Manchester City Council
Report for Resolution

Report To: Citizenship and Inclusion Overview and Scrutiny Committee – 16 November 2011

Subject: Drug Treatment and Drug Driven Crime

Report of: Director of Public Health

Summary

This report summarises progress in redesigning and improving adult drug treatment services for Manchester and explores interventions to reduce drug driven crime across the city.

Recommendations

The committee is asked to

a) note progress on the redesign and re-tender of adult drug treatment services across Manchester – including a planned review of processes around in-patient detoxification and residential rehabilitation

b) note the activities currently commissioned to reduce offending behaviour linked to illegal drug use and review the evidence of reduction of re-offending in this cohort

c) consider how future criminal justice commissioning arrangements may impact on the ability to set local priorities

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Wards Affected:

All

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1. A New Treatment System for Manchester

1.1. Manchester residents need access to a range of flexible support and services. The redesign and re-tender of adult drug treatment services will recognise and develop the potential for recovery from drug misuse in all clients and improve quality of life for individuals, families and communities. The services are being tendered to promote ease and equality of access, and to achieve the following outcomes:

- to make measurable improvements in emotional well being, mental health, and physical health
- to increase rates of recovery from addiction
- to demonstrate achievement in supporting drug users to maintain independent living including improving access to work, education and training
- to contribute to a reduction in drug related crime and disorder
- to ensure that children, young people, and vulnerable adults are safeguarded

1.2. The principles underpinning this change entail:

- maintaining a focus upon improving health and reducing crime and other substance misuse related harm to individuals, families and communities whilst encouraging and supporting people to stop using drugs at the earliest opportunity
- taking a personalised approach based on individual recovery while reducing duplication of services and/or assessments
- delivering community services closer to where people live
- integrating the commissioning and delivery of substance misuse treatment and support with other services helping people to improve their lives
- placing an emphasis on supporting families and safeguarding children and adults

1.3. In light of changing patterns of drug misuse, and the views of stakeholders, drug treatment services are being redesigned to respond to all drugs misuse. In practice, this will mean that services must identify and address the use of illicit drugs, combined drug and alcohol misuse, and other drugs including prescription drugs. This will involve the new services delivering recovery focused support in close alignment with other provision, including alcohol services, mental health services and Primary Care (GPs).

2. Contracting for new services

2.1. The new service is being tendered as 3 main contracts:

- Intake Service - The aim is to provide a high quality, easily accessible intake, engagement and assessment service for adults with drug problems (including opiate and/or crack, other drugs and combined drug and alcohol

misuse), and to enable them to access appropriate recovery focused treatment and support.

- Clinical Service - The aim is to provide a high quality, easily accessible clinical service for adults with drug problems (including opiate and/or crack, other drugs including prescribed and over the counter, and combined drug and alcohol misuse) to enable them to stabilise, reduce their drug use, and become drug free.

- Recovery Support Service – The aim is to provide high quality and appropriate evidence based interventions for adults with drug problems to enable them to become drug free and/or recover from their addiction to drugs. This will include promoting and supporting reintegration (including housing and employment)

2.2. The tender is currently at the Pre-Qualifying Questionnaire (PQQ) stage. Short-listed organisations are being invited to tender in October. New services are expected to start in July 2012. Although due to commercial sensitivities, no details can be shared at this stage, high levels of interest have been expressed, including large national third sector organisations, small local agencies and NHS based providers.

3. Links to Manchester Investment Fund planning

3.1. The services outlined above are designed to allow a flexible response to needs identified from any source across the City, but specific attention is being given to approaches supported by the developing Manchester Investment Fund (MIF) planning. Although funding for drug treatment is currently ring-fenced within Public Health Manchester, it is intended that the new services align with the MIF systems and delivery mechanisms.

3.2. This will involve ensuring that seamless referral pathways and integrated information systems between MIF services and specialist drug treatment can be developed as well as ensuring any capacity or prioritisation challenges can be met. As the new drug services move away from focussing primarily on opiate and crack cocaine users, a wider menu of personalised treatment and support options will be available to support, for example, members of complex families with a range of substance misuse needs.

4. In-patient detoxification and residential rehabilitation

4.1. Although the new system will strongly support people in becoming drug free whilst remaining in their own homes, there will remain a number for whom a period of time in specialist services (for complex medical detoxification in a clinical unit or for a period of “rehab” in a more intense supportive environment) will be a valuable part of their recovery.

4.2. To date, in-patient detoxification and residential rehabilitation have been purchased from selected providers based on a combination of assessed need

and individual choice. This approach provides a flexible response to local need and offers some personalisation of care.

4.3. The Drug and Alcohol Strategy Team (DAST)[2] are planning to refresh current spot purchasing arrangements, and will shortly be requiring current providers to complete up to date accreditation questionnaires, take part in an audit/quality check and sign up to up to new service specifications that are in-line with the outcomes and aspirations for the new drug treatment system in the community.

4.4. Also, in 2011/12, the DAST intend to carry out a market development or small tender exercise to expand in-patient detoxification and residential rehabilitation providers and widen service choice of providers and establishments.

5. Drug Use and Crime

5.1. The link between illegal drug use and crime is complex but long established. There are many individuals dependent on illegal drugs who commit high volume acquisitive crime to fund their use. With this group, treating the addiction removes the need to offend. However, there are drug users who commit little or no crime but also require treatment and there are criminals who use drugs as part of that lifestyle but would not necessarily stop offending if they stopped using drugs.

5.2. There is, however, sufficient evidence to support enhanced treatment access and support for drug users identified in the criminal justice system as a method of reducing their subsequent re-offending.

5.3. Since 2005, the Home Office (and latterly, also the Department of Health) have made grant funding available to local partnerships specifically to engage adult[3] drug using offenders with drug treatment. Although this grant has reduced in recent years, delivery of these interventions across Manchester continues to develop and there is evidence that these are effective as part of the City's response to reducing crime. This work is referred to by the Home Office as the Drug Intervention Programme (DIP).

5.4. This paper goes on to summarise the interventions in place currently and the statistics which support continued commissioning of this activity within the adult drug treatment system re-design and notes forthcoming developments in commissioning arrangements for elements of this work.

[2] In the context of emerging health reforms and MCC restructure, it is important to note that the DAST recently transferred from the Crime and Disorder Unit in the Chief Executives Department to Public Health Manchester (organisationally hosted within the MCC Directorate for Adults). The DAST continues to report to the Drug and Alcohol Action Partnership Board (chaired by the Director of Public Health) which is accountable to the MCC, NHS Manchester and other partnership agencies including GMP and GM Probation Trust.

[3] Interventions for young offenders with substance use problems are handled through the Youth Offending Service in conjunction with a specialist YP Substance Misuse Service for Manchester.

6. The Drug Interventions Programme in Manchester

6.1. The Drug Intervention Programme (DIP) in Manchester has been developed to maximise the points at which drug using offenders are either encouraged or enforced to engage with treatment services. These follow the path of offenders through the criminal justice system, make full use of legislative powers available to the partnership and integrate with local initiatives to address priorities for the City.

6.2. Activity is mainly targeted on offenders who use heroin and/or cocaine (particularly crack cocaine) as these are considered responsible for the majority of acquisitive crime related to drug use. However, where users of other drugs are identified within the criminal justice system, they will be supported into treatment appropriate to their needs.

6.3. Activity under DIP is summarised in Annex A, indicating where in the criminal justice system the intervention is focused and elements which are enforceable under current legislation.

6.4. This work is built-in to the adult treatment system re-design across all three of the proposed new contracts. All services will be required to respond to legislative required and locally agreed information sharing with criminal justice agencies guided by both the Crime and Disorder Act in terms of crime reduction and Caldecott principles of protecting personal patient data in health systems.

6.5. Section 7 below notes future risk to this work as new commissioning arrangements are brought in and considers options to protect local priorities.

7. Evidence of Reduction in Drug Related Crime

7.1. Over the period of implementation of DIP in Manchester, the City saw a significant reduction in overall crime levels and specifically in acquisitive and serious acquisitive crime (SAC). This trend continues as illustrated in table 1.

Period	SAC data
1 Aug 09 – 31 Jul 10	16,993
1 Aug 10 – 31 Jul 11	12,731
Reduction	25%

Table 1. Reduction in Serious Acquisitive Crime in Manchester

7.2. This was the result of a wide range of crime reduction, diversion and enforcement activity across the whole partnership and unpicking cause and effect for any one area of work is not straightforward.

7.3. In respect of drug driven crime, the Home Office developed a further measure based on measurement of re-conviction rates of offenders identified as having drug problems. This indicator (NI38) followed a cohort of offenders identified over a three month period and measured their reconviction rates for the next 12 months. This was then compared with a statistically generated prediction

of the individual's re-conviction rate based on their previous conviction history (a standard HO approach).

7.4. Data for NI38 is released to partnerships as a ratio of actual reconvictions to predicted convictions for the cohort – with 1.0 indicating no improvement, numbers greater than 1 showing deterioration and scores less than 1 showing positive results. Table 2 below shows HO trend data for the City and comparisons with a selection of partnerships.

Partnership Area	Baseline NI38 Cohort	2008 Cohort	2009 Cohort	2010 Cohort
Bristol	1.35	1.34	1.24	1.02
Liverpool	0.95	0.96	0.87	0.88
Manchester	1.02	1.01	0.84	0.90
Nottingham	1.34	1.17	0.95	1.10

Table 2. IQuanta NI38 data comparisons

7.5. National re-conviction data suggests that progress is being made in this area across most partnerships. Manchester performance stands well against other similar partnerships.

7.6. To support our understanding of the impact of this work, local systems have been put in place to track reconvictions of a larger cohort than the NI38 group. Local analysts funded though DIP in both GMP and treatment services have tracked all positive test-on-arrest offenders seen by DIP staff and, using the prediction tools developed by the Home Office, look at reconviction rates across this wider group.

7.7. Table 3 summarises results over a twelve month period giving an indication of the reduction in offences across the city against projections for that group.

Cohort Date	Cohort Size	Predicted convictions in following 12 months	Actual convictions in following 12 months
April 2010	78	197	130

Table 3. Local reconviction data for drug using offenders

7.8. Table 3 suggests that, for offenders drug tested and directed to services during April 2010, their reconviction rate over the next 12 months was 34% below predicted levels, implying 67 fewer crimes.

7.9. Although this remains based on statistical estimates, the data would suggest that there has been a significant reduction in the number of drug driven offences in the City and thus a reduction in victims and impact.

7.10 Further investigation reveals additional support for the effectiveness of interventions. Of the cohort of 78 offenders, only 2 have tested positive following an arrest for burglary, robbery or car crime across Manchester in the most recent 12 months

8. Future Commissioning Developments

8.1. At some point during 2012/13, local partnerships are to lose a proportion of the DIP grant funding previously received as this resource is to be passed to the incoming Police and Crime Commissioner (PCC). For Manchester, this will be approximately one third of the DIP Main Grant and amounts to c£810,000.

8.2. Recent information released in relation to the PCCs suggest that there will be no obligation on them to re-commission activity previously in place or to ring fence any monies to the areas of work previously supported. Thus £800k of activity currently commissioned to deliver the range of service in Annex A is likely to be at risk in the next financial year.

8.3. Discussions are currently underway across Greater Manchester to suggest collaborative commissioning arrangements across the force area to maintain key elements of DIP activity under a more efficient and effective framework – however, there can be no guarantee that the incoming PCC will be open to such proposals.

8.4. As a fall-back position, commissioners are modelling how capacity in the adult drug treatment system re-design might be amended to support DIP elements within locally retained resources.

Annex A: Areas of Drug Intervention Programme Activity across Manchester

Interventions under DIP and other aspect of the adult drug treatment system are summarised below based on where in the criminal justice system they are focused:

Police custody suites

Drug workers attend police custody suites to carry out legally required assessments with detainees who test positive for opiates and/or cocaine. Legislation supports mandatory testing for these drugs following arrest for an acquisitive or drug possession/supply offence.

Attendance at 2 appointments is normally required to support full engagement with treatment. Failure to attend constitutes a further offence.

For suitable offenders, a conditional caution can be issued which enforces a number of appointments with drugs workers rather than passing the case to court. Non-engagement will result in the case being returned to court.

Workers will also “cold call” detainees in custody suites to attempt to engage a wider range of drug users.

Court

Information from custody suite assessments is passed to court to support the information presented to the bench. Drug workers are available at court to carry out any further assessment proposed and also to operate appointments under court bail conditions. Failure to attend these appointments will lead to breach of bail.

These workers can also be approached by anyone attending court and link with the court “help-desk” service which supports individuals attending court as well as their families/carers.

Probation / Community Orders

If drug use is identified as a key issue to the court, the bench can impose a community sentence with a Drug Rehabilitation Requirement (DRR) where the offender is required to engage fully with drug treatment for between 6 months and 2 years. Breach of order will return the case to court and can lead to a prison sentence.

Intensive Alternatives to Custody (IAC)

This local (Manchester and Salford) initiative aimed at 18 – 25 year old males is showing good results. Courts sentence offenders to a package of interventions rigourously co-ordinated by a multi-agency team lead by Probation. Specific substance misuse activity is commissioned to be available for inclusion in these packages.

Integrated Offender Management (IOM) / Spotlight

Dedicated drugs workers are attached to the three multi-disciplinary IOM teams to provide intensive treatment support for prioritised offenders.

Additionally, data from drug test on arrest is analysed in order to prioritise drug driven offenders for proposal to IOM based on frequency and seriousness of offending and resistance to engage with treatment.

Prison based treatment and support

Recent developments including changes in funding and commissioning arrangements have significantly improved the availability and the quality of drug treatment and support across the prison estate.

HMP Manchester, in conjunction with commissioners from MCC and NHS Manchester is developing a comprehensive new approach to substance use – including a Drug Recovery Wing which began operation in June 2011 – where detoxification and abstinence from drugs is the primary aim, supported by prison based staff, family support workers, peer supporters and through-the-gate activity.

Prison release / resettlement

A dedicated Prisoner Resettlement Service for people who have had problems with drugs and need either continued treatment or help with wider resettlement issues (housing, employability etc) is situated close to HMP Manchester.

Additional support within HMP Styal is commissioned by Manchester DAST for women prisoners returning to Manchester to ensure appropriate accommodation is available on release.