NHS

National Treatment Agency for Substance Misuse

Supervising crack-using offenders on Drug Treatment and Testing Orders

Crack suite of documents

This document is part of a series of research projects commissioned following the launch of Tackling Crack: A National Plan (Home Office, 2002), which was implemented in 2003. This series was jointly funded by the NTA and the Home Office, to increase the knowledge base around crack treatment.

Paul J Turnbull and Russell Webster

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The National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) 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.

Treatment can reduce the harm caused by drug misuse to individuals' well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

The overall purpose of the NTA is to:

- Double the number of people in effective, well-managed treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

Reader information

Document purpose	To identify best practice in court mandated community supervision of crack-using offenders
Title	Supervising Crack-Using Offenders on Drug Treatment and Testing Orders
Lead author	Paul J Turnbull and Russell Webster
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Circulation list	Managers and commissioners of treatment services Co-ordinators and chairs of local partnerships (e.g. drug action teams and crime and disorder reduction partnerships) Service user and carer groups Commissioners of pharmaceutical enhanced services local pharmaceutical committees Regional government department leads on drugs Central government department leads on drugs.
Description	The report describes findings from a study of services provided to crack-using offenders in three probation areas under Drug Treatment and Testing Orders with the aim of informing the development of practice in this area
Contact details	Paul J Turnbull, Institute for Criminal Policy Research, King's College London
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Contents

1 Background and methodology

This report presents the findings of a study into three services provided to crack-using offenders in three probation areas: central London, the West Midlands and Yorkshire. The study took place between August 2003 and May 2004 with the aim of identifying best practice in engaging and retaining crack users on Drug Treatment and Testing Orders (DTTOs). The case study areas were selected by the National Probation Directorate and the National Treatment Agency, which commissioned this study. Since this study was commissioned, DTTOs have been subsumed into a generic community sentence with a drug rehabilitation requirement (DRR). It is also likely that there have been considerable changes in the way new DRRs are delivered since a considerable time has elapsed since the initial fieldwork was conducted and the finalising of this report.

1.1 Background

In the UK we have not seen crack problems on the scale or severity as those experienced in US inner cities in the 1980s. However, there has been a steady increase in crack use, moving from the south to the north of England (Harocopos *et al.* 2003). Research on drug markets has shown crack is well established and often competes on equal terms with heroin, with the average price of crack falling dramatically over recent years (Bottomley *et al.* 1997, Lupton *et al.* 2002, Corkery, 2000).

While the capacity of drug treatment services to meet the needs of crack users has increased over recent years and is provided in a variety of settings, they tend to be based on existing models of service provision that largely target opiate users. A consistent finding in the UK and US literature is that treatment options for crack users are patterned after alcohol and opiate problem users and applied to crack users with little adaptation (Harocopos *et al.* 2003). The main forms of interventions include residential rehabilitation, counselling, pharmacological treatment, psychiatric and psychological treatments and complementary therapies. There is little conclusive evidence pointing to the superiority of any one treatment modality for crack users (Donmall *et al.* 1995; Sievewright, 2000).

Witton and Ashton identified aspects of treatment that appear to have a beneficial impact on cocaine and crack users (Witton and Ashton, 2002). Firstly, they acknowledge that good-quality client-counsellor relationships can improve motivation, engagement and treatment outcomes. Secondly, they identify the influence of the treatment setting – for example, the DATOS study found that cocaine-dependent clients with multiple and severe problems and low levels of social support achieved greater improvements after participating in residential therapeutic communities. Finally, they report growing evidence that psychosocial therapeutic approaches are effective, particularly when they are activity-based and focus on altering drug-using behaviour.

However, the literature also indicates that there are problems engaging and retaining crack users in services. Several studies have identified that crack users are reluctant to contact drug services for help because they see them as being primarily for heroin users (Bottomley *et al.* 1997, Donmall *et al.* 1995, Sievewright 2000, Harocopos *et al.* 2003). Many crack users appear only to attempt to access services at times of crisis. Although US research has indicated that once crack users request help, services can dramatically improve their engagement and retention rates. Influencing factors included the timing of first appointments, and staff knowledge about crack and users' needs.

Since 2001, nearly 30,000 DTTOs have been made in England and Wales. Over recent years there has been a drive to increase the number of offenders given DTTOs, with a national target for DTTO commencements in the year 2003/04 of 9,000 and 2004/5 of 13,000. While the number of offenders given DTTOs has increased year on year since they were introduced, for the last two years where data is available, targets for DTTO commencements have not been met (National Probation Directorate, 2005). In 2003/04, 8,519 orders were made (95 per cent of the target number) and in 2004/05 10,322 orders were begun (79 per cent of the target number). Information on the number of orders completed is available for 2004/5 and they show 36 per cent were completed. This exceeded the national target for completion by one per cent.

A review of 521 DTTO client case files in the London area in February 2003 found that two-fifths were polydrug users (GLADA, 2004). Just under a third (29 per cent) were crack users. Compared to those reporting using other drugs this analysis also found:

- The majority of crack users were male (88 per cent) and from BME communities (56 per cent)
- Crack users tended to have been sentenced to longer orders, averaging 17 months
- For those where information was available (243 cases), crack users were more likely to be homeless or in temporary accommodation compared to other drug users (26 per cent compared to 19 per cent).

In London during this period, most (59 per cent) crack-using offenders were referred to structured day programmes and a further 27 per cent received residential treatment. This analysis also suggested that crack-using offenders on DTTOs have high attrition rates compared to other drug-using offenders (GLADA, 2004).

Data from the National Drug Treatment Monitoring System (NDTMS) provides detailed information on those entering drug

treatment services. Of the 125,545 records returned by drug treatment services in 2003/04, 67 per cent were reported as being primary heroin users (NDTMS, 2005). Of this group, 21 per cent reported crack as their second drug of misuse. Only six per cent of records noted their primary drug of use as crack. Forty-three per cent of Black Caribbean clients reported their primary drug of use being crack, compared to only four per cent of White British clients. Primary crack users were the least likely group to be retained in treatment for more than 12 weeks, with only 41 per cent of them remaining in treatment until this point. Currently, primary crack problems presenting at drug treatment services appear to be concentrated in the London area (23 percent of all crack referrals) with much smaller concentrations in other areas.

The number of referrals reported to the NDTMS by drug treatment services as originating from DTTOs was three per cent in 2003/04, or approximately 3,500 referrals. There was approximately a further 7,000 referrals from the probation service. Most of those referred via the DTTO route were dual users of heroin and crack.

While the data above provides some indication of the scale and profile of those given DTTOs, currently little is known about the opportunity to and ability of crack and cocaine users to participate in the order. Anecdotal evidence indicates that crack and cocaine users may be, on the one hand, less likely to be offered the option of a DTTO and, on the other, less likely to fulfil its objectives. A number of reasons have been put forward for this. Firstly, DTTO probation assessors may be less likely to identify crack users or suggest to a court that a crack-using offender receives a DTTO. Secondly, DTTO programmes may not be suited to dealing with crack users. Thirdly, the limited variety of treatment options offered does not meet crack users' needs.

Given the rising number of primary crack users attending treatment in the community, they are likely to be a significant group within the criminal justice population. If DTTO providers are unable to respond to this group's needs it may have a serious impact on the ability of DTTOs to reduce levels of crime and problematic drug use as well as reduce equality of access.

1.2 Methodology

It was believed by the NPD and NTA that all the sites in central London, the West Midlands and Yorkshire were supervising large numbers of crack-using offenders, which, at first sight, made them appropriate teams to study. However, it became immediately clear from the early stages of fieldwork that this was not the case, with staff reporting to the research team that the numbers of primary crack users who had received DTTOs were low. While many of those on DTTOs were using crack, nearly all were using it in conjunction with heroin – indeed most classified themselves as primary heroin users. Further it became apparent that two of the three sites had been functioning poorly for some time and were in a process of change, re-commissioning and redesigning the service they delivered. This early finding was immediately communicated to the National Treatment Agency.

The report which follows, therefore, has to be understood with these two important facts in mind. There are considerable limitations placed on the ability of the research to identify best practice in how best to engage and retain crack-using offenders in treatment while being supervised on DTTOs. It does, however, present picture of how difficult it can be to target and supervise this group effectively.

Three main sources of data were used:

- Analysis of case records relating to crack-using offenders supervised in the London site in a three-year period from December 2000
- Interviews with key stakeholders
- Interviews with crack-using offenders currently on DTTOs.

1.2.1 Analysis of case records

Unfortunately data was only available to conduct analysis of the case records in one of the research sites, as the information was not available for the West Midlands and Yorkshire. However, both areas reported that they had recently conducted audits of case records. It is doubtful that analysis of case records in these sites would have been useful as the research team were informed, by senior probation staff, that the audits had identified only one primary crack user on the records in Yorkshire and 12 in the West Midlands. The case records analysed covered users had been given DTTOs in the 18 months prior to the research being conducted.

In the London site, a printout from the unit's database of all individuals supervised on DTTOs from the team's inception in Autumn 2000 until 31 October 2003 was provided. This database was not considered completely reliable, as there was lots of missing data, but was regarded as the best source of information available. A printout of 114 individuals was produced of whom 65 were recorded as being crack only, or crack and heroin, users. Only limited information could be gleaned from this database. Therefore, over a number of weeks the individual case files were reviewed and data of interest to the aims of the study were recorded onto an SPSS spreadsheet. Where possible, lengthy descriptions recorded on the case files were coded and entered on to SPSS files. Through this process the research team were able to access 123 files of which 70 could be reliably identified as regular crack users.

1.2.2 Interviews with key stakeholders

Semi-structured interviews were held with key stakeholders. A total of 38 interviews were conducted and all but one were face-to-face. The interviewees comprised:

- Eighteen members of the probation DTTO staff teams
- Three other members of the probation service
- Eleven staff members from agencies providing drug treatment to offenders on DTTOs
- Four commissioners of drug services
- One sentencer
- One criminal justice manager for a drug action team.

Interviews were conducted using an interview guide, with all interviewees questioned on the following key areas:

- Patterns of local crack use and crack-related crime
- The process of being placed on a DTTO from identification through assessment to sentence
- The interventions provided
- How crack-using offenders are, and should be, engaged on DTTOs
- How crack-using offenders are, and should be, retained on DTTOs.

Responses were recorded on the interview schedule and later transcribed. The data was then organised by key themes in Word documents and analysed. The analysis of the qualitative interviews was shaped by our knowledge of the existing literature and themes that had emerged in previous reports, as well as requirements specified in the original proposal. We have included quotations which are typical of the themes identified in the data. This means that a number of interviewees may have spoken about a particular theme, but only one or two may be included, primarily because of their typicality, although perhaps also because of their clarity or succinctness.

1.2.3 Interviews with crack-using offenders on DTTOs

The researchers visited the DTTO units on a number of occasions in order to interview offenders. In some case study areas days were chosen when large numbers of offenders were attending for drug testing or other interventions. In others treatment centres were visited. Potential interviewees were screened by their probation officers or treatment providers to ensure they were crack users. Individuals were offered the chance to be interviewed and were given an inducement to participate of £20 in the form of cash or a supermarket voucher. Confidentiality was guaranteed subject only to any concerns relating to harm to children. Twenty-eight individuals were interviewed and interviews took between 35 and 75 minutes.

The research team had originally planned to interview offenders who had recently been assessed by the DTTO team but who had not been placed on a DTTO. This was attempted in one site and proved to be unproductive, resulting in no interviews. The details of only two individuals were provided. The prisoner location service was unable to locate these individuals before their date of release. Therefore, a priority was placed on interviewing those who had been breached while on their DTTO. In the other sites researchers were able to interview offenders who were currently on DTTOs who had previous experiences of the order.

Twenty-five interviewees were male; they were aged between 26 and 50 years with a median age of 32. Twenty described themselves as white British, three as Black African, two as mixed race, one as Asian and one as "white, other". Five individuals had breached their DTTOs by the time of interview. For six interviewees it was their second, or in the case of one individual, third experience of receiving a DTTO. For all of these individuals their previous orders had been revoked.

The questionnaire was based on a number of instruments that had been previously used in ICPR studies with additional sections added concerning engagement and retention on DTTOs. Interviewees were questioned about seven key areas:

- Drug-using history, drug use before and while on DTTOs
- Offending history, offending before and while on DTTOs
- History of drug treatment
- Experience of DTTOs
- Views on DTTOs
- Breach and revocation
- Aftercare.

Most of this questionnaire data was entered on to an SPSS file and a basic descriptive analysis produced. The answers to open-ended questions were transcribed into to a Word file and organised by key themes. As with the key stakeholder interviews, we have included quotations which are typical of the themes identified in the data.

1.3 This report

The report is organised in straightforward fashion; chapter three provides an overview of the operation of the unit; chapter four describes what happens to crack-using offenders placed on DTTOs in terms of the completion of their orders; chapter five examines the key issues which we identified in a previous study of the DTTO pilot sites[1] and assesses the operation of the case study areas against them:

- Inter-agency working
- Referral, assessment and selection
- Matching the individual to treatment
- Clarity of intervention objectives
- Expectation of drug use on DTTOs

[1] Turnbull, Hough, McSweeney and Webster (2000). *Drug Treatment and Testing Orders*. Home Office Research Study 212. Home Office: London

- Court reviews
- Breach procedures.

Chapter five outlines our conclusions.

2 The DTTO units in action

In this chapter we provide a brief description of how DTTOs were delivered in each of the case study areas during the period of the study. It is very likely that these descriptions no longer reflect the current arrangements in each of the case study areas. At the time the study was being undertaken efforts were being made to resolve difficulties in the delivery of DTTOs in each of the case study sites.

2.1 London

At the time of initial contact, the DTTO team consisted of a senior probation officer (SPO), two probation officers (plus one vacant post), one drug worker seconded from a local drug project, one care manager seconded from the health trust, one community psychiatric nurse also seconded from the health trust, one probation service officer, one administrator and a receptionist.

At the end of the eight months in which the fieldwork took place, only four of these nine individuals remained in post – one probation officer, the probation service officer, the drug worker and the administrator.

2.1.1 Main elements of the intervention

Just prior to the commencement of the fieldwork, offenders considered for DTTOs were assessed by members of the DTTO unit. This had changed some three months before our study. Following a restructuring within the probation area, assessments were then undertaken by probation officers based in the two court and assessment teams (CATs), serving the unit's catchment area. It was reported that the introduction of this new arrangement had resulted in assessments which were often poor in quality and delayed in being prepared. The DTTO unit did not start its assessment until all information had been gathered by the pre-sentence report author. This frequently resulted in delays with the defendant often repeatedly remanded in custody. However, it should be noted that such problems often occur in the early stages of the introduction of a new system.

Once placed on a DTTO, most crack-using offenders went to residential rehabilitation (48 out of the 70 whose case records we reviewed, with one further offender going later in their order). For the remaining individuals, or for those who had left residential rehabilitation (having left or completed the programme), an individual programme was constructed which mainly consisted of:

- Attending the probation office twice a week for drug testing
- Attending the relapse prevention group at the probation office
- Attending a day programme (generally a non-crack-specific programme)
- Groupwork at local community based drug services (depending on their borough of residence).

Offenders were also expected to attend a weekly group on offending behaviour at the probation office; they were also required to attend whichever existing programme or groups run by the probation service which appeared to be relevant to the individual offender. The probation officer (or sometimes care manager) liaising with the drug worker at the relevant drug project would develop a care plan.

During the early stages of our fieldwork, a new "regime" was set up as a way to try to increase the numbers of offenders starting DTTOs. The main differences with the previous ways of operating were:

- Drug-using offenders were presumed to be appropriate candidates for DTTOs; there was none or little requirement to demonstrate motivation
- More emphasis was placed on treatment in the community rather than at residential units
- There was an emphasis on speed of throughput, with care plans not prepared until after the DTTO had been made.

2.2 West Midlands

At the time of fieldwork, DTTO service provision was provided at two main sites divided on the lines of probation and treatment services. The probation service had developed a relatively new partnership with the local mental health trust after finding it initially difficult get drug treatment services to participate in the delivery of DTTOs. The probation and drug treatment arms of the DTTO worked relatively autonomously of each other with little or no joint work on individual cases.

There was no separate provision for crack users given DTTOs, however this was under development when the research was undertaken. The initial care pathways had been developed and are described below.

The ain elements of the existing intervention were:

- Attending the probation service for five hours per week. Probation input mainly focused on support, and help and referral on non-drug issues such as housing, training and employment
- Drug treatment services provided a one month induction programme followed by a further three month programme. The induction programme included substitution prescribing service, care planning and physical health screening. During this period cases were discussed weekly. In the following

three months, besides the continued prescribing of substitute drugs, a group work programme was offered as well as access to alternative therapies

- Another specialist drug treatment provider offered a day care service, every weekday, although at the time of fieldwork this service was described by senior probation staff as being "underused".

As mentioned above, the probation services along with the mental health trust and a local specialist crack services had recently developed a protocol for referring and working with crack-using offenders given DTTOs. The main elements of this protocol were:

- Referral to probation from the specialist crack service to the DTTO team
- Primary crack users to be referred directly to the specialist service
- Dual heroin and crack users to have a telephone assessment by the crack service and a further face-to face assessment if needed
- Group work sessions were to be provided by crack specialist service in conjunction with the DTTO treatment team. Group work sessions were planned to be offered for up to ten offenders at any one time

The specialist crack service was also planning to provide training for new probation and drug treatment service staff at induction and on a quarterly basis to other staff members.

2.3 Yorkshire

DTTO provision in Yorkshire was split primarily between the probation service and the NHS addiction unit. These services operated from two sites but held joint planning and case review meetings. DTTO service provision was in a state of flux at this time. Probation staff reported that they had become unhappy with the treatment options the addiction unit provided and their perceived inflexibility to the individual needs of drug-using offenders. They believed that the "one size fits all approach" offered by the treatment unit was having a detrimental impact on their ability to engage and retain all clients, and not only crack-using offenders. They sited very poor completion rates and high numbers of order revocations as evidence of this. At the time the fieldwork was being conducted, relationships with other treatment providers were being established by the probation service.

The addiction unit offered three main treatment pathways:

- On joining, most offenders were still using drugs and attended a detoxification preparation course. This was the followed by a seven-day detoxification carried out over a 14-day period. Crack users had to be crack-free before they could attend the detoxification programme. Offenders were allowed three attempts at detoxification. Following this offenders were expected to attend four times a week for work on relapse prevention, coping skills, skills and interpersonal training, 12-Step facilitation work and network support. They were also expected to attend key worker sessions once a week
- Substitute prescribing was clinically determined and offered to about a third of DTTO clients. Again crack users had to be crack-free before receiving substitute prescribing. These offenders are also expected to attend the skills-based session described above
- Once offenders had tried these two options and found to be unable to comply, they were then offered the opportunity of a residential rehabilitation placement. This was a recent development at the time the fieldwork was undertaken
- There was a joint care and treatment planning process between the addiction unit and the probation service, with case reviews organised around solving particular problems as and when they arose
- Probation staff provided weekly appointments which focused on non-drug-specific help and support.

3 Crack users on DTTOs

This chapter describes what happened to the 70 crack-using offenders placed on DTTOs whose case files we were able to access. It is not a complete picture since we did not have access to the files on those who were currently being supervised. However, the 70 files represented all crack-using offenders placed on DTTOs from November 2000 whose files had not been transferred at the London site.

3.1 The cohort

We start by briefly describing these 70 cases. Ninety-three were male; this compares with a national rate in 2002 of 82 per cent.[2] Their age on commencement of the order ranged from 20 to 46 years with a median of 31 years. Disappointingly, ethnicity was only clearly recorded in 49 (70 per cent) cases. It can be seen that more than two in five of our cohort were non-white, representing the considerable diversity of the London boroughs which the DTTO unit serves, and the over-representation of black people within the criminal justice system. Figure 1 shows the ethnic make up of our cohort.

[1] Turnbull, Hough, McSweeney and Webster (2000) Drug treatment and testing orders. Home Office Research Study 212 London.

[2] National Audit Office (2004) The Drug Treatment and Testing Order: Early Lessons. London: The Stationery Office.

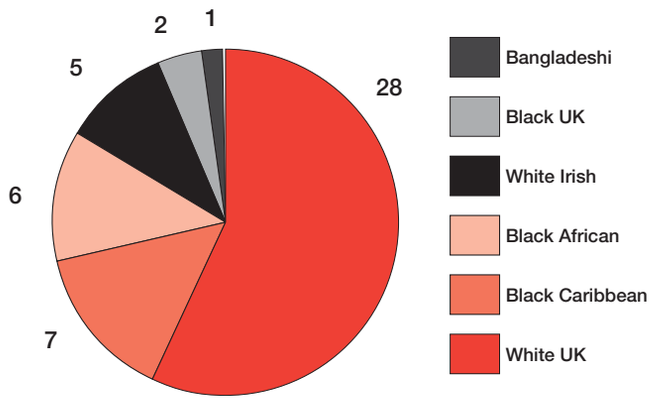

Figure 1: Ethnicities of crack users on DTTOs (n = 49)

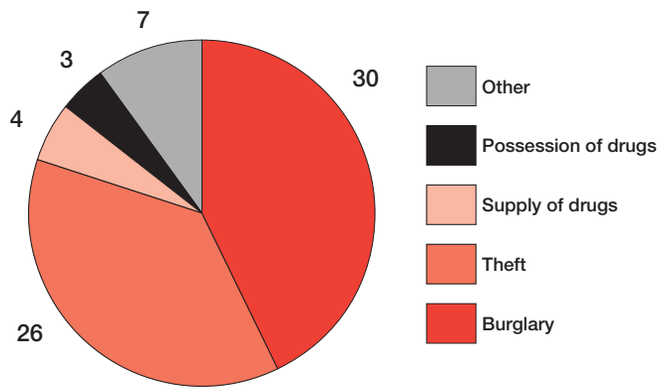

Figure 2: Offences triggering placement on DTTOs (n = 70)

The offence for which the individual was placed on a DTTO was recorded in all cases. Figure 2 shows that eighty per cent were convicted of either burglary or theft:

Over ninety per cent (63/70) of our cohort had previously served terms of imprisonment. Almost two-fifths (27/70) were reported to be solely crack users while the remaining three-fifths were identified as using crack and heroin.

In summary, the typical offender at this probation area given a DTTO is a male in his early 30s who uses crack and heroin, commits property crime and has spent time in prison. Although he is more likely to be white British, two in five of this cohort were from other ethnic backgrounds. This profile appears to be broadly similar to that produced for the London-wide analysis of case files described in section one.

3.2 Interventions

We were able to locate the initial treatment destination in all 70 cases. Nearly seventy per cent (48/70) of individuals went to residential rehabilitation;[3] nearly a quarter (17/70) attended day programmes, two attended groups at local community-based drugs project, one attended an inpatient detoxification service, one was transferred to another probation area and one did not attend any treatment before being breached.

Of the forty-nine individuals who went to residential rehabilitation, less than a third (15/49) successfully completed the programme. Of the remaining 34, fifteen stayed for a month or less, eleven for two months or less, five for three months or less and three for four months or less.

Just over half (9/17) of those attending day programmes completed them, although in several cases they attended a number of different programmes before finding one they wished to continue with.

3.3 Outcomes

Just over one in ten (11/70) completed their DTTOs. This compares with a national figure of 28 per cent.[4] However, at the end of their order five recorded as continuing to use crack and or heroin and one was "drug free" but using alcohol heavily.

We were able to ascertain when the offender was informed that breach proceedings would be initiated in 52 out of 55 eligible cases,[5] which eventually resulted in revocation of the order. Warnings about breaches took place from two to 360 days after the order was made, with a median of 90 days after commencement.

Information was available for only 30 cases where the DTTO had been revoked and another sentenced passed. In 27 cases, terms of imprisonment were made and in three cases, community sentences were passed. In 19 cases, the length of these custodial sentences was recorded; they varied from two months to three years with a median of nine months.

4 Examination of key issues

This chapter examines the main issues which emerged primarily from interviews with key informants but also drug-using offenders. The main issues are:

- Inter-agency working
- Referral, assessment and selection
- Matching the individual to treatment
- Expectation of drug use on DTTOs
- Court reviews

[3] One went later in his order.

[4] National Audit Office (2004). *The Drug Treatment and Testing Order: Early Lessons*. London: The Stationery Office.

[5] In three cases information was missing from the file, in four more cases had been transferred to other areas and in eleven cases, the offender completed the DTTO

- Breach procedures.

4.1 Inter-agency working

Ineffective inter-agency working relationships have been identified as one of the major barriers preventing the delivery of drug treatment within criminal justice settings (Turnbull 2000, etc). The analysis of interviews with key informants revealed that this issue was a continuing source of difficulty and one which had an impact at various points on the delivery of DTTOs to crack users. However these difficulties had little to do with crack.

In two of the three sites relationships between the DTTO probation team and the treatment providers were described as problematic on both sides. Below we look at inter-agency working relationship for each case study area.

4.1.1 London

The London service was organised differently from many DTTO units in that there is no dedicated treatment provision for DTTO offenders.

Many drug-using offenders placed on a DTTO may not be fully committed to changing their drug use,[6] particularly at the start of their order. However, probation national standards, at the time of this study, required that offenders on DTTOs to have a minimum of 20 hours contact time per week in the first 13 weeks of their order. At this site, it was reported, this led to many drug-using offenders who were not "treatment ready" being placed in intensive treatment programmes. This was a cause of friction, between treatment agency staff and probation staff as well as clients, because they were likely to be with placed in services with other drug users who were more committed to change.

Staff at the DTTO unit expressed the view that the main local treatment agencies used were of good quality, yet they did not feel that many of the services run by these local providers were particularly appropriate for their drug-using offenders, particularly crack users. They also reported that there had been a number of difficulties in achieving good communication about offender attendance at some local services to which they referred offenders, although these difficulties had eased over time.

Interviewees involved at the strategic level of drug service management voiced concerns that, although having agreed a framework for service delivery and development with probation service managers, this was not being utilised. They sited the decision to send many of those given DTTOs to residential rehabilitation services. This group felt that the DTTO unit was isolated, communicated poorly with partner agencies and did not want to work within the framework of local provision.

Local treatment providers felt that communication between themselves and the DTTO unit was variable. One project felt that the quality of communication had improved considerably following a number of problems, a view shared by the DTTO unit. Communication between another service and the unit was considered inadequate by both parties.

4.1.2 West Midlands

In the West Midlands, the probation and drug treatment services reported that they had a functioning working relationship, with a relatively clear demarcation of roles and clear obligations to fulfil these functions. However, many interviewees reported that a disruptive influence on working relationships between the probation service and treatment providers was related to national probation standards. Both the probation service and the drug treatment provider believed that the requirement to breach for second non-attendance had a significant impact on their ability to retain offenders in treatment. There was a strong feeling among drug treatment staff that probation requirements were setting their clients up to fail. This caused some friction between the teams, as both perceived this national standard was a barrier to them providing a more effective service.

Both the probation and drug treatment service acknowledged that they needed to improve the care they could offer to crack users and were actively working towards offering a more diverse range of treatment options for this group.

4.1.3 Yorkshire

At the Yorkshire site, while there was generally good communication between probation and treatment staff about individual clients, at a strategic level, however, relationships were strained at the time when fieldwork was undertaken.

There was a long-running disagreement about the approach to treatment that has subsequently resulted in the contract for DTTO treatment services being renegotiated. This situation was primarily related to the desire of the probation service to change the way drug treatment was provided to offenders on DTTOs. At that time most offenders were only offered the service provided by the local addiction unit which was reported as having a "one size fits all" approach. Many probation service interviewees believed that this approach led to a high rate of dropout in the early stages of the order. There were particular concerns voiced about the impact on crack users, given the requirement of the treatment service to stop crack use before receiving substitute drugs. Probation managers believed that the high dropout rate was demoralising for clients and staff alike, and was the focus of increasing tension between the agencies involved in managing and delivering DTTOs. The main treatment provider also acknowledged these

[6] They may be in "contemplation" rather than "action", to use the terminology of Prochaska and Di Clemente whose trans-theoretical psychological model of change is widely accepted by the British addiction field.

problems but felt unable to respond or change because of limited resources and lack of appropriate services available within the area.

At the time of fieldwork, the main treatment provider in Yorkshire was concerned about the rise in the numbers of offenders they were expected to deal with because of the increase in probation targets for DTTO commencements. They were not expecting to receive a similar growth in the level of funding, so believed that they would have to restrict the services they could offer.

4.2 Referral, assessment and selection

In all three sites, problems were reported within the referral, assessment and selection procedures. These difficulties are likely to have affected all drug users' ability to be offered a DTTO but many interviewees assumed they would have an even greater impact on crack users. Below we look at each of the sites in turn, pinpointing the particular problems identified by interviewees that crack users may encounter.

4.2.1 London

In London referral and assessment had been one of the key areas where the DTTO unit had been having difficulties, which had resulted in problems reaching targets for numbers of offenders commencing DTTOs. Drug-using offenders were referred for DTTOs by one of two routes; either the court requested an assessment for DTTO, or the probation officer preparing the court report – the pre sentence report (PSR) author – would do so. There were no arrangements with local police, drug arrest referral schemes or the Criminal Justice Intervention Programme, at this time, to notify the unit of prospective appropriate candidates. However, new opportunities for referrals were being considered.

Under the assessment arrangements at that time, delays in the process were reported because of the requirement that PSR authors collected all relevant information before the unit started to organise an assessment. It was also reported that the presumption of residential treatment was appropriate for many of the offenders given DTTOs, causing further delays since a link with a local borough had to be proved in order for funding to be successfully sought. It was reported that this process resulted in repeated delays for the courts and repeated periods of remand in prison for offenders.

Senior probation staff suggested that PSR authors needed further training to identify and assess crack use in particular. However, nearly all drug-using offenders interviewed at this site reported that the member of the DTTO unit who had carried out their assessment had shown a good understanding of drug use in general, and crack use in particular. The one interviewee who was assessed by a probation officer from outside the unit felt that his assessor had little understanding of crack use.

There was agreement about eligibility criteria for a DTTO. Individuals' offending must be linked to their drug use and the offending should be substantial.

4.2.2 West Midlands

In the West Midlands the majority of those referred for assessment came either via prison on were on bail. Although there had been attempts to access drug-using offenders from other sources these had largely proved unproductive. Attempts to increase the number of clients accessing DTTOs through Arrest Referral schemes had proved largely ineffective. At the time of fieldwork a new post of court liaison worker had been created (based at the drug service). The aim of the post was to identify drug-using offenders and help secure an appropriate disposal by the court. It was suggested that this new post would result in a larger number of referrals to the DTTO team as well as helping secure a DTTO disposal. Also the local crack outreach team was aiming to develop a closer working relationship with courts in order to aid the identification of appropriate clients for DTTOs. Since both of these initiatives were in an early stage of implementation we have no information about their impact.

Most of the professionals interviewed believed that there was no real incentive for crack users to identify themselves as such to probation staff or those working in the courts. They suggested it was related to a belief held by crack users that no appropriate services available for them, to get a DTTO you have to be a heroin user, and courts are unlikely to give non-custodial sentence to crack users. It was further suggested that Black crack users were particularly reticent to be open about their drug use because they feared being treated differently as the following quote illustrates:

> *"The belief is that white users come to the court and hold up their hands and say 'yes I'm a heroin user' whereas Black users don't do this because they fear being treated differently because they are Black and use crack. They believe they will get a prison sentence."*
> Senior probation manager

This process of "self-selection" was believed to have a considerable impact on the number of crack users who are given DTTOs.

Some interviewees mentioned that not having a settled address was likely to be a further barrier to referral for a DTTO. It was not know whether this was a particular difficulty faced by those who use crack.

Originally in the West Midlands assessments were carried out jointly by the probation and drug services. However, because this process was logistically difficult to sustain, separate assessments by each agency were being conducted at the time of fieldwork. The assessment period was believed to take an average of three weeks. Potential DTTOs clients are first of all screened by the

probation service but then they are passed to the drug treatment service for a more comprehensive drug assessment. Interviewees believed that crack use could be picked up within the assessment process but that users often played down their problems with crack because of the belief that "you have to be using heroin to get a DTTO".

In order to get a DTTO, the assessment has to demonstrate a link between drug use and offending, that the offender is dependent on drugs and that they are motivated to change. Some interviewees commented that motivation is difficult to measure; however, it was generally the only reason why potential DTTO clients were rejected. Once offenders receive a favourable assessment over 80 per cent were given a DTTO by the court.

A recent development has led to a further assessment for those sentenced to a DTTO and are using crack. This involves referral to the local crack specialist service in order to identify needs and develop appropriate care plans. It was also planned that this service would soon be offering services for those using crack and heroin, although the plans did not include a formalised assessment process.

4.2.3 Yorkshire

It was reported by probation staff in Yorkshire that difficulties in providing appropriate treatment had had an impact on confidence in DTTOs. This was believed to have resulted in fewer referrals. Although this was likely to have an effect on all drug users, many interviewees believed the greatest impact would be on those who use crack.

Most of the referrals to the DTTO probation team were then from PSR writers. At that time most of those referred were assessed as appropriate for DTTOs. Only first time offenders with low levels of drug use would be rejected routinely. It was suggested that PSR writers would not routinely pick up crack use unless this information was offered by the clients.

One senior probation officer commented that it was a lottery as to whether drug-using offenders were given a community rehabilitation order with ASRO (addressing substance related offending) or a DTTO. She reported that it appeared that if drug-using offenders were already in drug treatment at the time of sentencing they were more likely to be given a DTTO.

The assessment process was split between two sites. Firstly, those wishing to be assessed for a DTTO were required to attend an interview at the probation service then this was followed by a further assessment at the drug treatment service.

There was a generally held perception that the assessment process was unnecessarily long (often over three weeks), complicated (involving different assessors, in different locations) and inconsistent. A view was expressed that probation assessments were likely to be inconsistent because of the different skills levels of probation staff. However, other interviewees mentioned that the areas covered in the probation assessment were general in character anyway and did not require particular expertise. Although the treatment provider assessment process was believed to be very thorough, it was reported that there were often delays in it being carried out. At the time of fieldwork, assessments by the treatment service were only taking place two days a week, Thursdays and Fridays, resulting in long delays.

Although there is an opportunity to discuss crack use within the assessment process, many interviewees felt there is often a reluctance to do this. Certainly probation staff felt that they did not encourage discussion about crack because the care they could offer for an offender with this type of need would be inadequate. In terms of drug-using offenders, various views were offered as to why they were likely to be reluctant to talk about crack. Some suggested that drug users' perceptions of their own problems were the main barrier. For example, dual users of heroin and crack often perceive that they are dependent on heroin and not crack and therefore do not present crack use as a problem. Others believed that DTTO services were not able to provide specific help for crack so they were reluctant to volunteer information about their drug-using patterns. Furthermore, many potential clients were aware that in order to get methadone they would be expected to stop using crack. In order to manage the crack detoxification process themselves, without added external pressure, dual users reported hiding their use of crack.

4.3 Matching the individual to treatment

In interviews with staff and clients we asked if treatment offered and received matched clients needs. Our particular interest here was whether appropriate services were available for crack users. As we will discuss later, however, our three case study sites were generally unable offer anything other than a "standard" service. All the DTTO teams and provider agencies were acutely aware of this difficulty and were either attempting to or planning to change current treatment options so to better reflect client need.

4.3.1 London

Although this unit strove to match individual offenders to appropriate treatment, there were two key factors were identified by interviewees that constrained effective matching.

Firstly, there was a strong presumption in favour of residential treatment. The workers from the DTTO unit and local treatment providers both stated that, in their opinion, several residential units were not particularly skilled in working with crack users. The same interviewees and three offenders also felt that many residential units, often based in rural locations, lacked skills to work with clients from BME and had little understanding of working in a culturally sensitive way. The lack of confidence in residential treatment was clearly demonstrated by the fact that

staff from the DTTO unit visited some residential services in order to run groups for crack users.

Secondly, there was a lack of specific services for drug-using offenders. Unit staff and offender interviewees held a mixed view of the group work provided by local treatment providers. Workers commented on the fact that many groups were attended both by those intent on becoming drug-free and those still using drugs on a daily basis.[7] Only three of the seven interviewees who had attended such group work reported this particular intervention as helpful.

These comments notwithstanding, eight out of thirteen offenders interviewed felt they had had input into developing their care plan. Indeed, five interviewees felt their probation officers had worked hard to get them interested in drug treatment, especially at the start of their orders.

4.3.2 West Midlands

Although most of those receiving DTTOs got a relatively standard package of care, consisting of an initial intensive induction period of one month, followed by a three month programme, there was a clear acknowledgement of the inappropriateness of this universal approach and a clear desire to change it. The limitations of this approach were evident to most key informants, often citing that fact that only 12 crack users had been given a DTTO in the previous 18 months.

The probation service and treatment providers, as already reported, were actively developing alternative treatment options for crack users with the local specialist crack service. We describe a planned approach to treating crack users but, given the early stage of implementation, we are unable to comment on its effectiveness.

The approach included trying to actively identify primary crack users. Once this group has been identified they would then be referred to the specialist crack service for assessment and in the meantime receive prescribed benzodiazepines. Once assessed a care package would be developed involving the specialist crack service, the main DTTO provider agency and the probation DTTO team. Care would then be provided between these three agencies. A group work programme was also being developed for dual crack and heroin users.

4.3.3 Yorkshire

All of those involved in delivering DTTOs in the Yorkshire site were in agreement that they were failing to match treatment to clients' needs. This stemmed from the fact that only one service was commissioned to provide treatment for DTTO clients since other services in the area were historically reluctant to work with the probation service and those on DTTOs. Although there were three programme alternatives available from the treatment provider, they were all routed within one distinct approach based within the 12-Step model.

The impact of this situation was significant. The relationship between the probation and treatment service was strained as neither agency was satisfied with the care they were offering. Clients were clearly unhappy with the services available: only eight had completed their treatment and DTTO in the previous year.

However, many of the DTTO clients we spoke with were happy the care they received from individual staff (6), but only one believed the care he was receiving was meeting his needs. The others felt that some of their needs were being meet but were concerned that they had tried this particular approach to treatment before and not completed it or had their DTTOs revoked. Most of this group felt that the treatment service was inflexible and unresponsive to their individual needs. Some identified that the current arrangements set them on a collision course with the treatment staff and eventually the probation service and the courts.

4.4 Expectation of drug use on DTTOs

In two of our case studies, sites' expectations of changes in clients' drug use patterns were based on individual clients' needs, stability and progress. At the remaining site, clear expectations were held by the main drug treatment provider that were not shared by other agencies involved in delivering the order. These expectations are described below.

4.4.1 London

Offenders interviewed at this site all accepted the necessity of being drug tested regularly and four stated that they had been able to use this process as an additional motivating tool; they were proud to be consistently producing clean urine tests. However, many more had tested positively regularly throughout their order and were unclear about when the courts might take action on this.

The sentencer interviewed reported that he expected there to be lapses in drug use and that he was happy to take the advice of the probation service on whether overall progress was being made.

Some members of the probation unit held personal views of what was appropriate in terms of levels of drug use, although the generally held belief is described as follows:

> *"We don't have an expectation of curtailment or stopping although we would like them to do so. Staff have higher expectations of offenders not using but we have to work*

[7] Evidence strongly suggests that it is important to match the treatment intervention with an individual's stage in the model of change – mixing those in "action" with 'contemplators' and even "pre-contemplators" is likely to be counter-productive for both groups.

through lapses. But we have to have some boundaries and be clearer with offenders – 'you are near the limit, you have gone over the limit… '"

It is apparent from our interviews and our reading of the case records that the results of drug tests are not the most important indicator of progress for DTTO unit staff. Indeed, five of the eleven individuals who completed their DTTOs were recorded as still using crack or heroin at the end of their orders.

4.4.2 West Midlands

In the West Midlands, there was broad agreement among key informants that while DTTO clients were expected to demonstrate progress in changing their drug-using patterns, the key indicators monitored and acted upon regularly were attendance at appointments and offending behaviour. There was an expectation that DTTO clients would continue to use drugs at a reduced level or are prone to periods of relapse. Both the probation service and the drug treatment providers were of the view that this was acceptable given the long drug-using histories of most clients, and that rapid change was unrealistic. However, they were unable to give a clear indication of what level of drug use would be unacceptable.

Drug testing is obviously a requirement of DTTOs; however, the approach within the West Midlands was to use the test result as a therapeutic tool within the treatment process. DTTO clients who we interviewed generally saw the benefits of using testing as part of the order (5) but some found it problematic in the immediate period following sentencing (3). These drug-using offenders felt that having to comply with tests, as well as getting used to attending treatment services and other interventions, was an added pressure they could do without. Two argued that a better approach to testing and expectations of changes in drug use would be to introduce this over the period, for example during the first three months of an order.

No differences were mentioned in expectations of drug use for those using crack compared to other drugs. One client interviewed believed that it would be easier to conceal continued irregular crack use than other drugs and suggested more random testing would be the only way to detect this.

4.4.3 Yorkshire

Yorkshire was the only case study area where there was a clear expectation of change in patterns of drug use for those given DTTOs. This expectation however was not held by both of the main agencies delivering DTTOs, nor was it applied routinely to those using different types of drugs.

The approach adopted by the main drug treatment provider was to expect rapid change in illicit drug-using patterns over a short period of time. Most DTTO clients were expected to attend a one-week preparation for detoxification course followed by a two-week medically managed detoxification. However, crack users were expected to stop using before they received help with detoxification. The expectation for crack users can therefore be seen as higher because unless they are abstinent prior to treatment they do not gain access to a full range of services. Crack users are effectively stalled in the system if they do not produce cocaine-free test results. Those who are clinically judged as needing methadone also have to demonstrate they are crack-free before receiving this kind of help.

While positive test results are not used routinely by the probation service to breach or revoke orders, a view was expressed that the threshold of compliance has been set so high by the treatment service this resulted in high levels of non-attendance. Non-attendance soon resulted in breach and revocation proceedings for many offenders.

Those we interviewed within the probation service DTTO team felt this approach was generally inappropriate as only a handful of their clients are able to comply with such a regime.

DTTO clients we spoke with described the expectations of the treatment provider at best as challenging and at worse unrealistic. Some felt that they had benefited from the challenging nature of the regime offered by the treatment service (2) and this approach had succeeded in helping change their drug-using behaviour unlike any other treatments they had experienced previously. Others were angry, believing they had been set up to fail (5).

"What is the point of making things so difficult that you are bound to fail? Why didn't they just put me in prison in the first place?"
DTTO client

Interviewees were asked to comment on the expectation to stop using crack before receiving treatment and opinion was divided. Although only based on a small number of responses (5) the difference in opinion appears to have its' route in whether or not individual users viewed their use of crack as problematic. Those who viewed their crack use as "unproblematic" and a by-product of their drug-using lifestyle were less concerned about stopping. In comparison, those who believed that crack was the main cause of their problems found stopping within a short space of time was very difficult and likely to be unsustainable.

4.5 Court reviews

The DTTO is unique within English and Welsh sentencing disposals in that it requires regular court reviews. Guidance suggests that the original judge should preside whenever possible. In practice, this is only possible in the Crown Court and even here there is a wide discrepancy in the levels of priority accorded review hearings by different judges.

A range of views were reported on the usefulness of the court review process. The views of offenders were probably best summarised by a treatment provider in interview:

> *'It depends on the judge, some find reviews helpful, others find it a hassle. They all tend to get there, though.'*

4.5.1 London

Five offender interviewees in London expressed strong opinions on the court review process. Three were broadly negative; two saying that they were unproductive and it was always the same report before the court and one stating that he had never seen the same sentencer twice. One of the two positive reviews commented on how it was rewarding to be "treated like a human being".

The other stated:

> *"It's made me think differently about courts; the judges are sympathetic, they show real interest – and understanding."*

The sentencer interviewed reported the value of reviews and kept a meticulous filing system to ensure that his comments were appropriate and up-to-date. However, he was very critical of the quality of many court reviews and stated that probation staff often failed to attend court.

4.5.2 Yorkshire

There was a general view among probation staff that they had not had the opportunity to see the court review process working properly because of the failure of the treatment system. DTTO clients had not been given a realistic chance and the courts had a very negative view of the way DTTOs were currently delivered.

Despite this the probation team manager reported she had recently developed an excellent working relationship with the magistrates court. She had been able to organise two slots a week for the review of DTTO cases and was hoping this would have an impact on the quality and effectiveness of the review process.

No one was able to comment on the possible impact of the review process on crack users.

4.6 Breach

Home Office National Standards require the supervising probation officer to initiate breach proceedings after two failed appointments without an acceptable excuse, or if the offender was not in contact with a treatment provider or refused to participate in a drug test. The rationale of the DTTO is to offer prolific offenders a positive way to reduce their offending in the long term by addressing the main criminal problem – their substance misuse. The order is designed to give sentencers the confidence to make DTTOs on prolific offenders by stipulating regular drug testing under the supervision of frequent court reviews, with an expectation that offenders who are not complying would be swiftly returned for re-sentencing.

We did interview four offenders who had been breached effectively and whose DTTO had been allowed to continue because they had worked through problems and were mainly co-operating with the order. We also interviewed four additional offenders whose orders had been revoked and then they received a further DTTO. However, breach was generally another area where difficulties with the process were reported.

4.6.1 London

All members of the unit felt that breach proceedings took much too long and there was a high risk of offenders thinking that no action would be taken. It was reported that there had occasionally been delays in treatment staff notifying probation officers that offenders were not attending treatment. The process of providing the probation service legal proceedings team with appropriate information was also often slow and the time taken for the legal proceedings team to present the information in court frequently took months rather than weeks. Finally, if a sentencer then issued a warrant for the offender's arrest, it was unlikely to receive much priority and be acted on by enforcement bodies swiftly. Often only one attempt would be made to serve the warrant and matters would merely wait for the offender to be re-arrested on another charge. Our sentencer interviewee was frustrated by the regularity with which breach proceedings were handled inefficiently.

4.6.2 West Midlands

The drug treatment staff interviewed reported that they were often frustrated at the slowness of breach proceedings and they perceived it as undermining the whole DTTO enterprise. Staff reported that it could take as long as three months to implement breach proceedings. This had the result, in the view of treatment staff, of rendering the whole process as ineffective. As the following quote demonstrates, in order for the sanction of breach to have an impact it needs to be undertaken promptly:

> *"Probation can take as long as three months to act when what is needed is a kick up the backside here and now. Sometimes we need to come down on them quite quickly but with this process our hands are tied."*
> Drug treatment worker

4.6.3 Yorkshire

It was reported by probation staff that the difficulties arising from the main approach to treatment of drug problems within this case study area had resulted, in some instances, in courts allowing drug-using offenders to continue with their orders when, given national guidance, they should have been revoked. The principal

problem was the lack of trust in the treatment system at that time.

5 Conclusions

As stated in the introduction, it has been hard to meet our original objective of identifying best practice in working with crack-using offenders on DTTOs.

The principal reason, and the most important, was the process of change we found all case study areas to be in. All the sites had identified limitations in the DTTO services they were providing, especially to crack users, and had or were about to initiate substantial changes to their services, both in terms of delivery processes and types offered. It is unfortunate that the research could not have been conducted sometime after the new service developments had been implemented.

Secondly, only one site reported extensive experience of working with crack-using offenders. It is difficult to know whether offenders who only used crack were a rarity or were simply not being identified in the other two areas. However, we were only able to draw on limited experiences in those two sites.

Thirdly, routinely collected data on referral, assessment, engagement, treatment and outcomes was only available in one site. Even if this information had been available, again, it is difficult to assess how useful it would have proved to be to the research given the limited number of crack users taking part in DTTOs in those two areas.

Finally, although this study was not intended to be representative, it is clear that the information available to the research team and, to a degree, the views and experiences described within this report at best only represent a partial picture of the situation in the case study areas at a particular point in time.

Nevertheless, we do have, what we hope, are helpful conclusions to draw for working with this target group. For ease of comprehension, we organise these under the same headings as the preceding chapter.

5.1 Inter-agency work

Effective inter-agency work has consistently proved challenging in terms of providing complex intervention such as DTTOs, which involve a range of working styles, values and systems. Two of the case study sites continued to face this type of challenge. Poor working relationships meant there was limited joint working between probation and drug treatment teams. This had resulted in both sides lacking confidence in the work of their counterpart. This situation was believed to have had repercussions for most aspects of the delivery of DTTOs.

In the West Midlands, working relationships were good and this had resulted in joint working to try to tackle the problem of limited care for crack users receiving DTTOs. However, some tension still existed because of different approaches and requirements of treatment and criminal justice agendas. There was particular concern surrounding the desire to retain and engage drugs using offenders and compliance with probation national standards of attendance.

5.2 Referral, assessment and selection

A range of factors were identified by interviewees as contributing to delays in sentencers being presented with a court report which contained as assessment of the suitability of the defendant for a DTTO. These included under-strength PSR writers and community and assessment teams (CATs); and poor co-ordination between PSR writers, CAT and the DTTO teams. It was suggested that a consequence of the delays in the assessment process was that fewer DTTOs were likely to be made. In the case study sites, many offenders given DTTOs were either remanded in custody or had served part of a prison sentence prior to the order being made.

All the DTTO teams and drug treatment providers we interviewed believed that crack users were less likely to be identified by report writers. They believed that this was in part due to the lack of appropriate services and the desire to not set crack users to fail but also there was a widely held belief that DTTOs were only for heroin user. It was also suggested that those crack users remanded in prison were also less likely to be identified because they will not be presenting for help with detoxification.

The implementation of Criminal Justice Intervention Programme throughout the country and the introduction of Tough Choices (drug testing on arrest in police stations) should make it more likely for crack-using offenders to be identified as possible DTTO candidates. However, this will depend on the level of integration of these services with DTTOs. In many areas DRRs will continue to be standalone interventions not fully integrated into the Drug Interventions Programme model.

5.3 Matching the individual to treatment

We have already commented on the difficulty of matching drug-using offenders with the forms of intensive treatment that amass sufficient weekly contact hours to satisfy national standards. Some DTTO units have attempted to overcome this challenge by providing bespoke courses for drug-using offenders in the initial stages of their orders to try to engage them in treatment, stabilise them in appropriate accommodation and motivate them to change. This is a particular challenge for crack-using offenders –

[8] National Treatment Agency (2003). *Treating Crack and Cocaine Misuse: A Resource Pack for Treatment Providers*. London: NTA

[9] Harocopos et al. (2003). On the rocks: a follow up study of crack users in London, CPRU, London.

their need to use drugs cannot be easily tackled by substitute prescribing, as for opiate users. The National Treatment Agency[8] and a recent large-scale study of our own,[9] concur that considerable work is still needed to improve the quality of treatment routinely available for stimulant users in the UK.

In London the staff at the DTTO unit did not have confidence in many of the residential rehabilitation units to which they referred offenders, nor their capacity to work effectively with crack users. However, staff did comment that the approach of some services appeared to be improving. In this and other studies, it has been found that drug users from BME groups have often felt residential drug treatment projects, in particular, were insensitive to their cultural needs. It is therefore not surprising that BME crack users appeared to fare poorly in a residential rehabilitation setting.

However, there was also the suggestion made of considerable difficulties in finding appropriate community-based treatment resources for crack users, particularly at the early stages of a DTTO. It was reported that many of these services often only provide care to those who are sufficiently stabilised and in safe enough accommodation to commit to the programme they are offering. While some crack users given a DTTO will be able to meet such requirements, interviewees in this study expressed the view that many would not.

There was a clear mismatch in treatment services offered in the Yorkshire case study site and the need to engage and retain drug-using offenders on the programme; the very low rate of DTTO completions is a reflection of this. However, all the partners involved that providing services in this area had identified these problems are were focused on finding solutions.

There was clearly a need in all case study areas to develop more comprehensive and appropriate resources for crack-using offenders on DTTOs.

5.4 Drug use while on DTTOs

There was a consensus among those interviewed that it is unrealistic to expect drug-using offenders with a long history of substance misuse to become abstinent from all drugs in a short period of time. There is also a clear understanding that for most people trying to stop using drugs relapse is part of the process. This makes it difficult to set definite expectations of drug use while on a DTTO. However, this also means there are considerable discrepancies and inequalities in how drug test results are used and interpreted. Several interviewees in this study would have liked a clearer indication of what was expected of them by probation staff and the courts.

The expectation in the Yorkshire case study site held by the drug treatment provider that crack use should stop prior to receiving a full range of services was viewed by most as unsustainable.

5.5 Court reviews

Similarly, offenders' experience of court reviews varied considerably. While some offenders disliked regular appearances before their sentencer, others derived considerable motivation and enhanced self-esteem from their reviews. It seems likely that the reviews have some value, particularly if they take place in front of the original sentencer with up-to-date and accurate progress reports provided. It was not possible to gauge what impact, if any, the court review process had on crack-using offenders from the information available to this study.

5.6 Breach

Views were expressed that if problems within the breach process could be tackled this would help improve the how DTTOs are regarded by all of those involved in delivering them as well as drug-using offenders subject to them. Consistency in the application of breach process would assist and complement improvements in treatment.

5.7 Final comments

As mentioned previously, none of the case study areas had developed their work with crack-using offenders to a sufficient degree for the research to be able to identify best practice. However, most were in the process of redesigning the care they were able to offer this particular group of offenders. They had also identified a number of barriers preventing DTTOs working effectively with crack-using offenders. They included:

- Problems of identification – both procedural and the desire for crack use to remain hidden
- Lack of availability of appropriate treatment and the inflexibility of existing DTTO treatment providers
- Attitudes, beliefs and experiences of crack-using offenders.

If DRRs are to engage more fully with crack users than their predecessor, at least in the case study areas, tackling these barriers appears to be important. An important step to tackling them is the development of services that are able to meet the needs of this client group. Developing services for crack users remains an important issue for central, regional and local strategic planners of drug services and therefore there is a real possibility that appropriate services will be available in the not-too-distant future.

The backdrop which this study was set against has changed considerably. There have been major changes to the way drug treatment services are provided, in range and quality, as well as a plethora of new initiatives aimed at drug-using offenders in the criminal justice system. Many new ways of working with drug-using offenders have been developed, some of which aim to provide more integrated services for drug-using offenders

including those given DRRs. However, it is not know the extent to which these changes have had an impact on the ability of drug treatment services and criminal justice agencies to engage with and retain crack-using offenders. Given the scale of change it would seem appropriate, at this time, that new research is undertake to map what specific work has been developed for crack-using offenders, particular those given community sentences. On the basis of the results of a mapping process, further research may undertaken to describe in detail the different elements of this work, highlighting the range of methods of working and providing as assessment of their impact.

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National Treatment Agency for Substance Misuse

8th floor, Hercules House, Hercules Road, London SE1 7DU

Tel 020 7261 8573. Fax 020 7261 8883

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