April 2025

RR3
Reducing Reoffending
Third Sector Advisory Group

RR3 Community Provision Special Interest Group | Drug and Alcohol Services

Introduction

The Reducing Reoffending Third Sector Advisory Group (RR3) provides the key interface between the voluntary sector, and the Ministry of Justice (MoJ) and His Majesty's Prison and Probation Service (HMPPS), in order to increase mutual understanding and build a strong and effective partnership. The group is made up of senior leaders from the voluntary sector and meets quarterly with civil servants to provide guidance and feedback on MoJ policy developments.

The RR3 convenes Special Interest Groups (SIGs) to advise on specific areas of policy and practice as the need arises. This SIG, comprising 28 voluntary organisations, explored the resourcing and modelling of community provision for people in contact with the criminal justice system (CJS). Following an initial report on mental health provision, this report explores the current challenges in providing drug and alcohol services in the community, which play a crucial role in rehabilitation and reducing reoffending.

The findings were drawn from a roundtable of the SIG attended by organisations from across the voluntary sector, who are either providing community drug and alcohol services, or refer into them, for people in contact with the CJS. The report has been split into two main sections. The first looks at existing barriers and challenges to accessing services; these are grouped under the following headings:

- Variability of services between local areas (incorporating areas of positive practice)
- Demand outstripping supply
- Lack of willingness to engage with services
- Siloed working
- Challenges transitioning from prison to the community
- Lack of pre-release planning
- Accommodation-related challenges
- Issues related to accessing multiple providers
- Challenges with Community Sentence Treatment Requirements (CSTRs)
- Specific cohorts
- Workforce and funding.

The second section sets out recommendations, developed in collaboration with the SIG participants, and designed to mitigate the challenges covered in the first section.

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Section 1: Barriers and challenges to accessing services

In delivering community drug and alcohol services to people in contact with the criminal justice system, a number of different barriers and challenges were identified.

Variability of Services Between Local Areas

When discussing the existing landscape of services, one of the overriding themes was the variability and inconsistency of service delivery in different places. This can cause particular challenges for some groups. For instance, attendees noted that there is a lack of specialist support for people with dual diagnoses, where someone has both a substance use need and a mental health need, in all areas. This variability in the support available across the country makes it difficult for people to access consistent care, and can make co-ordination between prisons, probation, and community services more difficult.

Another key area of variation arose in terms of whether people leaving prison had a continuation of a prescription for Medically Assisted Treatment in the community. Attendees described how there was often significant co-ordination around the prescribing of medications, with some areas having a link worker to help set up appointments with community treatment providers for people being released from prison. However, this same level of co-ordination was often not seen around solely therapeutic, or psychosocial interventions more broadly.

One attendee noted a similar difference between people receiving treatment for opioid use and those receiving treatment for using other substances. For people who were using opioids, clinical appointments and Medically Assisted Treatment arrangements were often set up in advance of their release. However, this was rarely the case for people who use alcohol or other drugs, where there was a reliance on the prison drug treatment psycho-social team making a referral to prevent people in need of support being missed.

Areas of Positive Practice

Despite these variations, SIG attendees did highlight several areas of positive practice. These included prison in-reach work where assessments were carried out with people for accessing community treatment services before they left prison and then meeting people at the prison gate to support them in meeting their appointments with their probation officer and treatment provider. Additionally, participants also highlighted assertive outreach work such as providing people leaving prison with a pack including naloxone, information on drug and alcohol services such as Alcoholics/Narcotics Anonymous, and a mobile phone.

Others also highlighted specific support provided to women in some areas, such as women's community connectors, providing in-reach support to local prisons to help ensure there is a familiar face for when people are released. In addition to the offer of women's only residential rehabilitation services and women-only days as part of a more general service. Further, the creation of a residential rehabilitation service with the possibility of accommodating a parent's children or whole family to support engagement with treatment was also referenced.

Demand outstripping supply

Many participants reported that demand for services was greater than the support available, or that staff were taking on very high caseloads. This comes at the same time as Clinks' State of the Sector research finds that, year on year, the level, complexity, and urgency of service user need continues to grow whilst, at the same time, statutory service thresholds rise.

Lack of willingness to engage

Another barrier to accessing services related to engaging people who are deemed to be in need of drug and alcohol treatment and support. Attendees described high numbers of people who could benefit from drug or alcohol services not recognising their treatment and support needs. This means that, unless mandated by a court, or the hook of a Medically Assisted Treatment pathway, people in this group are less likely to ask for help or access the support that is available. Other SIG attendees also highlighted the long waits that some people can experience when waiting to receive help. Where people are required to wait for a particularly long time, this can lead to them disengaging from the referral pathway and losing confidence with treatment services.

Siloed working

Organisations also raised access challenges as a result of siloed working. This was particularly the case where people had dual diagnoses, where mental health and substance use services do not work together effectively. It was noted that service users often experience being batted between community drug and alcohol, and community mental health services. In addition, some service providers are unable to engage with, and support people with particular needs or backgrounds, particularly people considered to be high risk. This creates further challenges in services being able to support people to access the help they need.

Challenges transitioning from prison to the community

One of the biggest difficulties in accessing services that attendees discussed was the transition from prison to community services. The providers of treatment services in prisons are often different, particularly the NHS services that carry out clinical interventions, to providers in community settings. This can impact on the continuity of care between prison and the community. It was suggested that this could be improved if mechanisms and systems were in place that could be utilised by all providers such as shared recording systems for prescribing clinicians.

Lack of pre-release planning

When this meeting of the SIG took place, the End of Custody Supervised Licence (ECSL) scheme was operating. This meant, at times, people could be released several weeks early from prison to help ease overcrowding. However, the way this scheme operated meant there was little if any opportunity to plan ahead for people eligible for ECSL's release. As such, this lack of co-ordination with prison based prescribing teams, and community services would often be an additional barrier to people accessing community support, including Medically Assisted Treatment.

Accommodation-related challenges

Accommodation was raised as a key barrier to people successfully accessing and engaging with community services. Organisations described people often losing their accommodation if they were found to be using drugs and alcohol, whilst they were on their recovery journey. However, losing accommodation significantly impacts someone's ability to stay in treatment. Other organisations reported that people with insecure housing, or who were homeless, struggled to maintain treatment engagement.

Issues related to accessing multiple providers

Specific challenges were identified in larger cities such as London and Manchester, where different boroughs or local authorities commission different providers across a particular geographical area. This means providers can differ greatly across the same city, making it confusing for those who refer into drug and alcohol support services.

Challenges with Community Sentence Treatment Requirements (CSTRs)

One significant way in which people in contact with the justice system accessed community drug and alcohol treatment was through a Community Sentence Treatment Requirement (CSTR) as part of a community order from court. There are several different types of these sentence requirements, including the Alcohol Treatment Requirement (ATR), the Drug Rehabilitation Requirement (DRR), and Mental Health Treatment Requirement (MHTR).

Attendees described challenges with these CSTRs. These included a lack of clear treatment packages and options available as part of ATR and DRR packages and a lack of understanding about these requirements with sentencers often unaware of what 'treatment' is on offer. These also included probation staff unfamiliar with the eligibility criteria for them, and an underutilisation of community orders with dual requirements, to help people receive support for both substance use, through an ATR or DRR, and their mental health through an MHTR.

Other challenges with CSTRs included concerns that the court was often more focussed on whether someone would engage with a requirement, rather than on the support that is provided as part of the intervention, and a lack of communication between providers and probation to enable recommendations to be included in the Pre-Sentence Report presented to the court. Attendees also raised that there can be barriers in accessing support through CSTRs when someone's offence was not related to their substance use, despite having a need that could be addressed to reduce re-offending.

These are compounded by the inconsistent models of providing these treatment requirements across the country. This is because approaches to delivering community orders, CSTRs, and other interventions are often influenced by local commissioning structures.

Specific Cohorts

In discussions, organisations highlighted specific cohorts that faced particular challenges in accessing substance use support. The most frequently raised group were women. Particular challenges for this group included those related to domestic abuse, fear of having children removed from their care, and challenges in accessing support through their GP.

On domestic abuse, attendees noted that specialist services for victims of domestic abuse were often oversubscribed. They also highlighted that women who have been the victims of domestic abuse may face other engagement barriers as a result. For instance, there can be accommodation difficulties where women are considered intentionally homeless in cases where domestic abuse was a significant factor. In addition, there can be challenges for women trusting their probation officer sufficiently to disclose the role of domestic abuse in their situation.

Others highlighted the fear women might have that their children will be removed from their care. This could create barriers for women being reluctant to both access support as a victim of domestic abuse, but also for their drug and alcohol use due to a fear of ramifications from social care. Whilst attendees agreed it was essential to safeguard children, this needs to be done in a way that does not penalise, particularly, mothers.

Another area highlighted related to difficulties women face in accessing support through their GP. An attendee described women feeling GP receptionists as presenting a particular barrier, as women may want support but feel unable to disclose this to a receptionist, or in a space like a waiting room, where they may feel judged or fear having their children removed from their care. Where women do arrange an appointment with their GP, the policy that some practices have limiting people to only raising one issue per appointment can also present difficulties.

Geography was also discussed as presenting challenges to providing drug and alcohol support to women in the community. With there being fewer women's prisons in England, and no women's prisons in Wales, women may often be released with the requirement to present to Probation, or other services, in a geographical area a significant distance from the prison. This can make it harder for women to be followed through the system and ensure referrals reach the right place. Attendees noted this was a particular challenge for women being released from HMP Bronzefield as women were very likely to return to different geographical areas upon release.

In local areas that cover a large geographical area, there can be very few staff to provide specialist women's support. The challenges of delivering a service with very few staff can then be compounded by the high costs of travelling across a large area. Organisations explained that addressing this challenge often came down to funding, as there are many examples of good practice. The cost of service users travelling to attend appointments was also noted, especially for women, which can often be higher in larger, more rural areas.

Attendees also mentioned the needs of people who are neurodivergent. Organisations said where people's neurodiversity may be undiagnosed, this presented a particular challenge, as it could be contributing to a person's drug and alcohol use, as a way to self-medicate for their unmet need.

One organisation highlighted specific challenges for transgender and non-binary people. They explained that these groups can face a particular challenge as people may not easily fit into an existing model of men's and women's specialist services.

Workforce and Funding

A number of SIG attendees spoke about the funding of drug and alcohol services, staffing shortages, and overlapping associated issues. As noted above, drug and alcohol services are commissioned locally, and services receive grants from the Office for Health Improvement and Disparities (OHID) which are determined year on year. This is in addition to drug and recovery support provided through Commissioned Rehabilitative Services (CRS). This means there are various different funding mechanisms used to commission services. These variations and inconsistencies can lead to challenges for the organisations delivering services.

Short-term funding was highlighted as a particular challenge. Not only does this cause difficulties for organisations in and of itself, but it also makes it much harder for organisations to recruit and retain staff. Short-term funding means providers are not able to plan ahead, and this lack of certainty drives staff turnover. Organisations described that where short term funding grants had been made available, there is always a concern that it will be followed by a cut in the next funding cycle.

In addition to short-term funding, attendees also reported challenges around the inconsistency of inflation-related uplifts in contacts, contracts only offering short periods of time to engage with services users to build relationships, secure engagement and bring in partner organisations, and funding arrangements not providing enough resources for services to cope with surges in demand.

Attendees reported further staffing challenges resulting from the demand for services. They described staff having very large caseloads, placing additional burdens on them as they worry about the possibility of missing something, like a safeguarding concern, or falling behind in recording their notes and administrating their caseload.

Section 2: Recommendations and solutions for community drug and alcohol provision

Against this current service landscape and wide-ranging set of challenges, the SIG participants then developed a range of pragmatic solutions designed to mitigate them.

Continuity of Care and Access to Services

On continuity of care and access to services, the SIG recommended:

- Improving referral processes for people moving from prison into the community, making use of processes, such as the 'four-in-one referral form', to prevent duplication of work already completed and to help to make referrals across the country more consistent
- Ensuring effective in-reach teams and link workers are operating across the entire prison estate, meeting with people in prison before there release to support continuity of care
- Sharing of prescription information with the community drug and alcohol services for someone leaving prison, to help continuity of care
- Beginning resettlement planning with people in prison well in advance of an individual's release
- Avoiding releasing people from prison late in the day, or on a Friday (noting legislation that is already in place to ensure people are not released on a Friday)
- Making use of tele-recovery services so people in prison meet community providers virtually before their release
- Ensuring that NHS Reconnect is being used as effectively as possible so that people are supported to access the most appropriate community services, particularly if they have additional needs
- Ensuring that justice practitioners have a good knowledge of the services available locally and when to refer people to different services; this should include ensuring consistent availability of information for police officers when giving condition cautions and other community resolutions, so as to enable informed decisions in relation to potential diversion options
- Increasing the co-location of services to help improve access; this would incorporate the co-location of drug and alcohol services with probation
- Considering creating a pathway to enable people to be released directly from prison into residential rehabilitation services where appropriate.

Trauma-Informed, Holistic, and Gender-Responsive Services

On trauma-informed, holistic, and gender-responsive services, the SIG recommended:

- Ensuring there are specialist, gender-informed pathways and services for supporting women with substance use needs
- Embedding co-production in the development of services, to ensure that services are informed by the views and experience of the people who are or have accessed them
- Increasing the availability of more comprehensive support services that can provide holistic support to women, helping to meet multiple needs through the same service, and better supporting people with dual diagnoses. This should include the provision of housing first options.

Improving Funding and Commissioning, and Increasing Service Join-Up

On funding and commissioning, and service join-up, the SIG recommended:

- Providing greater funding for drug and alcohol services that specifically support people with convictions in the community
- Providing further specific training to practitioners providing drug and alcohol support to people in contact with the criminal justice system that reflects the unique circumstances in which they work
- Exploring co-ordinating different budgets that fund drug and alcohol support for people in the criminal justice system to enable more resources to be available overall, such as through multi-agency taskforces, ringfenced funding for specialist drug and alcohol provision for people in the justice system, and embedding requirements for partnership working
- Recognising, protecting, and promoting the important and unique role the voluntary sector plays in providing drug and alcohol support to people in the criminal justice system. Including through an emphasis on the role peer support and the meaningful co-production of services.

Conclusion

Based on the discussions that took place between attendees at the RR3 SIG on Community Provision, this report sets out a range of challenges facing the delivery of community drug and alcohol services for people in contact with the criminal justice system. However, it also goes on to highlight how services can continue to be developed, by improving continuity of care, creating more joined-up and holistic services, working together to fund and commission services, and creating greater gender-specific services and pathways. Implementing a range of these recommendations will enable policymakers, service providers, and the wider voluntary sector working in criminal justice to better support those in contact with the justice system who have substance use needs, enabling them to transform their lives.

Clinks supports, represents and advocates for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

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