

## ***Substance Misuse and Offending: An Innovative Partnership Providing Assessment and Treatment***

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**Summary** The extent of drug misuse by offenders appearing before the courts has increased markedly in recent years. This paper presents an overview of a collaborative working partnership, between the Probation Board for Northern Ireland and the Northern Ireland Community Addiction Service, that seeks to provide assessment and treatment for offenders with substance misuse problems. The article outlines the nature of the service provided, the potential benefits for the offender, for the wider community and, through the process of inter-agency collaboration, for the organisations involved.

**Keywords** Drugs, partnership, assessment, treatment

### **Introduction**

The extent of drug misuse in Northern Ireland has, according to recent research, increased significantly over the past 10 years (Northern Ireland Office, 1999). Previously, illicit substance abuse/dependence appears to have been relatively limited within Northern Ireland. The rise in substance misuse, particularly amongst young people in the 18 to 25 years age group appears to reflect an increase in the availability of illegal drugs. Official statistics indicate that in 1992 there were 610 arrests for drug offences, with 15.75 kilos of cannabis resin and 4,408 ecstasy tablets seized. In 2001 the corresponding figures revealed 1266 arrests, with 384 kilos of cannabis resin and 410,611 ecstasy tablets seized. In terms of illicit drug use and offending related behaviour, the Northern Ireland Crime Survey (NICS, 2001) reported that more than 26% of all NICS respondents admitted taking at least one type of drug at some time in their lives. This compares with 34% of British Crime Survey (BCS, 2001/2002) respondents who had ever used an illicit drug. The NICS also found that cannabis remains the most commonly used drug in Northern Ireland, followed by ecstasy. Whilst opiate use appears relatively low in Northern Ireland, further research will be necessary in order to gain a better understanding of the extent of the problem. Recent estimates suggest that there are approximately 700 to 1000 problem users in Northern Ireland (McElrath, 2002). Substitute prescribing for opiate users is due to commence in Northern Ireland from April 2004.

### **Background to the formation of the Service**

In order to address the growing number of offenders presenting with drug related problems before the courts, the Rapid Assessment and Treatment Service for Drug and Alcohol Mis-users was established as a joint initiative between the Probation Board for Northern Ireland (PBNI) and the Northern Ireland Community Addiction Service (NICAS). This partnership is funded by the Northern Ireland Office (NIO), initially for a period of three years up to 2006. The purpose of the service is to provide a fast track assessment and treatment programme for offenders within the Greater Belfast area. Referrals to the programme come from the PBNI Assessment Unit at the pre-sentence stage, where there is an indication that offending behaviour is linked to drug misuse. Additionally, enquiries and referrals are accepted from field probation officers with regards to individuals subject to statutory supervision.

### **The Assessment Process**

Following referral an individual assessment is carried out with the offender. The assessment may be conducted in either the community or custodial setting. The assessment process involves a semi-structured interview and employs a number of clinical questionnaires in order to measure the extent of dependency

that the individual has developed in relation to a particular substance or substances. As problematic alcohol misuse is often a key factor with offenders this is also assessed. It is now recognised that poly-drug abuse amongst this client group is the norm rather than the exception. Measurements are also taken during assessment for co-morbid depression and the level of motivation evidenced by the offender. The latter is based on the stages of change model.

As indicated above, questionnaires are administered by the interviewers during the assessment process. In order to measure the degree of dependence and the severity of dependence in relation to alcohol, the Short Alcohol Dependence Data (SADD) questionnaire, and a consumption rater from the Severity of Alcohol Dependence Questionnaire (SADQ) are employed. The SADD asks 15 standard questions, eliciting information from the respondent with regards to the physiological and psychological sequela of alcohol use. To measure illicit drug dependence, the Leeds Dependence Questionnaire (LDQ), a 10 question rater is used. Co-morbidity, particularly with regards to affective depression, is measured on a 21 question rater, the Beck Depression Inventory version 2 (BDI II). The Stages of Change (SOC) questionnaire, a 32 question self rating instrument, measures the clients attitudes towards making or maintaining change, specifically in relation to their substance use. Should dual diagnosis i.e. of a co-morbid psychiatric syndrome be suspected, referral to general psychiatric services can be made.

### **The Treatment Programme**

Following assessment, provided that suitability for the treatment programme has been established, individual counselling sessions are offered. In the event that the individual is considered to be unlikely to benefit from counselling (e.g., high/low levels of illicit drug dependence, lack of insight or co-morbid psychiatric disorder), where possible onward referrals are made to other agencies e.g. inpatient detox, self-help groups and psychiatric services. The treatment programme, based on a cognitive behavioural model, examines the links between the individual's drug use and their offending behaviour. Cognitive behavioural therapy (CBT) focuses on cognitions, behaviours and an organised therapeutic process that places emphasis on the interaction between thoughts and subsequent behaviours. In practice the therapist attempts to illuminate 'dysfunctional' thoughts and perceptions that contribute to psychological problems. Motivational interviewing (MI) is also employed on a session-by-session basis in order to encourage individuals during the process of change. Counselling attempts to foster an active partnership between therapist and client whilst de-emphasising labelling, reinforcing positive change and offering support and advocacy where this is appropriate. Sessions are offered on a weekly basis over eight weeks and ongoing liaison with the supervising probation officer is maintained at each stage. There is scope for a limited number of additional sessions, if it is felt that these would benefit the client. This decision is made at a tripartite review meeting that involves the client, probation officer and programme staff.

### **Initial Observations**

The Rapid Assessment and Treatment Service for Drug and Alcohol Mis-users has been operating since May 2003. To date 71 referrals have been made to the programme, with approximately half of these being assessed as suitable for treatment. Initial observations reveal some interesting findings in relation to those individuals being referred and presenting for treatment. As one might expect the majority of those referred are males, with less than a 5% ratio of females being seen. The mean age at presentation is 23 years and 7 months. The most common offences include armed robbery, theft, possession of drugs and possession with intent to supply. There is also a high prevalence of both motoring offences and motor theft. A significant proportion of offenders have been assessed whilst in custody and many individuals referred are assessed as high likelihood in terms of re-offending as identified in the ACE (Assessment and Case Management Evaluation) assessment document. High rates of recidivism and lengthy criminal

records are also evident. Low literacy skills and high levels of unemployment are also prevalent with this group.

With regards to substance misuse, poly-drug abuse is prevalent. Cannabis, ecstasy and benzodiazepines, invariably along with high levels of alcohol consumption, are prominent. Cocaine use appears to be more experimental, with crack cocaine less evident. There have, to date, been only a small percentage of the initial referral group presenting with opiates as the main problem drug. The common pattern of consumption arising is of the binge type, often occurring in concentrated cycles of three to four days use per week. Early results indicate high levels of dependency on alcohol, though only medium levels of dependency on illicit drugs. In addition, the individuals assessed to date evidence moderate to severe levels of co-morbid depression. Stage of change assessments indicate that the majority of those tested register a rating that indicates they are contemplators, with a degree of insight and awareness in relation to the effects of their substance misuse, and the negative consequences proceeding from this.

### **Conclusion**

What has emerged most clearly at this stage of the programme are the potential benefits proceeding from the collaborative partnership between PBNI and NICAS. The latter agency has a lengthy history of providing expert assessment and treatment for those experiencing substance misuse problems. These skills, coupled with the resources and expertise in the local probation service have been utilised in order to implement an effective treatment and rehabilitation programme for probation clients. The benefits of close inter-agency liaison and partnership can not be over stressed. Most importantly it is hoped that the individuals presenting to the programme will derive benefit from it, most obviously in a decrease in rates of illicit drug misuse which could contribute to a reduction in re-offending. Such an outcome would, it is hoped, be felt throughout the wider community.

The Rapid Assessment and Treatment Programme has received some funding which will enable research and evaluation of the effectiveness of this form of intervention to be considered. It is intended that assessment results, in terms of levels of dependence, motivation, insight etc, will be measured at first appointment and compared at time intervals post treatment. Concurrently, key factors in relation to the linkage with offending behaviour will be examined. Given the encouraging response to the Rapid Assessment and Treatment Programme it is hoped that the service will expand and continue to meet the needs of offenders, courts and the community in general.

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