Drug Matrix cell A5: Interventions; Safeguarding the community

S Seminal studies | K Key studies | R Reviews | G Guidance | MORE Search for more studies

S Lessons of forced treatment in California Civil Addict Program (1977). Study of treatment enforced by the California Civil Addict Program found drug testing and sanctions suppressed crime, but despite a less strict regimen and less resort to residential options, methadone maintenance had a greater and more lasting impact.

K Flexible drug treatment and testing orders work best (Scottish Executive, 2004). Reconviction rates for drug using offenders in Scotland halved after they started court-ordered testing and treatment programmes; comparison with England suggests more flexible supervision by criminal justice caseworkers helps reduce recidivism.

K Anti-offending programme for drug users did not cut crime (2011). The main cognitive-behavioural group therapy programme (ASRO) for problem substance users on probation in the UK could not be shown to have had any impact on reconviction rates.

K Intensive support safely avoided drug users losing care of their children (Welsh Assembly Government, 2008). Found that a service which worked intensively over a few weeks with substance using parents whose children faced imminent care proceedings forestalled their removal from the home. Later study (2012) of the same service confirmed this was not at the expense of the children's welfare.

K Intensive English programme helped keep children at home (2009). Intensive short-term intervention by a specialist service for substance-dependent parents reduced the need to remove their children from the home.

K Treating couples together further reduces domestic violence (2002). Engaging potentially violent male drug users and their partners in therapy together needs great care but can reduce domestic violence more effectively than individual treatment. Similar results from this later study (2009) of the same approach from the same lead researcher.

K Support the relatives too (2011). Brief primary care counselling helped relatives in England cope with living with a problem substance user.

K Needle exchanges help keep area free of discarded syringes (2012). A major concern about needle exchanges is that after use the injecting equipment they supply will be left unsafely disfiguring public areas, but this US study strongly suggested the opposite.

R European studies find treatment cuts crime (2014). Amalgamated results from European studies which randomly allocated illegal drug users to treatment versus no or usual treatment indicate that treatment (especially opioid substitute prescribing using drugs such as methadone) substantially curbs the criminal activity of the patients.

R Treatment and supervision of drug-dependent offenders (2008). UK-focused review by the Institute for Criminal Policy Research in London: "the strongest evidence seems to favour the use of therapeutic communities, interventions modelled on the drug court approach and substitute treatments such as methadone maintenance."

R Integrate community-based treatment with criminal justice supervision (2003). Leading US expert makes sense of the literature, extracting the principles underlying effective treatment in the criminal justice system and identifying effective interventions.

R Opioid maintenance treatment works in prisons too (2011). Continuity of methadone maintenance from before to during and after prison is the key to gaining benefits similar to those in seen in community settings.

R Treatment's impact on the children (2009). Exhaustive search found just a handful of studies relevant to whether treating substance-using parents in the criminal justice system improves their children's welfare

R Motivational interviewing for substance using offenders (2005). Asks whether the contradictions of helping and punishing at the same time ('motivational arm-twisting') undermine interventions which might work elsewhere.

R Couples therapy cuts domestic violence (2009). Treatment in general curbs violence between sexual partners living together; when it is safe and feasible, couples therapy makes further reductions.

G Clinical management of drug dependence in the adult prison setting ([UK] Department of Health etc, 2006 and 2010 update).

G Treating prisoners in Scotland (Scottish Prison Service, 2011). Guidance for medical staff in prisons on responding to drug (and alcohol and tobacco) problems.

G Health in prisons (World Health Organization [etc], 2007). Chapters on drug services in general and substitute prescribing in particular.

G US expert consensus on treatment in the criminal justice system ([US] Substance Abuse and Mental Health Services Administration, 2005). Guidance on interventions, matching to the offender, and planning programmes.

MORE This search retrieves all relevant analyses.
For subtopics go to the subject search page or hot topics on supporting families, testing and sanctions and protecting children.

Matrix Bite a commentary on this cell from the cell-by-cell Matrix Bites course funded by the SSA Society for the Study of Addiction

Click underlined text to highlight text/link in cell

What is this cell about? About treatment funded or ordered to safeguard the wider community, or studies of whether treatment in general has a safeguarding impact. Treatment focuses on the welfare of the individual patient, but it may be funded and organised by authorities whose primary motivation is to safeguard the wider community. In these cases treatment is offered or imposed not because the substance user has sought it, but because it is thought that treating their substance use could result in benefits to the community. Typically these take the form of reductions in crime committed in order to fund drug purchases, but also reductions in non-criminal behaviour which the community finds offensive and/or which degrades the local social or physical environment. Treatment not organised primarily for these purposes may nevertheless have these benefits; studies and reviews documenting these effects are also covered in this row. Also here are interventions which focus on the welfare of the children and families of problem drug users in their own rights, rather than primarily as a means to promote the welfare of the user.

Where should I start? This review of European studies (mostly from the UK) reminds us that offenders do not have to be legally coerced in to treatment to reduce crime; that happens 'naturally' and almost certainly at lower cost in the course of voluntarily sought addiction treatment – an argument for seeing the primary crime reduction tactic not as coerced treatment, but making voluntary routes to treatment as attractive and available as possible.

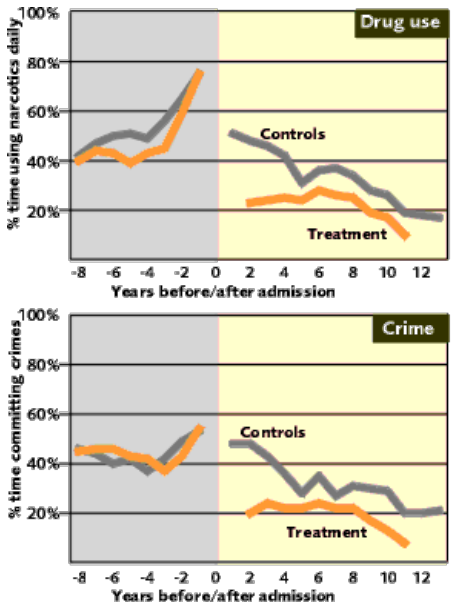
The magnitude of the European crime-reduction dividend was estimated by amalgamating results from all 15 evaluations found by the review. It amounted to a 37% extra reduction in criminal recidivism due to the treatments the studies focused on, relative to the treatments they were compared with. Given the nature of the studies, this is best seen as an indication of the impact of *improving* treatment. Some of the comparison treatments – in particular, methadone maintenance – are themselves powerful crime reducers, so the *total* impact of treatment versus no treatment is likely to be substantially greater. Evidence and impacts were strongest for opioid substitute prescribing programmes, less abundant and less convincing for abstinence-oriented treatment, psychosocial therapy, and therapeutic communities.

As detailed in cell E2's bite, it is hard to overestimate the significance of the crime-reduction dividend in the recent history of drug addiction treatment in Britain. It remains the main economic – and perhaps too, social – justification for funding treatment which reduces the need (as they would experience it) for overwhelmingly poor and unemployed patients to raise money for illegal drugs. This is the case not just in Britain, but also across US cost-benefit studies, in which crime usually accounted for most of the cost savings for society from addiction treatment. In contrast, the US review found savings in health service costs and gains due to increased employment were relatively minor. Interestingly, this means the illegality of the drug market (cause of high prices) underpins the economic and social rationale for treatment; what would happen to that rationale if supply was legalised and the market looked more like that for tobacco or alcohol?

Highlighted study Recognised by British commentators as "some of best evidence of the benefits of legal coercion" and as "key research" indicating that "those who receive legally coerced treatment respond no worse than others", from the 1970s the study of the California Civil Addict Program remains a uniquely convincing demonstration of the power of directing drug dependent offenders in to treatment bolstered by criminal justice supervision – the model decades later adopted by the UK in the form of Drug Treatment and Testing Orders and carried on as Drug Rehabilitation Requirements.

The study stands out because administrative blunders as the programme was bedding down in the early 1960s created the evaluator's Holy Grail – a near-perfect control group created without the researchers having to interfere with the processes they were studying. It was formed of addicts who *should* have gone through the programme but had escaped due to the mistakes – effectively a randomly selected set of similar drug users against whom the impact of the programme could be benchmarked.

Our review and analysis of the component studies explains that though the intention was to sweep up California's addicts whether or not they were offenders, in practice the programme diverted convicted offenders from prison into treatment, making it directly relevant to UK initiatives. Broadly the findings were that compulsory residential treatment led to immediate falls in drug use and crime which the succeeding drug testing and criminal justice supervision helped maintain even when the recipients were back on the streets. Though the gains faded when supervision was withdrawn, the results meant 'Throw them in prison and then throw away the key' now had a viable competitor: coercion with a (rehabilitative) purpose.



After release from residential rehabilitation, treated addicts spent far less time than controls using narcotics and committing crimes. However, the gaps narrowed over time and when voluntary entry to methadone maintenance programmes helped controls to curb their drug use.

Later a change in the programme to shorter residential treatment and less strict supervision, and the advent of widespread methadone maintenance, enabled the researchers to probe not just whether, but *how* the programme worked. The interpretation of the results was that legal supervision – especially when contact is frequent and bolstered by drug testing and sanctions for detected use – is an effective way to address addiction among addicts processed through the criminal justice system, but typically the benefits do not outlast the supervision and are not as great as those achieved (with more lasting effect) by treatments such as methadone maintenance. Integrating the two in an individualised mix offers the best chance of success, argued the researchers: treatment reduces drug use while legal pressure promotes treatment entry, retention and compliance. In this model the legal process serves to reinforce treatment, the reverse of the usual formulation.

ISSUES TO THINK ABOUT

▶ **Can it ever be safe to leave children with seriously problematic drug users?** There can hardly be a more emotive and (since a US project came to Britain offering to pay drug users to be sterilised) contentious issue: how to protect the children of problem substance users. Bending to the UK context, the US project reluctantly decided not to pay for sterilisation, but to enable "addicts and alcoholics" to undertake long-term birth control procedures. Unpalatable as they were to some, the project's radical solutions highlighted a pressing problem potentially affecting well over a million children in Britain whose parents have a drug or alcohol problem.

Is it simply too risky to leave their children with these parents, even if mum and/or dad are in treatment for their substance use? Note the widely accepted characterisation of addiction as a 'chronic, relapsing' condition – at least addiction of the kind seen in treatment services and given the typical de-addiction resources of patients and services. That is the main reason why the founder of US project argued that treatment is not a solution: "treatment is just a gamble you know. Women go in there, they get off drugs, they go back on drugs".

But what if as well as treatment of addiction, intensive resources were targeted at strengthening the family and improving parenting – an expert family therapist available 24 hours a day, seven days a week, even if only over four to six weeks? This kind of specialist 'family preservation' service has been tried and evaluated in Wales and in Middlesbrough. Independent researchers found the services prevented the need to permanently place children in care, and reduced time spent in temporary placements. Importantly, over a follow-up period averaging five to six years, one of the Welsh studies was able directly to confirm that reduced resort to care had not been at the expense of the children's welfare; there was no indication that the service had inadvertently harmed children by helping keep them with their families.

The results were convincing enough for the Welsh government to roll out similar services across Wales. Do you think the results were *that* convincing? Remember these parents were not dabblers in drugs, but had problems serious enough to take them to the brink of losing care of their children. Do you agree with the US campaigner cited above, that the risk of relapse to dependent substance use and with it the risk to the children is simply too great? Or is the greater risk to unnecessarily blight children's lives by taking them in to care? Of course, these decisions must be made case-by-case, but still on the basis of an understanding of the general and likely balance of risk and benefit. To help you work through the issues and for more background, read our hot topic entry on protecting the children of problem substance users.

As with crime reduction, it is worth finishing this section with a reminder that in itself, successfully treating substance use problems is

likely to improve child welfare. The specialist services discussed above attempt to help families already at the brink of losing care of their children. Before that point there is a strong case for making parenting and child welfare support available to all problem substance using parents in treatment. Because these offer positive support without implying parental failure, they often have a good uptake and can reduce the numbers who reach the point reached by the families referred to the services in Wales and Middlesbrough. Researchers based in the UK who specialise in substance misuse in families have offered recommendations for addiction treatment services based on a review of the international literature.

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