

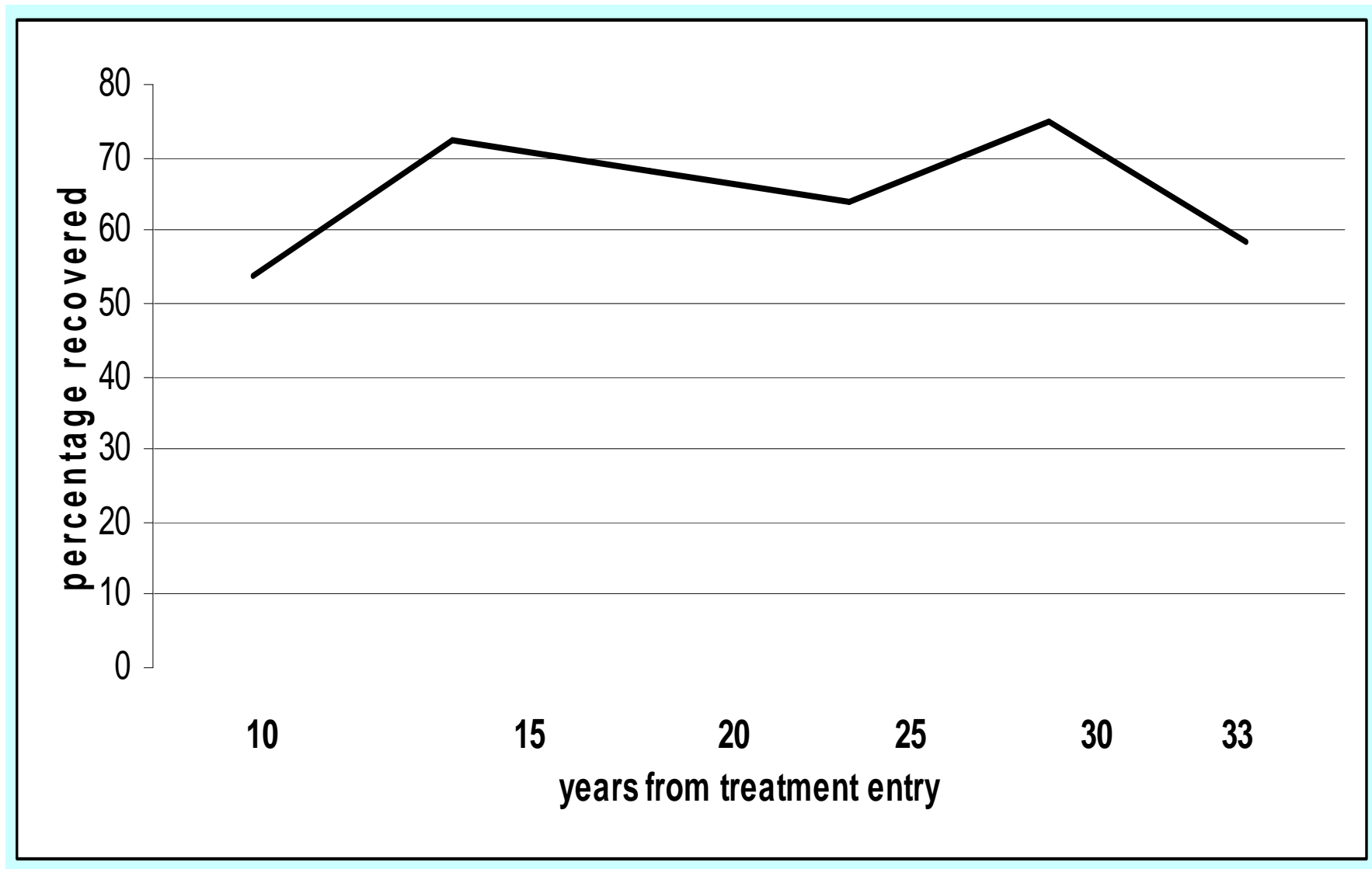
The Patel Report 2010: Response to Price WaterhouseCoopers 2007 Report on Funding

The PWC report specifically identified:

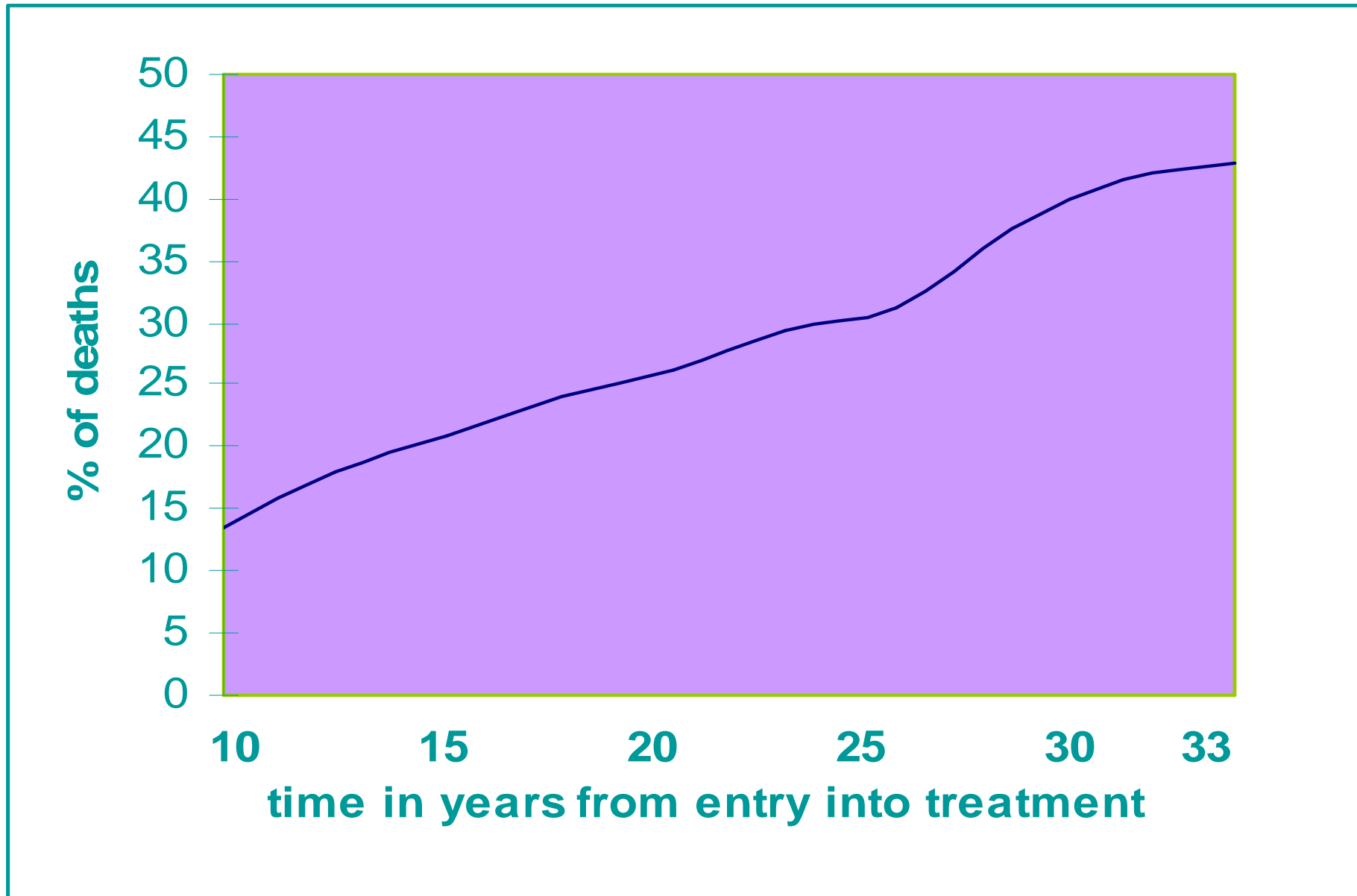
- The lack of a clear, unified inter-departmental strategy across government
- Fragmented arrangements for funding, commissioning, performance management and delivery of services in prisons
- The lack of a clear evidence base for some prison drug services + inefficiencies and gaps

Author(s) and date	f.u.: years after treatment entry	Entrants into treatment (N)	Sample size at f.u. (N)	Of those traced			Total %
				Dead %	Abstinent/occasional use	Still dependent	
O'Donnell, 1964*	27	266	266	56%	64%	36%	100
Vaillant, 1966	12	100	94	13% (14% of f.u.)	42%	44%	100
Gordon, 1983 [10	60	60	18%	67%	15%	100
Cottrell <i>et al.</i> , 1985	11	83	61	20% (28% of f.u.)	25%	47%	100
Simpson <i>et al.</i> , 1986	12	405	405	n/a	74%	26%	100
Edwards & Goldie, 1987 [10	74	64	15% (17% of f.u.)	50%	33%	100
Haastруп & Jepsen, 1988	11	300	268	26% (29% of f.u.)	53%	18%	100
Maddux & Desmond 1992	10	172	155	14% (15% of f.u.)	52%	33%	100
Robertson <i>et al.</i> , 1994	10	203	158	21% (26% of f.u.)	36%	38%	100
Hser <i>et al.</i> , 2001	33	581	526	49% (54% of f.u.)	26%	20%	100
Rathod <i>et al.</i> , 2005	33	86	79	22% (30% of f.u.)	56%	14%	100
Grella & Lovinger, 2011	30	914	769	47%	32%	21%	100

Recovery from addiction achieved by surviving participants over time



Death rate as a proportion of the total cohort over time



The Patel Report Key Recommendations:

1. A Cross Government Strategy

1. Strategy to incorporate the twin aims of reducing drug-related crime caused by reoffending AND improving the health and rehabilitation of offenders
2. An integrated approach between Government Departments with a renewed focus on recovery
3. A revised streamlined commissioning system and a new outcomes model
4. A robust evidence base, including cost-effectiveness
5. Reintegration/resettlement options: employment and housing
6. Active involvement of drug users, their families and local communities

The Patel Report Key Recommendations:

2. Establishing an Outcomes Framework

1. This outcome model to focus on 4 main themes:
 - a) Reduced drug use
 - b) Reduced re-offending
 - c) Improved health & social functioning
 - d) Increased employment and enhanced workforce skills

2.
 - a) Cost-efficient measurement secured from existing databases
 - b) Closely aligned with key findings from service users as well as evidence provided by existing data sets
 - c) Outcomes framework broad enough to meet demands of government departments and all local stakeholder

3. The Framework would include broader outcomes such as diversity, equality and governance, not just performance outcomes

The Patel Report Key Recommendations:

3 Streamlined Commissioning Systems

1. Underlying principles:
 - a) Must meet needs, and address priorities of all relevant departments and agencies with a structure all parties can engage with;
 - b) Must take into account needs of prison system as a whole as well as individual needs;
 - c) Must be a range of services available in prisons that are needs based and recognise local complexity, diversity, equality and choice;
 - d) A system integrated with community provision via an end-to-end management system

2. Proposals
 - a) Move away from a multitude of funding streams and process targets resulting in 'one size fits all' approaches

 - b) Move toward a system that is consensual on evidence and clearly aligned with outcomes

 - c) For the first time ensure that the majority of commissioning take place at local level

Recovery factors

- In a review of 124 studies of recovery, White and Kurtz (2006) reached two conclusions:

1. Locating clients with high problem severity and low recovery capital within sober living communities can enhance long-term recovery outcomes.

2. Post-treatment check-ups and support and assertive linkage to communities of recovery and other recovery support services can enhance significantly long-term recovery outcomes.

McKay (2005) found that beneficial effects can be achieved through relatively inexpensive interventions such as telephone-based check-ups and support.

Intensity of drug treatment for offenders

‘The meta-analysis showed that higher intensity programmes were 50% more likely to reduce criminal behaviour than their low intensity equivalents....This applies to dosage levels, whether the programme is continuous or interrupted, time in treatment, whether the subject completes or terminates the programme, and whether treatments are combined in some way (e.g. detoxification plus aftercare)’.

Holloway (2005)

Recovery factors 2 – intensity again

Martin and Scarpitti (1993) and Deschenes et al. (1995) found evidence to support intensive supervision following release.

Turner (1992) intensive probation or parole for offenders versus standard supervision. Intensive group secured a higher (statistically significant) rate of employment, but back to prison at a higher rate. The latter was possibly a result of increasing scrutiny and consequently breaches for some minor misdemeanours

Ghodse et al. (2002) found ‘intensive’ aftercare more effective than ‘non-intensive’.

Holloway et al. (2008): two most effective interventions for the reduction of crime among drug-using offenders were

- Therapeutic Communities and
- supervision.

Recovery factors 3

Weisner, Ray, et al. (2003) and Scott, Foss, and Dennis (2003) found that long-term effects of treatment were predicted by the **client's short-term response** to treatment plus participation in **aftercare** and **self-help**.

Dennis et al. (2007) 1,132 people entering prison, 94 per cent follow up over the course of eight years

- . Very similar levels of lifetime **abuse** (physical abuse, emotional abuse, sexual abuse) and homelessness at the commencement of the study (i.e. at baseline) among those who managed less than one year's abstinence and those that managed five years or more drug-free. **Emotional/psychological distress** at baseline, however, predicted poor outcome

Mutual Aid

Attendance at **12-step meetings** positively associated with reduced alcohol and illicit drug use (Fiorentine 1999; Gossop et al. 2003; Humphreys and Moos 2001; Moos et al. 2001; Morgenstern et al. 1997; Morgenstern et al. 2003; Project MATCH Research Group 1997).

NB: attendance might not improve other outcomes such as quality of life and psychosocial functioning (Humphreys 2004).

Interventions table (following two slides)

Interventions were scored against the Maryland scale of academic rigour (Sherman, 1997) across three domains:

- Reduced drug use
- Reduced drug use in prison
- Reduced re-offending

A maximum of 3 points could be given within each domain. '0' points did not signify ineffectiveness, but merely a lack of evidence of effectiveness

Key: **CM** = Contingency Management

C & F = Children & Families Interventions

SNT = Social Network Therapy

CBT = Cognitive-Behavioural Treatment

Treatment Type	Reduced drug use	Reduced use in Prison	Reduced re-offending	Total Value
CM for stimulant use	3			3
CM for methadone mtce	3			3
CM for opioid detox	3			3
Opioid detox - no support				0
C & F opiate detoxification	3			3
C & F methadone mtce	3		2	5
SNT opioid detoxification	2			2
12 Step Programme	2			2
Therapeutic Communities	2		2	4
Harm reduction (Group)				0
Opioid substitution	3	2	3	8
Naltrexone	2			2
Brief Interventions	3			3
Case Management	1			1

Treatment Type	Reduced drug use	Reduced use prison	Reduced re-offending	Total Value
Drug-focused counselling	1			1
Intensive support release	3		3	6
CBT stimulant use	1			1
CBT cannabis dependence				0
CBT methadone mtce				0*
CBT general dependence			1	1
CBT women drug users	1		0	1
Psychodynamic	1			1
Vipassana meditation	2			2
Higher-intensity (All Types)	2		2	4
12-Step meetings (Mutual Aid)	3			3
Beneficial non-treatment factors:				
Enhanced life skills	3		2	5
Sober living communities	2		2	4

Top six interventions scored by Patel review (2010) were:

- Opioid substitution (incorporating Couples & Family work)
- Intensive Support on Release (including mutual aid)
- Life Skills
- Sober living community [post-release]
- Higher-intensity interventions
- Therapeutic Communities

Six interventions with lowest supportive evidence (Patel, 2010)

- Group-based harm reduction
- Opioid detox without psychosocial support
- CBT for male heroin or cannabis users who have no complex needs
- Drug-focused counselling
- Psychodynamic counselling
- Self-help work for carers/families*

*Evidence of improved psychological well-being among carers and families

What about treatment services?

Some services significantly better at **engaging & retaining** clients (Joe 2002).

Such services tend to show a higher average **increase in psychosocial functioning** by their clients (a) **during** and (b) **following** treatment (Gossop, 2006; Greener 2007)

Study of 1,539 clients & 439 counsellors across 44 programmes in England:

Client scores on treatment participation and counselling rapport directly related to

(a) their levels of **motivation** and **psychosocial functioning**; and

(b) staff ratings of professional attributes and programme **'atmosphere'**.

(Simpson et al 2009)

Conclusions

- Some interventions are very effective (intensive support/supervision on release; opioid substitution; life skills training; therapeutic communities; mutual aid; families/couples work)
- Some interventions do not appear to be very effective (group-based harm reduction; CBT for some male drug users; drug-focused or psychodynamic counselling).
- The **quality** of a service is one of the best predictors of good outcomes
- More **intensive** approaches bring better results
- **Continuity** is highly related to good outcome

Benefit of respect

"Our treatment is much different. In the Croatian prison system, prisoners are still names, not numbers."

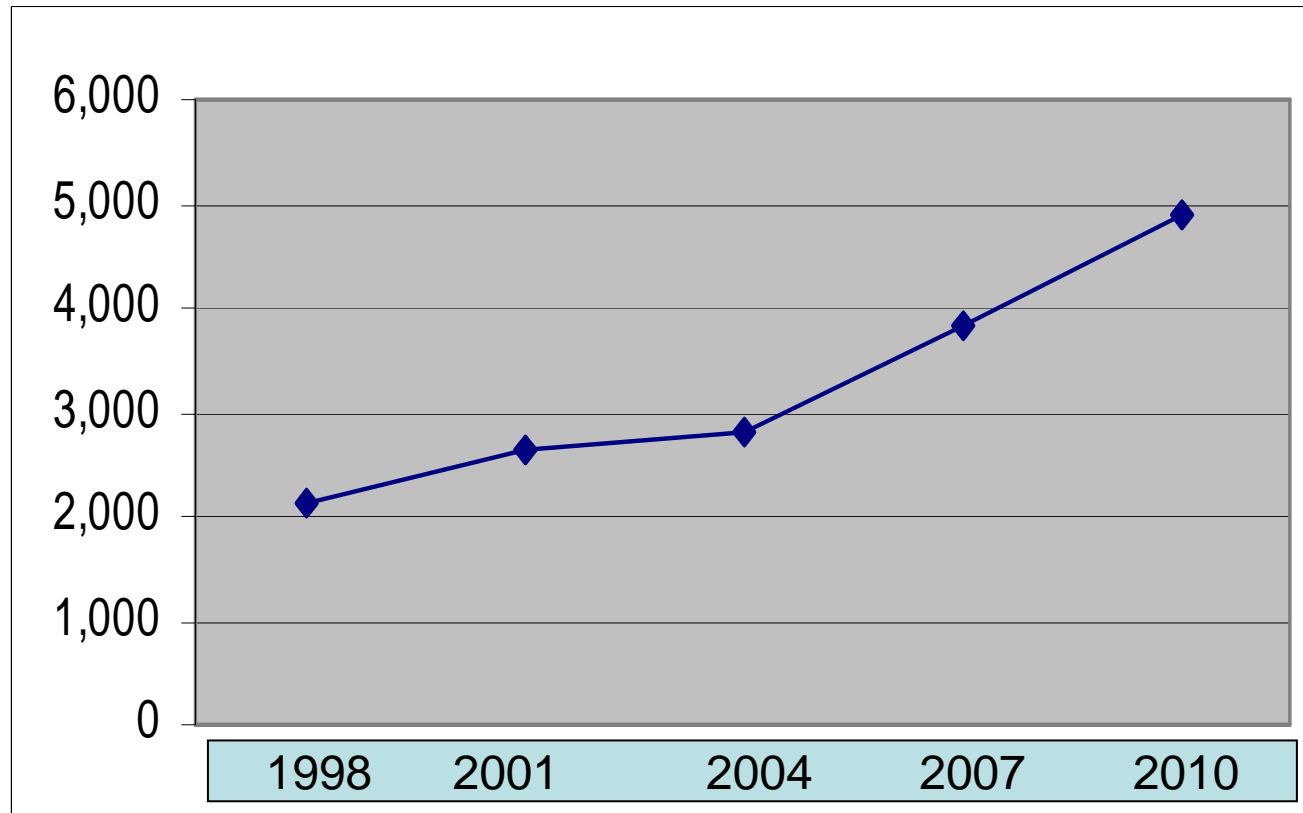
Ljiljana Miksaj-Todorovic, July 2009

<http://www.indstate.edu/news/news.php?newsid=1860>



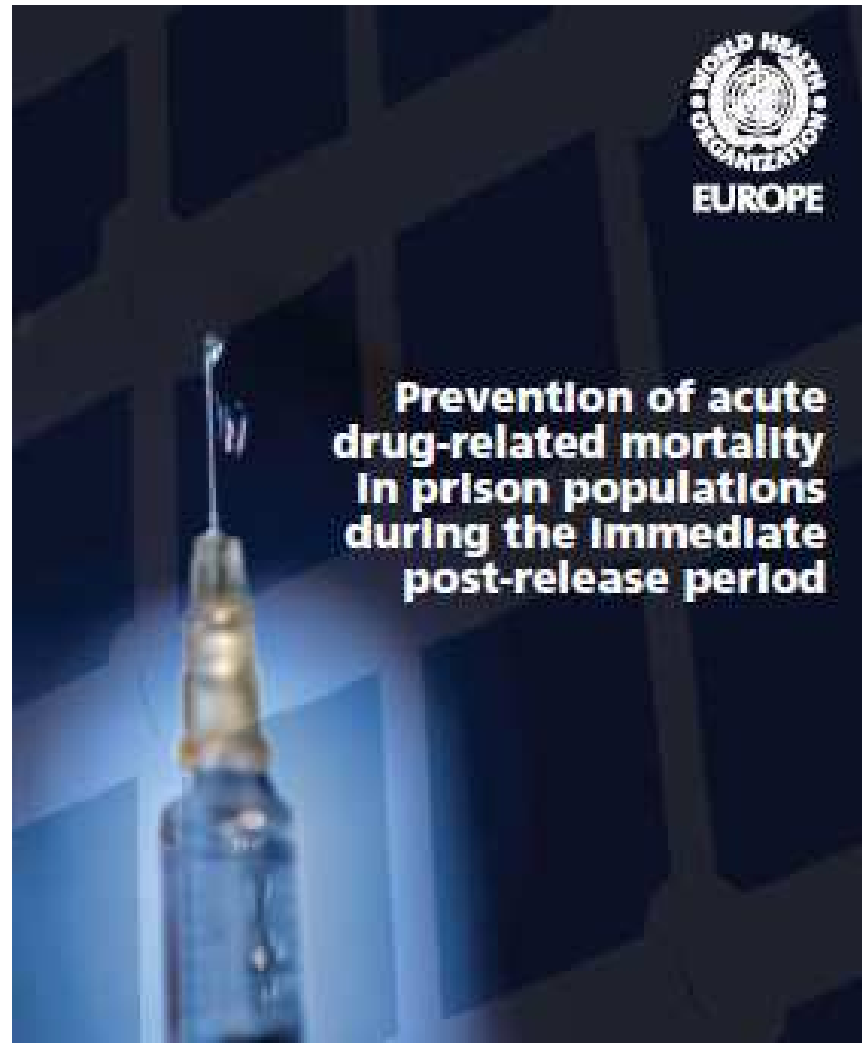
Remetinec Prison

But, there are always pressures (Croatian prison population 1998-2010)

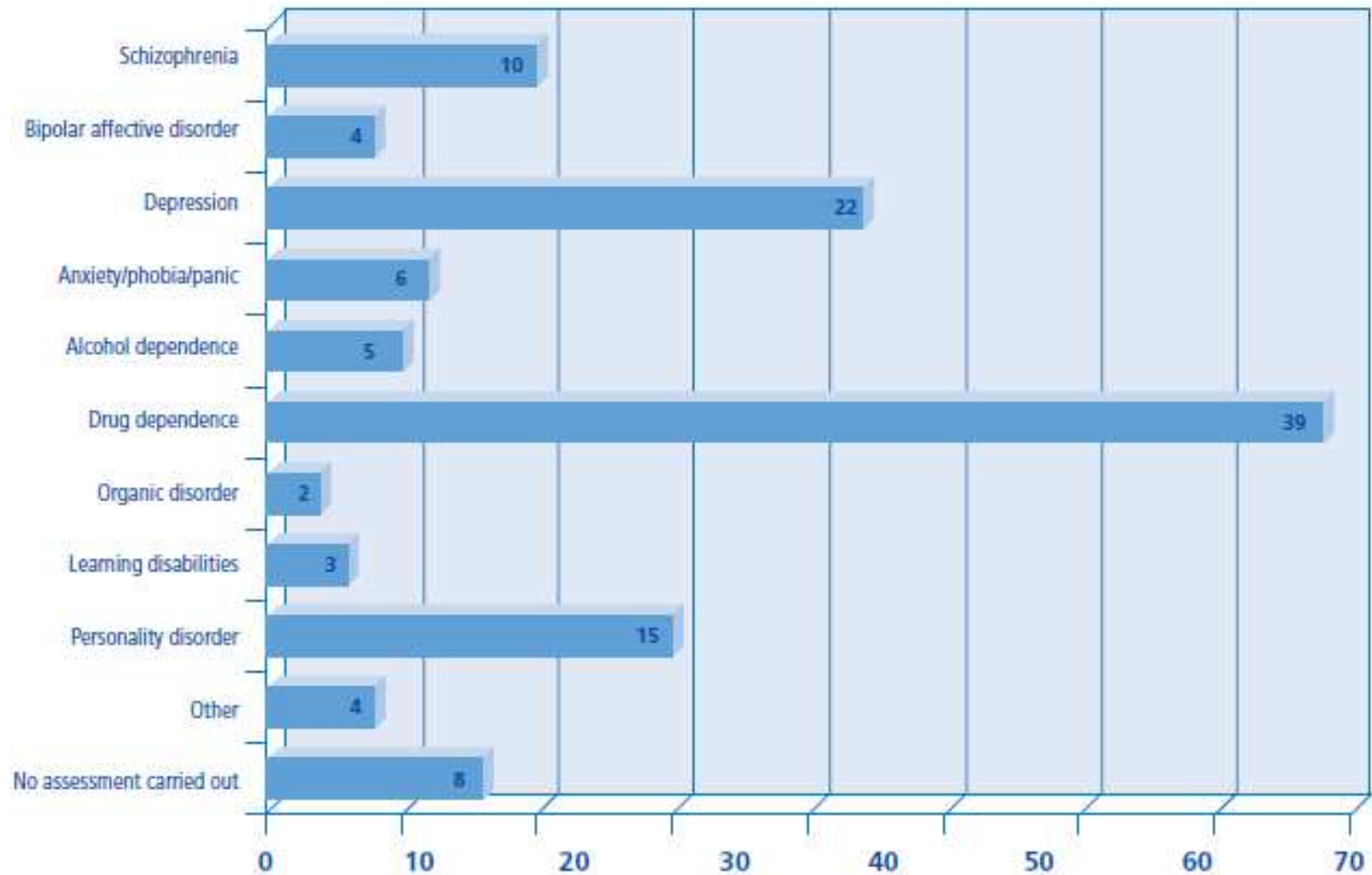


Hvala

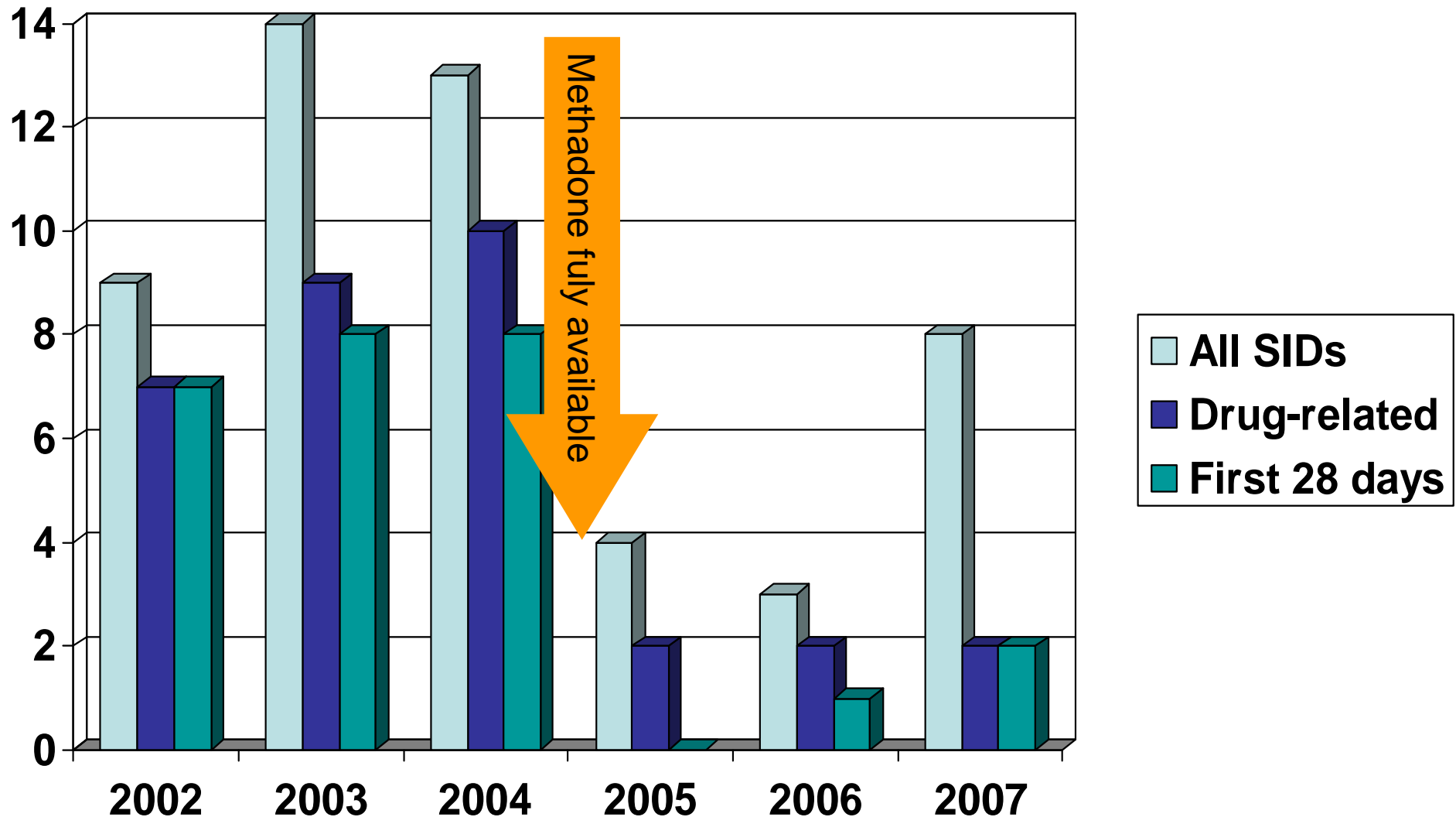
8-fold risk of death upon release (RR 4.0 to 12.5) WHO, 2010



Drug dependence most common problem among suicide prisoners (Shaw et al 2003)



85% reduction in suicide (SIDS) during drug withdrawal
among women prisoners (Marteau, Palmer & Stoeber, 2010)



But, in this life, there are no easy answers

