

A Shift in Strategy

Karen Harman and Ian Paylor look at the implications of the change in drugs policy from a public health to a criminal justice agenda.

Recent developments in UK drugs policy, including those outlined in the 1998 white paper, *Tackling Drugs to Build a Better Britain*, have been influenced by the growing body of evidence of the links between problem drug use and crime. The emerging research-based evidence of links between problem drug use and involvement in crime, and consideration of the overwhelming costs that problem drug use places on society, have resulted in a strategic shift in the focus of national drugs policy. Over most of the last two decades, drugs policies have tended to respond primarily to a health agenda, concentrating on the risks posed by drug use to the health of individuals and that of the wider community. This public health focus was particularly emphasised with the emergence of HIV and the realisation that unsafe injecting practices amongst drug users could result in the rapid transmission of the virus and a resultant AIDS epidemic amongst this population. The government's Advisory Council on the Misuse of Drugs recommended implementation of harm reduction initiatives such as needle exchanges and improved access to health services for drug users, and these proposals had a significant impact on the development of drug policies.

With harm reduction strategies firmly established and the AIDS epidemic that had been forecast averted, the objectives of recent policies have moved progressively away from a primary focus on public health. Emphasis now is placed on utilising the criminal justice system to target drug-using offenders and exploiting criminal legislation to coerce them into treatment. Previously the criminal justice system has been used to tackle drug use punitively, by increasing the associated costs to act as a deterrent. In current drugs policy the criminal justice system is instead viewed as a mechanism for diverting offenders towards appropriate treatment interventions, with the secondary aim of reducing drug-related crime.

Policy implementation

A wide range of initiatives have been piloted and introduced at all stages of the criminal justice process to facilitate implementation of the current drugs strategy. Arrest Referral schemes were launched in 1999 and are now operational in 86 per cent of police custody suites across England and Wales. These aim to exploit the opportunity provided by arrest to encourage problem drug users to access treatment services. Schemes vary in their content from the provision of information about drugs services to the opportunity for arrestees to be assessed by a drug worker based in the custody suite. Offenders can then be referred on to specialist drug treatment services. *The Crime and Disorder Act (1998)* brought in the Drug Treatment and Testing Order (DTTO),

which enables a court to order an individual who is dependent on or has a propensity to misuse drugs to undergo drug treatment for a period of between six months and three years. The Prison Service has also set out a programme for tackling drug use amongst prison populations. A major strand of this was the establishment of CARAT (Counselling, Assessment, Referral, Advice and Throughcare) schemes, which are now operational in every prison in England. The aim of these schemes is to assess prisoners who have problems associated with their drug use and to ensure that appropriate treatment services are available to them. CARAT workers might therefore generate referrals to detoxification programmes; prison-based therapeutic communities or community drugs services (where an individual is approaching release).

There has been an unprecedented increase over the last five years in the number of drug workers employed within criminal justice settings and a parallel increase in the number of offenders accessing community-based drugs services. The shift towards a criminal justice-driven drugs policy has therefore had a significant impact on professional drug workers in terms of their role, the organisational environment they are operating within and their methods of practice.

Implications for Drug Workers

Drug agencies typically provide treatment services which users access voluntarily. Although individuals may be encouraged to engage with services, it is ultimately their own decision. In contrast, criminal justice agencies are by their nature agencies of control and have the ability to coerce clients into accessing treatment services. Even where coercion is not explicit (that is, offenders do not have to decide directly between punishment and engaging in drug treatment) offenders may feel under pressure to access treatment services. For drug workers, the implication is that they will be required to adapt some of their methods of practice to enable them to work effectively in partnership with criminal justice agencies. This will be vital to drug agencies if they are to secure government funds.

Typically, drug services aim to support and empower individual drug users, while the primary function of the criminal justice system is law enforcement and protection of the public. Although in reality agencies have multiple and overlapping functions, there is likely to be a divergence in opinions regarding the priority that should be accorded to each. This is illustrated by the change in emphasis of different treatment outcomes that has occurred with the shift from a public health agenda to a criminal justice driven drugs policy. Since the 1980s, voluntary sector drug agencies have embraced a wide range of treatment goals, ranging from abstinence at one end of the continuum to the reduction of drug-related harm at the other. Harm reduction strategies

have been widely adopted which allow for the fact that change is a gradual process and recognise that goals other than complete abstinence are of value in terms of reducing the risks associated with drug use. However, whilst these are widely accepted and often prioritised in community health and welfare services for drug users, they do not fit readily within the context of the criminal justice system, where the criminal and control aspects of drug use are viewed as paramount. Recommendations for harm reduction strategies in prison environments have been widely rejected on the basis that this could be viewed as the criminal justice system condoning illegal drug use.

Organisational practices

Criminal justice agencies are statutory agencies, with clearly defined, hierarchical structures of accountability. In contrast, drug treatment services are often (although not exclusively) small and localised, and typically adopt more flexible organisational and management arrangements. In the UK, drugs services have tended to develop in response to localised needs, with a notable absence of any 'national standard' for evaluating their effectiveness. This is in the process of changing, with government proposals for QUADS (Quality in Alcohol and Drugs Services), and moves towards evidence-based practice in treatment services.

Difficulties can arise for drug workers employed within a criminal justice context if they are required to align to the working practices of criminal justice agencies. To operate effectively in partnership with criminal justice agencies, drugs services cannot simply be viewed as 'add-ons' to criminal justice services. There is clearly a need for drug workers and those employed by the criminal justice system to develop joint service provision initiatives, rather than one agency taking a dominant and defining role.

One of the key objectives for successful partnership working is clarity in the roles of the different agencies involved. Where drug treatment is provided within a criminal justice context, offenders may be reluctant to talk openly and honestly about their drug use and associated lifestyle and drug workers may need to maintain a level of independence from criminal justice services in order to work effectively with clients. However, if the limitations to this independence in terms of information sharing and confidentiality have not been established and agreed with the appropriate criminal justice agency beforehand, there is the potential for inconsistency in practice and for criminal justice workers to view drug workers as inappropriately collaborating with offenders, resulting in feelings of non-cooperation on both sides.

For partnership between agencies to be successful it is vital that good working relationships are developed, whereby the expertise and strengths of each are recognised and respected. Inter-agency rivalry has been identified as a potential barrier to effective partnership between drug workers and criminal justice professionals. The effectiveness of drug workers in a criminal justice context is highly dependent upon the efficacy of the partnership between them and criminal justice professionals. A major implication for drug workers is that to function effectively in this environment they need to allocate

a significant proportion of their time to public relations work, fostering positive working relationships with potential referring agencies.

Service provision and human resources

Many community drug treatment services are already operating at capacity or are over-subscribed. Thus pressure to accept more referrals from the criminal justice system may mean that drug workers are asked to prioritise criminal justice referrals, at the expense of those referring themselves voluntarily. Without adequate service provision the effect of the shift towards a criminal justice-led drugs policy will be to place more burden on drug workers, with consequences for the quality of service they are able to provide.

In addition, it is important that the services available to users are appropriate to their needs and not constrained by the criminal justice context of their commission and/or delivery. There is evidence to suggest that different types of treatment may vary in their effectiveness for different individuals. There is a need for the range of drugs services available to offenders to be expanded, a process which will require more drug workers to work specifically within a criminal justice context. In addition, services provided by drug workers in community treatment agencies will need to be flexible enough to meet the requirements of referring criminal justice agencies. An example would be the move by a residential rehabilitation programme to facilitate regular urine testing, to make this available as a treatment option for offenders on DTTOs. Finally, drugs services across all settings need to be better integrated, to ensure that appropriate treatment is available to clients moving in and out of the criminal justice system. CARATs teams operating in prisons have a specific 'Throughcare' function, but to date there is little evidence that this is being effectively put into practice. It is vital that effective links are forged between criminal justice drug workers and those working in community settings, to ensure that clients receive continuity of care. This problem is exacerbated by the 'contract' nature of drugs work, where funding is often procured from a variety of sources. The result is that posts are rarely secure, placing additional strain on drug workers in criminal justice settings.

If recent policy developments are to be of value in tackling drug use it is vital that professionals within drugs agencies and criminal justice agencies work together to overcome these barriers. However perhaps a more fundamental issue is whether the key objective of UK drugs policy should be the reduction of drug use and drug related crime, or whether it is more important for policy to focus on meeting the needs of drug users, including drug-using offenders.

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