



Engaging substance misusing offenders: A rapid review of the substance misuse treatment literature

**Amy Kirby,
Tim McSweeney,
Paul Turnbull and
Bina Bhardwa**

**November 2010
Revised April 2011**

SUMMARY

The Offender Engagement Programme (OEP) seeks to investigate the hypothesis that one-to-one work with those under probation supervision can be a powerful vehicle for facilitating behavioural change. By establishing what supports effective engagement and better understanding how to overcome the barriers which hinder these processes, the aim of the OEP is to better enable practitioners to reduce reoffending and change probationers' lives through their one-to-one engagement with them. Here we report findings of a rapid review about engagement in the substance misuse treatment and criminogenic literature.

Needs amongst substance misusing offenders

A first stage of the review was to establish the needs of this particular group of offenders as a prelude to discussions about effective strategies for their engagement with probation services. Irrefutably as a group their needs are substantial and they present with significant criminogenic, health and social problems:

- As well as being older, they tend to be more entrenched in their offending lifestyles, are more likely to have served a custodial sentence, and have a more extensive history of breaching community sentences in the past.
- They also have a broader range and higher levels of criminogenic need requiring intervention, in particular those relating to education, training and employment, as well as relational and family problems, and a heightened sense of social isolation.
- When compared to mainstream (non-CJS) treatment populations, the profile of substance misusers supervised by the correctional services is markedly different, with higher levels of homelessness, more frequent use of substances (including crack cocaine) and greater involvement in offending.
- The evidence base to inform and guide work with alcohol and crack misusers in CJS settings is limited.
- Therefore, there are particular challenges presented by attempts to promote engagement amongst substance misusers within a correctional service context, not least the appropriate sequencing of multi-disciplinary interventions.
- However, the likelihood of both breach and reconviction has been shown to increase significantly in line with the number of requirements imposed on an offender.

- Against a backdrop of finite – and diminishing – resources, such findings point towards the need to impose a small number of requirements which prioritise the most pressing criminogenic needs or risk of harm issues.

Therapeutic alliance

There is increasing interest in improving the ‘quality’ of the relationship between therapist and substance misusing ‘client’ as a key method of ensuring engagement and sustaining retention in treatment long enough for the client to derive benefit and facilitate behaviour change. This relationship remains key in the context of variability across the UK in the quality and availability of different treatment modalities or good evidence about what works best for different types of substance misusing offenders. While there remains a lack of research on effective strategies for sustaining relationships beyond the initial engagement stage, the following issues are highlighted as positively affecting the therapeutic alliance:

- Dynamic factors (such as motivation and readiness to change) impact upon the quality of the relationship, but these can be influenced and will fluctuate markedly during the course of an intervention as goals and priorities change.
- The perceived helpfulness and utility of treatment interventions is considered to be one of the best predictors of engagement and retention. This was particularly the case for women.
- Other gender differences included women’s better response to empathetic treatment and men’s preference for a problem solving approach.
- Of note is that the therapeutic alliance can be improved through practical assistance such as help with transport to services, telephone text reminders about appointments and more flexible appointment times. These can convey to the client an understanding on the part of the therapist of the potential difficulties and pressures of engaging and maintaining contact with services and their willingness to help the client overcome such barriers.
- Techniques and approaches such as motivational interviewing have also been recommended as ways to enhance the quality of the relationship and training in MI should be made available to all who work with substance misusing offenders.

Rehabilitation

A key concept in the literature on recovery from substance misuse is that of identity, particularly the process of recovering from the 'spoiled identity' of 'junkie' or 'addict'. To improve the chances of desistance (from substance misuse or offending), it is important to move people away from feelings of helplessness, stigma and shame through the provision of both 'emotional' and practical support:

- This fits well with the current emphasis on tackling offending through substance misuse treatment and help with other health, social and ETE needs and reiterates the importance of effective partnerships between probation and other health, housing and ETE agencies.
- A 'respectable story or narrative' is considered key to empowering desisters; this often revolves around paying back to society through volunteering work or other civic participation and suggests the need for clear strategies to involve service users - such as training them as mentors for others with substance misuse problems.
- It also highlights the possibilities for establishing links with appropriate volunteering agencies in the 3rd sector to offer such opportunities as reward for progress made and means of increasing self-esteem and empowerment.

Coordination of services

The importance of partnership working within the criminal justice system is long established in policy and is underpinned by the recognition that offenders face complex and multiple needs that require a multi-agency response. The expansion of court ordered drug treatment sanctions and a renewed focus on recovery and rehabilitation underlines the continued need for partnership across statutory and 3rd sector agencies. The latest Government drug strategy reiterates the need for an 'integrated approach' to substance misuse treatment and better continuity of case management between prison and community but the evidence to date suggests only limited success in creating effective partnerships:

- There are obvious advantages of partnerships - the ability to draw on a number of resources and expertise; diversification of funding opportunities; strengthened relationships between organisations and enhanced care for offenders – but there appear to be some long-standing hurdles:

- 'Partnerships have been hindered by factors such as conflicting organisational cultures; lack of continuity of care and reluctance to share information.
- Maintaining engagement with treatment and other services when moving through the CJS and in particular from prison to community is key to better outcomes for both substance misuse and for reducing reoffending and systems of 'Throughcare' and 'Aftercare' have been promoted to improve the coordination of care.
- Some approaches that have worked have included meeting offenders at the gate on their release from custody; introducing them to the services they will be attending; residential aftercare on release from custody; sober houses and telephone-based follow-up after treatment.

Promoting engagement

Finally, we focussed on what the research literature had to say about strategies for promoting engagement with substance misusing offenders and what may be successful in the British context. Being a substance misuser is one of the strongest predictors of breach and non-completion of a community sentence. Yet there is also evidence to suggest that the crime prevention impact of interventions is enhanced when they can effectively engage offenders and secure their formal compliance. We still know little about what constitutes effective practice; for example, the extent to which treatment setting and orientation influences retention and outcomes for different types of drug misusing offender. There is nevertheless a broad body of knowledge on how best to affect formal or instrumental compliance upon which we can draw for important insights

- The behaviour of substance misusing offenders can, broadly speaking, be influenced in four ways: through positive reinforcement, punishment; withdrawing a reward or something valued; or removing a sanction.
- However, there is an inherent tension apparent in work with substance misusing offenders and attempts to engage them in treatment within a CJS framework: responding appropriately to a chronic, relapsing condition whilst also ensuring the enforcement and credibility of community penalties.
- The strategies adopted by probation and court services have tended to be punishment-orientated in approach and involved the imposition of negative sanctions in response to non-compliance. This is despite calls from within

criminal justice and substance misuse fields for greater consideration of incentive-based strategies to secure compliance.

- Contingency management is an approach to clinical management based on the provision of rewards for compliance. This is mainly used in the USA and has been found to have a significant positive impact on treatment engagement, retention, substance misuse and social functioning outcomes.
- CM involves defining a target behaviour (e.g. abstinence from a particular drug or attendance at treatment sessions); regular monitoring of these target behaviours (e.g. through regular drug testing); providing rewards contingent on attaining target behaviours (e.g. clinical privileges) and withholding them for non-attainment; positively reinforcing target behaviours (e.g. through motivational interviewing and other cognitive behavioural approaches).
- CM is seen as being particularly useful in the early stages of treatment, but needs to be combined with other interventions to provide sustained effects.
- However, there are concerns that it could not so easily be applied in a UK context as there is a lack of operational guidance as to how such an approach might be introduced and a perception that, especially in the current economic climate, that the public appetite for rewarding substance-misusing offenders may be low. However, research trials of CM in substance misuse treatment in Britain are underway.

1. Introduction

The review upon which this paper is based was undertaken as part of the Offender Engagement Programme (OEP). The OEP seeks to investigate the hypothesis that one-to-one work with those under probation supervision can be a powerful vehicle for facilitating behavioural change. By establishing what supports effective engagement and better understanding how to overcome the barriers which hinder these processes, the aim of the OEP is to better enable practitioners to reduce reoffending and change probationers' lives through their one-to-one engagement with them.

1.1 Rationale for the review

In considering the role of criminal justice interventions in promoting 'recovery'¹ from dependent patterns of drug misuse and 'desistance'² from 'related'³ offending, McSweeney (2010: 178) has drawn upon research which has highlighted the *"considerable parallels in conceptual constructs and analytical techniques [that] exist in studies of the drug abuse career and the criminal career" (Hser, Longshore and Anglin 2007, p.523)*. These parallels were also apparent to Gossop and colleagues in their work with the English National Treatment Outcome Research Study (NTORS), when they concluded that *"the factors associated with giving up drugs could be related to those associated with giving up crime" (2005, p.300)* (Ibid). But whilst considerable commonalities exists, it has also been noted that *"drug use and its lifestyle concomitants bring together a host of distinct social network dynamics that uniquely complicate desistance processes" (Schroeder, Giordano and Cernkovich 2007, p.213)* (Ibid).

A large proportion of those who come into contact with the criminal justice system (CJS) and subsequently form part of the National Offender Management Service (NOMS) caseload have problems associated with substance misuse (that is their use

¹ For the purposes of this review recovery is defined as the absence of, or a progressive reduction in, the number and intensity of substance use related problems (White, 2007).

² Desistance here is defined as a cessation in offending, or a significant reduction in the frequency and seriousness of offending (Weaver and McNeill, 2007).

³ In thinking about the ways in which some forms of crime might be 'related' to different forms of substance misuse, the following typologies have been discussed by Bennett and Holloway (2005): **induced** offences (e.g. committed whilst under the influence of drugs/alcohol); **drink or drug inspired** crimes (i.e. those committed with the intent of obtaining money, or drink/drugs); **defined** offences (e.g. those violating drug laws or other related legislation); and **systemic** forms of crime (e.g. associated with activities related to drug supply, distribution or use, such as violence between rival dealers/gangs).

of illicit drugs and/or alcohol) (McSweeney and Hough, 2005; McSweeney, Turnbull and Hough, 2008). The table below presents data on the extent of illicit drug use, comparing the general population with arrestees, those serving community penalties and prisoners. It shows, quite clearly, much higher levels of recent use within CJS populations, particularly amongst those held in prisons.

Table 1: Comparison of self-reported drug use prevalence in the general household and offending populations in England and Wales (updated from McSweeney, Turnbull and Hough, 2008: 18)

Source	Sample	Percentage reporting use during the last year				
		Any drug	Any Class A	Heroin	Crack	Cocaine
British Crime Survey (2009/10)	Household population aged 16 to 59 (N=26,014)	8.6	3.1	0.1	0.2	2.4
Arrestee Survey (2005/06)	Arrestees aged 17+ (N=7,758)	59	35*	15	15	23
Community Penalties Criminality Survey (2002)	Probationers aged 16+ (N=1,561)	61	39	22	19	18
Surveying Prisoner Crime Reduction (2010)**	Newly sentenced prisoners aged 18+ (N=1,435)	71	53	34	34	25

* Refers to use of heroin, crack or cocaine only.

** Based on data collected from prisoners in 2005/06

In their recent assessment of the National Probation Service's work with alcohol misusers in England and Wales, McSweeney and colleagues reviewed British research evidence which indicated that in some areas alcohol was "a factor in up to

one third of all arrests (Man et al., 2002)...[while] 57% of respondents in the Arrestee Survey [in 2005/06] were assessed (using the Fast Alcohol Screening Test) as 'dependent' drinkers (Boreham et al., 2007: 50). Nearly two-fifths (38%) said they had got into a fight or used violence against someone after drinking alcohol and one in six (17%) said they had caused damage or vandalised a vehicle, house or some other building after drinking (ibid: 80). However, three-quarters (74%) of the arrestees who were frequent or problematic users of alcohol said they did not want treatment (ibid: 10)" (2009: 39).

In addition, "the findings from a recent study describing the problems and needs of 1,457 prisoners before the start of their sentence indicated that 36 per cent could be classified as heavy drinkers (defined as consuming more than twice the recommended sensible daily drinking limits – three units for women and four for men – at least once per week) (Stewart, 2008)" (ibid).

Focussing on the wider correctional services' caseload, "findings summarising reports from over 100,000 offenders supervised by the prison and probation services using the self-assessment component of the OASys assessment system, revealed that drinking too much alcohol is perceived as a problem for one in four offenders (25%) while one in five (19%) linked alcohol to their offending (Moore, 2007: 3)" (ibid).

1.2 CJS interventions and the addiction 'career'⁴

It has been suggested that "the impact of any CJS-based interventions may need to be considered and interpreted more within a 'career' perspective as described by the broader recovery and criminological desistance literature. These perspectives have charted the trajectories of drug use and offending careers - with a beginning (initiation/onset), middle (increased frequency of use/offending and associated problems) and end (recovery/desistance) - over the course of many years, with intermittent contact with drug treatment services and the criminal justice system during this time" (McSweeney, 2010: 179).

In their review examining the literature on addiction careers for the National Treatment Agency (NTA) in England, Best and colleagues concluded that the evidence appears to suggest that "66 per of treatment seekers will be abstinent

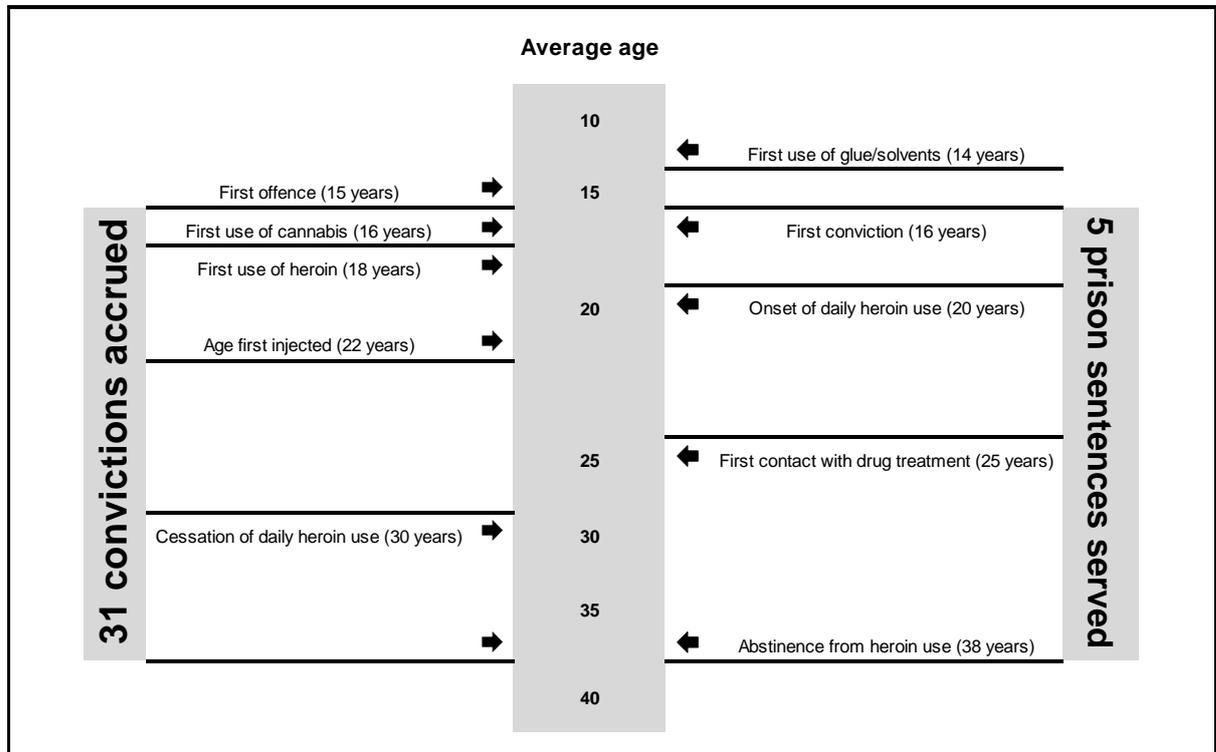
⁴ Best, Day and Morgan define an addiction 'career' as "the phase (or phases) of a substance using career in which problems accrue" (2006: 2).

approximately 20 years after starting using heroin” but that “there is an intensive phase of 9.9 years, representing the time from first to last daily opioid use” (2006: 4).

More recent data from the NTA indicates that of the 153,632 people receiving substitute prescribing in England during 2009/10, just under one in four of them had been on methadone or buprenorphine for at least four years (NTA, 2010). Yet by the time some of the most entrenched users are exposed to treatment interventions they are likely to have already accrued a considerable number of previous convictions and custodial sentences: an average of 31 and five respectively, according to work by Turnbull et al (2000: 65-66).

Figure 1, below, charts the trajectory of such a career drawing on data from a range of different sources and samples. As such, it is intended to be illustrative rather than precise.

Figure 1: The trajectory of a drug using/offending 'career' (based on data derived from Pudney, 2000: v; Turnbull et al., 2000: 65-66; Best et al., 2006: 4).



1.3 The impact of CJS interventions: on shaky empirical ground?

There is however mounting evidence indicating the relative ineffectiveness of conventional sanctions in promoting recovery and desistance amongst substance misusing offenders. It is interesting to note, for example, that recent figures describing reconviction rates for drug-using offenders supervised by the prison and probation services (74-75 per cent respectively) (Howard 2006; May, Sharma and Stewart 2008) appear to have changed little over the last fifteen years (May 1999) (cited in McSweeney, 2010: 182)⁵. This rate of reconviction – which is identical, incidentally, to those of drug misusers accessing mainstream – non-CJS – treatment services (Gossop et al., 2005) - has endured despite the considerable investment and expansion in the range of interventions targeting these groups during this period.

A recent report by the House of Commons Committee on Public Accounts, informed by the work of the National Audit Office, concluded that the government was spending £1.2 billion a year in its efforts to tackle problem drug use. Yet despite this record level of expenditure, there was little evaluative work undertaken to measure

⁵ Though it is unclear whether and to what extent there have been reductions in either the frequency and/or the seriousness of offending for drug misusers during this time.

whether this strategy was reducing levels of problem drug use and associated crime (2010: 1). This conclusion is entirely consistent with other contemporary reviews of the evidence base for the effectiveness of many British CJS-based treatment interventions with drug misusers (UK Drug Policy Commission, 2008a; McSweeney et al., 2008).

There is also a dearth of British research to demonstrate the impact of existing CJS interventions in reducing levels of alcohol use and related offending, and therefore informing and guiding work with alcohol misusing offenders (McSweeney et al., 2009). Consequently, the focus of this review is invariably restricted to the available evidence for interventions with drug misusing offenders (though some of the points raised will undoubtedly have currency in relation to work with alcohol misusers too).

The North American, European and British research evidence increasingly supports the contention that those entering treatment via the CJS – despite their often inferior prognosis on admission – tend to emerge from it with comparable outcomes to those accessing treatment via non-CJS routes (Farabee et al., 1998; Uchtenhagen et al., 2008; McSweeney et al., 2007; Jones et al., 2009). With a few exceptions (see, for example, McSweeney et al., 2008; McIvor, 2009a; Barnard et al., 2009), studies in this area have tended to focus simply on measuring and quantifying impacts. As a consequence the existing research evidence is largely a-theoretical and virtually silent when it comes to explaining the dynamic and interactive processes which might facilitate or hinder the process of engagement. In his critical assessment of why thinking about the scope for reducing such reoffending “*has gone stale*”, Hough concluded that there is all too often a fundamental “*failure to recognise that work with offenders is a highly reflexive process in the sense that the meanings attributed to the process by those involved in it will affect the outcomes. This means that the effectiveness of interventions will be highly context-specific. What works in one culture at one time may well be ineffective in other settings and at other times*” (2008: 5).

Similarly critical of the tendency towards technocratic approaches and explanations for understanding how interventions might affect behaviour change amongst groups like substance misusing offenders, McNeill has previously argued that discourse on this issue tends to ignore the fact that the “*process of change, as well as being inherently individualised, is also rich and complex, sometimes ambivalent and*

contradictory, and not reducible to the simplicities of applying the right 'treatment' at the right 'dosage' to cure the assessed 'criminogenic needs'" (2004: 244).

As McNeill and Weaver have observed more recently, "we know relatively little about differences in desistance pathways for specific sub-populations of offenders subject to offender management...More nuanced accounts of variations in desistance processes could be produced...and this would have clear implications for adapting practices with specific populations to best support desistance processes" (2010: 7-8).

This rapid review of the substance misuse treatment literature (including treatment interventions delivered within a CJS context) therefore seeks to highlight key areas of potential interest for the OEP in relation to developing strategies which seek to better engage substance misusing offenders in the broader supervision process.

2. Methodology

The main literature searches for this rapid review were conducted during June and July 2010⁶. In the available time, it was not possible to mount an exhaustive review of the substance misuse treatment literature. Also we have not been systematic in summarising the results in a standardised format. This tends to be possible only in reviewing very homogeneous research literature, such as evaluative trials. However, given the difficulties of undertaking research in this area of drug treatment and criminal justice policy, and so the inevitable prevalence of qualitative research and the use of small purposive samples, the availability of such evaluative evidence (particularly in the UK) is extremely limited. Furthermore, others have questioned the appropriateness of synthesising the evidence from such studies using Campbell Collaboration standards for two main reasons: first, interventions are often targeted at specific individuals or places and thus amenable to experimental research designs and secondly, they often fail to enhance our understanding of how and why a particular intervention or programme works (Hough 2010). Therefore a number of key themes were used as a focus for the work. These themes were identified using our existing knowledge of the treatment and criminological literature (e.g. McSweeney et al., 2008; McNeill and Weaver, 2010) and in consultation with the OEP. The themes and issues considered included:

- Complex needs of substance misusing offenders
- Relationships and the therapeutic alliance
- Treatment matching
- Identity
- Generativity and strength-based approaches
- The coordination of treatment for substance misusing offenders
- Use of sanctions and rewards to promote engagement

Our intention was to identify, review and draw lessons from a range of relevant, high quality research literature in a systematic and transparent way. Synergies would then be explored and developed with the contemporary desistance literature (see McNeill and Weaver, 2010).

⁶ Section 3 of this review also draws on secondary analysis of data used by Gyateng, McSweeney and Hough (2010) to identify the key predictors of compliance with community supervision in London.

2.1 Search strategy

In order to carry this out within a limited time frame, we developed a search strategy with the following parameters:

- **Language:** English language, international research (taking into account any limits of transferability to the British context).
- **Time period:** a focus on contemporary research conducted between 1995 and 2010.
- **Quality:** published literature whose methodology could be assessed
- **Methodology of studies:** quantitative and qualitative research.
- **Subject area:** research deemed of relevance to the engagement of substance misusers in the treatment process.

Studies for potential inclusion were identified through searches of key words, abstracts and study titles available from electronic databases such as Criminal Justice Abstracts, BIDS, Sociological Abstracts, Political Science Abstracts, Cambridge Scientific Abstracts Illumina, Sociological Abstracts, the National Criminal Justice Reference Service, PsycInfo, International Bibliography of Social Sciences, Applied Social Sciences Index and Abstracts, International Bibliography of Social Sciences, Social SciSearch, SwetsWise, PolicyHub and Drug and Alcohol Findings. Library catalogues of the British Library, the Home Office and universities such as the London School of Economics were also searched.

2.2 Search terminology

The development of search terminology entailed devising strings for use in the database and catalogue searches. This was an iterative process, whereby initial strings were tested and used, and then periodically revised in light of our findings. A way of confirming that we had comprehensively covered the research literature was when our search strings began to produce a high degree of duplication.

2.3 Structure of the report

The rest of this document is organised in a straightforward manner with a section discussing the findings to emerge from the literature review for each of the main themes considered. Each section begins with a summary of key findings and concludes with some implications for policy and practice.

3. The nature and extent of need amongst substance misusing offenders: implications for promoting engagement

Key Points:

- Substance misusing probationers tend to be older, have more previous convictions, are more likely to have served a custodial sentence, and have a more extensive history of breaching community sentences in the past.
- They also have a broader range and higher levels of criminogenic need requiring intervention, in particular those relating to education, training and employment, as well as relational and family problems, and a heightened sense of social isolation.
- When compared to mainstream (non-CJS) treatment populations, the profile of substance misusers supervised by the correctional services is markedly different, with higher levels of homelessness, more frequent use of substances (including crack cocaine) and greater involvement in offending.
- The evidence base to inform and guide work with alcohol and crack misusers in CJS settings is limited.
- Therefore, there are particular challenges presented by attempts to promote engagement amongst substance misusers within a correctional service context, not least the appropriate sequencing of multi-disciplinary interventions.
- However, the likelihood of both breach and reconviction has been shown to increase significantly in line with the number of requirements imposed on an offender. Against a backdrop of finite – and diminishing – resources, such findings point towards the need to impose a small number of requirements which prioritise the most pressing criminogenic needs or risk of harm issues.

Drawing on unpublished data produced by the OASys Data Evaluation and Analysis Team (O-DEAT), McSweeney and Hearnden (2009: 23-24) reported that 28 per cent of the 71,373 offenders, for whom a start of community sentence assessment had been completed during 2007/08 in England and Wales, were identified as having a drug misuse need⁷. Drawing on these same data for a subsequent study examining

⁷ Total numbers only reflect those assessed – some groups of offenders are unlikely to be assessed. Differences in profiles and outcomes may reflect variations in practice rather than differences in the

the key predictors of compliance with community supervision in London (N=6,194), Gyateng, McSweeney and Hough (2010) indicated that 42 per cent of offenders assessed at the start of a community sentence in the capital during 2007/08 had a drug misuse need. The corresponding figure for alcohol was also 42 per cent. Overall, 67 per cent of probationers commencing community supervision in London during this period were identified as having a substance (drug and/or alcohol) use need⁸.

3.1 How do substance misusers differ from other probationers?

Compared to other probationers, substance misusers appeared to be a more intractable target group, and significantly more likely to:

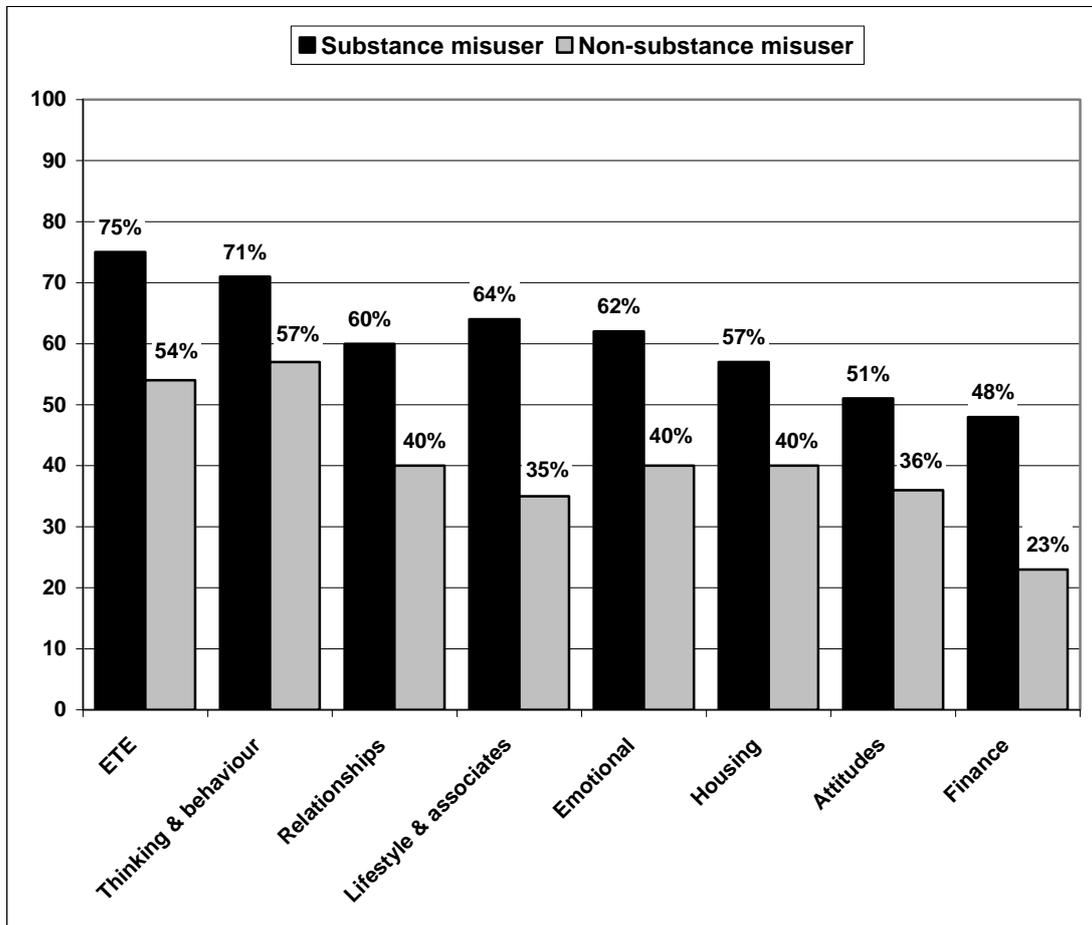
- be male (87% vs. 82%);
- older (32.5 years vs. 30.4 years);
- have been first convicted at a younger age (20.8 vs. 23.6 years);
- have more previous court appearances resulting in conviction (9.7 vs. 3.6);
- be a priority and prolific offender (PPO) (5% vs. 1%);
- have previously served a custodial sentence (51% vs. 26%) and been imprisoned on more occasions (3.0 vs. 0.8);
- have previously been convicted for a larger number of different categories of offence (3.7 vs. 2.4); and
- have a history of breaching community supervision (50% vs. 28%) (all at $p < 0.001$).

These substance misusers also had a wider range of criminogenic needs identified at assessment than other probationers (6.1 vs. 3.2; $p < 0.001$). As illustrated in Figure 2, this included being significantly more likely to be identified as requiring intervention in each of the criminogenic need areas assessed using OASys (all at $p < 0.001$).

'true' profile. The sample was restricted to valid, de-duplicated 'start of community order' and/or 'start custody' assessments.

⁸ The caveats noted in the earlier footnote apply with regards the use of OASys data for this London sample. Where more than one start of community sentence assessment was reported during 2007/08, the first assessment completed during this period was used.

Figure 2: Probationers' (%) assessed criminogenic needs by substance misuse status (London Probation, 2007/08) (N=6,194)



3.2 Implications for promoting engagement, recovery and desistance

Whilst clearly not representative of the national probation caseload, the nature and extent of criminogenic needs amongst substance misusers in London has obvious implications for efforts to promote engagement and facilitate recovery and desistance processes. Not only are the educational, training and employment (ETE) needs of substance misusers – three-fifths of whom were unemployed (62%) - compounded by their significantly higher rate of need around reading (15% vs. 10%), writing (17% vs. 11%) and numeracy (12% vs. 7%) than other probationers (all at $p < 0.001$), but offender managers and their partners must also contend with the extreme reluctance of many employers to recruit and engage those with a history of drug misuse and offending (see UKDPC, 2009b, for a recent thematic review of this issue).

As McNeill and Weaver have suggested, “*desistance requires offender management services that look beyond offender engagement and address issues of family engagement too*” (2010: 20). However, the significantly higher rate of relational and family problems experienced by substance misusing probationers – which may include fractured relationships with close family members, experiences of physical, sexual and emotional abuse during childhood and sibling/parental criminality (and possibly dependency) – are likely to serve as considerable obstacles to overcome during any attempts to promote engagement and desistance by developing forms of social and human capital via these particular channels. Recent findings from the Surveying Prisoner Crime Reduction (SPCR) study suggest that those prisoners displaying these sorts of characteristics and experiences are more likely to be reconvicted than others. Furthermore, those with addiction needs were found to have a poorer attitude towards crime and offending than those without a substance misuse need (Ministry of Justice, 2010: 119).

This heightened sense of social isolation is likely to be further exacerbated by the greater tendency for substance misusing probationers, compared to other probationers, to be living alone (24% vs. 18%), in transient or short-term accommodation (17% vs. 11%), to be of no fixed abode (6% vs. 2%) and to be experiencing psychological (42% vs. 27%) and psychiatric problems (20% vs. 12%) (all at $p < 0.001$).

The profile of those drug misusers under statutory supervision has also been shown to be markedly different for those engaged with drug treatment services via non-criminal justice routes; further illustrating, amongst other things, the particular challenges presented by attempts to appropriately sequence multi-disciplinary interventions and promote engagement amongst this most intractable cohort of probationers (McSweeney and Hough, 2006). However, the likelihood of both breach (Gyateng, McSweeney and Hough, 2010) and reconviction (Ministry of Justice, 2010: 37) has been shown to increase significantly in line with the number of requirements imposed on an offender. Against a backdrop of finite – and diminishing – resources, such findings point towards imposing a small number of requirements which prioritise the most pressing criminogenic needs or risk of harm issues.

Comparing the profile of court-ordered and ‘voluntary’ drug misusers accessing ten community-based services in London and Kent, McSweeney and colleagues (2007:

474-475) have also observed how the former were, on admission to treatment, significantly more likely to be:

- male;
- homeless;
- using a wider range of drugs;
- making more frequent use of heroin and crack;
- injecting more frequently;
- spending more on illicit drugs; and
- more criminally active.

These findings are consistent with more recent results from the Drug Treatment Outcomes Research Study (DTORS) which reported that criminal justice referrals were *“more likely to have used crack in the last year, to report crack or heroin as a current problem drug or to record crack as a primary problem drug”* (Jones et al., 2007: 4). Moreover, crack use was found to be *“associated with higher levels of criminality, poorer health, unstable accommodation, living apart from children and recent psychiatric treatment than other forms of drug use”* (ibid: 12).

The over-representation of crack users on probation caseloads is well documented (GLADA, 2004), as indeed are the specific challenges that this particular cohort present for probation teams attempting to engage and retain them in treatment (Fletcher, 2002; Turnbull and Webster, 2007). This is an important observation, since as Weaver and colleagues have previously reported in a paper for the National Treatment Agency: *“There are no evidenced-based medical interventions for crack and cocaine that are clinically effective or promote retention in treatment”* (2007: 3). Given the limited knowledge base for treating stimulant use, this will have important implications for the effectiveness of criminal justice based approaches in promoting engagement, recovery and desistance processes with this most intractable subset of drug misuser.

These sorts of important differences *“imply that [drug misusers] receiving court orders are likely to find it more difficult to be retained and succeed in treatment. However, it also hints at the possible rewards: that potential gains - in terms of reduced drug use and crime - are likely to be greater among this group, if only they*

can be retained long enough to succeed in treatment” (McSweeney et al., 2007: 475).

We think it likely that a great deal can be learnt, shared and exchanged about effective practices and principles of working with substance misusing offenders, drawing on the considerable experiences and knowledge accumulated via the provision of drug rehabilitation requirements (DRRs) and alcohol treatment requirements (ATRs) in recent years. Assimilating this knowledge and experience, and disseminating it widely, should be a key priority for future activity in this area in order to inform efforts aimed at promoting and securing engagement, recovery and desistance⁹.

⁹ In October 2010 the NOMS Rehabilitation Services Group commissioned a feasibility study to assess the impact of ATRs, DRRs and mental health treatment requirements (MHTRs). This will include consideration of related implementation and delivery processes.

4. Forming relationships and establishing a 'therapeutic alliance'

Key points

- Developing an effective relationship between the substance misuser and therapist at an early stage in the treatment process is seen as key to ensuring engagement and retention.
- Dynamic factors (such as motivation and readiness to change) can have an impact upon the quality of the relationship, but these can be influenced and will fluctuate markedly during the course of an intervention as goals and priorities change.
- Perception about the helpfulness and utility of treatment interventions is considered to be one of the best predictors of engagement and retention. This was particularly the case for women.
- Other gender differences included women's better response to empathetic treatment and men's preference for a problem solving approach.
- Yet treatment quality and availability remains variable and inconsistent across parts of the UK – particularly alcohol treatment provision - and little is known about which type of treatment setting and orientation works best for different types of substance misusing offender.
- 'Stimulation and self-direction' are thought to characterise an effective relationship rather than one concerned with 'security, conformity and benevolence'.
- The therapeutic alliance can be improved through practical help, and techniques such as motivational interviewing can enhance the quality of the relationship.
- There is a lack of research on effective strategies for sustaining relationships beyond initial engagement.

4.1 The role of the 'therapeutic alliance' in treatment settings

Hough has previously stressed that *"treatment should be thought of less as a technology and more as a human process, where a diversity of strategies can all achieve the same effect: shaping and sustaining motivation to change"* (2006: 34). In recent years a considerable amount of research in the substance misuse field, particularly in the United States, has focussed upon the importance of the therapeutic alliance (Meier et al., 2005). This is defined by Martin and colleagues as *"the collaborative and affective bond between therapist and patient"* (2000: 438) and has been viewed as a key factor in promoting engagement and increasing retention rates

amongst substance misusers accessing treatment services (see Meier et al., 2005, for a review).

However, variances in research methodology, design and treatment settings mean that the precise determinants and circumstances under which the therapeutic relationship can best predict retention have proven difficult to isolate. Thus, establishing a causal link between the therapeutic alliance and treatment outcomes has been problematic in practice. In order to resolve this, Meier and colleagues (2004) suggest that there should be a much greater emphasis in both research and practice, on assessing the extent to which substance misusers perceive the treatment interventions they receive as being valuable, useful and relevant.

This is echoed by Fiorentine et al. (1999) who have suggested that factors such as - - the source of an individual's referral or their levels of motivation are frequently less important for predicting retention and positive outcomes than external factors like the quality and perceived utility of the treatment interventions being offered, and the client-worker relationship. More specifically, they found that the perceived helpfulness of medical services was the best predictor of engagement in treatment for women and was a less strong, but nevertheless a positive predictor of engagement, for men (women, the authors contend, respond better to empathetic treatment which is 'personal' and warm' (p. 205), whereas men prefer a utilitarian approach, focussed on problem solving. This, they argued, fundamentally challenged some taken for granted assumptions about the nature of engagement with drug treatment:

“Rather than a treatment ‘receptive’ client who engages in treatment due to intrinsic or other individual characteristics, the findings suggest that the perceived utility, or helpfulness, of services, along with a favourable client-counsellor relationship actively engages in treatment” (1999: 204).

Analysis of data from the National Drug Treatment Monitoring System (Millar et al. 2004: 4) has subsequently established that in English drug treatment settings, *“the strongest predictor of retention or completion of treatment was not the characteristics of the client, but related to the agency they had attended”* (cited in McSweeney and Hough, 2005: 583). Some evidence to support this hypothesis may also be found by examining the considerable local and regional variation that existed with regard to

completion rates for drug treatment and testing orders (DTTOs): during 2004/05 these ranged from 10 per cent in North Yorkshire to 52 per cent in Dyfed/Powys (National Probation Service, 2005: 17). This would seem to suggest that how interventions are implemented and delivered shapes outcomes to a significant degree. As part of an assessment of the delivery and impact of DTTOs undertaken at around this time, McSweeney and colleagues found, as previous research with offender populations had done (e.g. Rex, 1999; Farrall, 2002), that:

“The quality of relationship forged between staff and clients emerged as a key theme from our qualitative interviews in helping us to understand some of the processes behind retention and compliance with court-ordered treatment, in which the advocacy and practical assistance offered by staff helped to develop a sense of trust, moral obligation and a working alliance by offering some legitimacy to the conditions imposed by [DTTOs]” (2007: 483).

Evidence from an extensive review of the alcohol treatment effectiveness literature by Heather and colleagues (2006) also concluded that the effectiveness of work with alcohol misusers – which are estimated to account for around one-third of all improvements observed in drinking behaviour amongst treated populations - is influenced as much by the way in which interventions are delivered (including procedures for screening, assessment and review, therapist characteristics and treatment settings) as it is about what particular form this treatment takes. In terms of specific treatments, cognitive behavioural approaches to specialist intervention, the review found, are widely believed to offer the best chances of success (Ibid).

4.2 Matching substance misusers to appropriate treatment: a key component of the alliance?

Given the significance of substance misusers’ perceptions of the interventions they receive as being valuable, useful and relevant, it seems reasonable to assume that subjective patient expectation or preference for a given treatment modality is likely to be an important therapeutic factor and serve to enhance rates of engagement.

However, ‘patient choice’ is limited by the quality and availability of treatment which remains variable and inconsistent across parts of the UK – particularly alcohol treatment provision (McSweeney et al., 2009; McCoard, et al., 2011). Roberts (2005) has argued that: *“A proper responsiveness to users of drug and medical services is*

about hearing what they say and want as part of a process of discussion and negotiation, that should be framed by the evidence base and the professional competencies of service providers and informed by the stated goals and desires of service users,...” (2005: 263).

There is scant empirical evidence to inform decisions about which type of treatment setting and orientation works best for different types of substance misusing offender (McSweeney et al., 2008; 2009) For example, Gossop has noted that when it comes to decisions about whether community or residential-based support is most appropriate, *“little is known about how most effectively to allocate individual clients to one or other treatment setting”* (2005: 8).

In addition, political priorities play a part in treatment availability or popularity and currently there is a renewed emphasis on abstinence-based treatment approaches (NTA, 2010; Home Office, 2010).

The findings from the first national study of drug treatment outcomes in the UK has found different rates of abstinence from six main drugs, when comparing largely abstinence orientated residential and community-based substitution treatment (Gossop et al., 2003). Just under two-fifths (38%) of those who went through residential treatment were abstinent four to five years post treatment compared with 26 per cent of those who had received community based methadone treatment. However the experience of delivering Drug Abstinence Orders and Requirements (2001 to 2005) in England and Wales should serve as a warning against an over-emphasis on any one treatment philosophy. Fifty per cent breached the conditions of the order– testing positive for opiates and/or cocaine either for three consecutive or for two non-consecutive tests over a six week period (Mallender et al., 2002), and the one (of three) DTTO pilots which operated under an abstinence-based model had the lowest rate of programme completion and highest rate of reconviction of the three sites (Hough et al., 2003).

Phillips and Bourne (2008) have also considered how the values of drug workers can affect outcomes and criticised the lack of studies that have examined the therapeutic alliance through to the end of treatment. They concluded that workers who gave priority to *“stimulation, self-direction and hedonism”* (p.33) had clients with more positive outcomes than those who focused on *“security, conformity, benevolence,*

tradition and universalism” (ibid)¹⁰. They went on to argue that drug workers who prioritised the former value sets may be better placed to provide treatment to substance misusers than those who focused on the latter because they were more flexible and adaptable in their approach.

4.3 Promoting engagement through the therapeutic alliance

The research described above has outlined the important role that the therapeutic alliance can play in the retention and engagement of clients and the worker values that are associated with improved substance misuse treatment outcomes. In addition to this, several researchers have also investigated specific ways in which worker-client relationships can be improved. Ashton and Witton (2004) in the first of a four part ‘Mind Matters’¹¹ series in *Drug and Alcohol Findings*, reviewed relevant literature to explore factors that could increase client retention, several of which the therapeutic relationship could have a role in shaping. They argued that retention could be improved if workers made repeated attempts to ‘keep in touch’ with clients, if they persisted with clients who did not respond to first attempts to elicit engagement and if they followed up appointments with phone calls in order to provide on-going support. However, they noted that a benchmark needs to be set regarding when attempts to contact should cease. They also stressed the need for appointments to be prompt since timely intake for treatment after first contact could increase the likelihood of clients turning up. Ashton and Witton observed that attempts to improve retention needed to be individualised and motivating, thus highlighting the importance of establishing relationships at an early stage in the treatment process.

¹⁰ Schwartz’s (1992, 1996) universal value types were used by Phillips and Bourne (2008, p.37):

Stimulation- ‘need for variety and stimulation’ e.g. excitement

Self-direction- ‘independent thought and action’ e.g. independence

Hedonism- ‘pleasure or sensuous gratification for oneself’ e.g. enjoyment

Security- ‘safety, harmony and stability of society, of relationships and of self’ e.g. sense of belonging

Conformity- ‘restraint of actions, inclinations and impulses likely to upset others and violate social expectations or norms’ e.g. obedience

Benevolence ‘preservation and enhancement of the welfare of people with whom one is in frequent personal contact’ e.g. loyalty

Tradition- ‘respect, commitment and acceptance of the customs and ideas that one’s culture or religion impose on the individual’ e.g. being devout

Universalism- ‘understanding, appreciation and protection for the welfare of all people and for nature’ e.g. equality

¹¹ Ashton (2005a: 4) gave the following overview of the ‘Mind Matters’ collection: “the Mind Matters series is about how treatment services can encourage clients who make contact to return and stay the course, not by what type or therapy they offer, but by the manner in which they offer it.” This series, therefore, may offer insight as to the ways in which the therapeutic relationship can increase retention, engagement and outcomes.

Another suggestion (Ashton and Witton, 2004) is for workers to contact clients (e.g. via text messaging) to remind them about appointments beforehand as this can provide the motivation needed for attendance. This is a technique which has been explored by other researchers. For example, Booth and Bennett (2004), in a study which investigated the factors associated with attendance at an alcohol clinic, found that clients who did not receive a telephone call to remind them of their appointment were less likely to turn up than those who did receive one. Similarly McKay and colleagues (2005) found that telephone calls can be used as part of continuing care for substance misusers who have already received treatment. This could be perceived as extending the therapeutic alliance into a form of aftercare as they found that telephone based methods of care could act as a useful 'step-down' (p. 199) form of treatment.

Continuing this theme, Ashton (2005a) looked at the practical ways in which workers and services can offer help to offenders to improve retention, engagement and outcomes. He suggested that the provision of transport and childcare, as well as offering flexible and considered appointment times could improve the likelihood of clients staying with the service. These forms of assistance could have an impact on the therapeutic alliance by making the service more accessible to the client and enhancing perceptions that it is understanding and responsive to the needs of its client group:

“What a helping hand conveys about its owner could be as important as what it does for the recipient” (Ibid: 4)

Gyateng, McSweeney and Hough (2010), in their work with London Probation, noted a number of practical measures or *'tricks of the trade'*, that can be taken within the context of the supervisory relationship to address barriers to engagement. These included: the use of diaries and/or text messaging to remind offenders of their appointments; taking account of other benefit or medical appointments when arranging supervision meetings; or setting up appointments in the afternoon at times more likely to suit offenders. They also found that some areas had introduced 'compliance checklists', completed by both offender managers and offenders at the start of supervision, to consider any issues that might hamper effective engagement and develop strategies to overcome these (ibid).

However, Ashton also warned against the tendency for substance misusers referred to treatment by the CJS to be 'over-supervised'¹². Excessive forms of supervision and surveillance could, he felt, be to the detriment of their progress. Other ways in which client-worker relationships could be enhanced focus on improving client motivation – though research suggests that a referral to treatment via the CJS does not adversely affect levels of motivation (Stevens et al., 2006; Jones et al., 2007). Cahill et al (2003) have also reviewed research which suggests that, whilst external forms of pressure like legal coercion might increase treatment entry and short-term retention, it appears to have little impact on longer-term outcomes. In doing so they note that motivation for treatment (e.g. because of a perception that engaging with it will serve as a mitigating factor in sentencing) is not the same as motivation for change (cited in McSweeney and Hough, 2005: 583).

Ashton (2005b) has also considered how approaches such as Motivational Interviewing (MI) (Prochaska and DiClemente, 1986; Miller and Rollnick, 1991) could be more routinely used as part of the induction process into substance misuse programmes and help to establish engagement from an early stage in the process. He goes on to explain that the literature tends to show that treatments based on motivational principles are often more effective than those which rely on "rigid agendas and manuals" and that other influences, such as an enthusiastic therapist who spends time with a client and listens to them, can be of greater benefit:

"Motivational Interviewing's strength may be that it provides a platform for these generic, relationship-building behaviours: empathy, respect, optimism, enthusiasm, confidence. At minimum it seeks to avoid behaviours which erode these qualities: at best, discovering motivational interviewing helps to generate them" (Ashton, 2005b: 29).

Motivational therapy also emerged as the method of choice for engaging those resistant to alcohol treatment (based on a sample of 1,726 alcohol misusers matched to either one-to-one interventions based on MI, or the Alcohol Anonymous 12-step approach and cognitive behavioural therapy). (Project Match Research Group, 1999; Ashton, 2006).

¹² This is at odds with the findings of Best (2007) that 344 CJS-mandated treatment clients in Birmingham received less than two hours support and supervision a month or 19 hours a year.

4.4 *The challenges of promoting engagement within a CJS context*

Crucially, Ashton (2005c) has questioned whether motivational approaches can be used to increase rates of engagement with substance misusers 'coerced' into treatment. He highlights inherent tensions whereby the conditions set by the CJS are inconsistent with some of the principles behind MI (e.g. rigid adherence to national standards vs. rolling with resistance). This in some respects mirrors the concerns of other commentators who have questioned the continuing drift towards ever more coercive measures that seem to prioritise compliance and enforcement concerns over individual health gains and voluntarism, or which have adverse implications for information sharing, confidentiality and the client–therapist relationship (Stimson, 2000; Hunt and Stevens, 2004; Stevens et al., 2005).

Despite these valid and well founded concerns, British research has increasingly shown that not only can approaches like MI be successfully deployed with substance misusing offenders (Harper and Hardy, 2000), but that alliances can evidentially be formed between practitioners and those referred to treatment via the CJS to a sufficient degree to ensure that retention rates and other outcomes are comparable with those drug misusers accessing treatment services via non-CJS routes (McSweeney et al., 2007; Naeem et al., 2007; Jones et al., 2009).

During interviews with drug misusing probationers and their supervisors, McSweeney and colleagues did however document concerns about how *“the ability of staff to invest time in developing such relationships had been compromised by increased probation caseloads, competing demands from different initiatives, and an emphasis on compliance and enforcement which had adversely affected performance, reduced levels of face-to-face contact with offenders, and militated against the formation of such an alliance”* (2007: 483).

A final suggestion worth exploring is Steinglass' (2009) recommendation that offenders' families need to be fully brought into treatment as they can help to improve retention and engagement. He argued that substance misuse needs to be understood within the context of the family and advocated for the use of 'systematic-motivational therapy' (SMT) which involves family oriented assessment, treatment and aftercare. Therapeutic relationships play a key role in this model as the therapist is responsible for collecting information about how substance misuse affects the family as a whole, eliciting beliefs from family members as to why substance misuse

has become so dominant in their lives and collaborating with the family to produce a 'family action plan' which includes various outcome goals.

Research highlights the importance of close family ties as key means of support to help offenders to engage in the desistance process (McNeill and Weaver, 2010), however, given the heightened relational and family problems experienced by substance misusing probationers, described above, any attempts to engage families in the process of recovery and desistance will present some considerable challenges.

Section 5: Rehabilitation: Identity and generativity

Key Points

- An important concept in the literature on recovery from substance misuse is that of identity, particularly the process of recovery from the 'spoiled identity' of 'junkie'.
- To improve chances of desistance (from substance misuse or offending), it is important to move people away from feelings of helplessness, stigma and shame.
- A 'respectable story or narrative' is needed to empower desisters; this often revolves around paying back society through counselling, volunteering work or other civic participation.
- The concept of 'Generativity', in the context of substance misusers, refers to getting something positive from life's bad or negative events.
- One example of this is where ex-substance misusers act as supporters or mentors to help current users with their substance misuse problems as one means of 'payback' and recompense.

The recent government green paper on the punishment, rehabilitation and sentencing of offenders (MOJ, 2010b) notes the strong economic case for investment in rehabilitation and the need to use the developing evidence on desistance to better understand '*how and why people stop offending and the role of practitioners in supporting this process*' [MOJ, 2010b; 2]. Here we summarise how these issues relate to substance misusing offenders.

The concept of 'recovery capital' is prominent in the latest drugs strategy (Home Office, 2010). Outlining the kinds of emotional and practical support that are crucial to sustaining any progress in dealing with substance misuse problems, the strategy describes the following type of 'resources' required:

- Social capital: - peer and family support, including support received and commitment and obligations resulting from relationships
- Physical capital: practical resources such as money and stable accommodation
- Human Capital: skills, mental and physical health, employment
- Cultural capital: values, beliefs, attitudes (ibid)

Theories about why offenders stop committing crime highlight the value of gaining a legitimate stake in society and the positive effect this can have on personal identity or sense-of-self. Essentially, desistance from crime is a process that can be hindered or helped via practical and emotional support from services and significant others. Desistance requires the involvement and cooperation of the offender as well as access to 'opportunities', including training, employment and stable accommodation, in order to sustain progress and prevent further offending. These issues are explored fully by McNeil and Weaver (2010).

5.1 Role of identity during substance misuse

There is an increasing body of literature focussing on substance misuse and identity¹³. Several studies in this area come from a symbolic interactionist perspective¹⁴, see Anderson (1994; 1998a,b) and McIntosh and McKeganey (2001), for example. The majority of studies reviewed here have used qualitative methodology in their research¹⁵, giving priority to narrative accounts (see McIntosh and McKeganey, 2001; Plumridge and Chetwynd, 1999; Treloar and Rhodes, 2009; Etherington, 2006). We focus on identity as it relates to engagement in treatment and desistance from substance misuse.

"Junkie" or "addict" is rarely considered a positive identity and strategies to protect oneself from such a label have been highlighted in several studies. For example, Plumridge and Chetwynd (1999), focused on the identities of injecting drug users in New Zealand. Two identities emerged amongst the males in this study: 'recreational' identity and 'junkie' identity. Recreational drug users described themselves as using once or twice a week in social situations and perceived themselves as 'heroic individuals' who were going against convention. Focus was placed on personal characteristics such as self control, which the recreational user saw as *the* difference between 'junkies' and themselves (ibid). The 'junkie' narrative was based on 'sensual hedonism' and a desire for pleasure (ibid).

¹³ Plumridge and Chetwynd, (1999), borrowing from Hall and du Gray (1996) explained identity is not simple to define and suggested that it should be thought of as "a reflexive enterprise, in part as a narrative project of the self" (p. 330).

¹⁴ Symbolic interactionism is defined by Jupp (2006) as "a theoretical approach which focuses on interactions between individuals as symbolic and linguistic exchanges and as means of creative action. It views the social world as the product of such interactions." (p. 221)

¹⁵ Anderson and Mott's (1998) work is the exception to this, however they used a quantitative method in this particular study to add weight to Anderson's earlier qualitative findings.

Warburton, Turnbull and Hough (2005) have explored patterns of heroin use for non-dependent users and found that the interviewees' sense of identity acted as a restraint on their drug use:

"By controlling their using environment so that they avoided uncontrolled users or those further immersed in the heroin subculture, respondents were able to distance themselves from 'junkie' or 'addict' behaviours" (p. xi).

By not perceiving themselves as addicts, respondents maintained their self image and by keeping their heroin use out of sight they could participate in society without being labelled a 'junkie'. This sense of self-control and rejection of the 'addict' label concurs with the 'recreational' narrative described above. Both depict how identity can contribute to substance misuse and offer an explanation of how a positive self identity can prevent drug use becoming overtly harmful.

5.2 Role of identity in ceasing substance misuse- 'spoiled identity'¹⁶

Thus a change in identity is part of the process of cessation of substance misuse and particular attention has been paid to the notion of recovery from 'spoiled identity'. Etherington (2006), using a narrative study of a female substance misuser (Becky)¹⁷ as an example, focused on how researchers can facilitate the construction of a positive identity by listening to the stories of substance misusers (ibid). Becky's narrative conveyed how her early childhood trauma contributed to her substance misuse, as did her relationship with a violent partner. Change occurred when she met a probation officer who, after disclosing his status as a recovering alcoholic, helped her gain access to treatment in a mother and baby unit. Both the presence of a probation officer who used to be an 'addict' and her place on a mother and baby unit- which permitted her to see other women in a similar position as herself- allowed her to consider constructing a new identity: *"The value that Becky placed upon her identity as a 'mother', and her desire to provide a different experience of mothering for her child than she had experienced seemed to create the disturbance required to halt her downward trajectory. After meeting with the probation officer and others who positively influenced her self-esteem she began to connect with the sense of her own agency and take control of her life" (p. 242).*

¹⁶ McIntosh and McKeganey defined 'spoiled identity' as: "the realization by an individual that he or she exhibits characteristics that are unacceptable to both themselves and to significant others" (p. 51)

¹⁷ Pseudonym

In a similar vein, McIntosh and McKeganey (2001) have focused on the role of 'spoiled identity'¹⁸¹⁹ in recovery from substance misuse and the importance of focussing on this from the perspective of the drug user²⁰. They found recognition of a 'spoiled identity' in the narrative accounts of study participants and identified two ways in which the process of giving up drugs can occur; both were dependant on the extent to which an individual sees their identity as being 'spoiled' by their substance misuse. The first way was when an individual comes to the conclusion that there are meaningful reasons for terminating their drug use. The second was due to a 'rock bottom' experience i.e. the individual sees that they have no choice but to give up drugs (ibid). However the authors stress that the acceptance of a spoiled identity and the motivation to improve it is not enough; the prospect of a new and more positive identity must also be envisaged: *"This turning point comes when an accumulation of experiences and events gradually reveals to the addict the depths to which he or she had sunk and, at the same time, provides a vision of an alternative future"* (ibid: 57).

They highlight several policy implications of their research, including the need for drug counsellors to address the issue of identity as part of treatment and the kinds of practical support, such as help with employment opportunities, which will be necessary in order for individuals to see change as achievable (ibid).

5.3. Opportunities to support identity change

To improve chances of desistance (from substance misuse or offending), it is important to move people away from feelings of helplessness, stigma and shame and help them to create a 'respectable story or narrative' this often revolves around paying back society through counselling or volunteering work or other civic participation.

This is where practical support such as employment or volunteering opportunities can assist in sustaining positive changes made to substance misuse and offending behaviours. For example, redemption and 'making good' are key concepts in the treatment models espoused by the AA and NA movement. Many drug services in the UK employ ex-users or have ex-user volunteers to help with service delivery. They have personal experience of substance misuse and as ex-users are 'success stories'

¹⁸ The authors credit Goffman (1963) with first coining the term.

¹⁹ The notion of 'spoiled identity' also appears to be present with some individuals who have contracted hepatitis C, whether this be due to drug use or otherwise (Fraser and Treloar (2006).

²⁰ They also used the term 'recovering addict' in their paper in order to highlight that recovery in a process not a fixed state.

who can advocate for the importance of treatment. User involvement in service development is also considered key to designing effective interventions (McNeil and Weaver, 2010).

The concept of 'generativity' was coined in the 1950's (Erikson, 1950). Broadly it focuses on the wellbeing of the next generation through teaching, roles in communities, mentoring and volunteering. In the context of substance misuse and offending it relates to transforming bad events in life into something more positive. Individuals make use of 'generativity' to redeem themselves as part of their generative efforts. Most of the literature in this area relates to offenders more generally and is reviewed in detail by McNeill and Weaver (see also Maruna, 2001). The substance misuse literature that does exist is focused primarily on approaches to the prevention of drug use (Anderson, 1994, Anderson, 1998, McIntosh and McKeganey, 2001).

In brief, research highlights feelings of helplessness and lack of self-efficacy in those who persist in offending, reflecting to some extent, society's perception of them. Those who manage to desist from crime need a 'respectable' story about who they are. They also require support and someone 'believing' in them and opportunities to prove themselves. In turn this empowers the desisters to focus on 'giv[ing] something back' to society" or 'making good', allowing them to re-write the past and become productive members of society. The 'respectable story' is very similar to the 'recovery script' within the substance misuse field.

This desire to 'make good' often leads offenders into volunteering and mentoring work and providing such opportunities is important to the desistance process. The concept of 'strengths-based resettlement' (Maruna and LeBel 2003) focuses on meeting community needs with developing the skills and talents of offenders and involving them in interesting and useful volunteer and community work to make a positive contribution to local communities as prelude to their reintegration into society (Burnett and Maruna 2006; McNeill et al. 2005).

Section 6: Coordination of substance misuse treatment in the criminal justice system:

Key Points

- The importance of partnership working within the criminal justice system is long established in policy and is underpinned by the recognition that offenders face complex and multiple needs.
- The expansion of court ordered drug treatment sanctions and a renewed focus on recovery and rehabilitation underlines the continued need for partnership across statutory and 3rd sector agencies.
- The latest Government drug strategy reiterates the need for an 'integrated approach' to substance misuse treatment and better continuity of case management between prison and community.
- There are obvious advantages of partnerships including the ability to draw on a number of resources and expertise; diversification of funding opportunities; strengthened relationships between organisations and enhanced care for offenders.
- However, 'partnerships have been hindered by factors such as conflicting organisational cultures; lack of continuity of care and poor information sharing.
- Maintaining engagement with treatment and other services when moving through the CJS, and in particular from prison to community, is key to better outcomes for both substance misuse and for reducing reoffending. Systems of 'Throughcare' and 'Aftercare' have been promoted to improve the coordination of care.
- Some approaches that have worked have included meeting offenders at the gate on their release from custody; introducing them to the services they will be attending; residential aftercare on release from custody; sober houses and telephone-based follow-up after treatment.

6.1 Developing partnerships in the criminal justice system

The commitment to partnership work gained impetus from the early 1990s with the Criminal Justice Act 1991, where treatment for drug misusing offenders became a central component of probation orders (Rumgay and Cowen, 1998). Thereafter, a series of legislation and government policies including the Crime and Disorder Act 1998, *Tackling drugs together to build a better Britain* (UK Anti-Drugs Co-ordination

Unit 1998) and The NHS Plan (Department of Health, 2000) have conveyed the need for greater joint working between criminal justice and welfare agencies in the treatment of substance misusing offenders. In addition there has been the continuing expansion of court-ordered treatment for substance misusing offenders (McSweeney et al., 2008).

Placed in a wider framework, the focus on partnership working within the CJS is underpinned by the recognition that offenders have multiple and complex needs which require a holistic and multi-service response (Rodriguez et al., 2006; McSweeney and Hough, 2006; Hollingworth, 2008). The criminogenic needs of substance misusing offenders are outlined in Section 3 of this report. This has necessitated the forging of links among multiple professionals across statutory and voluntary agencies, including the police, the courts, probation, prison, drug services, social services, education, employment services and voluntary organisations (Rodriguez et al. 2006: 151).

The recent drug strategy (Home Office, 2010) continues to encourage joint commissioning for 'end to end' support, building links between community, residential and rehabilitation providers to "ensure a seamless transition" for those substance misusers moving from custody to community. Developing a standard assessment and referral procedure locally is also promoted to improve case management and reduce the problem of repeated assessment (ibid).

Below we examine the advantages and problems with partnership working between criminal justice and welfarist agencies in the UK by focussing on Drug Courts and probation supervision of Drug Treatment and Testing Orders (DTTO) and Drug Rehabilitation Requirements (DDRs) by way of example. We also examine the system of 'throughcare' and aftercare for coordinating the care of substance misusing offenders in the CJS, specifically the transition from prison to community.

6.2 Case examples of partnership – DDCs and DTTOs, DDRs

Dedicated drug courts (DDCs) were piloted at two sites (Leeds and West London magistrate's courts) from 2005 – 2008. Their aim was to provide holistic management of substance-misusing offenders. – *'the DDCs are designed to ensure effective multidisciplinary working with other criminal justice system agencies and professionals'* (Matrix Knowledge, 2008). Drawing on the international research evidence about drug courts, it is suggested that *'a dedicated holistic approach can increase engagement in treatment, improve chances of successful completion of*

treatment and so reduce drug use and related offending' (Ministry of Justice, 2008: iii). For example, evidence from the US suggests a low rate of recidivism among offenders processed by the drug courts when compared to those on other probation orders (McMurrin, 2007).

DTTOs, introduced under the Crime and Disorder Act 1998 are overseen by Probation and viewed as a high tariff community-based order and a direct alternative to custody (Falk, 2004). By April 2005, under the Criminal Justice Act 2003, the DTTO formed part of a generic "community order", which could be attached with a drug rehabilitation requirement (DRR) (McSweeney et al, 2008). However, unlike its predecessor, the DRR is inclusive of both low and high tariff sentencing bands and therefore can capture a wider target population (Hollingworth, 2008).

The NTA (2005:2) has outlined the main advantages of partnership working as:

- The ability to draw on a number of resources and the expertise of others to address complex problems of those who come into contact with treatment services;
- Increased access to funding opportunities;
- Developing and strengthening relationships with key organisations and agencies.

Research evidence suggests that drug treatment requirements supervised by probation and facilitated by effective partnership work and positive assistance from probation officers has resulted in reduced drug use and crime (Hearnden, 2000). For example Hearnden found offenders reported a large drop in the amount of money they spent on drugs, from an average of £362 in the month before arrest to £40 in the month preceding interview. There were similar scale reductions in offending, with the proportion listing at least one offence among the three main ways of supporting their drug use, dropping from 85% to 35%.

An advantage of court-ordered drug treatment is that both drug testing and the court review process, two components of the DTTO, can encourage offender compliance (McSweeney et al. 2008). Continuity of contact with the 'same sentencer' may allow the offender to gain trust (Falk, 2004). For example, early findings from the evaluation of the DDC in Leeds showed that continuity of the judiciary was associated with reductions in the likelihood of reconviction and continuity of

magistrates was associated with offenders being more likely to attend court hearings and to complete their sentence; although difficulties in maintaining continuity of a bench of magistrates were noted (Matrix, 2008).

Partnership work between criminal justice and social care agencies can enable better identification of 'hard-to-reach' populations. Hollingworth (2008) in examining the impact of DRR's on homeless offenders, found that the Integrated Care Programme Approach used by both mental health and drug services was able to provide holistic interventions for those with dual diagnosis.

While there is a clear rationale for adopting partnership work with drug misusing offenders, in practice it has been plagued with operational and ideological obstacles that prevent effective practice and most of the research evidence thus far has focused on the difficulties of bridging criminal justice and welfarist agencies. The main challenges to effective partnerships identified by the NTA, (NTA, 2005: 5) have been:

- Opposing organisational cultures
- Competing ideologies
- Difficulties with accountability and continuity of care with multiple organisations involved.

Falk (2004) has stated that the introduction of DTTOs was met with difficulties and inconsistencies due to a lack of '*strategic planning or national consensus*' (2004: 398). For example, it was argued that the evidence and early warnings of problems, which emerged from the evaluation of three pilot programmes (Turnbull et al. 2000) were not addressed prior to the roll out of DTTOs nationally and that national standards in implementing DTTOs were viewed as '*guidance*' rather than '*prescription*', paving the way for discrepant practice across areas. Best and colleagues (2003) in their evaluation of 12 DTTO teams in the London Probation Area found '*a bewildering mixture of approaches, resources, facilities and practices*' alongside inconsistent referral and management of cases. Rather than a consensual model, procedures appeared to be directed by '*individuals and preference, resources and staffing issues and teams shared a lack of individualised care planning*' (References cited in Falk, 2004: pp 399 - 401).

Another key problem is the difficulty in balancing the often opposing needs and ideologies of partners- '*These two discourses operate within different milieu and*

subscribe to different ideologies. Experiences in other areas where mandated joint-working exists suggests that creating linkages that accommodate both perspectives is notoriously difficult and fraught with problems' (Barton and Quinn, 2001:60).

This can be at the simple level of language. For example, from a treatment perspective, those who enter treatment are traditionally referred to as 'clients' but for criminal justice agencies they are 'offenders' (Barton and Quinn, 2001).

The creation of a hierarchy rather than a partnership was another issue identified in the delivery of DTTOs. Barton and Quinn (2001) noted an imbalance, in which the interests of the welfare agencies were subordinate to those of the criminal justice agencies. *'...the thrust of the 1998 Act places the emphasis on the needs of the courts, which in turn, makes all those involved in the DTTO at least de facto officers of the court'* (Barton and Quinn, 2001: 55). Drug treatment staff were particularly concerned about maintaining their 'independence' from CJS agencies when involved in the management of DTTOs (Rumgay and Cowan, 1998). Information sharing was another point of contention for treatment providers. Previously, details about a patient's treatment would remain confidential between patient and provider; however, as part of the requirement of the DTTO this information and the results of patients' regular drug tests had to be shared between partners (treatment provider, probation and the courts). There were concerns about how this information was interpreted by the courts; treatment workers were fearful that their clinical judgement of client progress would become secondary to the priorities of law enforcement agencies (Barton and Quinn, 2001).

In addition, a contract culture, where agencies compete for funding and resources, does not always facilitate collaboration. McSweeney and Hough (2006:118) in their critical evaluation of the D2W programme²¹, argued that *'agencies inevitably prioritised the needs of their own agency above any collective D2W interests, as there was no financial incentive for "altruistic" effort that helped other partners meet their targets.'*

²¹ Dependency to work (D2W) was a programme for people with serious drug problems which aimed to deal with additional and concurrent problems, relating to mental health, for example, or literacy and job skills, and that effective support for them necessarily involved integrated and sensibly sequenced work by several different agencies.

6.3 Continuity of care from custody to community - Throughcare and Aftercare

Maintaining engagement with treatment and other services when moving through the CJS and in particular from prison to community is key to better outcomes for both substance misuse and for reducing reoffending and systems of 'Throughcare' and 'Aftercare' have been promoted to improve the coordination of care.

Throughcare and aftercare for offenders emerged in UK policy in the early 1990s (Maguire and Raynor, 1997). In the context of drug treatment, throughcare has been defined by the Home Office as:

"The arrangements for managing continuity of care which begin at an offender's first point of contact with the criminal justice system through custody, court, sentence, and beyond resettlement" (Fox et al, 2005).

It requires regular collaboration and partnership working between prison and probation, but implementation has been fraught with problems, partly due to the speed at which it was introduced (Maguire and Raynor, 1997) We review research focussing on the 'pitfalls' and ways in which practice could be improved²² .:

There were two procedures for Throughcare for substance misusing offenders:

- Offenders who were sentenced to 12 months or more in custody were subject to supervision on release. Offender managers were required to ensure conditions were imposed that targeted an offender's substance misuse issues (Ministry of Justice, undated).
- Offenders who were sentenced to less than 12 months in custody were not subject to supervision but were referred to Criminal Justice Integrated Teams (CJITs) who arranged community provision where necessary (ibid).

Burrows *et al* (2000) investigated the effectiveness of throughcare for 179 substance misusers who had been released from 15 prisons and two youth offender institutes and found that only half were helped to get access to treatment services on their release from custody. Further, much of the support offered tended to be 'indirect' with only 11% reporting that they had a scheduled appointment with a drug treatment service. The authors highlighted a number of problems, for example an over-reliance

²² It may be useful to note that two of the three pieces of research explored, Burrows *et al* (2000) and Fox *et al* (2005), have been published by the Home Office.

on self-referral as the main way of identifying substance misuse treatment need. Also there was no consistency across prisons in the type and range of drug treatment services that were provided, thus treatment tended to be based on availability rather than need (ibid). Good practice suggestions made by the researchers included linking prisoners to drug services to ensure that they had access to the same type of treatment once in the community, improving methods of information exchange between prisons and community services and establishing contact between offenders and drug services before release (ibid).

A study by Mair and Barton (2001), examined the implementation of a prison-based substance misuse throughcare project designed for short-term and remand prisoners. The aim of the project was to assess offenders' needs and make referral arrangements for their release. Staff made contact with over 1000 inmates in a nine month period. Over 650 referrals were made, of which 400 were to external agencies. However, a key problem was the tension between project staff and other prison workers, with the latter being suspicious of the former – a key issue for partnership. In addition, any assessment of the impact of the project was hindered by poor monitoring systems about attendance, treatment progress or clients' reoffending across the projects involved.

A more recent study (Fox et al, 2005) investigated throughcare *and* aftercare²³ for substance misusers returning to the community from six aftercare and four residential rehabilitation centres. They identified a number of good practice points for sustaining engagement and preventing attrition (ibid). These included assessing prisoners in good time in order to ascertain throughcare and aftercare needs, collaborative aftercare planning between agencies and 'meeting at the gate'. Moreover, several areas of 'promising practice' were identified, including the placement of the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) team on the prison wings to promote the service and the development of triage assessment to prioritise referral to CARAT services on the basis of need (ibid).

Aftercare is important for maintaining engagement and motivation on release from custody and has been defined as *the package of support that needs to be in place after a drug-misusing offender reaches the end of a prison-based treatment programme, completes a community sentence or leaves treatment. It is not one*

²³ Fox et al's (2005) findings with regard to aftercare will be explored in more detail in the next section.

simple, discrete process involving only treatment but includes access to additional support for issues which may include mental health, housing, managing finance, family problems, learning new skills and employment” (Fox et al, 2005; p. 1) While, there is support in the research literature for aftercare as a key component of the treatment process for substance misusers in the CJS, there is less clarity about the best approaches to establish long term outcomes.

Fox *et al* (2005), described in the previous section, identified several main findings with regard to effective aftercare. Firstly, they recommended further attention be given to case management and the coordination of care as currently this is often centred on one agency, at the detriment of other services involved, resulting in task duplication and unmet need. They also found that many offenders wanted support with housing and that support in general had to be needs-led and services had to be flexible in order to respond appropriately. They found low levels of engagement with ‘harder-to-reach’ groups such as ethnic minorities and women (especially those with children). Engagement could be increased by a ‘persistent and non-judgemental approach’, in which frequent contact is essential (*ibid*: v). Again, elements of promising practice were outlined. For example staff at one project allocated four hours per week, per client to be spent on aftercare (*ibid*).

Research from the US provides further information about the impact of aftercare on substance misusing clients. For example, Hiller, Knight and Simpson (1999) found that prison-based drug treatment when complimented by residential aftercare was successful in reducing reconviction rates (examined for up to 23 months post custody, 30% of those who had received residential treatment after prison based treatment reoffended compared to 36% of those who had received treatment in custody only and 42% who had received no treatment in custody or on release). Martin *et al* (1999), examining long term treatment outcomes (3 years) for 500 offenders found that treatment was most effective when followed by aftercare in the community. They found that drug using offenders who completed treatment did better than those with no treatment or programme dropouts (57% of the treatment group were arrest free and 31% drug free compared to 46% and 10% of the non-treatment group), and those who received aftercare do even better in remaining arrest- and drug-free (77% and 47% respectively).

Finally two studies have advocated for specific methods of aftercare. McKay *et al* (2005) found that those who received follow-up phone calls after treatment, remained

drug and alcohol free for longer than those who did not receive such calls. Telephone contact could form part of a 'step-down' (p. 199) form of aftercare post drug treatment and might be particularly useful for those who have problems attending face-to-face meetings, for example because of work commitments or transport issues. Secondly Polcin (2001) recommended the use of 'sober-living houses' as part of aftercare package. These offer drug and alcohol free residences and provide support to achieve 'self-governance' (ibid: 304). Polcin explained that sober living houses may be useful for those who have completed, or are in the process of completing, treatment, or as 'stand-alone' intervention. However, the author did note that more research needs to be conducted in order to gain a better understanding of their effectiveness.

7. Promoting engagement: the use of sanctions and rewards

Key Points

- Research suggests that the behaviour of substance misusing offenders can, broadly speaking, be influenced in four ways: through positive reinforcement, punishment; withdrawing a reward or something valued; or removing a sanction.
- There is an inherent tension in attempts to engage substance misusing offenders in treatment within a CJS framework: responding appropriately to a chronic, relapsing condition whilst ensuring the enforcement and credibility of community penalties.
- Contingency management is an approach to clinical management based on the provision of rewards for compliance. It has been found to have a significant positive impact on treatment engagement, retention, substance misuse and social functioning outcomes.
- Contingency management is considered to be particularly useful in the early stages of treatment, but needs to be combined with other interventions to provide sustained effects.

Being a substance misuser is one of the strongest predictors of breach and non-completion of a community sentence (Gyateng, McSweeney and Hough, 2010) and subsequent reconviction for those supervised by the correctional services (Howard, 2006). In both criminal justice and drug treatment settings, reconviction rates for drug misusers have consistently exceeded 70 per cent (May, 1999; Gossop et al., 2006; May et al., 2008). At the same time, national completion rates for drug rehabilitation requirements (DRRs) are under 50 per cent (Hansard, 2010a). And whilst increasingly there is a distinction being drawn between formal and substantive forms of compliance (Bottoms, 2001; Robinson and McNeill, 2008; McNeill and Weaver, 2010), completion of substance misuse programmes²⁴ in Britain has consistently been associated with reduced rates of reconviction (Hough et al., 2003; McIvor, 2004a; Hollis, 2007). That said, it remains unclear to what extent these reductions in reconviction rates are related to the dynamics of formal and substantive compliance processes, the interventions themselves, or to differences between programme completers and non-completers.

²⁴ As the National Audit Office recently reported, there is no evidence for the effectiveness of DRRs following their introduction in 2005. It therefore recommended that "The National Offender Management Service should undertake an effectiveness evaluation of the outcomes of the [DRR] and how to improve completion rates" (2010: 10).

This would seem to suggest that the crime prevention impact of these interventions is enhanced when they can effectively engage offenders and secure their formal compliance. This helps to ensure that those exposed to the programmes are retained in treatment long enough for them to derive some benefit. British research has consistently shown that drug treatment reduces the need for individuals to engage in 'acquisitive' crime by moderating their use of illicit drugs (Gossop et al., 2005; McIntosh et al., 2007). But 10 years on from the introduction of DTTOs in Britain, we still know remarkably little about what constitutes effective practice; for example, the extent to which treatment setting and orientation influences retention and outcomes for different types of drug misusing offender (UK Drug Policy Commission, 2008a), or the impact of DRRs (National Audit Office, 2010)²⁵. We arguably know even less about effective strategies for intervening with alcohol misusing offenders (McSweeney et al., 2009).

In light of this considerable experience of working with drug misusing offenders – which has involved supervising over 95,000 DTTO and DRR commencements in England and Wales since 1998 (Hansard, 2010b), there is likely to be a great deal of conventional wisdom on effective engagement strategies amongst offender managers. As noted above, the considerable local and regional variation that exists with regard to programme completion rates, suggests that implementation issues shape outcomes to a significant degree.

7.1 Affecting behaviour change in criminal justice settings

There is nevertheless a broad body of knowledge on how best to affect formal or instrumental compliance upon which we can draw for important insights (Bottoms, 2001; Robinson and McNeill, 2008). In his review of behavioural science evidence on working with addicted offenders, Marlowe (2006: 132) describes how their behaviour can be influenced in four ways:

- through the use of rewards (also called positive reinforcement);
- through the use of sanctions (or punishment);
- by withdrawing a reward or something valued by an individual (referred to as response cost); or
- by removing a sanction (also known as negative reinforcement).

²⁵ The Ministry of Justice has since published research which indicates that around two-thirds of the 4,170 offenders commencing a community order with a drug rehabilitation and supervision requirement in England and Wales between 2006 and 2008 were reconvicted within 12 months (2010: 32).

Work with substance misusing offenders supervised by the probation services in Britain can, to some extent, draw upon each of these options in an effort to secure compliance and behaviour change. As one of the main post-sentence disposals for dealing with drug misusing offenders, DRRs in England and Wales and DTTOs in Scotland provide probation and the courts with opportunities to use these tactics in the following ways:

- by positively praising progress and achievements via the dedicated court review process²⁶ (a form of positive reinforcement);
- through the imposition of fines²⁷ (a response cost) or making the conditions of an order or requirement more onerous in response to instances of non-compliance (a punishment); or
- terminating an order early for good progress (negative reinforcement).

In practice, however, the strategies adopted by probation and court services have tended to be punishment-orientated in approach and involve the imposition of negative sanctions in response to non-compliance. This is despite calls from within both the criminal justice and substance misuse fields for greater consideration of incentive-based strategies in an effort to secure compliance, rather than an over-reliance on punishment-orientated ones (Hedderman and Hough, 2004; National Institute for Health and Clinical Excellence (NICE), 2007).

Perhaps one of the most controversial recent examples of both a punishment and response cost approach involved the threat to withdraw social security benefits as a means of securing compliance from those serving community sentences under the supervision of the probation service in England and Wales. An evaluation of the pilot scheme by the Department for Work and Pensions (Knight et al., 2003) found that the policy had a marginal (less than 1%) impact on compliance with community sentences and was considered by those exposed to it as exerting only a minor influence on their behaviour. Some of those who did have their benefits withdrawn reported that it had caused financial difficulties for them, their families and dependents; it had not affected their motivation to find work but instead led to

²⁶ The 2003 Criminal Justice Act requires that these reviews are only to be held where a DRR is imposed for over 12 months (unless otherwise requested by the courts).

²⁷ In Scotland only.

additional or renewed offending (which they directly linked to the policy); and, it led to others disengaging from services altogether. The policy, in a probation context²⁸, has since been dropped.

7.2 Promoting compliance: the experiences of DTTOs, DRRs and drug courts

The scope for using the four approaches described by Marlowe for promoting engagement and compliance with DRRs and DTTOs for example are, in reality, constrained by a range of factors, including:

- uncertainty about the aims and rationale for the frequency of drug testing, and how the results compliment treatment care plans;
- the consequences of failed tests;
- the continuity, style, quality and frequency of interaction between judiciary and offenders during the court review process; and
- the limited scope for discretion open to the courts in responding to non-compliance²⁹ (McSweeney et al., 2008).

The ability of probation areas to exploit these strategies for DRRs are further constrained by two key issues. The first relates to the increasing tendency in some areas to propose only 6-month DRRs to the courts (and the implications of this for whether a review is likely to take place and the limited scope that therefore exists for early termination in response to good progress) (Gyateng, McSweeney and Hough, 2010). The second is concerned with ongoing uncertainty about the appropriateness and flexibility of probation national standards in dealing with issues arising from dependency, and what is widely regarded as a chronic, relapsing condition involving lapse and relapse (especially for those tier 3 and 4 offenders exposed to more intensive DRR arrangements) (McSweeney, Turnbull and Hough, 2008).

The experience of enforcement via national standards in England and Wales has often been viewed in stark contrast to the Scottish National Objectives and Standards

²⁸ More recent attempts by the UK Government to introduce compulsory testing and assessments for benefits claimants believed to be substance misusers were defeated in the House of Commons in 2009

²⁹ The 2003 Criminal Justice Act restricted the options previously open to the English and Welsh courts for responding to non-compliance in a constructive way, by taking no action or imposing a financial penalty in response to a breach of conditions. Instead the courts are encouraged to increase the severity of an existing sentence by imposing 'more onerous' requirements or revoking and re-sentencing (National Probation Directorate, 2005: 17).

(1991) and subsequent DTTO guidance (2004). When compared with the prescriptive nature of national standards for England and Wales, Scottish standards, with their continuing emphasis on a *“high level of professional judgement and defensible decision making”* in probation practice (see Chapman (2010) for a more recent review of Scottish Standards), have historically been seen as *“essentially a procedural document offering little guidance as to how, in practice, the principal objectives of the policy could be achieved. There was clearly a danger that considerable energy could be devoted to meeting national standards without there being an attendant increase in the quality and effectiveness of social work practice”* (McIvor, 2004b: 307).

For Hedderman and Hough (2004: 162), comparing the English and Scottish DTTO experience in this way demonstrated how DTTOs established under the same legislation could be implemented in radically different ways. Whilst for Rungay (2004: 260) this went to the heart of a fundamental tension between the need for flexibility, on the one hand, in responding to a chronic, relapsing condition and, on the other, accountability in the enforcement of community penalties, and maintaining the credibility of court-ordered sanctions.

A recent innovation in Britain has sought to ensure a greater degree of engagement with drug misusing offenders. This has involved building on the DTTO and DRR approaches to provide continuity of judiciary from sentence through to completion, and if necessary (and where possible), breach of the DTTO/DRR, in the form of dedicated drug courts. Evidence on the effectiveness of eight British drug courts (two in Scotland and six pilots in England and Wales) is largely confined to Scotland, however. Here there were some early indications that the approach can enhance perceptions of procedural justice, increase the perceived legitimacy of the court and thus encourage compliance with drug treatment and desistance from crime (McIvor, 2009a). More recently a historical comparison of reconviction rates for a sample of drug misusing offenders sentenced by the two Scottish courts prior to them acquiring their drug court status, indicated that two-year reconviction rates had increased under the drug court model (from 80% before to 82% after their introduction). Comparing two-year reconviction outcomes for all drug court and DTTO cases in Scotland between 2002 and 2006 also showed identical reconviction rates for both cohorts (82%) (McIvor, 2009b).

Although there is no evidence for the impact of the drug court approach in England and Wales on subsequent reconviction (Matrix Knowledge Group, 2008), we do know that during 2008/09 the DRR completion rate in the west London DDC boroughs of Hammersmith and Fulham (42%) and Kensington and Chelsea (42%) were below the London average (50%) (McSweeney et al., 2010: 15). As noted with the Community Justice Courts in North Liverpool and Salford (Jolliffe and Farrington, 2009), these differences in completion rates could be a consequence of enforcement styles arising from an enhanced level of accountability via these courts, with drug court offender managers perhaps applying guidance on breaches more rigorously than their colleagues in other London boroughs.

7.3 The use of sanctions and rewards in drug treatment settings

Contingency management (CM) is a theoretical and empirically informed approach to assist in the treatment of drug dependency in clinical settings using “*operant conditioning in which behaviour is controlled or shaped by its consequences*” (Prendergast et al., 2006: 1546). CM seeks to reward compliance with drug treatment through a system of positive reinforcement – which can include clinical privileges (Jones et al., 2001), vouchers and monetary incentives (Higgins et al., 1994) and award draws (Petry, 2000). Evidence-based variations of the CM approach have tended to comprise the following elements:

- Defining a target behaviour (e.g. abstinence from a particular drug or attendance at treatment sessions)
- Regular monitoring of these target behaviours (e.g. through regular drug testing)
- Providing rewards contingent on attaining target behaviours (e.g. clinical privileges) and withholding them for non-attainment
- Positively reinforcing target behaviours (e.g. through motivational interviewing and other cognitive behavioural approaches) (Weaver et al., 2007: 3).

There have been three recent meta-analyses of different CM approaches (Griffith et al., 2000; Lussier et al., 2006; Prendergast et al., 2006). All found significant positive impacts on treatment engagement and retention, substance use and social functioning outcomes (e.g. access to ancillary services such as education, training and employment). Perhaps the most comprehensive of these, drawing on the results

from 47 studies deploying treatment and control group designs and examining different CM approaches between 1970 and 2002, found that CM was most effective in the treatment of opiate and cocaine misuse. The researchers concluded that “*CM is among the more effective approaches to promoting abstinence*” during treatment and that it “*improves the ability of clients to remain abstinent, thereby allowing them to take fuller advantage of other clinical treatment components*” (Prendergast et al., 2006: 1546). In reaching this conclusion, however, Prendergast and colleagues also emphasised that CM approaches are merely an adjunct to enhance the effectiveness of drug treatment, rather than stand-alone interventions in their own right. Moreover, the effect of CM is most prominent during shorter periods of treatment (11 weeks or less) and its impact is largely confined to periods of time spent in treatment, with any benefits declining quickly thereafter. This they contend points to the need to “*combine CM with other interventions that provide more sustained effects (e.g. cognitive behavioural therapy)*” (Ibid: 1555).

7.4 The use of contingency management in Britain

Yet despite the evidence supporting the effectiveness of CM strategies in the treatment of drug dependency, the approach is under-used in British services. A national survey involving 70 per cent of English drug services revealed that none were employing CM models in a manner consistent with the evidence-based approaches adopted more routinely in the United States (from where practically all the evidence on CM originates). Furthermore, the study suggested that any attempt to do so would represent a considerable change and challenge to the prevailing culture within existing English services providing opiate substitution (Weaver et al., 2007). The main barriers appeared to be ethical and moral in nature as much as practical. Issues identified in two case study areas included uncertainties over:

- a number of operational issues and a lack of evidence and guidance on best practice;
- the definition of target behaviours, eligibility criteria, intervention duration and the level and type of reward to be offered; and
- how best to reconcile clinical objectives, ethical considerations and the need for evaluation.

As Weaver and colleagues also observed:

“There was concern that the incentives would become the focus of treatment, rather than an adjunct to existing interventions. Some felt clients might feel manipulated by the scheme or patronised. There was also concern that vouchers may undermine the client-keyworker relationship, particularly when rewards might be lost or withheld” (2007: 5).

7.5 Barriers and possibilities

Almost irrespective of the evidence demonstrating effectiveness in promoting engagement with substance misuse treatment and related outcomes, there is likely to be a considerable degree of political (and perhaps public)³⁰ resistance to any proposals put forward in Britain for adopting or developing innovative systems of incentives and rewards for drug treatment delivered via the CJS³¹. As Marlowe notes: *“positive reinforcement is rarely implemented with substance abusers or criminal offenders because it is often considered unfair to reward antisocial individuals for doing what is minimally expected of most citizens”* (2006: 132).

But given the sheer scale of the pressure now bearing down on public finances, could the ‘rehabilitation revolution’ that forms part of the coalition government’s Structural Reform Plan hasten the introduction of such strategies? Could we perhaps see elements of operant conditioning feature more prominently as one form of innovation proposed by the private and voluntary sectors more involved in work with substance misusing offenders, attracted by the promise of payment by results, to cut reoffending?

A research team based at the National Addiction Centre, King’s College London are currently engaged in research on CM. Their programme consists of five linked studies which are aiming to develop a UK evidence base for CM. The research

³⁰ At its meeting in May 2010 the Citizens Council, comprising member of the public and convened by NICE, came out in favour of using incentives as an effective way of encouraging people to change unhealthy lifestyles. This approval was however conditional on a number of safeguards being in place and appears to have only given marginal consideration to illicit drug using behaviour.

³¹ Founded by former Conservative Party leader Ian Duncan-Smith in 2004, the Centre for Social Justice, in its *Breakthrough Britain* report focussing on addiction, had recommended the adoption of a system of incentives and rewards to encourage behaviour change and abstinence from illicit drug use (Gyngell, 2007: 13). Nevertheless, Paul Hayes, Chief Executive of the National Treatment Agency for Substance Misuse in England, recently referred to the political sensitivities surrounding the use of incentives and rewards, particularly with drug misusing offenders, when he commented upon the potential for a public backlash in the current economic climate against drug services being seen as giving “goodies to baddies” (2009).

includes two randomised trials of CM, one focused on vaccination uptake and the other on retention in treatment and abstinence from heroin/opiates. However this research is not due to report final findings for several years.

References

- Anderson, T. L. (1994) 'Drug abuse and identity: Linking micro and macro factors', *Drug Abuse and Identity*, 35(1): 159-174.
- Anderson, T. L. and Mott, Mott, J. A. (1998) 'Drug-related identity change: theoretical development and empirical assessment', *Journal of Drug Issues*, 28(2): 299-328.
- Anderson, T. L. (1998) 'Drug identity change processes, race and gender .III. Macro level opportunity concepts'. *Substance Use and Misuse*, 33(14): 2721-2735.
- Ashton, M. (1999) Project Match: unseen colossus. *Drug and Alcohol Findings*, Issue 1.
- Ashton, M. and Witton, J. (2004) 'The power of the welcoming reminder: Mind Matters Part 1', *Drug and Alcohol Findings*, 11: 4-17.
- Ashton, M. (2005a) 'Can we help? Mind Matters Part 2', *Drug and alcohol findings*, 12: 4-19
- Ashton (2005b) 'The Motivational Halo: Mind Matters Part 3', *Drug and Alcohol Findings*, 13: 23-30.
- Ashton, M. (2005c) 'Motivational arm twisting, Contradiction in terms? Mind Matters Part 4', *Drug and alcohol findings*, 14: 4-19.
- Ashton, M. (2006) Adjust directiveness to client resistance. *Drug and Alcohol Findings*, Issue 12.
- Barnard, M., Webster, S., O'Connor, W., Jones, A. and Donmall, M. (2009) *The Drug Treatment Outcomes Research Study (DTORS): Qualitative Study*. Home Office Research Report 26. London: Home Office.
- Barton, A. and Quinn, C. (2001) 'Mandated 'Joined up' Working: A Pandora'. *Box for Welfarist Organisations?*, *Public Policy and Administration*, 16:50.
- Bennett, T.H. and Holloway, K.R. (2005) *Understanding Drugs, Alcohol and Crime*. Buckingham: McGraw-Hill/Open University Press.
- Best D. *et al.* (2003) *Evaluating the effectiveness of drug treatment and testing orders in London*. A report on behalf of the London Probation Area. London.
- Best, D., Day, E., and Morgan, B. (2006) *Addiction careers and the natural history of change. Research briefing 20*. London: National Treatment Agency.
- Best, D. (2007) *The Politics of Treatment*. Presentation to the 2007 National Drug Treatment Conference. 15–16 March 2007. London, UK.

Booth, P. G. and Bennett, H. E. (2004) 'Factors associated with attendance for first appointments at an alcohol clinic and the effects of telephone prompting', *Journal of Substance Use*, 9(6): 269-279.

Boreham, R., Cronberg, A., Dollin, L. and Pudney, S. (2007) *The Arrestee Survey 2003 – 2006*. Home Office Statistical Bulletin 12/07. London: Home Office.

Bottoms, A. (2001) 'Compliance with community penalties', in A. Bottoms, L. Gelsthorpe and S. Rex (eds) *Community Penalties: Changes and Challenges*, Cullompton: Willan.

Burnett, R. and Maruna, S. (2006) 'The kindness of prisoners: Strengths-based resettlement in theory and action', *Criminology and Criminal Justice*, 6 (1): 83-106.

Burrows, J., Clarke, A., Davison, T., Tarling, R. and Webb, S. (2000) *The Nature and Effectiveness of Drugs Throughcare for Released Prisoners*, London; Home Office RDS Research Findings 109.

Cahill, M.A., Adinoff, B., Hosig, H., Muller, K. and Pulliam, C. (2003) Motivation for treatment preceding and following a substance abuse program. *Addictive Behaviours*, 28:67-79.

Department of Health (2000) *The NHS Plan*, London: Department of Health.

Etherington, K. (2006) 'Understanding drug misuse and changing identities: A life story approach', *Drugs: education, prevention and policy*, 13, 3: 233-245.

Falk, C. (2004) 'Are DTTOs working? Issues of policy, implementation and practice' *Probation Journal*, 51:398

Farabee, D., Prendergast, M. and Anglin, M.D. (1998) 'The Effectiveness of Coerced Drug Treatment for Drug-Abusing Offenders', *Federal Probation*, 62 (1): 3-11.

Farrall, s. (2002) *Rethinking What Works with Offenders: Probation, Social Context and Desistance from Crime*. Cullompton: Willan.

Fiorentine, R., Narkashima, J. and Anglin, M. (1999) 'Client Engagement in Drug Treatment', *Journal of Substance Abuse Treatment*, 17 (3): 199-206.

Fletcher, H. (2002) 'Crack in the System', *Napo News*, July/August, Issue 141: 10–11.

Fox, A., Khan, L., Briggs, D., Rees-Jones, N., Thompson, Z. and Owens, J. (2005) *Throughcare and aftercare: approaches and promising practice in service delivery for clients released from prison or leaving residential rehabilitation*, London; Home Office Report 01/05.

Fraser, S. and Treloar, C. (2006) "Spoiled identity' in hepatitis C infection: The binary logic of despair', *Critical Public Health*, 16(2): 99-110.

- Goffman, E. (1963) *Stigma: notes on the management of spoiled identity*, Englewood Cliffs, NJ; Prentice Hall.
- Gossop, M., Marsden, J., Stewart, D. and Kidd, T. (2003) The National Treatment Outcome Research Study: 4-5 year follow-up results. *Addiction*, Vol.98, issue 3: 291-303.
- Gossop, M., Trakada, K., Stewart, D. and Witton, J. (2005) 'Reductions in criminal convictions after addiction treatment: 5-year follow-up.' *Drug and Alcohol Dependence*, 79 (3): 295-302.
- Gossop, M., Trakada, K., Stewart, D. and Witton, J. (2006) *Levels of Conviction Following Drug Treatment: Linking Data from the National Treatment Outcome Research Study and the Offenders Index*. Home Office Research Findings 275. London: Home Office.
- Greater London Alcohol and Drug Alliance (GLADA) (2004) *An Evidence Base for the London Crack Cocaine Strategy*. London: Greater London Authority.
- Griffith, J. D., Rowan-Szal, G. A., Roark, R. R. and Simpson, D. D. (2000) 'Contingency management in outpatient methadone treatment: a meta-analysis', *Drug and Alcohol Dependence*, 58 (1): 55–66.
- Gyateng, T., McSweeney, T. and Hough, M. (2010) *Key predictors of compliance with community supervision in London. A report prepared for the London Criminal Justice Partnership*. London: ICPR.
- Gyngell, K. (2007) *Breakthrough Britain: Ending the Costs of Social Breakdown. Volume 4: Addictions. Policy recommendations to the Conservative Party*. London: Centre for Social Justice.
- Hall, S. and du Gay, P. (eds) (1996) *Questions of Cultural Identity*. London: Sage.
- Hansard (2010a) '*Drugs: Rehabilitation*', 28 January, Column 1042W. London: Home Office.
- Hansard (2010b) '*Drugs: Rehabilitation*', 4 February, Column 493W28, London: Home Office.
- Harper, R. and Hardy, S. (2000) 'An evaluation of motivational interviewing as a method of intervention with clients in a probation setting', *British Journal of Social Work*, 30, pp.393–400.
- Hearnden, I. (2000) Problem Drug Use and Probation in London: an *evaluation Drugs: education, prevention and policy*, Volume 7, Issue 4 Pages 367 – 380.
- Heather, N., Raistrick, D. and Godfrey C. (2006) *A Summary of the Review of the Effectiveness of Treatment for Alcohol Problems*. London: National Treatment Agency for Substance Misuse.
- Hedderman, C. and Hough, M. (2004) 'Getting tough or being effective: What matters?', in G. Mair, ed., *What Matters in Probation*, 146–169. Cullompton: Willan.

Higgins, S. T., Budney, A. J., Bickel, W. K., Foerg, F. E., Donham, R. and Badger, G. J. (1994) 'Incentives improve outcome in outpatient behavioral treatment of cocaine dependence', *Archives of General Psychiatry*, 51 (7): 568–576.

Hiller, M. L, Knight, K., and Simpson, D. D. (1999) 'Prison-based substance abuse treatment, residential aftercare and recidivism', *Addiction*, 94(6): 833-842.

Hollingworth, M. (2008) 'An examination of the potential impact of the Drug Rehabilitation Requirement on homeless illicit drug-using offenders', *Probation Journal*, 55, 127.

Hollis, V. (2007) *Reconviction Analysis of Programme Data using Interim Accredited Programmes Software (IAPS)*. London: RDS/NOMS.

Home Office (2010) *Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting People to live a drug-free live*. London: Home Office.

Hough, M., Clancy, A., McSweeney, T. and Turnbull, P.J. (2003) *The Impact of Drug Treatment and Testing Orders on Offending: Two Year Reconviction Results*. Home Office Research Findings 184. London: Home Office.

Hough, M. (2008) *Reducing reoffending: getting off the treadmill. A paper prepared for the National Audit Office*. London: ICPR.

Hough, M. (2010) 'Gold standard or fool's gold: the pursuit of certainty in experimental criminology', *Criminology and Criminal Justice*. 10, 1, pps 11-22.

Howard, P. (2006) *The Offender Assessment System: an evaluation of the second pilot*. Home Office Research Findings 278. London: Home Office.

Hser, Y., Longshore, D. and Anglin, M.D. (2007) 'The Life Course Perspective on Drug Use: A Conceptual Framework for Understanding Drug Use Trajectories.' *Evaluation Review*, 31 (6): 515-547.

Hunt, N., Stevens, A. (2004) 'Whose harm? Harm and the shift from health to coercion in UK drug policy', *Social Policy and Society*, 3,4, 333-342.

Joliffe, D. and Farrington, D.P. (2009) *Initial evaluation of reconviction rates in Community Justice Initiatives*. Research Summary 09/09. London: Ministry of Justice.

Jones, H. E., Haug, N., Silverman, K., Stitzer, M. and Svikis, D. (2001) 'The effectiveness of incentives in enhancing treatment attendance and drug abstinence in methadone maintained pregnant women', *Drug and Alcohol Dependence*, 61 (3): 297–306.

Jones, A., Weston, S., Moody, A., Millar, T., Dollin, L., Anderson, T. and Donmall, M. (2007) *The Drug Treatment Outcomes Research Study (DTORS): Baseline Report*. Home Office Research Report 3. London: Home Office.

Jones, A., Donmall, M., Millar, T., Moody, A., Weston, S., Anderson, T., Gittins, M., Abeywardana, V. and D'Souza, J. (2009) *The Drug Treatment Outcomes Research*

Study (DTORS): Final Outcomes Report (3rd edition). Home Office Research Report 24. London: Home Office.

Jupp, V. (2006) 'Interactionism' in E. McLaughlin and J. Muncie (eds.) *The SAGE Dictionary of Criminology*, London; Sage: pp. 221-223.

Knight, T., Mowlam, A., Woodfield, K., Lewis, J., Purdon, S., Kitchen, S., and Roberts, C. (2003) *Evaluation of the community sentences and withdrawal of benefits pilots*. Research Report 198. London: Department for Work and Pensions.

Lussier, J. P., Heil, S. H., Mongeon, J. A., Badger, G. J. and Higgins, S. T. (2006) 'A meta-analysis of voucher-based reinforcement therapy for substance use disorders', *Addiction*, 101 (2): 192–203.

Mair, G. and Barton, A. (2001) 'Drugs Throughcare in a Local Prison: a process evaluation', *Drugs: education, prevention and policy*, 8, 4: 335-345.

Maguire, M. and Raynor, R. (1997) 'The revival of throughcare: rhetoric and reality in automatic conditional release', *The British Journal of Criminology*, 37, 1: 1-14.

Mallender, J., Roberts, E. and Seddon, T. (2002) *Evaluation of Drug Testing in the Criminal Justice System in Three Pilot Areas*. Home Office Research Findings 176. London: Home Office.

Man, L., Best, D., Marshall, J., Godfrey, C. and Budd, T. (2002) *Dealing with Alcohol-related Detainees in the Custody Suite*. Home Office Research Findings 178. London: Home Office.

Marlowe, D.B. (2006) 'Depot naltrexone in lieu of incarceration: A behavioural analysis of coerced treatment for addicted offenders', *Journal of Substance Abuse Treatment*, 31 (2): 131–139.

Martin, S. S., Butzin, C. A., Saum, C. A. and Inciardi, J. A. (1999) 'Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: from prison to work release to aftercare', *The Prison Journal*, 79(3):294-320.

Martin, D. J., Garske, J. P. and Davis, M. K. (2000) 'Relation of the Therapeutic Alliance With Outcome and Other Variables: A Meta-Analytic Review', *Journal of Consulting and Clinical Psychology*, 68(3):438-450.

Matrix Knowledge Group (2008) *Dedicated Drug Court Pilots: A Process Report*. Ministry of Justice Research Series 7/08. London: Ministry of Justice.

Maruna, S. (2001) *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*, Washington, DC: American Psychological Association Books.

Maruna, S. and LeBel, T. P. (2003) 'Welcome Home? Examining the 'Reentry Court' Concept from a Strengths-based Perspective', *Western Criminology Review* 4 (2), 91-107.

Maruna, S., LeBel, T.P. and Lanier, C. S. (2004) 'Generativity Behind Bars: Some 'Redemptive Truth' About Prison Society', in E. de St. Aubin, D.P. McAdams and T.C. Kim (eds.) *The Generative Society: Caring for Future Generations*, Washington; American Psychological Association: 131-151.

May, C. (1999) *The role of social factors in predicting reconviction for offenders on community penalties*. Home Office Research Findings No.97. London: Home Office.

May, C., Sharma, N. and Stewart, D. (2008) *Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004*. Research Summary 5. London: Ministry of Justice.

McAdams, D. P. and Logan, R. L. (2004) 'What is generativity?' in E. de St. Aubin, D.P. McAdams and T.C. Kim (eds.) *The Generative Society: Caring for Future Generations*, Washington; American Psychological Association: 15-31.

McCoard, S., Skellington Orr, K., McKellar, J., et al. (2011) Scoping study of interventions with alcohol problems in community justice settings.

McIntosh, J. and McKeganey, N. (2001) 'Identity and Recovery from Dependent Drug Use: the addicts perspective', *Drugs: education, prevention and policy*, 8 (1): 47-59.

McIntosh, J., Bloor, M. and Robertson, M. (2007) 'The effect of drug treatment upon the commission of acquisitive crime', *Journal of Substance Use*, 12 (5): 375-384.

McIntosh, J. and McKeganey, N. (2001) 'Identity and Recovery from Dependent Drug Use: the addicts perspective', *Drugs: education, prevention and policy*, 8 (1): 47-59.

McIvor, G. (2004b), 'Getting Personal: Developments in Policy and Practice in Scotland', in G. Mair, ed., *What Matters in Probation*, 305 – 326. Cullompton: Willan Publishing.

McIvor, G. (2009a) 'Therapeutic jurisprudence and procedural justice in Scottish Drug Courts', *Criminology and Criminal Justice*, 9 (1): 5 - 25.

McIvor, G. (2009b) 'Reconviction Among Drug Court Participants', in *Review of the Glasgow and Fife Drug Courts: Report*. Edinburgh: Scottish Government Community Justice Services.

McKay, J. R., Lynch, K.G., Shepard, D.S., and Pettinati, H. M. (2005) 'The Effectiveness of Telephone-Based Continuing Care for Alcohol and Cocaine Dependence', *Arch Gen Psychiatry*, 62:199-207.

McMurran, M. (2007) 'What works in substance misuse treatments for offenders', *Criminal Behaviour and Mental Health*, 17: 225-233

McNeill, F. (2004) 'Supporting desistance in probation practice: a response to Maruna, Porter and Carvalho', *Probation Journal*, 51 (2): 241-247.

McNeill, F., Batchelor, S., Burnett, R. and Knoz, J. (2005) *21st Century Social Work Reducing Re-Offending: Key Practice Skills*, Glasgow: Glasgow School of Social Work.

McNeill, F. and Weaver, B. (2010) *Changing lives? Desistance research and offender management*. Universities of Glasgow and Strathclyde.

McSweeney, T., Meadows, P., Metcalf, H., Turnbull, P. J. and Stanley, C. (2010) *The feasibility of conducting an impact evaluation of the Dedicated Drug Court pilot*. Research Summary 2/10. London: Ministry of Justice.

McSweeney, T., Stevens, A., Hunt, N. and Turnbull, P.J. (2008) 'Drug testing and court review hearings: uses and limitations', *Probation Journal*, 55 (1): 39-53.

McSweeney, T. Turnbull, P.J. and Hough, M. (2008) *The treatment and supervision of drug-dependent offenders: A review of the literature prepared for the UK Drug Policy Commission*. London: UK Drug Policy Commission.

McSweeney, T. (2010) 'Recovery, desistance and 'coerced' treatment', in R. Yates and M. Malloch (eds.), *Tackling Addiction: Pathways to Recovery*. London: Jessica Kingsley.

McSweeney, T. and Hearnden, I. (2009) *An evaluation of a drug interventions programme (DIP) enhanced arrest referral and aftercare scheme*. London: ICPR.

McSweeney, T., Webster, R., Turnbull, P.J. and Duffy, M. (2009) *Evidence-based practice? The National Probation Service's work with alcohol misusing offenders*. Ministry of Justice Research Series 13/09. London: Ministry of Justice.

McSweeney, T., Stevens, A., Hunt, N. and Turnbull, P.J. (2007) 'Twisting arms or a helping hand?: Assessing the impact of 'coerced' and comparable 'voluntary' drug treatment options.' *British Journal of Criminology*, 47, 3, 470-490.

McSweeney, T. and Hough, M. (2006) 'Supporting offenders with multiple needs: Lessons for the 'missed economy' model of service provision', *Criminology and Criminal Justice*, 6: 107.

McSweeney, T., Stevens, A., Hunt, N., Turnbull, P. (2008) Drug testing and court review hearings: Uses and limitations, *Probation Journal* 55: 39.

McSweeney, T. and Hough, M. (2005) 'Drugs and Alcohol', in N. Tilley (ed.) *Handbook of Crime Prevention and Community Safety*. Cullompton: Willan.

Moore, R. (2007) *Adult offenders' perceptions of their underlying problems: findings from the OASys self-assessment questionnaire*. Home Office Research Findings 284. London: Home Office.

Meier, P. S., Barrowclough, C. and Donmall, M. C. (2005) 'The role of the therapeutic alliance in the treatment of substance misuse: a critical review of the literature', *Addiction*, 100: 304-316.

Miller, W. R. and Rollnick, .S. (1991) *Motivational Interviewing*. New York: Guildford Press.

Millar, T. Donmall, M. and Jones, A. (2004) *Treatment Effectiveness. Demonstration Analysis of Treatment Surveillance Data about Treatment Completion and Retention*. London: National Treatment Agency for Substance Misuse.

Ministry of Justice (undated) *The National Offender Management Service Drug Strategy 2008-2011*, London; Ministry of Justice.

Ministry of Justice (2010a) *Compendium of reoffending statistics and analysis*. Ministry of Justice Statistics Bulletin. London: Ministry of Justice.

Ministry of Justice (2010b) *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*. London: Ministry of Justice.

Moore, R. (2007). Adult offenders' perceptions of their underlying problems: findings from the OASys self-assessment questionnaire. Home Office Research Findings 284. London: Home Office.

Naeem, F., Bhatti, F., Pickering, R. and Kingdon, D. (2007) 'A controlled trial of the effectiveness of drug treatment and testing orders (DTTO) with shared care', *Journal of Substance Use*, 12 (4): 253–265.

National Audit Office (2010) *Tackling problem drug use*. London: National Audit Office.

National Treatment Agency (NTA) (2010) *NTA fulfils promise on expert group on medication and recovery*. Press release, 8th November. London: National Treatment Agency.

National Treatment Agency for Substance Misuse (NTA) (2010) *NTA Business Plan 2010-2011*. London: NTA.

National Treatment Agency for Substance Misuse, April 2005, *Developing Drug Service Policies*: 8.

National Institute for Health and Clinical Excellence (NICE) (2007) *Drug misuse: Psychosocial Management of Drug Misuse. NICE guideline. Draft for consultation*. London: NICE.

National Probation Directorate (2005) *Effective Management of the Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR)*. Probation Circular 57/2005. London: National Probation Directorate.

Petry, N. M., Martin, B., Cooney, J. L. and Kranzler, H. R. (2000) 'Give them prizes, and they will come: contingency management for treatment of alcohol dependence', *Journal of Consulting and Clinical Psychology*, 68 (2): 250–257.

Phillips, R. and Bourne, H. (2008) 'The impact of worker values on client outcomes within a drug treatment service', *International Journal of Drug Policy*, 19: 33-41.

Plumridge, E. and Chetwynd, J. (1999) 'Identity and the social construction of risk: injecting drug use', *Sociology of Health and Illness*, 21(3): 329-343.

Polcin, D. L. (2001) 'Sober living houses: potential roles in substance abuse services and suggestions for research', *Substance Use and Misuse*, 36(3): 301-311.

Prendergast, M., Podus, D., Finney, J., Greenwell, L. and Roll, J. (2006) 'Contingency management for treatment of substance use disorders: A meta-analysis', *Addiction*, 101 (11): 1546–1560.

Prochaska, J.O. and Diclemente, C. (1986) *Towards a Comprehensive Model of Change in Treating Addictive Behaviours, Processes of Change* (eds) Millar, W.R. and Heather, N. Plenum Press.

Project Match Research Group (1999) . "Summary of Project Match" *Addiction* (94) 1, p. 31-34.

Pudney, S. (2002) *The road to ruin? Sequences of initiation into drug use and offending by young people in Britain*. Home Office Research Study 253. London: Home Office.

Rex, S. (1999) 'Desistance from Offending: Experiences of Probation', *Howard Journal of Criminal Justice*, 38 (4): 366-383.

Roberts, M. (2005) 'Comment on 'What are drug users looking for when they contact drug services: Abstinence or harm reduction?' by Neil McKeganey, Zoe Morris, Joanne Neal, & Michele Robertson', *Drugs: education, prevention and policy*, 12 (4): 261-263.

Robinson, G. and McNeill, F. (2008) 'Exploring the dynamics of compliance with community penalties', *Theoretical Criminology*, 12 (4): 431 - 449.

Rodriguez, J., Keene, J. and Li, X. (2006) 'The substantial service demands of offenders and frequent offenders', *European Journal of Criminology*, 3:149.

Rumgay, J. and Cowan, S. (1998) 'Pitfalls and Prospects in Partnership: Probation Programmes for Substance Misusing Offenders', *Howard Journal*, 37, 2, pp. 124 – 136.

Rumgay, J. (2003) 'Drug Treatment and Offender Rehabilitation: Reflections on Evidence, Effectiveness and Exclusion', *Probation Journal*, 50: 41

Rumgay, J. (2004) 'Dealing with substance-misusing offenders in the community', in A. Bottoms, S. Rex and G. Robinson, eds, *Alternatives to Prison: Options for an Insecure Society*, 248–267. Cullompton: Willan.

Schroeder, R. D., Giordano, P. C. and Cernkovich, S. A. (2007) 'Drug use and desistance'. *Criminology*, 45 (1): 191–222.

Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 1–65). London: Academic Press.

Schwartz, S. H. (1996). Value priorities and behavior: Applying a theory of integrated value systems. In C. Seligman, J. M. Olson, & M. P. Zanna (Eds.), *The psychology of values: The Ontario symposium* (pp. 1–24). Mahwah, New Jersey: Lawrence Erlbaum Associates.

Steinglass, P. (2009) 'Systematic-motivational therapy for substance abuse disorders: an integrative model', *Journal of Family Therapy*, 31: 155-174.

- Stevens, A., McSweeney, T., van Ooyen, M., Uchtenhagen, A. (2005) 'On Coercion', *International Journal of Drug Policy*, 16,4:203-206.
- Stevens, A., Berto, D., Frick, U., Hunt, N., Kersch, V., McSweeney, T., Oeuvray, K., Schaaf, S., Trinkl, B., Uchtenhagen, A. and Werdenich, A. (2006) The relationship between legal status, perceived pressure and motivation in treatment for drug dependence: results from a European study of quasi-compulsory treatment. *European Addiction Research*, 12 (4): 197-209.
- Stewart, D. (2008) *The problems and needs of newly sentenced prisoners: results from a national survey*. Ministry of Justice Research Series 16/08. London: Ministry of Justice.
- Stimson, G.V. (2000) Blair declares war: the unhealthy state of British drug policy. *International Journal of Drug Policy*, 11 (4): 259 – 264.
- Turnbull, P.J., McSweeney, T., Webster, R., Edmunds, M. and Hough, M. (2000) *Drug Treatment and Testing Orders: Final Evaluation Report*. Home Office Research Study No. 212. London: Home Office.
- Turnbull, P.J. and Webster, R. (2007) *Supervising crack-using offenders on Drug Treatment and Testing Orders*. London: National Treatment Agency for Substance Misuse.
- Treloar, C. and Rhodes, T. (2009) 'The Lived Experience of Hepatitis C and its Treatment Among Injecting Drug Users: Qualitative Synthesis', *Qualitative Health Research*, 19 (9): 1321-1334.
- Uchtenhagen, A., Stevens, A., Berto, D., Frick, U., Hunt, N., Kersch, V., McSweeney, T. et al., (2008) 'Evaluation of therapeutic alternatives to imprisonment for drug dependent offenders: Experience from a comparative European multi-country study', *Heroin Addiction and Related Clinical Problems*, 10 (2): 5-10.
- United Kingdom Anti-Drugs Co-ordination Unit (UKADCU) (1998) *Tackling drugs to build a better Britain: the government's ten-year strategy for tackling drug misuse*. London: The Stationery Office.
- UK Drug Policy Commission (UKDPC) (2008) *Reducing drug use, reducing reoffending: Are programmes for problem drug-using offenders in the UK supported by the evidence?* London: UKDPC.
- UK Drug Policy Commission (UKDPC) (2008) *Working towards recovery: Getting problem drug users into jobs*. London: UKDPC.
- UK Drug Policy Commission (UKDPC) (2008) *Reducing drug use, reducing reoffending: Are programmes for problem drug-using offenders in the UK supported by the evidence?* London: UKDPC.
- Warburton, H., Turnbull, P. J., and Hough, M. (2005) Occasional and controlled heroin use: Not a problem? London; Joseph Rowntree Foundation.
- Weaver, B. and McNeill, F. (2007) *Giving Up Crime: Directions for Policy*. Glasgow: The Scottish Consortium on Crime and Criminal Justice.

Weaver, T., Hart, J., Fehler, J., Metrebian, N., D'Agostino, T. and Benn, P. (2007) *Are Contingency Management Principles Being Implemented in Drug Treatment in England?* London: National Treatment Agency for Substance Misuse.

White, W.L. (2007) 'Addiction recovery: Its definition and conceptual boundaries.' *Journal of Substance Abuse Treatment*, 33 (3): 229-241.