Evaluation of a Public Health Pathway for Users of Alcohol and Substances in the Criminal Justice Setting

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There is renewed national policy interest in diverting service users who misuse substances from the criminal justice system into treatment. The number of agencies potentially involved, including frontline police staff, substance misuse teams, NHS Liaison & Diversion (L&D), and their respective commissioners, results in challenges to effective service delivery. In addition, how to engage service users, including the optimal entry point into treatment, is not known. We undertook qualitative exploratory research to assess opportunities for developing treatment pathways in the custody and community settings in a non-metropolitan county district. This briefing summarises the key findings relating to its findings and recommendations for local authorities.

KEY POINTS

- The custody suite presents opportunities to engage service-users, but it is challenging to implement new processes due to service pressures and staff rotation. Substance use workers are a valuable resource in this setting though there are opportunity costs in custody suites with low footfall. There are reported gaps in substance misuse skill, knowledge and capacity among police and NHS L&D staff.
- Opportunities for engaging service-users exist in community settings (e.g., via neighbourhood police referrals) although pathways into treatment, and the organisational relationships underpinning them, are in their infancy here. Community routes into treatment align with public health interest in upstream prevention but efforts to develop them must balance the need for substance use workers in custody to address unmet need there.
- Processes for identifying and managing problematic drinking in custody are unclear with missed opportunities for preventing alcohol-related harms. The delivery and effectiveness of brief alcohol interventions in custody requires further consideration.

BACKGROUND |

Public Health (PH) Commissioning for Nottinghamshire and Change, Grow, Live (CGL) – the local substance misuse provider – developed a new pathway concept following disruption to services during the Covid-19 period. Up to that point, the local service had been a continuation of the Drug Interventions Programme (DIP) with PH Commissioning and Nottinghamshire Office of the Police and Crime Commissioner. The pathway concept aspired to create a personalised service to efficiently utilise staff resources and better coordinate services for both service users and staff. The plan was for custody suite police staff to assess service users on entry and offer service users interventions at three levels according to need:

i) Brief health advice to be universally provided, including brief alcohol and substance use advice

ii) Service users identified with alcohol or substance use needs to receive the standard treatment service, either on a voluntary or mandatory basis

iii) Assertive outreach to engage the most prolific of offenders with alcohol or substance use needs

FINDINGS |

1 | Implementation Challenges

The proposed pathway was not implemented despite significant local effort. The main reason for this was that custody police staff lacked the time, confidence and skill to undertake enhanced assessments of service users with high staff rotation complicating efforts to train and motivate them. Referral processes for NHS L&D were already integrated into police systems with this being the default referral route if substance misuse needs were suspected. The custody suite was also closed for refurbishment for a 3-month period and changes in personnel at CGL resulted in the complete withdrawal of substance misuse workers from custody.

2 | Staff Roles and Views of Public Health

In the absence of an operational pathway, we explored the various staff roles that contribute to the identification, assessment and support of service users who use substances. Of the various frontline staff groupings – including custody police staff, CGL staff and NHS L&D – each group made substantial and unique contributions, although the adoption of an enhanced care role by custody police was complicated by their need to balance this with authority and risk-management roles. Nevertheless, we found broad consensus on the need for a public health approach to substance misuse among frontline and senior staff, although there were some differences in viewpoints between police staff's public safety perspective and the stronger public health perspective of PH Commissioning and CGL. Police staff tended to see their role as one of collaborating with other agencies rather than engaging in public health work activities (see Figure 1), with more discussion required to define the role of custody police in a public health approach to substance misuse.

Figure 1:

Public Safety	Public Health
Assumptions about the problem	
Cause of crime is multi-faceted and requires multi-agency approach	Cause of crime is multi-faceted and requires multi-agency approach
Primary concern	
Immediate effects of crime on victims	Health needs of service-user
Service-user motivation	
Authority important – mandatory entry	Agency important – voluntary entry
Police role	
Police to work with other agencies	Police to do more health-related activity

FINDINGS |

Frontline staff highlighted the importance of and need for a substance misuse worker role in custody. Given this is a costly resource and there are times when service user footfall is low, there was recognition that a permanent presence may not be optimal however, particularly in the county area: the city area, by contrast, has greater service user footfall and thus warrants a permanent presence. Substance use knowledge, skill and capacity are limited in police and L&D parts of the pathway. Skill gaps were highlighted by police staff and NHS L&D as the main reason they wanted substance misuse workers in the custody setting. More intangible contributions of having substance misuse workers in the environment were highlighted by all staff groups. These included their role in developing relationships with service users on an informal basis who may have been missed in initial police assessments. NHS L&D highlighted the potential of joint assessments with CGL to encompass the full spectrum of service users' needs.

3 | Assessing the Custody and Community Settings as Entry Points into Treatment

In addition to staff roles, we assessed the custody and community settings as entry points into treatment. By community setting, we mean those settings that are external to the custody suite that present opportunities for upstream intervention prior to service users' entry into custody. We found strengths and weaknesses across these settings: though custody offers a more reactive model oriented to downstream treatment and prevention, already established custody-treatment processes and working relationships provide a foundation to build upon despite challenges enacting improvements in this environment. Service users are also a captive audience in custody and it may be an opportune moment to reflect on one's substance use, although not if people are intoxicated or experiencing withdrawal. By contrast, though offering the potential of upstream preventative interventions with neighbourhood police possessing relevant local intelligence, the community setting lacks established organisational relationships and pathways into treatment. Furthermore, while this setting offers potential for a more personalised service, there may be challenges engaging service users with sometimes chaotic lives. Nevertheless, there are opportunities to facilitate joined-up working and referrals into treatment through local 'ops' meetings and Vulnerable People's Panels, with neighbourhood police, youth services, housing and probation.

4 | Mapping the Problem: How to Utilise the Substance Misuse Workforce?

Local public health and police commissioners face difficult decisions on where and how to utilise the substance misuse workforce with the role and contribution of this workforce widely viewed as vital across the custody and community settings. We map the uncertainties and trade-offs involved in these decisions in Figure 2. An entirely public health perspective would emphasise upstream prevention in the community, but this needs balancing with some presence in custody to address need there. With working relationships and pathways more developed in the custody suite, it may be tempting to concentrate the workforce in that setting. As earlier alluded to this may not be an efficient use of resources and opportunities to prevent substance misuse crime may be missed, with both approaches presenting their challenges to engaging service users. It may be useful to view this decision challenge as one of "muddling through" (Lindblom, 1959) with agencies gradually developing understanding of what is required at each stage of the pathway over time, rather than deciding on an optimal model.

FINDINGS |

Figure 2: trade-offs and uncertainties in the allocation of the substance misuse workforce

5 | Alcohol: A Proactive Approach in Custody?

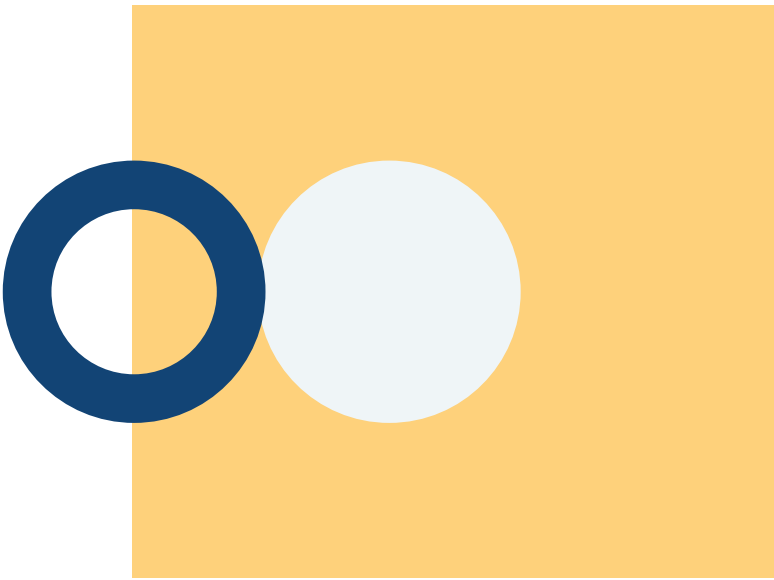
One of the aims of the initial pathway concept was to implement alcohol assessments and brief interventions in custody with an enhanced role for police custody staff in intervention delivery. We explored the potential for this to succeed and found that processes for identifying and managing problematic but lower-level alcohol use were unclear, which contrasted with processes for managing heavy alcohol users.

One NHS L&D worker described a proactive approach to alcohol brief interventions involving motivational conversations to help problematic drinkers "put the dots together" and realise their alcohol use is the underlying issue for their criminal behaviour. Current custody processes fall short of this proactive approach however, relying on information provision with the onus on the detainee to 'open up' and request help. This necessarily involves the detainee recognising and admitting they have a problem. This situation is confounded by an absence of clear trigger offences for alcohol referrals even when the drug is implicated in drink driving, domestic violence or fights on weekend nights. There may, therefore, be unmet need among problematic drinkers and missed opportunities for preventing alcohol-related harm, both to service users themselves and others. Who would implement a proactive approach is unclear however, with police custody staff recognising that they lack the skill to have motivational conversations about problematic drinking. There is therefore a clear need to reconsider how alcohol is approached in custody and for the development of processes for managing problematic drinking and brief intervention delivery.

CONCLUSIONS |

The following conclusions were reached from the evaluation:

- The proposed pathway was not implemented due to implementation challenges in the custody suite, which included service pressures and skill, confidence and role legitimacy issues among police staff.
- Substance use workers are a valuable resource in custody settings, although there are opportunity costs in custody suites with low footfall.
- There are reported gaps in substance misuse skill, knowledge and capacity among police and L&D staff.
- Opportunities for routes into treatment exist in both the custody suite and the community with strengths and weaknesses across these settings: the custody suite offers a reactive model whereas the community setting offers potential to prevent substance use and related crime through upstream intervention. Both settings present opportunities and challenges to engaging service-users.
- Processes for identifying and managing problematic drinking in custody is unclear with missed opportunities for preventing future alcohol-related harms. The delivery and effectiveness of brief alcohol interventions requires further consideration.
- There are opportunities to develop treatment pathways in the community through joined-up working among neighbourhood police, CGL and other agencies, such as youth services and probation.



RECOMMENDATIONS |

Service Development

The areas for service development highlight the importance of inter-agency collaboration, agreement on pathway roles, training and service user involvement. More specifically:

- The need for inter-agency collaboration to, first, develop a shared understanding of a public health approach in criminal justice settings, including what downstream and upstream mean to the various agencies involved; and, second, to establish processes, roles and relationships for facilitating this
- Agreement on staff roles and the optimum use of the substance misuse workforce. Regarding the latter, two options should be considered:
    1. A roaming CGL worker, able to attend the custody suite at high footfall times.
    2. A substance misuse worker within L&D (training role and/or identification of service users).
- The need for up-skilling and training on substance misuse and referral processes for police and L&D.
- Clarity on the management of problematic drinking, including the role of brief alcohol interventions and who is to both receive and implement them
- Further development of community routes into treatment and the organisational relationships for underpinning these, including CGL, neighbourhood police, youth services, housing and probation.

Data Collection

There is a need to consider ways of generating, analysing and using existing or new data to inform service delivery and development:

- Sharing of heat maps on high footfall times to inform decisions on when substance misuse workers attend custody.
- Data on the amount of substance use and alcohol related crime and service user need to support commissioning decisions and assist in the identification of clients for referrals and support.
- Follow-up data on service user experience and outcomes for use in service evaluation and the motivation of frontline staff.
- Enhance understanding of and integration between police (NICHE) and drug and alcohol (CRIS) service databases.

Service user involvement

- While involving service-users in service redesigns is challenging in the criminal justice sector, there is a vital need to obtain service-users views on appropriate entry points into treatment and interventions. Engagement with service users should be sought at all levels of service delivery and commissioning on an ongoing basis.

Information about the Study |

This evaluation sought to explore opportunities for developing treatment pathways in the custody and community settings in a non-metropolitan county district. 25 in-depth qualitative interviews were undertaken involving senior and frontline staff of diverse agencies, including PH Commissioning, Nottinghamshire OPCC, CGL, police and NHS L&D. These explored the experience, acceptability and perceived impact of current arrangements and a proposed pathway concept. Plans to explore service-user perspectives were not implemented because the pathway was not implemented as intended.

Sources for further information

Evaluation of a public health pathway for alcohol and substance users in the criminal justice setting in Nottinghamshire. - NIHR Public Health Interventions Research Studies Teams (PHIRST)

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