therefore, much less of an incentive for individual areas to develop ATRs.

National framework for the delivery of services for substance misusing offenders

4.10 The delivery of services by probation for substance misusing offenders has been affected by the CJA 2003 and the offender management model. The NPD issued extensive implementation guidance to areas.

4.11 The inspection found that areas had struggled to comprehend fully the implications of the array of guidance issued for ATRs and DRRs, the implementation of the CJA 2003 and the offender management model, which were lengthy, complex and failed to resolve inherent operational tensions.

4.12 ATRs and DRRs were intended to be similar requirements aimed at dependent substance misusers. However, the names suggest that alcohol requirements are 'treatment' and drug requirements 'rehabilitation'. This does not appear to have a logical basis. Furthermore, the requirements for the delivery of ATRs state that for non-institutional treatment, the treatment must be:

'by or under the direction of a person having the necessary qualifications or experience as may be so specified'.

There is no similar definition for a DRR. Due to the very specific wording of the ATR, the areas inspected had found it difficult to arrange treatment under these conditions.

4.13 Perhaps the most complex issue for DRRs is the tension between the level of treatment need and the level of offence seriousness. DRRs are available at three levels of intensity; low, medium and high. Thus, if an offender with extensive substance misuse treatment needs committed a minor offence, the principle of proportionality would allow for a low intensity DRR; conversely, if an offender with similar substance misuse treatment needs committed a serious offence, a high intensity DRR would be proportionate.

4.14 Unfortunately, treatment need and offence seriousness have both been defined on a four ***tier*** scale. The dual use of the word 'tier' has caused confusion, as it has different meanings for probation areas and treatment providers.

4.15 Another issue of difficulty is the provision for courts to be able to make a stand-alone DRR without an additional supervision requirement. NPD figures for April 2005–January 2006 showed that 12% (817) of DRRs had been made in this way. Although the inspection found no examples of community orders with a DRR as the only requirement, the areas inspected expressed the view that it was difficult to meet the treatment needs of offenders through a DRR without the structure of a supervision requirement.

4.16 As a result of the different interpretations areas had put on the tension between treatment and offence seriousness, there was little consistency between the areas inspected. Some were unable to deliver low intensity DRRs, as DAATs had only commissioned intensive services. Others were unable to fulfil the minimum hours for a medium intensity DRR as DAATs had not commissioned services that provided sufficient weekly contact. Consequently, although DRRs were intended to be available at various levels of treatment intensity, the inspection found that few areas had achieved the full range of treatment intensities. In most circumstances, treatment services reflected the type of provision that had been previously commissioned.

Specialist team structures for the management of substance misusing offenders

DTTO/DRR Teams

4.17 The inspection found that different areas had used different models of service delivery for substance misusing offenders. All areas had previously established DTTO teams and some had interpreted the guidance on the offender management model as requiring the DTTO team to become integrated with a generic offender management team. Other areas had felt able to maintain specialist staff to work with offenders, who were identified as substance misusers, for the duration of their contact with probation, regardless of their actual level of substance misuse at any particular time.

4.18 Managers in areas that had adopted a generic offender management team structure were concerned that there was a risk that expertise would be diluted, leading to poorer outcomes. During the inspection fieldwork, the NPD had issued PC 83/2005 to clarify the difference between sentence focused teams (DTTO/DRR teams) and teams managing offenders with substance misusing problems. The guidance does not prescribe particular

arrangements, but clarifies that it is acceptable to maintain substance misuse teams that work with offenders from the start to the end of their sentence.

PPO teams

4.19 The issue of team structure was also significant for the delivery of PPO interventions. The inspection found two main structures: co-located multi-disciplinary teams and 'virtual' multi-disciplinary teams, where staff did not have daily face-to-face contact with each other.

4.20 Where co-located multi-disciplinary teams existed, these were able to demonstrate an impressive shared understanding of goals and joint management of offenders. Within this structure there was an increased likelihood of offenders receiving intensive, multifaceted interventions to address their problems. The most promising teams included dedicated staff from the local authority, health, police and probation services. This model of service delivery offered the prospect of enhanced positive outcomes.

Changing attitude to drug testing

4.21 The inspection found that all areas visited had recognised drug testing as an important opportunity in the management and treatment of substance misusing offenders.

4.22 Although drug testing on licence for those with trigger offences had been considered by the NPD, specific resources had not been made available for its national implementation. Funding for drug testing in isolation was not thought to be a legitimate use of the pooled treatment budget by most DAAT coordinators. This has removed a potentially useful tool for the treatment of substance misusing offenders on licence.

4.23 A decision had been made by the NPD to prioritise testing on licence for offenders defined as PPOs, but this was not funded to come into effect until towards the end of 2005, meaning that few such cases of testing on licence were available for inspection.

Transfer of cases between areas

4.24 Several areas inspected contained significant numbers of residential rehabilitation treatment facilities.

4.25 Despite the clear instructions from the NPD in the form of PCs, the correct procedures for transfer were found not to be followed in many cases. This resulted in cases continuing to be held by the referring area rather than transferred appropriately.

4.26 This resulted in a significant number of substance misusing offenders being managed by an offender manager in their previous area, rather than the area the offender actually resided in for treatment. In some cases, local probation teams had not been informed of the placing of offenders in their area. This often only became apparent to criminal justice agencies when the offender had left the treatment facility in an unplanned way, leading to the commission of further offences.

4.27 Although COs and DAAT coordinators in areas had attempted to resolve this problem by writing to all other probation areas, the situation did not appear to have improved.

4.28 In addition to the problems of transfer arrangements to registered treatment providers, there was also a problem, in some areas inspected, of offenders being accommodated in non-registered treatment providers. Despite the concerns of the local DAATs, outside areas continued to send offenders to these establishments.

Treatment availability through DIP

4.29 Although the focus of this inspection did not specifically include DIP, it is an important part of treatment provision. For substance misusing offenders not currently subject to an enforceable treatment requirement, DIP can provide priority access to treatment.

4.30 There is great potential for probation areas to work alongside DIP to enable offenders to access priority substance misuse treatment. These include interventions at the point of arrest via Arrest Referral services, community orders not containing a treatment requirement, on licence and prison throughcare.

4.31 The inspection found some examples of effective links between probation and DIP. These were where clear DIP structures and management existed. However, overall there was a clear need for probation staff to do more to access DIP treatment for offenders by making early referrals for non-enforceable treatment provision during a period of supervision, and organising continuing contact at the end of a community order or licence.

4.32 This suggested that the potential benefits of DIP services were either not available or were not fully utilised by local probation staff.

The Identification of PPOs

4.33 There was a lack of a robust probation information gathering system for PPO performance data at both a local and national level. As a consequence, not only was it difficult to identify individual PPOs for inspection purposes, but also at a national level it was difficult to assess performance.

4.34 The NPD had established a national target for the assessments of PPOs, which was introduced at the start of 2005/2006. However, the local data systems to measure performance on the timeliness of assessments were underdeveloped. In addition, these systems did not attempt to capture additional information on the types of interventions or their outcomes. As a consequence, areas were mainly focused on assessment.

5. AREA FINDINGS

AREA FINDINGS FOR SUBSTANCE MISUSE MANAGEMENT

5.1 All areas reported a scarcity of treatment for offenders with alcohol misuse problems. In contrast, the inspection found that the provision of treatment for offenders with drug misuse problems was generally readily available.

5.2 Areas were aware of the need to negotiate successfully with the local DAAT to agree appropriate drug treatment for offenders; however, there was evidence that the main factors in determining service provision were historical. As a result, areas had sometimes struggled to ensure that DAATs tailored treatment to offenders' needs and court-ordered interventions. Many areas had not been able to agree with the DAAT the provision of structured day care programmes with the requisite number of hours.

5.3 No areas inspected had attempted to introduce ATRs formally. Managers stated that this was either because they could not identify a suitable treatment provider with whom to work in partnership, or the specific requirements of the wording of ATRs were so restrictive that existing partners were not prepared to enter into arrangements for the delivery of such orders.

5.4 The inability to provide an ATR was not generally viewed by areas as problematic, as there were no performance targets to meet. Some areas had been able to agree with partners the delivery of appropriate interventions for alcohol misusing offenders outside of the ATR framework, using existing formal and informal arrangements. One area had decided not to make ATRs available at all and instead used activity requirements to deliver enforceable interventions for addressing alcohol misuse. It had reached a detailed, costed agreement with a treatment agency to provide time-limited counselling, with clear routes of communication and expectations for all parties involved. However, despite the above, no area could offer sufficient treatment to meet demand.

5.5 The inspection found examples of partnership staff delivering accredited programmes to address substance misuse alongside area staff. Partnership staff had been trained by the area, ensuring the consistency of service delivery. Some areas had also negotiated formal information exchange protocols with treatment providers to ensure case managers were informed of attendance and were able to enforce contacts appropriately.

5.6 There were various models of service delivery for PPO schemes. These varied between co-located, multi-agency teams and virtual, multi-disciplinary teams, where staff did not have daily face-to-face contact with each other. The inspection found that where virtual PPO teams existed, and staff were not exclusively designated to work intensively with PPOs, schemes lacked focus.

5.7 The inspection found that the identification of those designated as PPOs was problematic, as most areas' IT systems lacked the flexibility to flag these cases.

5.8 Where drug testing was undertaken there were often inconsistencies in operational practice. In some cases, the test results were not reported to the offender manager within an agreed and acceptable time frame, and there was also a lack of clarity concerning the correct action to take following identified drug use.

AREA FINDINGS FOR SUBSTANCE MISUSE ASSESSMENT

5.9 As already mentioned, in order to assess the prevalence of substance misuse across the seven areas, we identified a substance misuse subsample from the main ESI sample. This was based on cases where the OASys score in sections eight or nine had been assessed as of four or more by the area. The substance misuse subsample was therefore dependent on the accuracy of the areas in assessing offenders' substance misuse problems. There was evidence in some cases that where offenders had substance misuse problems, this was not identified in the OASys assessment.

5.10 The table below shows the prevalence and range, between areas, of substance misuse as a percentage of the main ESI sample:

	OASys score of 4+ in OASys section 8 or 9 **Drug or alcohol %**	OASys score of 4+ in OASys section 9 **Alcohol %**	OASys score of 4+ in OASys section 8 **Drugs %**	OASys score of 4+ in OASys section 8 and 9 **Drugs and Alcohol %**
Average	**50**	**38**	**21**	**9**
Range	**40-59**	**30-50**	**16-23**	**7-14**

5.11 The overall prevalence of substance misuse ranged from as little as 40% to nearly 60% of cases inspected. Within this overall figure, evidence of problematic alcohol misuse was found in between 30% and 50% of cases. Problematic drug use was found in as few as 16% of cases in some areas and as many as 23% in others. As some cases appeared in both sections eight and nine of OASys, the figures do not add up to 100%. However, due to incomplete OASys assessments, these figures are also highly likely to be underestimates.

5.12 The proportion of alcohol cases was nearly double the number of drugs cases.

5.13 Nearly half of the drug misusing subsample was assessed as also having alcohol problems, and approximately a quarter of the alcohol misusing subsample also had drug problems.

5.14 The most commonly misused substances after alcohol in the previous six months were cannabis and heroin. Amphetamines, crack and cocaine were also indicated as being previously used.

5.15 In 28% of cases where a significant substance misuse problem had been identified in sections eight and/or nine of OASys, this had not resulted in a supervision plan objective.

5.16 PPOs had relevant substance misuse objectives in the supervision plan in 91% of cases, as opposed to 72% in the main substance misuse subsample. In general, there was evidence of higher quality assessments in the PPO sample.

5.17 Following the implementation of the CJA 2003, the assessment of the tier of an offender was integral to their management. The inspection found that the offender had not been clearly allocated to a tier in 15% of the relevant cases.

AREA FINDINGS FOR SUBSTANCE MISUSE INTERVENTIONS

5.18 Despite the assessed prevalence, few areas had developed sufficient and comprehensive interventions to meet the needs of alcohol misusing offenders.

5.19 Most areas were able to offer enforceable brief interventions to substance misusing offenders. This consisted principally of counselling and motivational work with partnerships.

5.20 42% of the substance misuse subsample were subject to an accredited programme. The programmes most commonly used were ASRO, Think First, IDAP, ART and DIDs. Where specific substance misuse programmes had not been fully rolled out, Think First was the accredited programme most commonly used. Accredited programmes delivered to substance misusing offenders were started within the national standard time frame in slightly less than half of the cases inspected.

5.21 There were no significant differences in performance between the substance misuse subsample and the main sample in respect of offering sufficient appointments, monitoring and enforcement. One area had negotiated with the court to arrange DRR reviews in excess of the minimum requirements of the national standard to provide an enhanced level of sentencer oversight and support to the offender. Where an offender was in breach, these frequent reviews allowed for a prompt response by the court, designed to encourage compliance.

5.22 The particular needs of substance misusing women offenders were recognised in some areas. One ran a weekly women's support group for the few women attending a structured day care programme as part of their treatment. Most areas had also acknowledged childcare issues for substance misusing offenders attending these programmes, and assisted with childcare arrangements where appropriate.

5.23 Some areas had instigated simple and cost effective structures and processes to undertake drug testing of PPOs on licence on probation premises by area staff.

5.24 Where areas had dedicated resources to multi-agency PPO teams, they were able to offer intensive interventions to their substance misusing offenders.

AREA FINDINGS FOR SUBSTANCE MISUSE OUTCOMES

5.25 All areas had collated data on the commencement and completion of DTTOs/DRRs. Some areas had used this information to inform staff of progress and plan future service provision. This had included, in some cases, an analysis of the characteristics of substance misusing offenders who had successfully completed interventions.

5.26 There were several examples of areas undertaking QA processes to improve consistency of delivery. Designated staff were identified to be product champions or QA officers with responsibility for driving up performance with substance misusing offenders.

5.27 24% of the substance misuse subsample and 31% of the post-CJA sample, which included PPOs, had been reconvicted for an offence committed since the start of their order or licence. The figures were higher than those for the main ESI sample.

5.28 Some areas had analysed attrition rates between attendance for PSR appointments and treatment assessments before court, and as a result had streamlined timetabling processes to ensure both appointments occurred on the same day.

5.29 Some PPO schemes had monitoring arrangements that were intended to produce local data demonstrating reductions in crime linked to the intensive supervision of offenders.

5.30 Data analysis from drug testing was often not sufficiently developed. As a consequence, the results of drug tests were sometimes not made available in a timely manner to inform practice delivery, or produced in aggregate form to inform service provision.

APPENDICES

Appendix 1: Relevant Probation Circulars

55/2004	DTTOs/DRRs advice and information about changes and future arrangements
34/2005	Prolific and other priority offenders: arrangements for drug testing on licence
57/2005	Effective management of the drug rehabilitation requirement (DRR) and alcohol treatment requirement (ATR)
61/2005	Revised targets for DTTO/DRR completions 2005-06
65/2005	National standards (2005) and national offender management model: application of tiering framework
70/2005	Substance misuse modules
72/2005	Drug testing contracts for prolific and other priority offenders on licence
79/2005	Prolific and other priority offenders: summary of actions and monitoring arrangements
80/2005	DRRs: 1) National Standards correction 2) Information for Judges
83/2005	The implications of the offender management model for service delivery structures (substance misuse teams rather than DRR teams)
86/2005	Business planning priorities and indicative targets for 2006-07
05/2006	Approved Premises. Drug Testing of Residents

Appendix 2: Chronology of strategic development

Year	Drug Treatment Agenda	Alcohol Treatment Agenda
1995	Drug Action Teams set up	
1998	Government's 'Tackling Drugs to Build a Better Britain' published	
2000	DTTOs introduced (with commencement targets)	
2001	NTA established	
2002	NTA Models of care published Government's 'Updated Drug Strategy' published	
2003	DIP introduced in High Crime BCUs and rolled out nationally over the next 2 years	
2004	DTTO completion targets introduced	Government's 'Alcohol Harm Reduction Strategy for England' published (Prime Minister's Strategy Unit) HM Prison Service alcohol strategy 'Addressing Alcohol Misuse – a prison service alcohol strategy for prisoners' published
2005	NOMS 'Strategy for the management and treatment of problematic drug users within the correctional services' published	
2005	CJA 2003 implemented Offender management model implemented	