effective practice

Where we see our standards delivered well, in practice.

Her Majesty's Inspectorate of Probation

AN HM INSPECTORATE OF PROBATION **EFFECTIVE PRACTICE GUIDE**

Effective practice guide

Substance misuse

Based on: a joint thematic inspection of community-based drug treatment and recovery work with people on probation

September 2021

Acknowledgements

This effective practice guide is based on information sourced while undertaking 'A joint thematic inspection of community-based drug treatment and recovery work with people on supervision' and peripheral work arising from key lines of enquiry. The inspection was led by HM inspector Lisa Parker, supported by a team of inspectors and operations, research, communications and corporate staff. We are grateful to the Care Quality Commission and to Health Inspectorate Wales for supporting this inspection. Choice Support (a national charity that supports people with autism, learning disabilities and mental health needs) interviewed service users. The manager responsible for this inspection programme is Helen Davies.

In collaboration with Tammie Burroughs, effective practice lead, Lisa Parker has drawn out examples of effective practice (where we see our standards delivered well in practice) across leadership, assessments, case supervision and reducing harm to individuals. These are presented in this guide to support the continuous development of practitioners and managers.

We would like to thank all those who participated in any way in this inspection and especially those who have contributed to this guide. Without their help and cooperation, the inspection and effective practice guide would not have been possible.

Please note that throughout the report the names in the practice examples have been changed to protect the individual's identity.

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Introduction

About this guide

Her Majesty's Inspectorate of Probation has a duty to identify and disseminate effective practice.[1]

We assure the quality of youth offending and probation provision, and test its effectiveness. Critically, we make recommendations designed to highlight and disseminate best practice, challenge poor performance and encourage providers to improve.

This guide highlights where we have seen our standards delivered well in the area of community-based drug treatment and recovery work in probation services. It is designed to help commissioners and providers improve this area of their work with probation service users.

I am grateful to all the areas that participated in this review, and for their additional help in producing this guide. We publish these guides to complement our reports and the standards against which we inspect youth offending and probation.

I hope this guide will be of interest to everyone working in the probation service and seeking to improve their practice. We welcome feedback on this and our other guides, to ensure that they are as useful as possible to future readers.

Justin Russell
HM Chief Inspector of Probation

Finding your way

Tools for practitioners

Useful links

Contact us

We would love to hear what you think of this guide. Please find current contact details via the HM Inspectorate of Probation Effective Practice page.

[1] **For adult services –** Section 7 of the *Criminal Justice and Court Services Act (2000)*, as amended by the *Offender Management Act (2007)*, section 12(3)(a). **For youth services** – inspection and reporting on youth offending teams is established under section 39 of the *Crime and Disorder Act (1998)*.

Background

Drugs and crime are inextricably linked. Drug-related offences, such as selling or storing drugs or acquisitive crimes such as theft, burglary, selling drugs or prostitution are often committed to fund a drug habit. Furthermore, the Crime Survey for England and Wales (year ending March 2020)[2] indicated a proportion of victims of violent crime believed the perpetrator(s) were under the influence of drugs.

Almost half the people on probation are thought to have a drugs problem and, crime committed by class A drug users costs society over £9 billion a year[2]. There is also evidence to suggest that a significant number of those entering prison have problematic drug use; Palmer et al. (2011) put this number at between 30 and 50 per cent.

The information in Figure 1 shows the importance of addressing this drug use.

Figure 1: Contextual facts of drug use in the Criminal Justice System

2 The cost of recorded offences committed by drug users in England (2017 – 2018, GBP).

3 Percentage of [violent] incidents in which the victims of violent crimes believed the perpetrator(s) were under the influence of drugs.

4 Percentage of people under probation supervision who have drug problems.

5 Number of drug rehabilitation requirements (DRRs) ordered at court (January – December 2020). These makes up less than four per cent of all requirements.

6 Estimated annual costs savings generated per person from heroin-assisted treatment.

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[2] Black, C. (2020). *Review of drugs: phase one report*. Home Office. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-one-report
[3] Office for National Statistics. (2020). Crime Survey for England and Wales (year ending March 2020).
[4] Her Majesty's Inspectorate of Probation. (2020). *2019/2020 Annual Report: inspections of probation services*.
[5] Ministry of Justice. (2021). *Offender management statistics quarterly* (October to December 2020).
[6] Poulter H., Crow R., Moore H. (2021). *Heroin assisted treatment (HAT) pilot evaluation report.* Available at: https://research.tees.ac.uk/ws/portalfiles/portal/25580379/FINAL_Heroin_Assisted_Treatment_Pilot_Evaluation_Report.pdf

[7] Number of drug-related deaths in England and Wales registered in 2019.

[4] Number of people dying of drug-related deaths, under probation supervision, in 2019-2020.

Between 2018 and 2020, 32–35 per cent of deaths were self-inflicted (which includes drug-related deaths), and 9–11 per cent of all deaths occurred in the first two weeks after release.[8]

Given the percentage of people on probation, and in prison, who report to be a drug or a poly-drug user, it is important practitioners are aware of the links between substance use and crime. They should seek to keep up to date with academic research and the practical application of this, in engaging people on probation who use drugs, supporting their desistance and keeping people safe.

This guide seeks to share examples of effective practice, which HM Inspectorate of Probation define as where we see our standards delivered well in practice, with our standards being underpinned by research.

The examples are drawn from evidence identified by the lead inspector against the specific standards for this thematic, namely 'A joint thematic inspection of community-based drug treatment and recovery work with people on supervision' led by HM Inspectorate of Probation with the Care Quality Commission and Health Inspectorate Wales.

The guide is aimed at a range of audiences; it is intended to support practitioners, middle managers and strategic leaders to reflect on their own experiences and consider how they may apply the salient learning points in their own contexts. Therefore, please use the contents to access the sections pertinent to you.

The guide explains what our inspectors are seeking to find, and then shares learning and specific examples of effectiveness.

We conclude with a summary of what good quality community-based treatment and recovery work with people on probation looks like overall.

In addition, we have identified further reading and additional resources for those who wish to explore this area further.

[7] Office for National Statistics. (2020). *Deaths related to drug poisoning in England and Wales: 2019 registrations.*
[8] In 2019, a new subcategory, 'Self-inflicted: drug overdose death', was introduced, to allow these deaths to be measured. This does not cover all deaths where drugs were a contributory factor, such as other accidents or homicide stemming from drug misuse, as these are counted in different subcategories.

Leadership and working in partnership to deliver key services

For our thematic inspection, we inspected services against the following standards.

In relation to leadership, we expect that:

the leadership of the organisation supports and promotes the delivery of high-quality, personalised and responsive drug misuse, recovery and associated support services for all people on probation.

This includes the following expectations:

- There is an effective vision and strategy at national and local level driving the delivery of high-quality drug treatment and recovery services for all people on probation who need them.
- The local leadership supports and promotes the delivery of high-quality, personalised and responsive drug and recovery services.
- Systems and processes support the delivery of effective and personalised criminal justice drug treatment and recovery services.
- There are effective partnership arrangements in place at a strategic level to support the delivery of a joined-up service to support the needs of all people on probation.

The purpose of good leadership is to provide quality services through excellent organisations.

Our services standard is:

a comprehensive range of high-quality services is in place, supporting a tailored and responsive service for all people on probation.

This includes the following expectations:

- The right volume, range and quality of services are in place to meet the needs of people on probation.
- Relationships with providers and other agencies are established, maintained and used effectively to deliver high-quality services to people on probation.

Drug misuse work is multifaceted, encompassing justice, health and social care. There must be effective partnership arrangements in place, at a strategic level, to underpin the delivery of a joined-up service to support the needs of all people on probation. Staff and partnership arrangements need the support of the right systems and processes too.

In this section we focus on two examples of effective practice. One is a joint Home Office and Department of Health and Social Care project called Operation ADDER (addiction, diversion, disruption, enforcement and recovery), and the other is the work delivered by Community Sentence Treatment Requirement (CSTR) sites.

Example of effectiveness: Cumbria & Lancashire CRC and National Probation Service (NPS) North East region: Operation ADDER partnership work

Operation ADDER is a project that brings together partners in local law enforcement, the justice system and public health and treatment services to deliver interventions in a 'whole system' response to drug problems. It has been launched in five areas, Middlesbrough, Blackpool, Swansea Bay, Hastings and Norwich, to pilot an intensive whole-system approach to tackling drug misuse in select locations that are worst affected by drug misuse.

All local areas are eligible for the wider funding, which gives extra resources to the police and the National Crime Agency to dismantle organised criminal gangs and tackle the supply of drugs.

To monitor outcomes, Public Health England's (PHE) National Drug Treatment Monitoring System will produce monthly data on:

- naloxone provision and coverage
- residential and inpatient treatment
- offenders entering treatment
- offenders who leave prison and are successfully engaged in community treatment.

As part of our fieldwork, we inspected the partnership work in Blackpool. Locally, the Operation ADDER scheme was supported by three senior probation officers: Claire Ainsworth, Anna Javed and Arlene Pilkington.

> The work demonstrates an excellent application of our standards, with effective partnership activity making a real difference to local people on probation.

We identified the following key strengths in our inspection of this partnership approach:

- There was an excellent use of learning from other programmes in Blackpool. Partners took the best from the previous schemes and built on it.
- Partners have recognised the importance of lived experience as a key component in supporting recovery and prioritised involvement accordingly.
- A strong commitment to multi-agency working is evident.
- Agencies communicate regularly and share information on the people managed through the Operation ADDER scheme.
- Multi-disciplinary case conferences have brought partnership resources together and enable partners to respond swiftly, for example, when someone on probation misses an appointment.

- It is a creative approach that seeks to find the best, individualised way to engage everyone in support. For example, Young ADDER is responsive to maturity and to age, which is a protected characteristic in the *Equality Act (2010)*.
- Despite Covid-19, partners have done impressive work to see people face to face and support their basic human needs, as a way of building engagement and trust. For example, Housing First in Blackpool has been delivering food, towels and other basic items to ensure people stay in touch with services.

The model is based on:

- enhanced outreach – lived experience team and enhanced outreach keyworkers
- housing options – Housing First workers
- outreach nurse – to reduce harm, provide healthcare, prescribe medication and give vaccinations
- mental health support/therapy – clinical psychologist and therapist
- meaningful activities – Blackpool Community Football Trust and lived experience team
- lived experience – embedded throughout all work: outreach, harm reduction, peer support, meaningful activities
- individual placement and support – positive steps into work.

In discussing how they work, members of the ADDER team said that they take a trauma-informed approach, which:

- realises the widespread impact of trauma and understands potential paths for recovery
- recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system
- responds by fully integrating knowledge about trauma into policies, procedures and practices
- actively resists re-traumatisation.

Blackpool Council has also been responsive to local needs. It has developed Young ADDER, which follows similar processes, but with a focus on those aged 25 and under.

Learning from the frontline

Donna Crawley, probation services officer, Blackpool

"At the Young ADDER meetings, each ADDER worker [across the range of disciplines in attendance] discusses their cases who have had issues that week and cases they require support and advice on, in order to elicit support from all agencies involved. Each agency involved can also contribute their updates and request information on other cases not yet discussed. At the end of each meeting those present can also discuss any possible new cases for the project.

"During Covid-19, ADDER has helped to maintain support and contact with people who are sometimes difficult to engage. Using face-to-face appointments, we have been able to identify risks which may have gone unnoticed.

"I have someone with learning difficulties who regularly forgets appointments and we have an arrangement where they call me during each of their sessions with him. This has helped to prevent enforcement and returning the order to court. They provide a quick referral route to mental health and also have good links with housing and benefits.

"I feel I have a really good relationship with the Young ADDER key workers, and they will call me for advice and suitable support across many issues.

"I believe the project offers fantastic support for the young people involved and we have already identified areas to improve."

Blackpool Council has worked with PHE and the Home Office to produce a short presentation highlighting the main principles, aims and pathways for the scheme.

Presentation: ADDER principles, aims and pathways (Blackpool Council, PHE and the Home Office)

Anna Javed, SPO Partnerships, Blackpool

Anna explained that her role is key in working out which services were important and what offer could be made:

"Making sure that the people we work with get the best service and helping other agencies understand what we do in probation."

"It's very relational. You become that helpful person."

Anna said that all the agencies involved are committed to achieving the following:

- system coordination and commissioning
- enhanced provision to reduce harm
- increased capacity to provide pharmacological and psychosocial treatment
- increased integration and improved continuity of care between criminal justice services, drug treatment services and wider partners
- enhanced recovery support.

To help people to understand the approach, the team composed a stakeholder bulletin.

Stakeholder Bulletin (Lancashire County Council)

In highlighting what is next, Anna noted:

"I'm still involved and want to close the gaps. I'm working on prison pathways now and have linked into people in prisons, especially in HMP Preston. The CAS-39 accommodation project looks very

[9] The CAS-3 project is a contract funded by the Ministry of Justice to provide accommodation to people at risk of being homeless on being released from prison or as part of their resettlement and moved-on from an approved premises (CAS-1), or period at a Bail Accommodation and Support Service (BASS) residence (CAS-2). The provision of accommodation for individuals will be up to 84 days, with provision from the first night of release. It will provide individualised low-level support to maintain themselves in the accommodation as well as helping them to move on to settled accommodation.

helpful and I've been feeding it into the partnership discussions, to support the provision of accommodation from day one of release from prison.

"I'm really lucky to be in my role, working across Lancashire, but there's not one of me everywhere. When the Operation ADDER monies came along, I was in the right place at the right time. I had been working on service user engagement, accommodation, autism, personality disorder and pathways for complex cases. Covid-19 brought everyone together with a health focus, for example around the work of the homelessness prevention taskforce in conjunction with the 'Everyone In' campaign. As ADDER came online, I was pulled in. People are really committed and got around the [virtual] table. It's been a rocky time with the pandemic and relationships have been built amazingly.

"After the initial planning meetings, we needed operational input and local ownership, so that's when Arlene and Claire came on board to push it forward."

Two senior probation officers, Claire Ainsworth, and Arlene Pilkington were interviewed about Operation ADDER for this guide and have shared how they shaped delivery of the project. You can read the full transcript of the interview:

Transcript: Claire Ainsworth and Arlene Pilkington discussing Operation ADDER (HM Inspectorate of Probation)

As noted above, a central component of this is the involvement of those with lived experience, provided by the charity organisation, Empowerment.

Nicky Plumb, Lived Experience team manager, Empowerment

Nicky explained why this team makes such a difference to the work:

"All the team are from Blackpool or have lived here a long time. They've used all the services in Blackpool. They've got the relationships with the people on the streets too. People don't see us as a 'service'. Many have had bad experiences and we talk to them about how different it is with ADDER. We build up that trust. All the Horizon key workers who support ADDER have good knowledge of lived experience.

"We aren't as constricted as other services – we have clear boundaries, but we will sit in the street and have a cigarette with them and take time with people if they are upset. We will take them into a café and get them a brew.

"We have a homeless healthcare bus, with a Hep c wound nurse too. It comes twice a week, at the same times each week. It's really well used.

"Our team gets people to the bus, or the emergency bed unit because we are people they can trust and talk to. Once we introduce people to the workers on the bus, people will go on their own. Housing will pop in too.

"We also have a homeless drop-in at the Salvation Army. We have peer mentor element to complement the ADDER key workers. We can take them down to the football club to play table tennis. Blackpool Football Club have been really supportive. We will support with lots of activities, like golf or fishing, and we support people into education, where we might sit in the first couple of classes as they settle in. We often take people to mutual aid meetings in the evening.

"Our services are growing. We started a prisoner leavers' project so we recruited three navigators, who started in July 2021. We are also working on co-producing how the service will work in Blackpool."

Example of effectiveness: Community Sentence Treatment Requirement pilot

The Community Sentence Treatment Requirement (CSTR) pilot aims to:

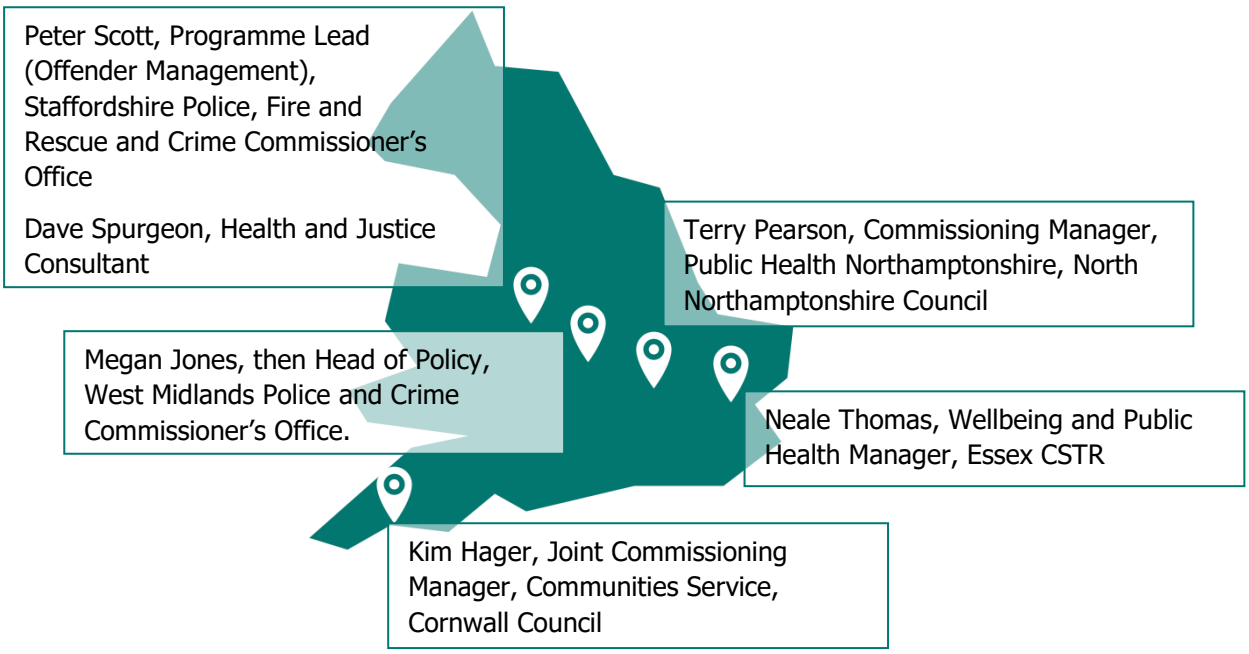
- reduce offending and reoffending, by improving health and wider social care outcomes through speedy access to effective, individualised treatment orders
- reduce the number of short-term custodial sentences, by providing access to treatment that addresses the underlying cause of the offending behaviours
- improve health outcomes by providing evidence-based interventions, alongside GP registration and supported access to community services, as necessary
- enable access to statutory community services to support individuals both during and after the community sentence to reduce accident and emergency visits and out-of-hours use by providing effective psychological-based treatments.

> As of August 2021, the CSTR programme was operating in 15 sites (14 in England and one in Wales), with plans in place to scale up to around 50 per cent of all courts in England.

The following key strengths were identified in our inspection of this partnership approach:

- There is a strong emphasis on multi-agency working to bring about improved outcomes for people on probation.
- Sentencers are included in communications and briefed on the scheme.
- Several sites identify that engagement with services improves when substance misuse and mental health are considered and treated holistically, with sequenced requirements.
- A structured approach to increasing the number of CSTRs allows for monitoring and evaluation.

Following the main inspection, we spoke to five of the CSTR sites, as illustrated below, that are having some measure of success in improving DRR numbers and the quality of the offer to people receiving services through this route.



From our discussions with the site representatives above, we found that the following themes were important for delivery:

Investment is needed

Ring-fenced money for people on probation ensures responsive services. Joint and integrated commissioning provides the most successful services.

Cornwall: *"We kept our number of DRRs up over the past eight years, as we retained the drug intervention programme funding when it went into PCC [Police and Crime Commissioner] budgets, whereas some areas disinvested in drug treatment and did not see it as their role to be involved with criminal justice work."*

Northamptonshire: *"At the start, we set up with PCCs as joint commissioners for the criminal justice (CJ) pathways, including a steering group with probation. We agreed one-quarter of a million per year for treatment and backed this with three-quarters of a million for CJ".*

Strong partnership is key

Drug misuse is the joint responsibility of health, local authorities and criminal justice agencies. Statutory partners should work to commission and monitor effective services, in close partnership and collaboration with voluntary sector and health providers. Effective information-sharing, joint assessment, planning and delivery are central. Sentencers should be actively engaged and provided with good-quality information.

Birmingham and Solihull: *"Clear partnership roles are central. We keep lines of communication open – partners know who to go to and we keep up to date. We bring sentencers on board and equip them with good-quality information. Arrest referral workers can be proactive and start engagement and assessment for treatment and signposting to recovery services.*

"There is a consistent model across the diverse custody suites delivered by Cranstoun.[10] The consistency supports promotion and understanding of the scheme across the sites and is working particularly well in Birmingham and Solihull. We believe this is because of the working relationships with liaison and diversion staff, probation and drugs services and the fact that it offers more than just drug and alcohol testing through the voluntary assessments."

Staffordshire: *"There was a real spirit of cooperation in Staffordshire. They were more concerned with the end impact on the service users rather than which service gets what.*

"We ran two sessions for magistrates and partners on a system-wide basis. This was basically like an action learning set exploring the CSTR framework, looking at the role of each of the agencies. We built on the success of the liaison and diversion scheme and promoted it as another tool to provide appropriate and effective sentences."

Cornwall: *"We have a nominated lead judge and clerk who sit on the CSTR steering group and feed into it."*

Sentencer: *"Drug testing can go over the whole review period and get a holistic view and look for a baseline, and good weeks. It isn't just for breach purposes, but more for indication testing".*

Northampton: *"From the probation side we have court reps and sentencers on committees feeding back what we are doing, and it is helping magistrates to accept the effectiveness of treatment."*

Build a whole system, not just services

The best approach is to use 'push' and 'pull' systems to ensure that people are identified, assessed and helped towards services. In-reach and outreach services should be embedded to help people move successfully between court, probation, prison and back into the community.

Cornwall: *"Over the last five years we have had a vision to equip mainstream practitioners to work with all, enabling people to contribute to place-based treatment. We see it as a whole process. Therefore, our drug treatment system is inclusive of the criminal justice (CJ) element and not separate services. We tried having a homogenised group, but it didn't work, so we returned to specialist services but widened it out to enhance the CJ system.*

"It helps where there is one provider to work seamlessly across cells, courts and drug services.

"We have an integrated health and justice service, including liaison and diversion, police custody, healthcare and street triage services.

"All CSTR options are covered and people dealing with the requirements have a background in each of those services, so their judgements are more trusted by clients. Plus services have faith in the court assessment."

Staffordshire: *"The systems all work together with a drug test on arrest. There is also an L&D [liaison and diversion] arrest referral function. Probation do the suitability assessment at court for DRRs and providers follow up over the phone, with some days in court."*

[10] Cranstoun is a charity offering substance misuse, criminal justice and family support services. Cranstoun website

Birmingham and Solihull: *"Strategically, in the West Midlands, drugs sit under the PCC [Police and Crime Commissioner] and it is a whole system approach. We follow eight recommendations, including diversion, safety and testing, so aim to address demand and look at enforcement."*

Get court reports and specialist DRR assessments right

People with drug problems have complex backgrounds. Specialist assessment is essential to establish the person's level of motivation and correct treatment and recovery course. People on probation need to be engaged in this process and must have a pre-sentence report, with their insight included.

Staffordshire: *"We have had a whole agenda push across the partnerships in health and justice to reinvigorate the DRR, as many people had become disillusioned with it. We have done this by having the right people attending the reducing re-offending board and groups at a practitioner level. There's been anecdotal reports of orders made without a pre-sentence report (PSR), so there have been moves to liaise with magistrates about national guidance. There has been some additional capacity building of PSR authors."*

Cornwall: *"Drug services complete assessments both before and at court."*

Be clear about what a DRR will mean

Work on a shared understanding of what a DRR will entail. Specify the levels of drug testing, the frequency of contact and the structured interventions that individuals will receive. Be clear that progress will be reviewed and about the role of court reviews.

Essex: *"We worked on a simple, one-page document that all partners signed up to as the way DRRs will operate."*

Overview: Drug rehabilitation requirement (Essex CSTR)

Expectations about testing need to be clear and used to motivate people towards positive achievements.

One person on probation told us what their DRR testing had meant to them: *"I've had a couple of tests which came back clean, which was a great feeling for me. I wanted to show everyone I was serious about getting clean and turning my life around. That's what the testing means to me. Truth, honesty and determination to stay away from the white stuff [crack cocaine]."*

Meeting mental health needs is key to engagement

Mental health problems are almost always at the root of drug misuse. Certainly, when people experience drug addiction, they frequently experience a deterioration in their emotional wellbeing. Consider mental health needs thoroughly and sequence mental health and DRR interventions. Propose mental health treatment requirements (MHTRs) to sit alongside DRRs where needed.Staffordshire: *"We knew there was an issue with people not taking up or completing DRRs. Many were a result of comorbidity, so it is positive to link in with MHTRs. We introduced simple things like an adapted process map for MHTR and combined with all three treatment requirements."*

Northamptonshire: *"We have specialist language information and see a wider representation in recovery as opposed to treatment. People self-refer and are more 'members and volunteers' as opposed to being labelled as 'addicts.' We do need to get back into our communities to do more."*

Cornwall: *"We did some web-based training for MHTRs and DRRs and opened it up to a range of people, who then felt much more confident in their use of the screening tools. This also helped to benefit the secondary mental health services as it reduced some demand via L&D [liaison and diversion]."*

Include users' views

People on probation have a lot of insight to share. It is essential to engage people in their assessments and plans, giving them choice and some ownership wherever possible. The power of lived experience cannot be underestimated. All local drug misuse systems should draw on lived experience to provide excellent services.

Cornwall: *"Due to the drive from service users and sticking with what works, we spoke to people with complex needs and the needs assessment informed our practice. It was the same stories from service users and reviews of deaths; people were not seen as victims and there was no one coordinating the approaches. For example, women with dual diagnosis could not access hostels. They were banned from probation and services and these bans were just escalating their needs further. We used this information to fuel our strategy and our plans."*

One person on probation told us about when it went well: *"I was involved in the preparations of my reports. It's all pretty straightforward really. They ask you questions about yourself and your views on the court case and I just answered them honestly."*

Respond to diversity

People with drug problems frequently have complex backgrounds, often featuring trauma. Their life story and diverse experiences will shape their thinking and behaviour. Practitioners should respond to the needs of local people on probation and build services that recognise and respond to race; ethnicity; faith; gender and gender reassignment; sexual orientation; maturity and age; disability and neurodiversity, as a minimum. They should also monitor and tackle inequalities in services.

Our standards call for a personalised approach to each case. We found a limited amount of work in this area, and more practice and service development are needed.

Birmingham and Solihull: *"We capture the ethnicity of those offered community resolutions as we know stop and searches are disproportionate and so we want to explore representation [in the disposals]."*

Be creative and seek innovation

Look at both current and emerging good practice. Build on others' experiences and keep up to date with innovations.

Northamptonshire: *"There is work going on to look at if we can stop criminality through using depot drugs. Some of this is through project Citadel in Kettering, which is like project ADDER."*

Look at both current and emerging good practice. Build on others' experiences and keep up to date with innovations.

In the video below, Detective Superintendent Lee McBride, who is the force lead for tackling serious organised crime, explains the Citadel project.

Video (YouTube, 2:26): Introducing #Citadel – the innovative new project launching in Kettering this week (Northamptonshire Police)

Northamptonshire: *"Buvidal[11] is a good example of early prevention for those offending through drug use alone, as it removes the paraphernalia. This seems very effective with women."*

Birmingham and Solihull: *"The West Midlands PCC have developed innovative drug policy recommendations."*

Summary: Drug policy recommendations (West Midlands PCC)

Place-based services work best

Most professionals and partnerships agree that co-located and locally based services work best. Virtual co-location can bring people together well too.

Inspectors have found that place-based and co-located working is effective. This is explored further in our recent Research and Analysis bulletin:

Research and Analysis Bulletin: The role of community hubs in helping to deliver probation services and support desistance (HM Inspectorate of Probation)

Cornwall: *"We go out rather than staying in and focus on the complex needs. An example is the multi-agency hubs in areas which we call 'safe and well' hubs. Our voluntary sector links were underdeveloped. Probation were supportive of this, offering some of their spaces to support the hubs.*

"This helps us to work with specific communities who were overwhelmed with social problems, so we worked with them to understand why. This contributed to the three-year property transformation programme."

[11] Buvidal is a long-acting buprenorphine, which is given by depot injection and can provide opiate substitution therapy for up to 28 days.

Recovery as well as treatment

Recovery from drug addiction involves more than just stopping drug use. It involves a sense of belonging in the community, a sense of meaning and purpose, a sense of hope and belief, and a positive personal identity (Best, 2019b).

It can include meeting basic needs for accommodation and employment, as well as leisure activities and positive social relationships (see pages 28-29 for more information on 'recovery capital'). Recovery organisations draw on high levels of lived experience and are essential in all treatment systems. Introducing people on probation to the idea and reality of recovery at an early stage can be 'contagious' and, potentially, life changing.

Learning from the frontline

Top tips for building recovery:

- Let others help you – find out about local recovery and community support agencies.
- Build good relationship with these workers – it goes a very long way.
- Be person-centred.
- Share accurate risk assessments.
- Allow services to take some measured risks; for example, allow attendance at the recovery service rather than reporting at the approved premise to meet a licence condition.
- Everyone is capable of change – we don't know when they will change, so don't get frustrated when people make mistakes; stay positive.
- Help people to have choices.
- Be there and provide people with what they need to make the changes.
- Peer support, done well, can make a huge difference.
- Role models are so important in helping people believe that change is possible.
- Make your contact details available – we need extension numbers or mobile phone numbers.

Vince Carroll, The Bridge Programme, Northamptonshire

Northamptonshire: *"We want to address the drug and alcohol behaviours, as if we can address that we can make change rapidly and normalise in order to reduce stigmatisation. One of the things we have done is to have a separate recovery service which uses a health model. We help develop social networks to promote pro-social behaviours. They support each other to meet in neutral areas doing positive activities to lead to a more sustainable solution.*

"We want the design and experience to reduce stigma, so people can link back into networks. We have a housing officer who works in the recovery system and an IPS[12] employment worker to work alongside.

"We offer a whole range of opportunities and train people to be mentors. We have active co-production of activities and have pledged 30,000 hours of volunteer time, having between 800 and 1,200 volunteers. They meet on a monthly basis and decide what activities they would like, and the provider will do it, as long as it is legal and safe. This serves to empower people and looks to offer a range of individualised activities for members. So, for example, someone was supported to pledge for a photography course".

One person on probation explained how recovery made a difference: *"My PO [probation officer] has helped me so much to change my ways, introducing me to self-help groups online and cannabis anonymous meetings online, which have been great during this pandemic and a real big help to me."*

A focus on results

CSTRs need developing so that the desired outcomes are clear from the outset. Sentencers need to have confidence in them. Collecting information on the success and issues and sharing this with stakeholders is key.

Staffordshire: *"The number of referrals has increased. We started the pilot with two cases because of Covid-19 and now have 185 referrals for MHTRs. Alcohol treatment requirements (ATRs) and DRRs have increased exponentially and more joint orders have been made.*

"There had been some real issues at court, with DRR suitability assessments done at court by probation, and services not knowing a DRR had been made until weeks later, when the person attended the service, but the process map has now addressed this.

"Cannock and North Staffs [magistrates' court] also now hold morning multi-disciplinary meetings with L&D, CSTR and probation to go through the appearance lists and reflect on who may need which service and if they are already known.

"There is now more money in the system and better targeting of money so there is an upward trend for DRRs and ATRs (previously RARs [rehabilitation activity requirements] were used as a default). It is slower progress than MHTR but I am also conscious there had been a 40–50 per cent funding cut [to drug services]."

Staffordshire: *"One of the strengths of the CAR [Cranstoun Arrest Referral] service is they also refer into local drug services for voluntary treatment for those not already engaged.*

"Of the 2,500 assessments [made by the CAR service], 1,000 have been referred to substance misuse treatment and retained for 12 weeks. The Home Office figures indicate that, for each individual engaged in treatment, this is a £29k saving. So, in Sandwell, of 40 people referred in and retained for 12 weeks, this could potentially save £1.1 million. A conservative estimate for the West Midlands could be a £10 million saving. Therefore, we are hopeful of entering co-commissioning

[12] IPS (Individual Placement and Support) supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.

with probation and local authority so we can be more preventative and proactive engagement focused."

Deal with the pinch points

Supporting people with drug problems into treatment is a difficult business. All partners involved must adopt a problem-solving approach and build a shared commitment to findings effective solutions.

Staffordshire: *"A lot of it comes down to the strong partnership group. Previously, there has been a tension between treatment services and CJ but we have taken an approach of tackling the vulnerabilities of the individual to get buy-in from all agencies, so people see there is a high-level strategy and it is not a soft option.*

We want to look at diversionary services, looking at pinch points and gaps for MH and substances."

These themes are exemplified in the quotes provided by commissioning colleagues. We believe that pursuing these, in the context of local cultures, could increase the use of appropriate sentences and drive effective partnership work.

Print-out: Themes important for CSTR delivery (HM Inspectorate of Probation)

The themes working in practice:

The two case examples below, from Essex, highlight how a range of services have come together to offer a holistic DRR service, with the courts, probation, Open Road[13] and Full Circle[14] (run by Phoenix Futures) working together.

We selected the first example, as it shows:

- effective multi-agency working
- early identification of underlying causes of behaviour, resulting in an effective sentence to address the individual's treatment needs
- consideration of all the individual's needs, such as depression and accommodation, not just those directly related to his drug misuse
- advice on minimising harm being given
- barriers to engagement being addressed, using a collaborative approach
- empowering the individual to take personal responsibility.

Case study: Essex case study one (Essex CSTR)

The following case study, also from Essex, shows how mental health is key to many DRRs, and how careful attention to mental health needs is foundational to good practice.

In addition to the effective practice points set out above, this example also shows:

[13] Open Road are an established Drug and Alcohol Recovery support charity in Essex and Medway. Open Road provides services to support individuals on their journey to recovery from drug and alcohol addiction.
[14] Essex Full Circle Community Service | Phoenix Futures The Full Circle is commissioned to work with people on probation and licence with complex and additional needs across the whole of Essex (excluding Thurrock & Southend unitary authorities).

- recognition of the individual's goals and current level of motivation to achieve these
- the importance of trauma-informed practice
- recognising, reflecting back and building on progress
- increasing access to social capital.

Case study: Essex case study two (Essex CSTR)

Key take-aways: leadership and working in partnership to deliver key services

- Leadership is based on strong and clear communication loops, with two-way communication feeding into planning, delivery and monitoring activities.
- Stakeholders are essential partners and dedicated work must be put into nurturing effective partnerships and relationships.
- Recovery services and the role of lived experience in developing good services are key.
- Users' insights should inform responsive services.
- Diverse services and approaches must be developed to meet the range of needs in local communities.
- Clear, shared objectives are central to delivering good partnership results.
- Good profile information relating to demographics and needs is needed to secure the right services and influence partners.
- Partners and sentencers need good-quality information.
- Partners must share information, and protocols need to be in place to support this.

Delivering good advice to court

For our thematic inspection, we inspected services against the following standard.

In relation to court assessment, we expect that:

the pre-sentence information and advice provided to court supports its decision-making.

This includes the following expectations:

- The information and advice draw sufficiently on available sources of information.
- Service users are meaningfully involved in the preparation of reports, and their views are considered.
- Information and advice about drug treatment and recovery needs are sufficiently analytical.
- The advice considers the service user's motivation and readiness to change.
- The advice considers the service user's diversity, health, wellbeing and personal circumstances.
- The advice considers the relationship between drug misuse and risk of harm to others.
- Appropriate advice and proposals are given to courts.

An effective assessment is key to ensuring that people receive the correct sentence. Too few requirements are sought for structured drug treatment and effective practice can change this. It is especially important when seen in the context of the national statistics related to drug misuse and treatment, for example:

- National statistics related to substance misuse and treatment – from PHE's National Drug Treatment Monitoring System (NDTMS) – indicate that of a total community-based probation caseload of approximately 180,000 in 2019/2020, there were only 2,890 recorded referrals into treatment for those under probation (including DRRs and those under Community Rehabilitation Company (CRC) supervision): 1,149 (opiate), 826 (non-opiate), and 915 (non-opiate and alcohol).
- Offender Management Statistics for January to March 2021 indicate that only three per cent of community orders and suspended sentence orders included a drug treatment requirement.

The number of DRRs ordered at court is declining sharply. Aggregate data from our core inspection programme showed that only 47 per cent of people on probation where drug misuse was identified as a priority factor received an intervention for it (HM Inspectorate Probation, 2019).

To address this, it is important to be clear about the DRR offer, with courts, probation and drug providers all working together to ensure that DRRs are a robust and meaningful sentence and are recommended where appropriate.

In this section, we share learning from three key stakeholders. A strategic adviser and consultant explains why it is important to include the person on probation's insight into their personal circumstances to inform a good probation assessment that achieves the best outcomes. The NHS England and NHS Improvement mental health treatment requirement programme manager explains that early identification is key to the right sentence and resultant treatment. Finally, the Effective Practice and Service Improvement Group (EPSIG) has kindly provided guidance on making effective proposals to court.

Example of effectiveness: learning from stakeholders – the importance of the person on probation's voice

Sunny Dhadley, Strategic Adviser and Consultant

> An essential component of a good probation assessment is the meaningful involvement of the person on probation. This is also a key aspect of supporting people to achieve their best outcomes.

Sunny emphasised that key ingredients of the assessment are:

- enabling the person to see the value of engaging with the process
- making the person feel comfortable physically and through the type of engagement
- creating a human connection
- basing the assessment on individualised needs
- taking a strengths-based and empowering approach
- collaboration and joint working: making referrals to other agencies and organisations that will have an impact.

In the below video, Sunny talks about the importance of removing preconceived ideas about people who use drugs, in order to connect with the human being.

He explains that problematic drug use is often symptomatic of deeper issues, so it is important to explore the impact and underlying causes of the person's drug use, noting that each individual has their own journey and experiences. He explains the importance of peer support in recovery, especially when it is adequately funded and given the right conditions to thrive and influence.

Sunny notes that recovery is a highly individualised process and goes on to explain what recovery has meant for him.

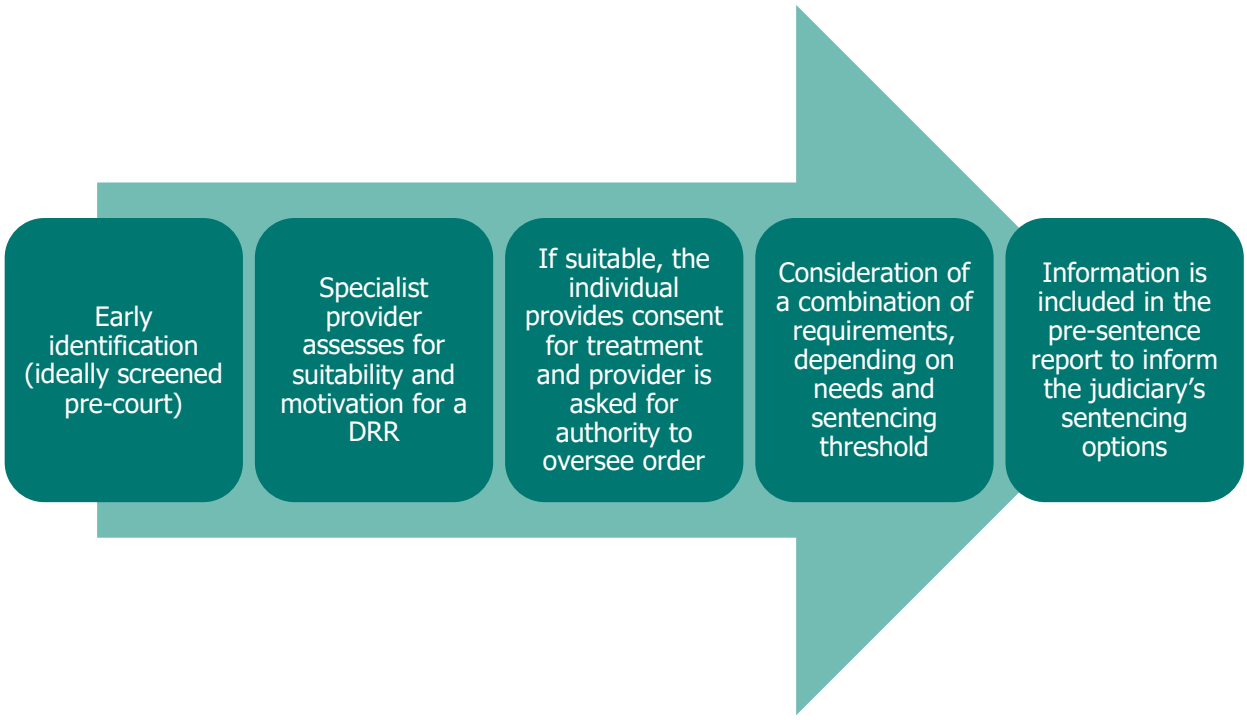
Video (YouTube, 8:09): Learning from stakeholders: the importance of the person on probation's voice (HM Inspectorate of Probation)

With special thanks to Shaw Trust, Wolverhampton for allowing us to film at its CFO hub.

Example of effectiveness: learning from stakeholders – accessing the right sentence recommendations

Mignon French, NHS England and NHS Improvement MHTR programme manager in partnership with the CSTR partners

Mignon shares the key ingredients for effective sentencing, including:



In the below video, Mignon[15] discusses the impact of improving access to CSTRs. She acknowledges the high number of people with multiple issues i.e. drugs and mental health, which are often the underlying reasons why they offended in the first place. She says this is why it is necessary to address these issues at the earliest opportunity to support recovery.

Video (YouTube, 6:39): Learning from stakeholders: accessing the right sentence recommendations (HM Inspectorate of Probation)

Example of effectiveness: Effective Practice and Service Improvement Group guidance on court proposals

Her Majesty's Prison and Probation Service (HMPPS) has produced a Quality Development Tool (QDT) for court reports. The key expectations, according to the QDT, are that proposals should:

- Satisfy the safer sentencing recommendation (SSR) principles – efforts should be made to gather information from alternative relevant sources, such as the police, youth offending services and children's services; however, this information is not always readily available when completing reports on the day. The question that must be asked is can the sentence continue without this information?

[15] Contact Mignon French: mignon.french@nhs.net.

For example, where a third-party assessment is required to assess the person on probation's suitability to engage with drug/alcohol services, an adjournment is required to gather this information to support a safe sentence.

- Consider specific needs or protected characteristics such as gender, maturity and diversity – these should be considered in relevant reports, with reference to how they can impact on the person's circumstances and ability to comply. Those preparing the report should consider how an individual's specific needs may make them unsuitable for an intervention and what additional measures could be put in place to support their engagement.
- Be commensurate with the seriousness of the offence, while also meeting the rehabilitation and risks identified within the report.
- Use the appropriate legislation.
- Include a punitive element or a fine (or both), unless there are exceptional circumstances that would make this unjust, as set out in the *Crime and Courts Act (2013)*.

Key take-aways: advice to court

- Gather information from all relevant sources, including other services.
    - Don't forget to ask about recovery and treatment work completed from periods in custody.
    - Always consider previous youth interventions for people under 26 years of age.
- Obtain a specialist drugs assessment that considers the person's previous experience of treatment, recovery and support services.
- Consider risks to others and immediate risks to wellbeing and safety.
- Consider people's specific needs or protected characteristics such as gender, maturity and diversity. Think about how these intersect with drug misuse and choices.
- Check out the defendant's motivation, readiness to change, views and lived experience.
- Ensure that all DRRs have written consent.
- Frame proposals to court with evidence, individual views and a structured plan with specific information about how treatment and recovery services will help to deliver the proposed sentence.

Delivering effective case supervision

For our thematic inspection, we inspected services against the following standards.

In relation to assessment, we expect that:

assessment of drug misuse, recovery and associated support needs should be well-informed, analytical, personalised, and actively take account of both vulnerabilities and positive factors.

This includes the expectations that assessments should be:

- based on sufficient information, gathered from a variety of sources
- underpinned by information from other agencies, where appropriate
- sufficiently focused on engaging the person on probation
- focused on the factors linked to offending, drug misuse and desistance
- trauma-informed[16], where appropriate, with factors linked to the vulnerability of the service user clearly assessed
- sufficiently focused on keeping other people safe.

In relation to planning, we expect that:

planning to address drug misuse, recovery and associated support needs should be well-informed, holistic and personalised, actively involving the person on probation.

This includes the expectations that planning should:

- take account of the service user's learning style, personality, motivation, background and experiences
- be aligned with the work planned or delivered by other agencies, and shared, where appropriate
- focus sufficiently on engaging the service user and seek to overcome barriers to engagement and practical and emotional obstacles to recovery and desistance
- include work aimed at reducing reoffending and supporting the person on probation's desistance and recovery
- take account of protective factors and personal strengths, including any support required to develop these factors/strengths
- be trauma-informed, where appropriate, and focus sufficiently on helping the person on probation to minimise any risk of harm to their health and wellbeing
- aim to keep other people safe.

[16] Trauma-informed approaches realise the widespread impact of trauma and understand potential paths for recovery; recognise the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and seek to actively resist re-traumatisation.

In relation to implementation and delivery, we expect that:

implementation and delivery to address drug misuse, recovery and associated support needs is of high quality with well-focused, personalised and coordinated services, delivered with a focus on engaging the person on probation.

This is broken down into the expectations that implementation and delivery should:

- be well-coordinated, integrated and trauma-informed, where appropriate
- effectively support people's recovery and desistance
- support the safety and wellbeing of people on probation
- be effective in supporting the safety of other people
- aim to overcome the challenges in access to treatment and recovery services in the community, including challenges relating to Covid-19.

In relation to reviewing and evaluation, we expect that:

reviewing of progress in addressing drug misuse, recovery and associated support needs should be well-informed, analytical and personalised, actively involving the person on probation.

This is broken down into the expectations that reviewing and evaluation should:

- result in assessments and plans being updated, particularly following significant changes in the individual's circumstances, including any lapses on the path to recovery and desistance
- result in changes to the services, activities and interventions being delivered, when necessary
- involve all relevant partners, including people on probation
- consider whether improvements already achieved by the person on probation can be sustained, including through the use of partnership and community resources
- focus sufficiently on supporting individuals to comply and engage
- supporting the people's desistance and recovery
- promote the people's health and wellbeing
- contribute to keeping other people safe.

Evidenced-based and recovery interventions need to be used more widely to improve outcomes for people on probation. These should recognise the person's key risks, needs and vulnerabilities. Practitioners need to be aware of the full suite of interventions; for example, they should consider not only opiate-substitution therapy, but also psycho-social support, peer-led recovery support, mental health support, access to education, training and employment. Practitioners must think about how to build 'recovery capital,' as set out in the CHIME model (Connectedness; Hope; Identity; Meaning; and Empowerment) in Figure 2 on the next page.

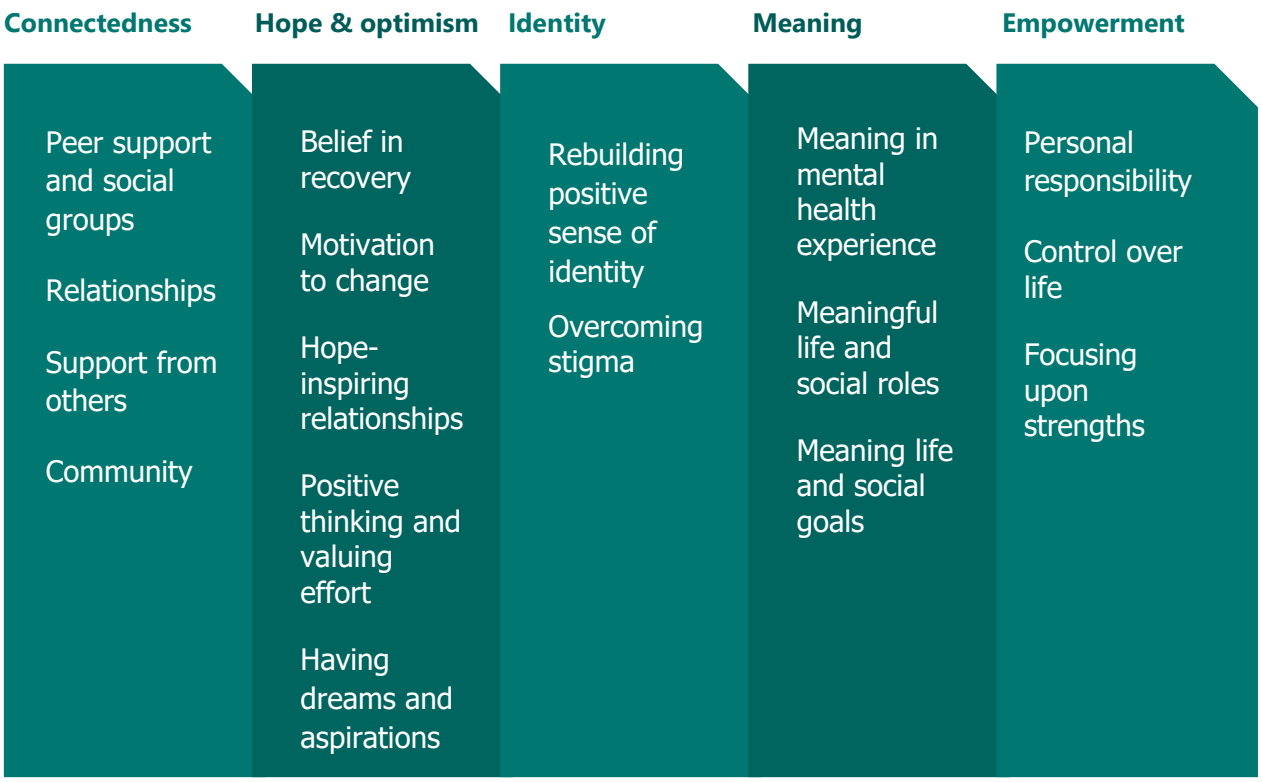


Figure 2: CHIME model, adapted from HM Inspectorate of Probation's Academic Insight Paper 'A model for resettlement based on the principles of desistance and recovery'. Best, D (2019a).

When considering what is meant by recovery, Best (2019a) refers to the Betty Ford Institute (2007) and the UK Drug Policy Commission (2008), which suggest that recovery from addiction involves three factors:

i. control over or cessation of problematic substance use
ii. improvements in global health and wellbeing
iii. active participation in and a contribution to community or society.

'Recovery capital' refers to the sum of resources necessary to begin and sustain recovery from substance misuse (Best and Laudet, 2014) or the resources that are available to a person to support them in their recovery journey (Granfield and Cloud, 2001). It also reflects a shift in focus from the pathology of addiction to the internal and external assets required to initiate and sustain long-term recovery from alcohol and other drug problems (White and Cloud, 2008).

Three types of recovery capital have been identified (White and Cloud, 2008):

i. Personal recovery capital – including physical capital such as health, financial assets, safe shelter that is conducive to recovery, clothing, food, and access to transport; and human capital such as an individual's values, knowledge, educational/vocational skills, problem-solving capacities, self-awareness, self-esteem, self-efficacy, hopefulness/optimism, perception of one's past/present/future, sense of meaning and purpose in life, and interpersonal skills.

ii. Family/social recovery capital – including intimate relationships, family relationships, and social relationships, indicated by the willingness of intimate partners and family members to participate in treatment, the presence of others in recovery within the individual's family and social network, and access to outlets for sobriety-based leisure activities.

iii. Community recovery capital – encompasses community attitudes/policies/resources related to addiction and recovery that promote the resolution of alcohol and drug problems. This includes a good range of addiction treatment resources, interventions and community support institutions, active efforts to reduce the stigma of drug misuse, and visible and diverse local recovery models.

Further, gender appears to play a role with regard to the factors that will most positively sustain recovery. In a review of the mechanisms of action of 12-step mutual aid groups, Kelly (2017) concluded that, while for men the most important influence is typically changing social networks, for women, it is about growing self-belief that recovery is possible.

Practitioners should be aware that exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders, with high co-morbidity seen between drug misuse, post-traumatic stress disorder (PTSD) and other mood psychopathology (Khoury et al., 2010; Morrissey et al., 2005). Drug use by intimate partner abuse victims may also increase victimisation as they may be less likely to take steps to protect themselves from further abuse (Iverson et al., 2013). Probation and drug services work with many people with a history of trauma.

There is a clear need to both recognise these people and to ensure suitable sensitivity and competencies to address their needs, with a treatment and supervision environment that promotes healing and physical safety and prevents inadvertent re-traumatisation through working practices.

Staff working with service users experiencing drug misuse must be empowered to deliver a high-quality, personalised and responsive service to those under supervision. To achieve this, arrangements for learning and development must be comprehensive and responsive to enable practitioners to support individuals with a high level of need and who are likely to have experienced significant trauma.

The two case studies below exemplify the approaches above and clearly illustrate the key components of our standards in practice.

Example of effectiveness: Kent, Surrey & Sussex (KSS) CRC

We inspected the following case during our fieldwork for our thematic report at the beginning of 2021.

> Managed by Holly Peters, a probation service officer from what was then KSS CRC, the case provides an excellent example of case supervision being delivered well, and in line with our standards.

It shows community-based drug treatment and recovery work being provided for people on probation.

Background to the case

Elaine is a 55-year-old female with an extensive record of previous convictions consisting mainly of theft and, more recently, driving-related matters. She only has one violent offence on record, for common assault, committed more than 20 years ago.

> Elaine is assessed as low risk of harm to the public and a high likelihood of reoffending.

Most of her offending has been linked to her heroin and crack cocaine use. Although she was assessed as posing a low risk of harm, there were a number of concerns relating to Elaine's vulnerability. Indeed, this was a very complex case.

Elaine suffered a brain injury a few years before her current sentence. Consequently, she struggles with short-term memory loss. She was sexually assaulted, both as a child and as an adult, suffers with severe anxiety and has been diagnosed with PTSD. She often resorts to illicit substance misuse as a coping strategy. Elaine has also self-harmed and attempted to take her own life on more than one occasion. She is taking various medications for physical and mental health problems. The risk of overdose from both prescribed and illicit drug use is an ongoing concern.

Elaine is extremely vulnerable and often exploited by others. She has been the victim of domestic abuse from an on-off partner. Throughout her recent community sentences there was evidence that local gangs, drug dealers and associates were using her property for criminal activity. She consistently refused to report such matters to the police.

> The responsible officer had grave concerns that Elaine was the victim of violence and abuse from individuals using her address.

This was based on presentation during meetings whereby Elaine had sustained cuts and bruises repeatedly, although Elaine remained vague about how these occurred. Elaine's property was also in a state of severe disrepair and she did not feel safe there; the front door was broken for a prolonged period and she was without electricity regularly.

It was clear to the responsible officer that Elaine's lifestyle, associations, drug misuse and high level of vulnerability meant that there continued to be a risk of further offending. The responsible officer also had well-founded concerns about Elaine's ability to safeguard herself.

> Elaine has adult children in their early twenties and a young grandchild. It was evident that Elaine loved her family dearly and longed to play a bigger part in their lives.

How was the case managed?

Elaine was made subject to a community order with a 10-day rehabilitation activity requirement (RAR) for an offence of theft. She was already subject to a community order with a RAR and a DRR imposed a month previously for driving with excess alcohol. Both orders were running concurrently.

There was a strong focus on multi-agency work in the assessment and sentence plan, and there was evidence of this in the delivery of the community order.

We identified the following key strengths in our inspection of this case:

- The assessment was thorough and clear. It was updated when there were significant changes and when Elaine received a new sentence. The assessment was completed using numerous sources of information, including information obtained by liaising with

drugs services and adult social care. Both agencies had been working with Elaine for some time.

- The assessment included details about Elaine's vulnerabilities and the impact of sexual abuse, her PTSD and severe anxiety and how these issues exacerbated her drug misuse and subsequent offending.
- The different agencies involved worked well together. At the start of the most recent community order, the responsible officer arranged for drugs services and the adult social worker to attend the initial appointment for a four-way meeting to complete the induction and formulate the sentence plan. This enabled an open and transparent discussion to take place with Elaine and for each agency's plan of work to be interlinked with the others and fully informed by the information shared. It was made clear to Elaine that all parties were worried about her and, with her consent, they would work together to do all they could to help her achieve a more stable, safe lifestyle and to stop offending.
- The agencies in this case communicated regularly and shared information, and the responsible office convened professionals' meetings in order to draw information together and agree next steps.
- Information-sharing with the drugs worker was particularly strong and the responsible officer made sure that Elaine remained engaged in treatment and was collecting her methadone prescription. Drug test results administered by the drugs service were shared with the responsible officer so that the impact of treatment and progress in general could be monitored and understood.
- The responsible officer was relentless in her pursuit of support for Elaine. This included: liaising with the police when there were concerns about Elaine's safety from associates and intimate partners; making arrangements to have Elaine's front door repaired so she was safer at home; arranging for her electricity to be switched on; providing access to a mobile telephone; arranging food parcels during the pandemic; and exchanging information with the local multi-agency response to cuckooing[17], so that they could take action against those exploiting Elaine and using her address.
- When adult social care planned to end their involvement with Elaine, the responsible officer intervened and challenged the decision, pointing out that there were numerous issues pertaining to her vulnerability with which Elaine still needed support.
- Despite Covid-19, the responsible officer remained in regular contact with Elaine and combined some face-to-face contact in the office with home visits (conducted jointly with the social worker) and even meetings outdoors. The responsible officer wanted to verify that Elaine was safe. On one occasion during a meeting outside, the responsible officer noticed that Elaine had cuts and bruises to her face. This was reported to the police and a MARAC[18] referral was also made.
- Family connections were identified as potential strengths and something to aim for. Elaine wanted to be a part of her adult children's lives and to see her grandchild. The responsible officer recognised this, and it provided an incentive for Elaine to reduce her drug use and achieve a greater degree of stability in her life. The responsible officer was

[17] Cuckooing is a practice where individuals take over a person's home and use the property to facilitate exploitation.
[18] Multi-agency risk assessment conferences (MARAC) facilitate information-sharing on the highest-risk domestic abuse cases between representatives of the local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors, probation and other specialists from the statutory and voluntary sectors.

open in explaining that contact with her grandchild would have to be agreed by children's social care, and a referral was made.

- The responsible officer also made a referral to Adfam[19] for Elaine and her children to help support their relationship.
- The responsible officer noted that Elaine is now stable, and has "ceased using drugs, looks and feels healthy and is making plans for her future".

Inspectors said of Holly's practice:

> *"There was some truly outstanding practice in this case. Although the individual was assessed as low risk of harm, she was vulnerable, and Holly understood the need to intervene and provide support in order to safeguard Elaine and prevent her from becoming involved in further offending. The extent of multi-agency liaison was incredibly impressive and Holly's perseverance in galvanising other agencies to help Elaine and coordinating the work of various agencies has ultimately helped Elaine to achieve a level of stability [ceased using drugs and has future aspirations for a drug free life] that she has not experienced for many years."*

You can read the full transcript of our interview with Holly Peters below.

Transcript: Holly Peters discussing case of Elaine (HM Inspectorate of Probation)

Example of effectiveness: NPS North East

We inspected the following case during our fieldwork for our thematic inspection in early 2021.

> Managed by Vicky Walton, probation service officer at what was then the NPS North East region, it provides an excellent example of case supervision being delivered well and in line with our standards for providing community-based drug treatment and recovery work with people on probation.

The case had notable strengths in terms of managing wellbeing and risks to the individual.

Background to the case

Sammy is a user of multiple drugs, who has been offered naloxone[20] and support to reduce the harm caused by his injecting and complex drug use. Sammy is described as misusing 'anything he can get his hands on' and had started to experiment with drugs in his early teens. By the age of 15, he was regularly using cocaine, M-Cat and heroin.

[19] Adfam provides information and support for the families of drug and alcohol users.
[20] Naloxone is a drug to manage substance misuse overdose, as a preventive measure. It is a fast-acting antagonist drug which blocks the effects of opioids. It is given nasally or by injection and can be used by any trained person in an emergency to reverse respiratory problems caused by overdose.

> Sammy has been diagnosed as experiencing drug-induced psychosis. He became addicted to Subutex when he was just 17 years old, using this drug to help him reduce his heroin misuse.

He completed a methadone programme in custody but, following a previous release from prison, he relapsed and used crack cocaine and diazepam. He has been in hospital intensive care following drug overdoses. This has happened on at least four occasions in recent years.

At the point we inspected, Sammy was in his twenties, and had been sentenced to a high-intensity DRR with court reviews for non-dwelling burglary. His offending is mainly acquisitive and sometimes interpersonal. He has a previous offence of violent disorder associated with a far-right demonstration. (In the past he was referred to Prevent because of this, but he was screened out).

> Around six months after the order began, he reoffended and was jailed for harassment of family members. A restraining order was put in place.

On release, he reoffended again and was remanded into custody. Subsequently, he has been sentenced for dwelling house burglary (stealing a mobile phone). On arrest, he was in possession of cannabis and temazepam (a benzodiazepine). He has been involved with the local integrated offender management scheme.

How was the case managed?

At the start of his DRR, the planning included drug and mental health support, as well as completion of a citizenship programme for offence-focused work. The sentence plan included drug testing, structured work and relapse prevention.

> The responsible officer arranged multi-agency meetings and, despite some initial difficulties, she persisted and shared information across the agencies to manage Sammy's risks and escalating concerns about his health and harm (to others and himself).

There was a strong reviewing strand in this case, and Sammy had his DRR reviewed in Crown Court. In preparation for the review, Sammy was actively encouraged to reflect on how things were going for him. Unfortunately, days after the positive court review, his mental health and behaviour deteriorated. The responsible officer took steps to support his family when they obtained a restraining order. Sammy was convicted of harassment and sent to custody.

He was reassessed as high risk at this point and the case transferred to a probation officer who now co-works the case with Vicky. This was to give him consistency in his reporting officer, because Vicky has worked with him for over four years. One drug test took place before lockdown restrictions were introduced and drug testing was suspended. The test was positive for drugs.

We identified the following key strengths in our inspection of this case:

- ✓ The assessment contained detailed information about Sammy's drug use. It was clear about the types of drugs he was using and had used, and the frequencies and methods

of use. It considered his history of trauma and mental health problems and his previous experiences of treatment.

- Vicky planned in conjunction with Sammy, taking his views into account, and with other agencies, such as drug, housing and mental health services.
- There was a huge amount of tenacity and stickability from Vicky. She has developed a four-year relationship that he trusts. This provided an effective platform to work from.
- Vicky used her experience and knowledge to recognise the signs and symptoms of active drug use.
- She worked hard to build relationships with other services and ensure Sammy got the specialist help he needed.
- Vicky established a positive working relationship with Sammy's parents. She enabled them in their role as a protective factor for him.
- She balanced emerging risks to his mum and dad very well, ensuring appropriate public protection measures were put in place. This was very skilfully handled.
- Vicky secured a case formulation to assist her in working well with Sammy's personality issues. She implemented the learning from the formulation into her work.
- The high levels of harm to self were properly recognised. Vicky used her strong working relationship with Sammy and local services to help minimise these risks and to keep him as safe as possible.
- Vicky convened a professionals meeting when the case seemed stuck. She was honest about her need for help. This allowed other agencies to respond with additional resources and support.
- We saw a lot of creativity in this case; Foundation delivered naloxone training to Sammy's parents; Vicky attended professionals' meetings at the hospital when Sammy was an in-patient and she has worked with her manager and colleagues to reflect on the case and solve problems too.
- We saw active management oversight and support. Additional resources were put in place when the risks to others and himself increased.
- When the senior probation officer allocated a probation officer to the case, it was decided they would co-work the case with Vicky to ensure that her positive working relationship with Sammy was preserved and to broaden oversight of risk.
- Proactive work contained after he was imprisoned, so as not to lose vital services for Sammy's rehabilitation and care.
- In the last few months there has been considerable work done to secure a specialist accommodation place for Sammy, where his mental health could be supported when he was released from prison.

Inspectors said of Vicky's practice:

> *"This was a difficult case, with lots of complex needs present. Vicky did not lose sight of rehabilitation, strengths and the support and protection of family members. She was determined in her approach and worked effectively with local agencies to support the individual while he was coping with addiction, episodes of poor mental health, and accommodation problems.*
>
> *"Key were Vicky's excellent engagement skills, which ensured communication lines were kept open with Sammy and that she could work to protect him from harm. He became suicidal and she went to considerable lengths to liaise with the drug services, his community psychiatric nurse and his family, all with the aim of keeping him safe.*
>
> *"Impressively, she balanced his wellbeing needs against his increasing risk to others. She liaised with the family members who secured a restraining order and she reassessed Sammy as posing a high risk of serious harm to others. She discussed the situation with her manager so that the case could be appropriately transferred to the oversight of a probation officer. Vicky remained central to Sammy. She used her long-standing professional relationship with him to work through his difficulties, while having proper regard for public protection. She kept him and others safe through sheer hard work, determination and human caring."*

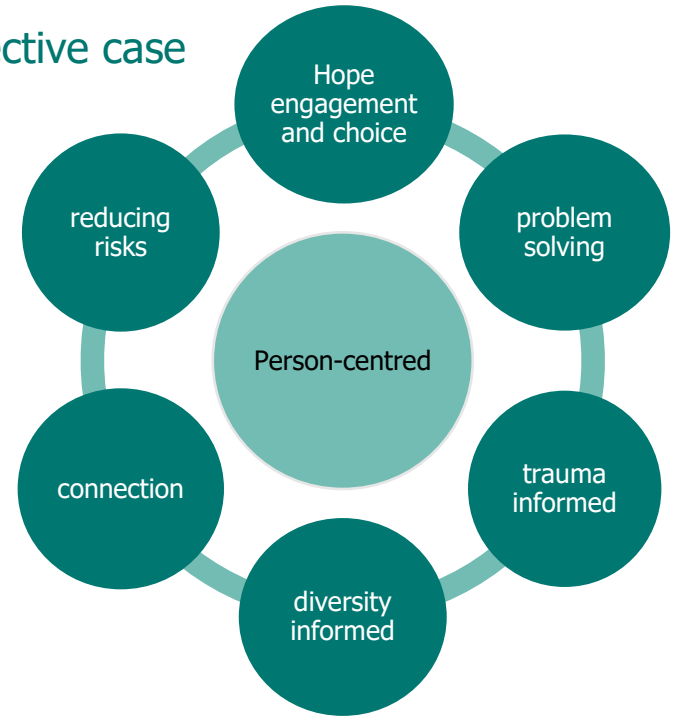
You can read the full transcript of our interview with Vicky Walton below.

Transcript: Vicky Walton discussing case of Sammy (HM Inspectorate of Probation)

Key take-aways: delivering effective case supervision

Effective work in this area focused on the following components of a person-centred approach:

- hope, engagement and choice
- problem-solving
- trauma-informed practice
- diversity-informed practice
- connection- with the practitioner. Plus, the practitioner facilitates the individual's access to other agencies and then provides ongoing encouragement.
- reducing risks.



The skills of individual practitioners and those providing services are also essential ingredients. You can read more about this in the Academics Insight paper:

Academic Insight: Supervision Skills for Probation Practitioners (HM Inspectorate of Probation)

Reducing harm to individuals

For our thematic inspection, we inspected services against the following standards.

In relation to assessments, we expect that:

the assessment of drug misuse, recovery and associated support needs should be well-informed, analytical, personalised, and actively take account of both vulnerabilities and positive factors.

This includes the expectations that assessments should:

- be trauma-informed, where appropriate
- assess the vulnerability of the person on probation.

In relation to planning, we expect that:

planning to address drug misuse, recovery and associated support needs should be well-informed, holistic and personalised, actively involving the person on probation.

This includes the expectations that planning should:

- be trauma-informed, where appropriate
- focus sufficiently on helping the person on probation to minimise any risk of harm to their health and wellbeing.

In relation to implementation and delivery, we expect that:

implementation and delivery to address drug misuse, recovery and associated support needs is of high quality with well-focused, personalised and coordinated services, delivered with a focus on engaging the person on probation.

This is broken down into the expectations that implementation and delivery should:

- be well-coordinated
- be integrated
- be trauma-informed, where appropriate
- effectively support the safety and wellbeing of people on probation.

In relation to reviewing, we expect that:

reviewing of progress in addressing drug misuse, recovery and associated support needs should be well-informed, analytical and personalised, actively involving the person on probation.

This is broken down into the expectation that reviewing should:

- focus sufficiently on supporting the health and wellbeing of people on probation.

Too many people are dying prematurely as a result of their drug problems, with a record 4,500 drug-related deaths in the UK in 2020. Therefore, it is important that frontline practitioners understand and take steps to recognise risks to drug users' health and wellbeing and be proactive, intervening and advising people who are at risk. Similarly, all practitioners and managers should understand and take steps to safeguard adults at risk.

Opiate addiction in particular causes huge amounts of offending. It requires bold programmes to tackle the harm it causes, as opiate users are most at risk of drug-related deaths. While they are in custody, drug users' restricted access to illicit substances can reduce physical tolerance, leading to greater risk of accidental death if they relapse back in the community.[21] The risk is especially high, and the leading cause of death, in the first few days and weeks after release. This period should be a particular focus for probation practitioners taking on the supervision of people leaving prison who have a history of drug use.[22/23]

Staff balance risks to others and risks to the self when working with people experiencing drug misuse. Responsive practitioners will be alive to these different risks and take proactive steps to mitigate and manage them, in partnership with other agencies and alongside the individuals on probation. People with drug problems have often survived trauma. Effective practice calls for a nuanced approach, where trauma is considered and planning and interventions are shaped appropriately as a result.

Many people with drug problems are extremely vulnerable. A common practice is cuckooing, which is where someone's vulnerabilities are exploited and their accommodation is taken over for criminal purposes, such as the sale of drugs and exploitation by serious organised crime gangs. Many are victims of violence themselves. This can often make individuals riskier towards others and their own behaviour more chaotic. To be effective, probation services must look at risks in the round and ensure that people are not stigmatised and side-lined when it to comes to their protection and wellbeing. This is exemplified in a quote from one of the people on probation we spoke to as part of the thematic report:

> *"There was a lot of planning round keeping myself safe from other drug users and not wanting to be round them. Both the probation service and the drug and alcohol services have been a big help and have supported me big time round this and have been a big help in getting me to where I am today drug free and not committing crime anymore."*

[21] Advisory Council on the Misuse of Drugs (ACMD). (2019). *Custody-Community Transitions*.
[22] Graham, L., Fischbacher, C. M., Stockton, D., Fraser, A., Fleming, M., and Greig, K. (2015). *Understanding extreme mortality among prisoners: a national cohort study in Scotland using data*.
[23] Merrall, E. L. C., Kariminia, A. Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., Hutchinson, S. J., and Bird, S. M. (2010). 'Meta-analysis of drug-related deaths soon after release from prison'. *Addiction*, 105, pp. 1,545–1,554.

What is harm reduction?

Harm Reduction International[24] uses the following definition:

> Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
>
> Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programmes, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use.

To manage the risks associated with drug use, it is important that practitioners keep up to date with new information on specific drugs, treatments, harm reduction and recovery. Therefore, in the first part of this section we provide examples of practical information on harm reduction given to us as part of the evidence for this report.

We then showcase practical work to reduce harm carried out by probation staff in Middlesbrough and Blackpool. We set out an example of treatment using long-acting buprenorphine (LAB), a slow-release opiate substitution therapy that is given by depot injection and lasts up to one month. Although LAB is awaiting a full UK evaluation, it is widely regarded as an important new therapy, so we feel practitioners should be aware of it.

Finally, we explore the promising work in Middlesbrough on injectable heroin schemes.

Example of effectiveness: practical harm reduction

The risk of death is high for people on probation who use drugs, and this is exacerbated by mental health concerns. Risks are heightened for people when they leave custody.

The Evidence Based Practice team at HMPPS kindly provided the below summary, which explores the context of the risks of drug-related deaths on release from custody, risk factors, interventions to reduce drug-related deaths and how to improve treatment uptake after release.

Evidence based practice summary: Understanding and preventing drug-related deaths and encouraging treatment uptake, after release from prison (HMPPS) (see p39)

The below poster provides some short- and medium-term actions practitioners can take to encourage treatment uptake after release from custody.

Printable poster: Drug-related death and treatment uptake on release from prison (HMPPS)

[24] Harm Reduction International (hri.global) a leading NGO dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. They work to ensure that lifesaving harm reduction interventions are adequately funded; to monitor gaps and progress globally in the availability of health and social services for people who use drugs; and, to ensure nobody's rights are violated in the name of drug control.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[25] offers a helpful three-level model to think about reducing opioid-related deaths. The three levels include:

- reducing fatal outcome of overdose through supervised drug consumption and use of take-home naloxone
- reducing risk of overdose through retention in opioid substitution treatment, overdose risk assessments, overdose awareness
- reducing vulnerability through outreach and low-threshold services, enabling environments, empowerment of drug users and taking a public health approach.

This has some general applicability, and we encourage practitioners to reduce the vulnerability of all people on probation with drug problems, so we would encourage you to download the below infographic.

Infographic: key approaches for reducing opioid-related deaths (EMCDDA)

Some simple tips for practitioners can make a significance difference to the lives of people on probation, such as:

- Ask routine questions that will help you 'check in' with people rather than make assumptions about their health and wellbeing.
- Notice changes in how people on probation present themselves. Are they losing weight; showing constricted, dilated pupils or discolouration to the eye; blanking or passing out; or becoming more aggressive or withdrawn?
- Get training to understand how different drugs affect people and how to recognise the danger signs.
- Get medical help for people where it is needed.
- Isolation is a major risk marker for overdose and suicide. Help people build networks and resources to support them.
- Advise people about the risks of resuming previous levels of drug use after leaving prison, as tolerance can be lowered.
- Remove barriers to enable people to access services.
- Check people have take home naloxone (THN) and record this clearly.
- If people refuse naloxone, offer it again.
- For all the people you work with who have opiate problems, encourage peers and family members to be trained up to administer THN. It's really easy.
- Check people have access to advice about safer injecting, wound care and self-care. These services can often be accessed without people having to accept treatment from a drugs service.

[25] The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the leading authority on illicit drugs in the European Union. The Lisbon-based agency provides independent, scientific evidence and analysis on all aspects of this constantly changing threat to individual lives and wider society. Its work contributes to EU and national policies to protect Europe's citizens from drug-related harms.

- Know and display the National Needle Exchange sign so people can access safe and dispose of needles safely.

To find out more about THN, given its importance, we encourage you to watch the short video below. Using people's experiences, the video promotes the use of THN to prevent death from overdose.

Video (YouTube, 4:25): I'm the evidence: Naxolone works! (EHRN)

Practitioners should liaise with treatment providers regarding treatment needs, what is in place and contingency planning (for example, whether people being discharged by prisons are being given THN and whether general practitioners are prescribing it for people in the community), and record appropriately.

In addition, practitioners should actively seek out current information on reducing harm to share with people on probation, such as that provided by DrugWise.[26]

HMPPS has produced a 'Drugs in Prison and Probation' guide, referred to as the DiPP. It is described as 'a suite of information products on some of the different drugs' used by people on probation. It gathers 'a wide range of academic sources and subject matter experts into one easy-to-read document'.

Guide: Drugs in Prison and Probation (HMPPS)

The DiPP contains:

drug factsheets – these provide descriptions of the drugs, as well as information about common forms, positive and negative side-effects, what to do in the event of an overdose, how to treat dependency, tips on reducing harm, and legality

emergency response information

Covid-19 update – useful guidance and information on the additional dangers of substance abuse for those considered clinically vulnerable or infected with Covid-19

index – list of internal (HMPPS articles) and external (academic and medical insight) resources.

[26] DrugWise promotes evidence-based information on drugs, alcohol and tobacco; the information is both topical and non-judgemental. Harm reduction – DrugWise (accessed August 2021)

Example of effectiveness: long-acting buprenorphine, Swansea Bay and Lambeth

We were interested to learn of the use of newer medicines to support people with opiate problems being trialled in Swansea Bay and Lambeth. Services worked together to ensure that careful assessment and clinical oversight determined the best pharmaceutical therapy. And while these medicines are not suitable for everyone, early reports show some benefits from them. Long-acting buprenorphine (LAB)[27] is a slow-release opiate substitution drug given by depot injection. It lasts up to one month.

Clearly, there are serious clinical considerations to be thought through before prescribing LAB. However, in a recent peer-led report examining the impact of Covid-19 on people using drug and alcohol services in South Wales[28], professionals were very positive about the benefits LAB had offered to many local people, and had moved 22 per cent of patients on to this therapy.

> Many people spoke of the benefits they saw in having more control over decisions about their medicines and treatment.

LAB is awaiting a full UK evaluation, but it is widely regarded as an important new therapy because it enables people to stabilise and move away from drug paraphrenia. It appears to show a reduction in overdose too. LAB can be administered in prison before release in Wales and it has the potential to improve stability and reduce harm on release. Where it has been used well, it removes the practice of 'detox and retox' that happens so often for people with drug problems moving in and out of prison.

Martin Blakebrough from the Kaleidoscope Project (treatment providers in Swansea Bay) described it as the *'biggest innovation in treatment since the use of methadone.'* He shared views from the service, including those of Dr Mohan DeSilva:

> *'The therapeutic relationship between treatment provider and service user has been a fine balance between safe prescribing to the service user, the safety of the wider community and overdose harm prevention. This has resulted in the relationship taking time for trust to build before optimum treatment was achieved. This was the very time that service users disengaged if they were chaotic and did not perceive the benefits of opioid substitution therapy.*
>
> *'Buvidal has changed the landscape, as, in an instant, we can provide optimum treatment to the most vulnerable and chaotic clients; as the usual restraints of daily supervision, titration and diversion are no longer a concern. We can concentrate on optimising treatment.'*

The Kaleidoscope Project's Head of Operations, Sian Chicken, explained that adding Buvidal to their prescribing toolbox has provided:

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[27] In South Wales, the long-acting buprenorphine commonly used is branded Buvidal. Lambeth has been trialling an alternative brand.

[28] *Peer-led Covid-19 Impact Survey*, https://barod.cymru/wp-content/uploads/2020/12/FINAL.-Peer-led-COVID19-Impact-Survey-2020.-External-1.pdf

"…an emphasis on client choice, ensuring we provided accurate information and options regarding their treatment, regular clinical review and monitoring, and access to psychosocial interventions to address associated social and mental health concerns."

Buvidal was first targeted at two distinct groups: those clients who were on methadone and had abstained from heroin use, and those clients whose lifestyle remained chaotic and found it hardest to comply with a structured methadone dosing programme. The benefits included:

- greater convenience for clients, who no longer had to attend frequently at pharmacies to collect medication
- greater adherence to medication and better treatment outcomes for some clients who struggle to attend regularly for dosing
- no risk of diversion and non-medical use of the medication, which improved the safety of both the individual and the community
- reduced risk of overdose
- reduced use of heroin due to the 'blocker' effect.

Sarah is 38. She had used heroin for the last 10 years and was a prolific shoplifter. She describes herself as *'always in and out of prison'* and says:

"I've been on probation for as long as I can remember.

"When I got out of prison in November, I was on methadone, but I wanted to come off of it. I spoke to my PO and drug worker about this and now I'm on Buvidal and doing fine. I'm clean and not out shoplifting any more for money to buy my drugs with. In fact, I'm even managing to save some money these days. I'm going to send some to my kids.

"I have been tested in the last few months but I'm happy about that because I'm not using anymore: I haven't got anything to worry about, which is a good feeling. I think it's an important part of your recovery giving clean samples; it makes me feel good.

"I wanted to come off methadone because I was sick of using it and it was rotting all my teeth. I was supported with that and the process was pretty quick and easy to be fair."

This approach embodies the aspects of our standards about engagement and wellbeing, with effective treatment options making effective and safe recovery steps.

Moreover, we have been impressed with the commitment the Welsh Government has put into peer-led activity, to support people with drug problems and to develop and review courageous and appropriate services. It funded a peer-led piece of research to assess the impact of Covid-19 on people who use drug and alcohol services in Wales. The peer researchers interviewed over 200 people over the telephone. A range of findings emerged, including the following, which highlight the importance of peer work in reducing harm:

suffered a lapse or relapse following a period of abstinence during lockdown. Many relapsed after considerable time in sobriety, in one instance following more than two years of abstinence.

9% experienced a non-fatal overdose scenario during the lockdown.

8% of respondents had accessed naloxone.

1 respondent reported a situation where naloxone had saved a friend's life.

"As an avid harm reductionist and someone who has been involved in the drug culture for some 35 years, it was imperative to me that we looked into how our service users have been impacted by these unparalleled times. Those I spoke to were glad to have a listening ear, and to feel involved in improving service delivery."

Tommy, North Wales.

Courtesy of Kaleidoscope peer-led Covid-19 impact survey 2020.

Report: peer-led Covid-19 impact survey findings report (Faces and Voices of Recovery UK)

Example of effectiveness: heroin-assisted treatment, Middlesbrough[29]

The HAT project treatment at the Foundations Medical Practice in Middlesbrough.

HAT participant 'James' is looking forward to a brighter future.

HAT project clinical lead Danny Ahmed.

Emerging evidence has shown the effectiveness of maintenance treatment, with directly supervised medical heroin used as a second-line treatment for chronic heroin addiction (Strang et al., 2010; Sneader, 1998). Heroin-assisted treatment (HAT) is the practice of prescribing pharmaceutical-grade diamorphine, which is then self-administered via injection under the supervision of clinical staff. The model was developed in Switzerland and was used in randomised injectable opiate treatment trials (RIOTTs) in the UK (Strang et al., 2010).

In Middlesbrough, we inspected a HAT programme that was showing very promising outcomes. It worked with a small number of people who had between them committed over 500 crimes and cost victims and the public purse the equivalent of over £2 million.

The scheme launched in October 2019 and has a steering group that comprises the Office of the Police and Crime Commissioner for Cleveland, Probation (Durham Tees Valley CRC and HMPPS), Foundations Medical Practice and South Tees Public Health. It was the first area to be granted Home Office licenses and deliver the scheme. It is part-funded by Cleveland's Police and Crime Commissioner using money sequestered under the *Proceeds of Crime Act (2002)*.

Participants attend a specialist clinic twice a day and are assessed by a medical professional to determine the dose of diamorphine to be prescribed to replace street heroin. The scheme treats addiction as a medical condition. Once drug use is under control, participants see workers from other agencies to help them redirect their lives. People self-administer diamorphine in the safety of the treatment room, with supervision from medical staff. Six participants had a 98 per cent attendance rate at the twice-daily treatment appointments, which were maintained throughout the pandemic and lockdown.

[29] Photographs: Stuart Boulton. Reproduced from Office of the Police and Crime Commissioner, Cleveland. Middlesbrough's heroin assisted treatment programme a review one year on.

Although only available to a small few, the scheme is showing impressive outcomes. Self-declared data from the participants suggested that none of them were now sleeping rough, their use of other illicit substances had declined markedly, and their mental wellbeing was improving.

"This is not a soft option, it's a smart option. What we are doing is following an evidence base that is producing results. These individuals have been involved in the criminal justice system and part of tough sentencing regimes during their lives and it has not been effective.

"Through this pilot we have seen dramatic changes in individuals' lives. That's had a dramatic impact on the local community in terms of reduction in crime, increase in social stability and a reduction in anti-social behaviour so a real positive across the whole board".

Danny Ahmed, Heroin Assisted Treatment Clinical Lead.

The project is helping to build the evidence base for public health approaches to crime and harm reduction. The evaluation provides a picture of health, psychosocial and offending behaviour of the first HAT cohort in the UK.[30]

"Ultimately, we want to reduce the number of drug-related deaths, but also to enhance the quality of life for individuals who are opiate dependant, cut down habit-related offending and reduce the financial cost to society. This work has the potential to contribute significantly to evidence-based policy relating to harm reduction and crime prevention."

Professor Tammi Walker, Centre for Applied Psychological Science, Teesside University.

HAT combines both harm reduction and stabilisation and is offered in a context of shared decision-making with individuals' own treatment goals being considered.

An evaluation study by Teesside University[27] found:

***The psychosocial stabilisation of the group appears to be substantial**. On entry, the population reported wellbeing indicative of 'probable depression', rising at month 1 to scoring indicating 'average wellbeing'. For a marginalised group which typically experience significant negative psychosocial problems in relation to their opiate use, this change is particularly notable. …This is supported by marked increases in self-reported psychological health and quality of life scores, which increased by month 6…*

***Engagement with psychosocial interventions increased** compared to entry level, indicating a motivation to move more proactively towards a position of recovery, than continued harm-reduction. The evidence suggests that once psychosocial stabilisation is achieved, some individuals (n=2) are motivated towards reducing their prescribed diamorphine consumption within 12 months.*

[30] Poulter H., Crow R., Moore H. (2021). *Heroin assisted treatment (HAT) pilot evaluation report.* Available at: https://research.tees.ac.uk/ws/portalfiles/portal/25580379/FINAL_Heroin_Assisted_Treatment_Pilot_Evaluation_Report.pdf

Self-reported physical health increased *by 61% at month 6 (n=8) and 100% at month 12 (n=4) and individuals self-report a weight gain of an average of around 7.7kg (n=7). The physical health risks associated with poor injecting behaviour is also substantially reduced; over time will likely have cost savings associated with removing opportunity for the transmission of bloody borne diseases such as HIV, or soft skin and tissue infections (SSTI) caused by poor injecting practices.*

Cleveland Office of the Police and Crime Commissioner shared some participants' stories about how the HAT programme has changed their lives. You can access these through the links below:

Webpage: Participants' stories (Cleveland Police and Crime Commissioner)

Video (YouTube, 0:41): James's Story (Cleveland Police and Crime Commissioner)

Video (YouTube, 0:38): Julie's Story (Cleveland Police and Crime Commissioner)

Key take-aways: reducing harm to individuals

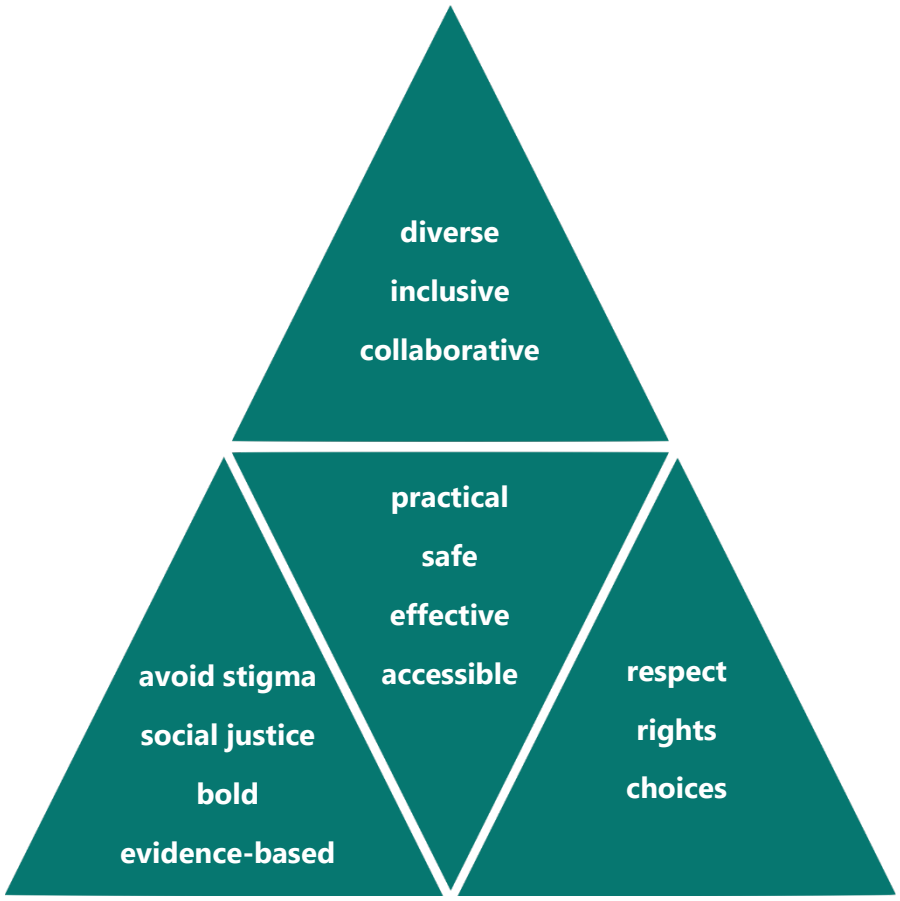
Vulnerabilities, complexity of need and social isolation are often amplified for people with drug problems. Effective practice depends on acknowledging these vulnerabilities, and the trauma that often underlies them, while balancing risks to the public. A blended approach is key to positive practice, as set out in 'Making desistance real: implementing a desistance focused approach in a community rehabilitation company (CRC).'[31]

We recognise the following strengths from effective harm reduction work that we have inspected, including the approaches outlined above:

- Foundational to good practice is creating the conditions to avoid stigma, or better challenge stigma, through a culture of social justice. This requires bold choices: heroin treatment can be highly politicised, and the work in Swansea Bay, Lambeth and Middlesbrough has involved brave decisions. A well-developed evidence base is key.
- Services need to be built on respect for each individual, taking account of their rights and choices. Alternative choices must be on offer to make this meaningful. This provides the basis for the relational work that is needed to help people navigate their way through their drug problems.
- Central to reducing harm from drugs is the principles of safety; it is essential that drug-related deaths are prevented, by providing naloxone, clean injecting equipment and advice to increase safety and reduce risks of harm from infections and physical and mental damage. A trauma-informed approach is key to supporting people's emotional safety.

[31] Kemshall, H., Burroughs, T., Mayes, S. and Thorogood, C. (2021). 'Making desistance real: Implementing a desistance focused approach in a community rehabilitation company (CRC)', *The Probation Journal*. https://journals.sagepub.com/doi/full/10.1177/02645505211025084

- Allied to this is the provision of practical solutions, such as needle exchanges and sharps boxes in local services, in accessible locations, with advice freely available in community languages and easy-read formats. Advice on preventing overdose should be given in court, in custody and on induction in the community, and repeated whenever needed.
- Diverse services and options are crucial too, for harm reduction work to meet the community's needs. Inclusive services need to work in collaboration with people who use drugs and organisations that support and advocate for and with them. Co-production of services ensures that the offer is meaningful and appropriate for people and integrating individuals' lived experience is vital in getting this right.



Conclusions: community-based treatment and recovery work with people on probation

Overall, we identified that our standards are delivered effectively in relation to community-based treatment and recovery work when there is:


coordinated leadership and a clear strategy at a national level that is then effectively translated and implemented locally


robust information-sharing protocols between probation and drug service providers


multi-agency commitment and contribution to the assessment, planning, delivery and review of the work carried out with individuals to support their desistance, management of risk of harm, treatment and recovery


a trauma-informed approach to working with individuals


clear model for the delivery of interventions and management of the sentence; the delivery model and arrangements for providing DRRs need to be clear


effective engagement with sentencers to inform them about the benefits of DRRs


pre-sentence assessments that provide appropriate specialist assessment of motivation for treatment, and treatment and recovery needs


staff who are well trained and supported to work with individuals with a complex range of needs; practitioners need to understand the concepts of trauma-informed practice, desistance and how to support vulnerable adults


assessments that have considered an individual's diversity, vulnerability, safety and wellbeing


practitioners who can support the recovery journey


a system that learns from drug-related deaths and does all it can to reduce the harm that the misuse of drugs causes to individuals, their families and the community


where possible, a co-located, integrated model of delivery of the sentence and work to support individuals.

We encourage the reader to think of these as guiding principles, and to reflect and consider how they may improve their practice as a result of reading this guide.

We encourage readers to provide feedback on this guide, including its impact and any suggested improvements.

Please send your comments and ideas to Tammie.Burroughs@hmiprobation.gov.uk.

Further reading and resources

HM Inspectorate of Probation publications

Thematic review: A joint thematic inspection of community-based drug treatment and recovery work with people on probation (August 2021)

Academic insight: Mentoring and peer mentoring (May 2021)

Academic insight: Trauma-informed practice (July 2020)

Academic insight: A model for resettlement based on the principles of desistance and recovery (June 2019)

Academic insight: Supervision skills for probation practitioners (May 2019)

Research and analysis bulletin: The role of community hubs in helping to deliver probation services and support decision (March 2020)

Tools and resources

Reducing Crime and Preventing Harm: West Midlands drug policy recommendations West Midlands Police and Crime Commissioner

What is harm reduction? HA-REACT

A Londoner's experience of chemsex and the risks that came with it London School of Hygiene and Tropical Medicine

DrugWise

New Psychoactive Substances resource pack Gov.uk

Talk to Frank

National recovery organisations

Alcoholics Anonymous

Narcotics Anonymous

SMART recovery

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