



Burden of proof

Prison drug treatment programmes can cut re-offending but, claims Gail Jones of Rapt, the lack of a solid evidence base is putting their future at risk.

The world of recovery is full of individually inspiring stories. Duwaine's is no exception. A tough gang member, he had been using and offending for 15 years. Until he encountered the Rehabilitation of Addicted Prisoners trust (RAPt) team at HMP Coldingley, in Surrey, Duwaine saw his drug use inside as a way of keeping his head down and getting through his sentence.

It's now a year since Duwaine reluctantly agreed to move into the RAPt recovery unit, mainly for the exclusive en-suite toilet and shower facilities. A year on, the gangster swagger has been replaced with a light, hopeful step, and Duwaine says he now feels free, despite being in prison.

He says the turning point was seeing his life story written down – writing about and sharing your experience with fellow users is one of the foundations of the 12-step recovery model used by RAPt.

The process made him see what his life was really like, as opposed to the more palatable edit he had previously chosen to see. He finally grasped the impact of taking drugs in front of his young children, and the string of broken promises he had made to people who loved him.

Six months later he is not only drug-free, but also a changed man. He has secured “the privilege” of being transferred to High Down prison to work as a peer supporter on the RAPt ‘Bridges to Recovery’ programme. He has gone from being a ‘person of interest’ – criminal justice speak for big trouble – to a model of successful rehabilitation, given the freedom to walk the corridors across the prison as he goes about trying to persuade his old partners in crime to join him as a peer in recovery.

The key to his current stage of recovery is winning trust – of both those close to him and authority figures – which in turn is giving him hope that he can build a drug and crime-free life. He hopes to continue training to work with young people on crime diversion schemes when he gets released in about a year's time. Duwaine has already been approached by police forces and others keen to work with someone who can speak to young gang members in language they understand – especially in the wake of the 2011 summer riots.

Duwaine's chances of starting a new life on release, and avoiding sliding back into old using and criminal habits are now much higher, thanks

to RAPt's intensive abstinence-based approach, than if he had completed a lower intensity programme. RAPt can say this with confidence because we have conducted robust analysis of our programme data. We realised that though individual stories can be compelling, interventions need to be able to use the rigour of science to demonstrate their impact.

For some years, RAPt has collected data on all offenders who have engaged with its treatment programmes. The data measures changes in criminal thinking and behaviours that have been shown to be associated with post-release offending.

An analysis of the data shows the programme is able to bring about positive changes in participants and reduce their likelihood of re-offending.

While these proxy measures were encouraging, we wanted to go one step further and analyse the re-offending rates of service users when they were back in the community. In order to compare results with a matched group of offenders, RAPt submitted details of men who had completed its programme, and a comparison group of offenders who had undertaken a low intensity CBT

programme run by the Prison Service.

This analysis showed that less than a third (31%) of the group who had completed the RAPt programme had re-offended within 1 year of release compared to more than half (51%) of the matched comparison group, based on analysis of re-offending using the Police National Computer database.

It also highlighted a significant difference between the two groups' volume of offending. The comparison group committed over twice as many offences per person than the RAPt group (2.3 and 0.8 respectively) and received twice as many custodial sentences (2.6 and 0.7 respectively).

RAPt's efforts to provide an evidence base for its programmes, which were recently validated by Manchester University, are a rarity, despite the heavy government investment in prison-based drug treatment over the past twelve years.

This policy of focusing on problem drug users, whose offending was in some way related to their drug use, was based to some extent on an act of faith – that prisoners would be willing to engage in treatment during a stay in prison, that the programmes offered could be effective, and that post-release reoffending rates would consequently be reduced.

While these assumptions have broadly held true, it was also fair to assume that, as a wide range of interventions were rolled out over the years, their expansion would be accompanied by a growth in the evaluation and evidence base. This, in turn, could guide understanding of impact and effectiveness, and therefore what services should be commissioned in the future. But twelve years on, in an important period of review of prison based needs, strategy and commissioning, the level of research conducted in this field, and the extent to which service evaluations are conducted and discussed in public, has been disappointing.

Lack of research into the effectiveness of prison based interventions may be damaging to the sector when the Home Affairs Committee reviews the extent to which the Government's 2010 drug strategy is a 'fiscally responsible policy'. It has made clear that one of the ways in which current interventions will be judged is the extent to which they are grounded in science.

The previous government asked The Patel Committee to look at the

LACK OF RESEARCH INTO THE EFFECTIVENESS OF PRISON BASED INTERVENTIONS MAY BE DAMAGING TO THE SECTOR WHEN THE HOME AFFAIRS COMMITTEE REVIEWS THE EXTENT TO WHICH THE GOVERNMENT'S 2010 DRUG STRATEGY IS A 'FISCALLY RESPONSIBLE POLICY'

available evidence base for prison-based treatment as part of its wider review of drug policy. It had to rely largely on studies conducted in other countries for its analysis. The Committee was able to state with some confidence in its final report that there were a few interventions that were effective and cost-efficient – opiate substitution programmes, intensive abstinence-based therapeutic programmes, and contingency management. However it was forced to conclude that there was insufficient evidence of the impact of many services which had received heavy investment, including lower intensity programmes and pharmacological interventions for substances other than heroin.

A review published in 2008 by the UK Drug Policy Commission (*Reducing Drug Use, Reducing Reoffending*) came to broadly the same conclusions, although the authors were only reviewing UK-based treatment for offenders in the community and in prison establishments. The review reported that there was reasonable evidence on the effectiveness of opioid detoxification and maintenance (although long-term outcomes are unknown), therapeutic communities and, specifically named, the RAPt 12-step programme.

Again, several interventions – CARATs, short-duration CBT-focused programmes such as Addressing Substance-Related Offending (ASRO), and drug-free wings – were found to have no published evaluations of their effectiveness. The authors note that considering the investment into CJS interventions, there is very little published evidence on which programmes works best for whom, and what individual features of programmes are key to successful outcomes. Even information on basic areas such as

'throughput and output' of programmes are widely inaccessible.

RAPt has made several attempts to help fill this evidence gap. After the last round of service restructuring, we tried to persuade the Home Office and Ministry of Justice to commission a national comparison study on a cohort drawn from the 70,000 prisoners per year receiving some sort of intervention, in order to understand the impact of different interventions and pathways.

Then, in 2008/9 we attempted to pull together a consortium of service providers to directly commission some comparative research into our outcomes. We failed to find enthusiastic partners for these studies. Finally, we had to settle for a less ambitious project that compared the reoffending rates of male offenders who had undertaken the RAPt intensive programme with those completing a lower intensity programme.

The finding that intensive programmes are able to achieve a 65% reduction in the volume of crime would suggest that a fiscally responsible policy would ensure that offenders are able to access interventions that match intensity with the complexity of need.

RAPt's research findings clearly demonstrate that if well structured and delivered treatment is available in prisons, significant reductions in reoffending can be achieved. On the other hand, it is clear that many of the services that are currently commissioned have no evaluation evidence. Budget holders need to engage with these issues to make informed decisions on future resource allocation.

RAPt has supported the increase in the number of prisoners entering drug treatment programmes. However, we have cautioned throughout this expansion on the significant threat to the sector if we achieve this goal without being able to demonstrate its cost effectiveness.

The sector now finds itself in a position where the paucity of research puts future funding at risk. If drug treatment programmes are to continue in UK prisons, there needs to be a radical policy shift that insists on funding being linked to reductions in re-offending rates, with all providers gathering and publishing this data. It is vital this guiding principle is now fully embraced by all treatment providers.

■ **Gail Jones** is Deputy Chief Executive of the Rehabilitation of Addicted Prisoners Trust (RAPt)