

## **NTA submission**

*Further to the attendance of the NTA at the MOPAC challenge on the 28<sup>th</sup> February 2013, the following submission was requested.*

### **Introduction**

Evidence cited by the NAO consistently suggests that drug treatment is one of the most cost effective ways to reduce drug related crime which is why it sits at the heart of the government's drug strategy, with £2.50 saved for every £1 invested.

The benefits of drug treatment are immediate. A recently published NTA/HO study finds an observed reduction in conviction rates of 30%, increasing to 50% for those retained in treatment for the whole period observed.

Tim Millar's 2008 report, "Changes in offending following prescribing treatment"<sup>i</sup> matched data from the Police National Computer to information in the NTA's National Drug Treatment Monitoring System (NTDMS) database. Researchers looked at a sample of opiate and crack users who had recently offended but had not been jailed, and had started drug treatment (prescribing) in the community. The study looked at the charges brought against the sample of 1,476 individuals in the year before and the year after commencing prescribing. An overall reduction of 46% across all crime types and all and all drug profiles resulted as illustrated by the diagram below. Half of the individuals committed no follow-up crimes at all.

We estimate that speedy access to drug treatment prevents 4.9 million crimes per year, nationally with an estimated benefit to society of £960m.

In London we estimate that 700,000 crimes are prevented in London each year because of the 31,000 adults engaged in drug treatment in the capital, with an estimated value of £135m

### **Funding**

The figures below relate to 12-13 prior to the ringfence being removed.

**Department of Health drugs funding for London** **£88,052,435**

This was made up of

**Pooled Treatment Budget** **£73,616,525**

**Offender access to treatment (the other part of DIP funding of which MOPAC now has the other 1/3<sup>rd</sup> )**

**£14,435,910**

**2012-2013** approximately 88million,

Although we cannot be exact, we estimate that there was at least another £30,000,000 in local money also funding drug treatment.

#### **“Asks of MOPAC and the Metropolitan Police”**

With current reconfiguration of funding including the ring-fence coming off the drug treatment funding, and the change in leadership arrangements for this agenda, a key issue for London is ensuring that we continue to get an effective crime reduction yield from drug treatment. So the key issues for us for Mayor’s Office to use its influence to ensure that there is sufficient treatment available to support the Mayor’s Office’s ambition reducing acquisitive crime by 20% Support for the recovery agenda for drug users including exerting influence to increase the employment prospects of this group, would also be of benefit.

The role of the police in local partnership meetings, supporting this agenda, has been important as the drug system has developed over the last 10 years or so and at this time in particular it is vital that we are not complacent and we would like to see local police representatives at key local meetings playing a role in ensuring that they impact on the decisions regarding the PHG and that there are sufficient resources available to ensure access to drug treatment and of course ensuring that it the resources available are used to best effect.

#### **Research indicates that effective drug and alcohol treatment should address the multiple needs of the individual and not just the addiction. Examples of proven approaches.**

The 2010 drug strategy put additional emphasis on integrating recovery support with treatment. There is a range of information that supports this approach. These include

- NICE 2007 Drug Misuse psychosocial interventions; *“Staff should routinely provide people who misuse drugs with information about self-help groups. These groups should normally be based on 12-step principles; for example, Narcotics Anonymous & Cocaine Anonymous.”*
- Medications in Recovery 2012 the report of an expert group indicated that having an additional focus on social networks, employment and housing supports recovery ambitions
- The NTA analysis of national drug treatment data over a number of years highlighted that working just 1 day per week improves the chances of the client exiting treatment successfully and in remaining drug free.

Across London we have been supporting partnerships to reorient their systems to increase recovery ambitions. Current activity includes

- Recent attendance of NA, AA and CA at drug treatment commissioners and providers meetings. There are plans to meet with all these groups in April in order to further agree actions forward.
- Hosting 2 London meetings at which there were attendance by all London partnerships, all jobcentre offices in London and the DWP commissioned Prime providers in order to support improved understanding and joint working
- We are also involved with the DWP offender group and are highlighting the specific needs of substance misusers.

At a partnership level there have also been a number of positive approaches in most partnerships. These include;

- Commissioning of the SHP to work alongside the treatment services in Camden to provide employment, housing and family support.
- Increased access to volunteering opportunities in a range of partnerships
- A specific employment support worker who works alongside treatment in the tri-borough

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<sup>i</sup> Changes in offending following prescribing treatment: Tim Millar NTA 2008  
[http://www.nta.nhs.uk/uploads/nta\\_changes\\_in\\_offending\\_rb35.pdf](http://www.nta.nhs.uk/uploads/nta_changes_in_offending_rb35.pdf)