

Offender to Rehab Programme

A Process Evaluation of
the Birmingham Pilot



west midlands
police and crime
commissioner

West Midlands
POLICE



FINAL REPORT July 2022

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Foreword

Substance misuse leads to serious harm, in so many different ways. It devastates the lives of the people that are gripped by their dependence, together with the lives of family members. It causes and/or exacerbates physical and mental ill health. It is a cause of acquisitive and violent crime, including towards shop workers, which means there are victims of crime and that negatively impacts upon people, communities and businesses. That creates increased pressure on policing, our public services and our criminal justice system.

In Birmingham, we have been pioneering a new approach that focuses on prevention and partnership. Prevention, by addressing the underlying causes of prolific, repetitive, acquisitive crime. Partnership, by working with probation and retailers to identify people who are responsible for prolific, repetitive, acquisitive crime.

As a consequence, we have engaged with people across the city, who are experiencing dependence, with the intention of supporting them into recovery. We have seen marked reductions in the levels of crime experienced by businesses, fewer victims of crime, reduced impact on policing, public services and the criminal justice system, hundreds of thousands have been saved to the public and private purses, people have been provided with the opportunity to break the cycle of crime and turn their lives around and most importantly, lives have been saved. The achievements of the programme were formally recognised, when it won the 2022 Howard League Community Award for Policing and Adults.

The Programme has operated on a pilot basis, whilst it was being independently evaluated by Professor Emmeline Taylor and her team. The conclusions which have been drawn, following the evaluation, are that this is a model that works and it has a clear positive benefit for the people who are substance dependent, public services and businesses.

I thank Professor Taylor and Ariabella Kyprianides, for their tireless work over the past year in evaluating this pilot. I also thank the Offender to Rehab team, for their commitment, dedication and the work that they do on a day to day basis. Finally, I thank the members of the Offender to Rehab steering group, which has guided and supported the Programme into its current form over the past year.

Over the next year, I will be working with the team to consider how this Programme can be developed and expanded into other Local Authority areas across the West Midlands. With that aim in mind, I call upon both businesses and wider public sector partners to support us in that endeavour. I look forward to working with you all and building upon what we already have, in order to prevent crime, protect people and businesses and help those in need.

Simon Foster,

West Midlands Police and Crime Commissioner

Offender to Rehab Programme

The Offender to Rehab programme is a partnership venture initiated by West Midlands Police, working with the business sector, to tackle the drug-related retail crime which is all too common in society today. The programme is targeted at individuals with high levels of criminal activity, particularly retail crime, motivated by a Class A addiction, poor wellbeing, and often co-morbidities, particularly mental health conditions. It is an attempt to respond to prolific offenders in a meaningful way, includes residential rehabilitation, and seeks to secure long-term behavioural change

This collaborative project has provided much learning. It shows intense dedicated support directly from the police, in a way not explored before. The persistent outreach work by the Police is unique to the O2R programme, and results in engagement with drug-dependent offenders who need support, but are not in touch with the services where they could be helped. The police are particularly well placed to seek out these individuals, who may initially have been very resistant to rehabilitation. This kind of proactive approach is to be applauded.

It should not however, be seen as a stand-alone model. O2R clients require, as do all drug-dependent people, meaningful aftercare and ongoing support, becoming members of a recovery community with attention to housing and employment.

So, it needs to become part of a wider system of prevention, working with the new local combating drugs partnership. It is also a model that commends itself to the business sector, because of its positive benefits for those working in stores and also a wider financial gain from reduction of theft.

The model has now matured to a stage where it could be considered as a template for other police forces in England and Wales.

Professor Dame Carol Mary Black, DBE, FRCP

Acknowledgements

This research would not have been possible without the generous support and commitment of several organisations and individuals. First and foremost, sincere thanks to the West Midlands' Office of the Police and Crime Commissioner (WMOPCC) for funding the process evaluation research. It has been a heartening experience to work alongside a police force that is committed to piloting new and innovative ways to reduce crime by addressing the needs of some of the most vulnerable individuals in our society. Within West Midlands Police, many individuals provided assistance, guidance, and feedback on the research as it progressed. In particular, thanks to PC Stuart Toogood, Brendan Warner-Southwell, Jacqui Every and Sergeant Greg Richards.

In addition, thank you to the rehabilitation facilities for assisting with the research by allowing staff to take part in interviews, permitting researchers to conduct observations at their premises, and assisting with arranging the interviews with their clients.

We are extremely grateful to all of the O2R clients who generously gave their time to talk to us, particularly since this came during their rehabilitation journey which we fully acknowledge is already a hugely challenging and emotional time for them. We are honoured that they shared their stories with us and spoke so candidly about their past experiences and future hopes. We wish them all the best on their path to recovery.

Professor Emmeline Taylor
Dr Arabella Kyprianides

Executive Summary

Offender to Rehab (O2R) programme and process evaluation

- The Offender to Rehab (O2R) programme has been operating in Birmingham since 2018 with a Birmingham-wide pilot launched in July 2021. A process evaluation¹ was commissioned to run alongside the first year of the pilot.
- This report is structured around the chronology of engagement with the O2R programme with the following sections: (1) recruitment and training of O2R officers, (2) referral pathways, (3) client profile, engagement, and treatment, (4) rehabilitation experience and impact, (5) client preparation for sustainable change and case studies. It then outlines the 'key lessons' learnt throughout the process evaluation.
- There have been fewer O2R clients recruited onto the programme (i.e., entering rehab) (N=27) than anticipated in the evaluation. This is, in part, due to the programme being understaffed at points during the evaluation period as one officer left the programme and another had periods of ill-health, alongside the impact of Covid on services. There have been additional data collecting exercises completed by the research team in lieu of the additional client interviews but it should be noted that the findings reported here are based on fewer individuals than initially planned.
- The report is written at a time that retail crime (both shop theft and violent attacks on shop staff) continues to escalate. Anecdotal reports from retailers suggest that the cost-of-living crisis is placing further strain on stores in terms of theft. Prolific drug-affected offenders are reportedly finding new markets in which to fence their stolen goods as members of the public and small businesses are feeling the burden of economic strain. There is a heightened need to ensure that these offenders are responded to in a meaningful way that secures long-term behaviour change.
- Service provision for drug-affected offenders currently does not match levels of need. The O2R programme has identified a population of offenders who, arguably, would not be eligible for many other services due to a range of factors (e.g., initial commitment to change, or presenting with comorbid substance misuse and mental health issues).²

O2R officer recruitment and training

- There are currently four trained officers working on the O2R programme. It is anticipated that this will result in higher referral rates than previously when the project has experienced understaffing.
- Stakeholders report that the officer recruitment model (internal expressions of interest) ensures that 'the right people for the job', who are motivated to work with prolific offenders with entrenched drug addictions, are selected.
- The O2R officer training has evolved to a good standard, striking a balance between being comprehensive but not overwhelming.

1 - A process evaluation is distinct from an outcome evaluation. A process evaluation focuses on the set up of an initiative, whether activities have been implemented as intended, and are operating effectively. A key component of process evaluation is the potential to shape activities as the programme . It is an essential part of designing and testing interventions before they are rolled out.

2 - Dame Carol Black's independent Review of Drugs highlighted that, at times, individuals 'fall between the cracks' of services because they present with comorbidities. There needs to be better recognition that 'trauma (physical, sexual or psychological) and mental ill-health are the drivers and accompaniment of much addiction. They are co-morbidities rather than separate problems for a 'dual diagnosis'.' Available at: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

- The O2R officer role presents psychological hazards. Their remit is to work closely with vulnerable adults who are typically in poor mental and physical health. The severity of poor wellbeing has been demonstrated by the death of three clients during this process evaluation. This number is congruous with national trends. Deaths relating to drug poisoning have been increasing nationally. There were 4,561 deaths related to drug poisoning in England and Wales in 2020; an increase of 3.8% from the previous year and the highest number since records began in 1993.³ Officers have access to WMP welfare support and a wellbeing hub that is available for use by all officers and staff.

Referral pathways and client suitability

- Since the start of the pilot in July 2021 up to July 2022, there have been 136 individuals being referred in to the O2R programme, 85 of which have been contacted and / or assessed or are engaging with the programme.
- The most successful referral routes in terms of numbers has been, in order of most frequent, direct outreach conducted by the O2R Officers, referrals from retail businesses, followed by NPTs, particularly Harborne and Sutton Coldfield.
- An internal review of the referral pathways and caseload has suggested that offenders who are predominantly based in / operating out of the city centre do not progress as well on the programme as those who are identified in neighbourhoods. There are multiple factors that might underscore this trend such as the demographics of offenders and the availability of other services. It is suggested that the resources of the O2R programme are focused on the neighbourhood areas where they typically have a bigger impact.
- Participants reported that they first became aware of the programme either from a police officer or via word of mouth. Many participants knew someone who had been on the O2R programme, and this was a key motivating factor for their own involvement.
- The targeting of the referrals has consistently been in full alignment with recruitment criteria over the pilot period i.e., high levels of criminal activity (particularly retail crime) motivated by a Class A drug addiction, and poor well-being.
- Rehab managers have felt that all prospective clients referred by the O2R officers are appropriate but have on occasions questioned their readiness for rehab. The pre-admission course has successfully been introduced in response to prepare potential clients for the routine and rules of the rehabilitation facilities.

Client engagement

- Successful and sustainable rehabilitation requires a multiagency approach. Clear service mapping and signposting to other services and a commitment from them to work with this cohort via a memorandum of understanding (MOU) would complement the work of the O2R programme.

3 - ONS (2021) 'Deaths related to drug poisoning in England and Wales: 2020 registrations'. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

- WMP provided detailed data to enable ‘tracking’ of the first 60 clients who have been assessed and had some involvement with the programme since commencement of the pilot (June 2021 – June 2022). Of these, 33 continue to be actively worked with and 27 are inactive/ withdrawn. Of the 33 active clients, 6 have been diverted to other services and 27 have entered a rehabilitation facility. At the time of writing, 3 clients are still in rehabilitation, 20 discharged early, and 4 completed the full 12-week residential rehab programme.

Rehab assessment and placements

- After several iterations of the rehab assessment and placements process, the structure now in place appears to work well. It could be considered as a template for any future implementations of the O2R programme by other forces in England and Wales. The process for engaging with clients has evolved into several distinct stages since commencement of the pilot (some of which run concurrently); i) initial engagement with officers, ii) pre-admission group course, iii) WMP assessment, iv) rehabilitation facility assessment, v) residential rehabilitation admission.
- The pre-admission course (four two-hour weekly sessions) was introduced in January 2022 to build recovery capital and mitigate the especially difficult transition to rehabilitation for O2R clients. Participation is now mandatory and officers, rehab staff and clients all reported that the sessions work well to prepare clients for their rehabilitation journey. There have, at the time of writing, been 23 attendees in total, 8 of which entered rehab following these sessions.
- Key motivating factors to take part in the O2R programme reported by clients include: a desire to reconnect with family and loved ones, wanting to “get clean”, knowing someone who has been on the O2R program, the persuasion and, importantly, timing of the recruiting police officer, and having previously attempted rehabilitation.
- The two rehabilitation facilities currently accepting O2R clients are Livingstone House and Seasons. The hope was that a third rehab facility would join the programme in September 2021, however unfortunately for various reasons this has not yet happened. Consequently, the programme is running with two rehabilitation facilities, and not three as originally planned.

Client experiences and impact

- O2R clients have reported positive experiences of the O2R programme and viewed police and rehab staff positively throughout the pilot period. Clients described the O2R programme as being much more effective than any other programmes they have been on. They identified the targeted and involved support from officers and rehabilitation staff as particular strengths of the programme that represents a departure from previous attempts at rehabilitation.

- The impact of the programme on O2R client's well-being is significant. Participants identified a willingness to change to address their addiction; this is key to embarking on any rehabilitation journey. Particularly encouraging is that despite some participants experiencing a desire to drop out of the programme and/or to reoffend, they reported learning new strategies to manage these negative thoughts. For example, rehabilitation staff teach clients to think about the consequences of relapse/ reoffending, and clients are encouraged to talk through these negative thoughts with O2R officers, rehabilitation staff and in group work at the residential facility. O2R clients reported that these strategies, and the collective resilience acquired through the rehabilitation programme, helps them to manage negative thoughts and feelings. This shows great promise for the sustainability of outcomes for those who engage with the programme.
- Participants typically have very poor well-being when they first engage with the project. The data provides early evidence of the psychological benefits associated with participation in the O2R programme, including decreased levels of psychological distress, increased frequency of positive experiences, and higher levels of self-esteem.

Client preparation for sustainable change

- O2R clients require meaningful aftercare and ongoing support once they have left rehabilitation facilities. Consideration on how to fulfil this is required. The O2R programme in partnership with other agencies and charities could potentially provide O2R clients with the ongoing support that they require to build a stable and productive life. Importantly any outstanding criminogenic needs relating to accommodation, mental health, relationships, employment and so on will require ongoing support to ensure that the client does not relapse.

The future evolution of the O2R programme

- It is important to recognize that the 'snapshot' provided by this process evaluation only captures a finite amount of time. Recovery journeys, particularly for those who have been using drugs such as heroin for more than half of their lives, are long and often not linear. A commendable attribute of the O2R programme is that individuals continue to be worked with even if they relapse and this has resulted in some transformative case studies of individuals who have completed their recovery journey with the support of an O2R officer.
- It is recognized that the one-year duration of this process evaluation is not able to provide a full picture of outcomes data that would be required to inform significant decisions about the programme's continuance or significant redesign. The project has experienced some 'teething problems' such as staff absence, management changes, a lack of rehabilitation facilities on board, and consequently, slightly fewer numbers of people going into rehab over the 1-year pilot than anticipated. That said, the project to upscale the programme has resulted in a robust and structured design that is much needed and welcomed by service users.

Cost-benefit analysis of the O2R programme

- The cost of drug-fuelled crime is significant. In 2014, the former National Treatment Agency estimated that the overall annual cost of drug misuse was around £15.4 billion. £13.9 billion was due to drug-related crime, while around £0.5 billion was NHS costs for treating drug misuse.⁴ Alongside these figures is the immeasurable damage caused to families and communities.
- A 2014 report from Public Health England estimated that every pound spent on drug treatment saves £2.50 in costs to society. Yet despite the clear return on investment, severe funding cuts have resulted in inadequate service provision at far below the required level. Of significance to the O2R programme, some of the most severe cuts have been made to inpatient detoxification, residential rehabilitation services and outreach programmes.
- The savings in terms of reducing the offending rate of prolific offenders who steal from shops is substantial. If the O2R pilot successfully rehabilitates 20 offenders per year, it could prevent an estimated £760,000 to £1,140,000 worth of goods from being stolen from shops in Year One, and £1.5m to £2.2m in Year Two (i.e. 20 offenders in year one, 40 offenders in year two, and so on) This figure does not include any cost savings to the public purse such as police and court time, as well as the cost of criminal justice sanctions such as community or custodial sentences. It can, therefore, be considered overall as a conservative estimate of the financial benefits of the programme.
- The promotion of the O2R programme on a national scale has resulted in generating the funds to financially support the programme. The level of political and industry 'buy in' achieved through the work of the founding officer is commendable.

4 - National Treatment Agency for substance misuse (2014) Why invest?

<https://webarchive.nationalarchives.gov.uk/ukgwa/20140727020135/http://www.nta.nhs.uk/uploads/whyinvest2final.pdf>

5 - Public Health England (2014), Alcohol and Drugs Prevention, Treatment and Recovery: why invest?

[file:///hpap03f/DIS_Rdf\\$/sutcliffeh/Documents/Drug%20Misuse/PHE%20publications%20gateway%20number:%202013-190](file:///hpap03f/DIS_Rdf$/sutcliffeh/Documents/Drug%20Misuse/PHE%20publications%20gateway%20number:%202013-190)

6 - Department of Health & Social Care (2021) Review of drugs part two: prevention, treatment and recovery. Available at:

<https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

1. Introduction

Retail crime (theft and violent attacks on shop staff) continues to escalate.⁷ Furthermore, anecdotal reports from supermarkets suggest that the cost-of-living crisis is placing further strain on stores in terms of theft. Prolific drug-affected offenders are reportedly finding new markets in which to fence their stolen goods as members of the public and small businesses are feeling the burden of economic strain. There is a heightened need to ensure that these offenders are responded to in a meaningful way that secures long-term behaviour change. However, it is well known that that service provision for drug-affected offenders currently does not match levels of need. In fact, the level of unmet need is growing as treatment services are being curtailed due to local government funding cuts.⁸ The O2R programme has identified a population of offenders who, arguably, would not be eligible for many other services due to a range of factors (e.g., initial commitment to change, or presenting with comorbid substance misuse and mental health issues). Despite focusing on the most prolific offenders, it presents a genuine opportunity for meaningful change amongst this cohort by developing a programme that has its foundations in health rather than criminalisation. This final report of the Offender to Rehab process evaluation outlines the 'key lessons' learnt throughout the pilot. It focuses on the future of the O2R programme, specifically on ensuring that opportunities to work with a broad range of prolific offenders who are drug affected but not eligible for the O2R programme are not missed. It is structured around the chronology of the O2R programme with the following sections: recruitment and training of O2R officers; referral pathways; client profile, engagement and treatment; rehabilitation experience and impact; client preparation for sustainable change and case studies; and, key lessons learned and the future of the O2R programme.

1.1. Methodology

The report draws upon several categories of data: i) longitudinal semi-structured interviews with O2R clients⁹, police officers, and rehabilitation staff at up to three different time points; ii) scrutiny panel reports produced for West Midlands Police Senior Leadership Team, West Midlands OPCC and Scrutiny Panel members on a tri-monthly basis, iii) tracker/ connect data provided by West Midlands Police, iv) 'in person' visits to Birmingham by a member of the research team, and v) four days of observations (including training, outreach activity, rehabilitation programme) to gain understanding on the operational aspects of the programme.

7 - British Retail Consortium (2022) Crime Survey 2022 Report. <https://brc.org.uk/media/679954/crime-survey-2022.pdf>

8 - Black (2020) Review of Drugs.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/897786/2SummaryPhaseOne+foreword200219.pdf

9 - The research interviewing schedule was on track with the service user referrals and progress throughout the process evaluation. However, it was anticipated that a larger number of clients would have commenced the programme and, in turn, a higher number would be available for mid-way and exit interviews (whether early exits or planned). As these have not transpired, the research team have conducted additional data gathering exercises including two 'in person' visits to Birmingham by a member of the research team, four days of observations (including training, outreach activity, rehabilitation programme) to gain understanding on the operational aspects of the programme, and additional interviews with the officers (including the unanticipated newly recruited staff). Despite this, the report should be read with the caveat that the numbers interviewed are lower than hoped.

2. Recruitment and training of officers

2.1. Recruitment

There are now four trained police officers working on the O2R programme. West Midlands Police assigned two full time officers to the programme at commencement, joining the already existing officer who established it. One of the officers withdrew from the project in November 2021. A further two officers have since been recruited and have been in post since February 2022. The posts were advertised across all neighbourhood units and received two expressions of interest. These applicants underwent a suitability interview with the team supervisor. The co-production¹⁰ approach previously taken to the recruitment of the officers, i.e., including service users in the recruitment process, was highlighted as a particular strength of the programme. WMP report that they will endeavour in future recruitment rounds to include service users in the process e.g., by sitting on the interview panel and assisting in the shaping and asking of some of the questions, particularly when there are more applicants.

2.2. Training

In June 2021, a two-week training programme of activities was devised including visits to the five rehabilitation facilities that have partnered with O2R, and seminars on understanding addiction and the O2R role delivered by WMP officers and staff, retail managers and addiction experts. Upon completion of the training programme, officers took up their role, shadowing a more experienced officer for a time, where possible. The 'class based' programme of training was regarded as very thorough and insightful, albeit the breadth and depth of information over the course of a week was reported to be a little overwhelming. As such, the training of the new officers has been less intensive than the two-week training delivered to the initial officers in June 2021 and recognised that some of the training would inevitably take place 'on the job'.

All officers underwent motivational interview training in April 2022 to assist with their outreach activities and supporting continued engagement by clients. In addition, officers have had training on the existence and benefits of a new treatment called Buvidal¹¹ (a monthly injection to suppress heroin use) provided by Change Grow Live (CGL).¹²

Officers highlighted that the visits to the rehabilitation centres were particularly useful for the seconded officers who viewed it as 'eye opening'. This was a pivotal moment in their training which brought to life the realities of addiction and the potential of the rehabilitation journey. The new officers shared this view, explaining that it provided them the opportunity to get 'an overall feel for the place' and to consequently be better prepared to encourage clients to enter the rehabilitation facilities.

10 - The term 'co-production' refers to a way of working where service providers and users, work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it.

11 - O2R officers have worked hard to establish links with drug and alcohol services. As of April 2022, O2R officers have been informed by CGL that they are seeing positive results from a new treatment called Buvidal. Once stable on Buvidal, clients are in a better place to potentially move into recovery communities. It is also reportedly beneficial for the growing number of dual users of heroin and crack since it could play a role in additionally reducing crack usage amongst polydrug addicts. As the O2R programme evolves, officers feel that Buvidal treatment could become a pathway for referrals as a separate and distinct strand of the programme.

12 - CGL is a national health and social care charity. They support those in need with challenges including drugs and alcohol, housing, justice, health, and wellbeing

However, this 'expedited' version of the training meant that the new officers spent less time at the rehabilitation facilities and that they did not undergo the 'class based' programme of training. One of the new officers reflected that they would have liked to have spent more time listening to existing clients who have come through the scheme and what caused them to change, and to have received more information around drugs and addiction. However, it is anticipated that these elements will be fulfilled 'on the job' relatively quickly and the new officers are adapting well to the role. After two iterations of training exercises, the O2R officer training has evolved to an excellent standard. It is hoped that some of the elements of the class-based programme are retained and that it continues to be co-produced with previous clients. This is a notable strength of the programme.

3. Referral pathways

Since July 2021, WMP identifies a total of 136 individuals being referred in to the O2R programme, 85 of which have been contacted and / or assessed or are engaging with the programme. See Table 1 for a breakdown of these referrals by officer.

Table 1. Referrals by officer (taken from WMP data)

Current Nominal Status	Officer 1	Officer 2	New recruit 1	New recruit 2	Overall
Referrals/Waiting	8	19	10	9	46
Active	14	9	6	4	33
Inactive	5	3	3	5	16
Withdrawn	16	9	2	9	36
Total	43	40	21	27	136*

**+5 by officer no longer working on the programme*

According to WMP data, the referral routes with the most referrals was outreach conducted by the O2R Officers (N= 16) referrals from retail businesses (N = 16), closely followed by NPTs, particularly Harborne and Sutton Coldfield (see Figure 1). According to WMP, Birmingham City Centre, Sutton Coldfield, and Erdington and are the top three areas where retail theft is committed by the offenders referred into the programme (see Figure 2).

An internal review of the referral pathways and caseload has suggested that offenders who are predominantly based in or operate out of the City Centre do not progress as well on the programme. There are multiple factors that might underscore this trend such as the demographics of these offenders, their peers, and the availability of other services. As a result, it is suggested that the resources of the O2R programme are focused on the neighbourhood areas where they have the biggest impact.

3.1. Eligibility and referral pathways

A large proportion of individuals who come into contact with O2R officers were referred into other services (e.g., mental health treatment or community-based services) or supported in other ways because they did not meet the threshold for residential rehab. Those assessed as being ineligible for residential rehabilitation were beyond the scope of the process evaluation and so we were unable to track their pathways and progress. However, in this section we include data based on ‘wave 3’ interviews with police officers to explore this initial stage of the process, focusing on those referrals that do not make it to rehab but who officers do engage with. These interviews took place in April 2022. We also include reflections from the O2R round table discussions on the issue.

Officers explained that they routinely ask referrals if they are on a script and whether they are engaging with Change Grow Live (CGL). If they are not, then the O2R officer will refer them to CGL in the first instance. However, it is important to note that if CGL cannot contact new clients by letter or phone then they close these cases after three attempts. O2R officers, on the other hand, have outreach capacity and will continue to attempt to locate individuals using locate/trace on PNC and visiting their known frequented places and home addresses. It is this persistent outreach work that is unique to the O2R programme and results in engagement with drug-affected offenders who may have initially been very resistant to rehabilitation.

It was perceived by O2R officers that the role of probation has shifted in recent years to focus more on the enforcement of license conditions and initiating breach procedures rather than therapeutic work. O2R officers felt that there is little opportunity for offenders at this point to access support and so the O2R programme provides a vital resource for prolific drug-affected offenders, and one that recognizes that the initial steps on the journey to recovery are often the hardest to take.

Officers feel that they do not have the capacity to work intensively with those who are not eligible or appropriate for residential rehabilitation. This is fully in line with the current design of the O2R programme which seeks to work with 'prolific offenders with a prolonged and very high levels of drug addiction' and secure them a place in a residential rehabilitation facility. However, the programme is also uncovering a relatively high volume of offenders who are not assessed as 'priority referrals' but still present with high levels of need. Currently, we know anecdotally that these individuals are often signposted to other services if relevant and possible. Examples provided included one female who was signposted to Anawim (Birmingham's Centre for Women), and several homeless individuals who have been signposted to housing agencies. However, a more formalized and established pathway would perhaps be beneficial.

3.2. Client experiences of outreach and initial engagement with O2R

At the midway interview (4-6 weeks into rehab), O2R clients were asked about how they first became involved in the O2R programme. Participants reported finding out about the O2R programme from a police officer (65%), word of mouth (16%), and 'other' (16%). Only one participant reported finding out about the programme from probation or social media. More than half, 52% of participants referred into the programme, knew someone who had been on the O2R programme; "if they can do it, so can I" was a common response. Importantly, participants also described being approached by a police officer, with interactions most frequently taking place on the streets or following interaction with police due to shoplifting. Participants overwhelmingly felt it to be an opportunity when approached by the police to enter the O2R programme. It therefore appears that the approach of the officers played a role in convincing O2R clients to take part in the programme and attend rehab. Client interviews revealed that the skill of the officers in combination with seeing past acquaintances successfully complete the programme appears to be key factors in motivating clients to engage with the programme.

Offender to Rehab Programme

I was such a drag for days on end, but they [O2R officer] didn't give up. I saw an old friend walk by me, he used to be like me [a drug user], but then he wasn't anymore. That combo of seeing someone else succeed and Officer 1 was an opportunity, and I took it. (O2R client, mid-way interview)

Figure 1. Referral Source (data provided by WMP)

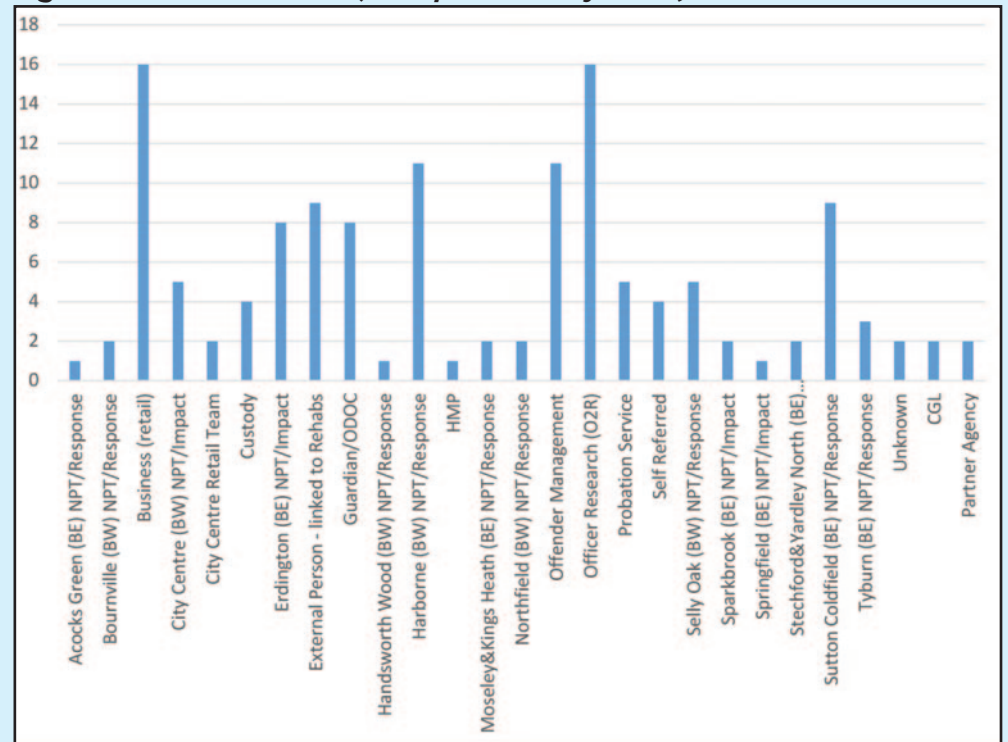
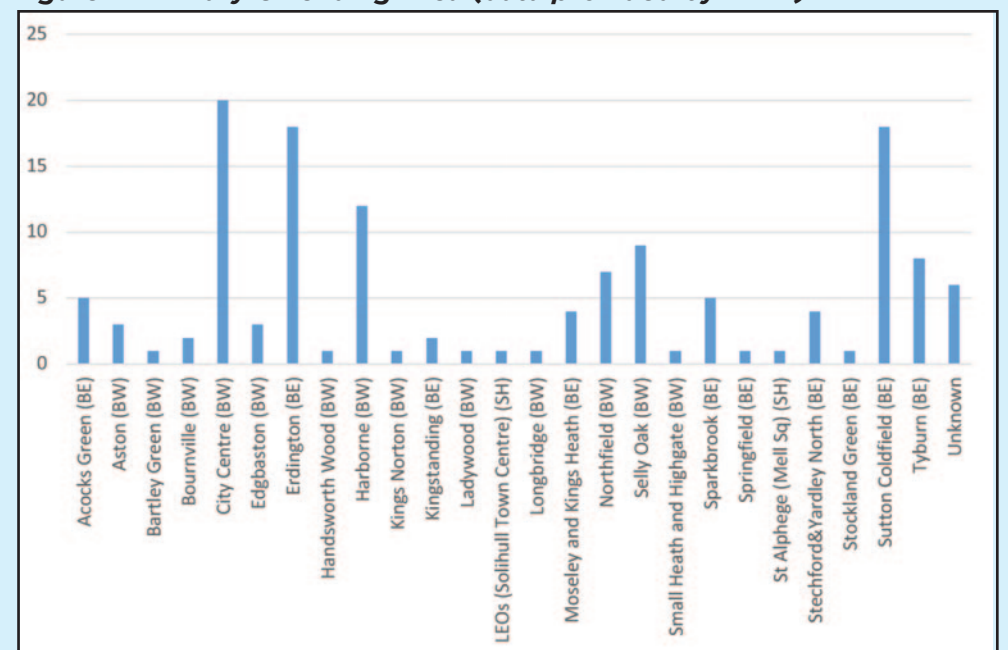


Figure 2. Primary Offending Area (data provided by WMP)



O2R officer reflections on the referral pathways throughout the pilot highlight that they have succeeded at shaping their own approach to outreach. Rehabilitation managers have felt that all prospective clients brought forward by the officers are appropriate but have on occasions questioned their readiness for rehab.

4. Client profile, engagement and treatment

4.1. O2R Client profile

Most clients that completed the commencement interview (81%) are between 30-49 years old.¹³ Approximately a third (31%) of participants specified their address type as tenant council, 27% specified tenant private, and 9% reported living with family or friends.¹⁴ Most recruits (82%) reported not having a partner.¹⁵ More than half (68%) reported having children. Over half (60%) of participants reported being in debt, and all recruits reported receiving benefits. Over half (63%) reported having a qualification (however most of these did not exceed GCSE level), and most (81%) reported having been employed but often this occurred post school and up to 10 years ago. The majority of clients (77%) reported ongoing medical issues and over half (60%) reported they had attempted suicide in the past. The most common substances of choice were crack (95%) and heroin (91%) followed by cannabis (36%) and alcohol (32%).

Most participants had a history of imprisonment with just 9% reporting that they had never been to prison. Illustrating how entrenched criminality is in the lives of the O2R clients, 27% had been to prison 1-5 times; 5% had been to prison 6-11 times; 22% had been to prison 11-15 times; 16% had been to prison 16-20 times; 9% had been to prison 26-30 times; and 5% had been to prison 31-35 times. The most common offence type for all nominals while in addiction was shop theft (100%), followed by burglary (41%), fraud (32%), begging (23%), and street robbery (18%). Furthermore, a large proportion of the sample (72%) admitted using violence/ threatening to use violence, and a third of clients (32%) reported having carried or used a weapon. This illustrates that the targeting of the referrals is in full alignment with recruitment criteria. It also highlights the challenges of working with a cohort presenting with such complex and embedded issues.

O2R referrals scored low on all wellbeing measures. Although more than half (59% and 86% respectively) either agreed or strongly agreed that they have the support they need from other people and high levels of autonomy, the majority reported very low levels of self-esteem¹⁶, feelings of relatedness to other people¹⁷, a lack of a sense of control over their life¹⁸ and that their life is meaningful¹⁹. O2R clients also reported high levels of depression, anxiety, and stress. 95% register as being depressed on the psychological distress scale, reporting that they often or very often feel down, sad, or uninterested in life; 72% register as being anxious on the psychological distress scale, reporting that they often or very often feel anxious or nervous; and 91% register as being stressed on the psychological distress scale, reporting that they often or very often feel stressed. Furthermore, the majority of clients reported rarely experiencing the positive emotions of being happy (68%), feeling positive (59%), or good (68%).

13 - Data taken from April 2022: 5% 20-24; 5% 25-29; 13% 30-34; 31% 35-39; 27% 40-44; 9% 45-49; 5% 50-54.

14 - 32% said 'other'

15 - Of the 18% that reported having a partner, three reported living together and one reported living separately.

16 - 18% register as having feelings of high self-esteem on the psychological need satisfaction scale. In other words, only these individuals either agreed or strongly agreed that they have high self-esteem.

17 - Only 18% agreed or strongly agreed that they are close and connected to other people.

18 - Only 31% agreed or strongly agreed that they have control over their life.

19 - Only 18% agreed or strongly agreed that their life has meaning.

Whether diagnosed or not, the majority of O2R participants have a range of mental health issues. Understanding the extent of comorbidity is critical to providing the best possible treatment yet diagnosis of comorbid drug/alcohol problems and mental health issues can be difficult, as the symptoms related to drug taking or mental health disorders may combine and reinforce each other when they appear, making it difficult to distinguish between the two.

Half of recruits into the programme had previously attempted rehabilitation, and most (81%) reported having some period of abstinence.

From the above, we can infer that knowing someone who has been on the O2R programme, finding out about O2R from a police officer, having previously attempted rehabilitation (and relapsed), and a history of imprisonment might be key factors that motivate an offender to engage with the O2R program. It is recommended that those who have been successful in the past through the programme are involved in some of the outreach work. The skill of the officers in combination with seeing past acquaintances successfully complete the programme appears to be key factors in motivating clients to engage with the programme.

4.2. Participant reflections: from 'rock bottom' to rehabilitation

Perhaps unsurprisingly, the most common reasons participants reported they joined the programme was to “get clean” and to “sort their lives out”. Participants described feeling powerless in the face of their drug addiction, and they recognised that it had become a major risk factor in their lives. Participants wanted more from life, and they had prospects for the future, should they succeed at rehabilitation. For example, most participants noted their family as the strongest motivating factor to attend rehab. Getting clean would give them the opportunity to see their children and potentially receive them back from care. Another key motivation for participants was to stop committing crime to support their drug habit and lifestyle.

I deliberately overdosed on tablets last year. My brother found me unconscious. I was half an hour away from being put in an induced coma, but I woke up. This is when I started to realise that I had a serious problem, but it still took me a year to get help. This was my rock bottom. It was time to sort my life out and save myself. (O2R client, mid-way interview)

Participants' expectations of the O2R programme reflect their motivations for engaging with it. Their expectations included “getting clean”, improving their health and lifestyle, and reconnecting with family and loved ones. Most O2R recruits reported being in very poor health and admitted that the alternative to rehab at this point in their lives was either death or prison. Several stated that they had ‘hit rock bottom’. Pressure from family to attend rehab was also a common answer amongst participants. As one client said:

At first, I knew I could stop but I didn't want to. Then I became completely powerless over heroin. Stealing, living rough, being sick. I was slowly dying. There was nothing left for me. Rock bottom that's where I was. I knew I had to stop, but I couldn't. I just had to get clean. It was this or death really. (O2R client, mid-way interview)

4.3. Client experiences of O2R police officers and rehabilitation staff

Overall, participants are very positive about the O2R police officers and the rehab staff. They invariably described O2R staff as 'supportive', 'accessible' and 'reliable'. They reported frequent communication with their caseworker and being able to reach out as required. They described their interactions with police and rehab staff as 'honest', 'respectful' and 'transparent'; and they stated that both the police officers and rehab staff would be people they would reach out to if they needed help or advice.

'Officer X' is brilliant. They've helped me so much; they have saved my life basically. (O2R client, mid-way interview)

I'm in regular contact with them all day, every day. They are absolutely amazing. They are always there when you need them. (O2R client, mid-way interview)

Research participants were asked to rate the extent to which 'O2R police have listened to you?'. On the scale from 1-10 (1 not at all, 10 a lot), 60% reported a '10' and 40% reported a '9'. They were also asked 'to what extent have O2R police helped you to think differently about yourself?' – half (50%) reported a 10, 20% reported a 9, and 30% scored an 8 on the scale from 1-10 (1 not at all, 10 a lot). On average participants scored 8.3 on the 10-point scale.

The same questions were asked about rehab staff. For the question 'to what extent have rehab staff listened to you?', 40% scored a 10, 40% scored a 9, 10% scored a 7, and 10% scored a 6. On average participants scored 8.9 on the 10-point scale. For the question 'to what extent have rehab staff helped you to think differently about yourself?', 40% scored a 10, 30% scored a 9, 10% scored an 8, 10% scored a 7, and 10% scored a 6. On average participants scored 8.8 on the 10-point scale. In other words, participants agreed that both police and rehab staff have listened to them and helped them to think differently about themselves.

4.4. O2R client behaviour change

O2R clients were asked 'On a scale from 1-10, how much do you think your attitudes and behaviour have changed since commencement of the programme?' 30% responded with a 10, 50% responded with a 7, 10% reported a 6, and 10% reported a 5. On average participants scored 7.6 on the 10-point scale indicating a high level attitudinal and behaviour change. One participant reflected on the changes she has experienced:

I used to carry a lot of anger, but I didn't express it straight away because I suppressed it for so long. It used to come out in the smallest ways because it was built up – I would just snap. I was very good at talking too much and not listening. I've learned to now listen more and not speak, I've learned to not be so angry, I've learned to speak more in groups, I've learned to connect with the women which is the biggest step in my life. I've made a complete turnaround. I'm also reaching out and making people feel welcome. I've won the peer of the week. (O2R client, mid-way interview)

However, participants caveated their responses, noting that they still have a lot to work on themselves and recognising that this will take a significant amount of time.

I've come here to change my actions and change my ways. I still have things to change within myself as time progresses...God never made the world in one day. This is a life plan. I am now more aware of things and can change the bad things. I have seen changes, and staff have too. But occasionally my old attitudes and behaviours will creep back in. My emotions are all over the place, I have a good day then a bad day. (O2R client, mid-way interview)

Some of the participants admitted that they have thought about dropping out of the programme and/or reoffending. One participant said:

I don't need to commit crime anymore; I budget my money so that it lasts. Now that I'm not drinking, I have money so I don't need to go out and be naughty anymore. I've had thoughts of relapsing, but they are just thoughts. It's only when you act on them that you are in trouble. It's inevitable to have thoughts about grabbing a drink. I just think about where it will lead to, I think about the consequences. Or I go and speak to someone here to talk it through. Once you talk it through, by the time you've finished the conversation, the thought is gone to be honest. I just ask for help when I need it, it's nothing to be ashamed of. (O2R client, mid-way interview)

Participants maintained that they are learning to manage these thoughts and feelings, which is particularly positive for the sustainability of the outcomes of O2R. Another participant discussed the collective resilience she has acquired through the rehabilitation programme:

I still have dreams about using. Every day it gets better. I've had thoughts of going out of here to use again. Every time something bad happens I think about it, ah I need a beer, I need this, I need that. But I'm learning that I don't need these things to deal with it... it's the groups here, you have to share a lot and speak about your problems... that's how I manage these relapse feelings. We - as a team here - find other ways to deal with my problems. (O2R client, mid-way interview)

Other issues participants identified aside from their addiction to help them stay clean include improving their family relationships, receiving mental health counselling, and getting support with housing and employment upon release. All participants reported that they are receiving the targeted support via the O2R programme to help them address these issues.

5. Rehabilitation experience and impact

The process for engaging with O2R clients has evolved into distinct stages since commencement of the pilot, now including the pre-admission group course as a critical step:

- Initial outreach followed by engagement with officers
- Ongoing engagement (these elements can run concurrently)
 - WMP assessment and follow-on meetings
 - Rehab assessment (followed by the 'green light' from the rehab manager and doctor)
 - Pre-admission group course
- Residential rehabilitation admission

The officer's initial client engagement approach comprises meeting prospective clients on several occasions over a few weeks, in person and via phone/ text, and setting them simple tasks to ensure ongoing commitment and engagement. Officers then take prospective clients to the rehab facilities and expect them to consequently follow a process whereby they check in daily. The rehab managers emphasized that the officer-client relationship building in the initial period of engagement is important to establish before introducing the prospective client to the rehab facility. If they can engage with their worker (police officer) for a period of time first, then the rehab can be more confident in their commitment and readiness for rehabilitation. After WMP have conducted their assessment, rehab staff then make their own assessment, judging whether there is any resistance from the prospective client or reluctance to engage in certain parts of the programme.

5.1. Pre-admission group course

A pre-admission course was introduced in January 2022 that referrals are now required to engage with before entering residential rehab. Pre-admission groups have been running for 22 weeks. The course was introduced to build recovery capital and mitigate the especially difficult transition to rehabilitation for O2R clients, who unlike many other admissions are not used to routine, do not have stable accommodation, and are not in employment etc. These groups comprise four two-hour weekly sessions (although clients are expected to continue with these until rehab admission). The sessions involve prospective clients meeting support workers from the rehab facility, being given an overview of rehab expectations and rules, and being given the opportunity to ask questions and respond to any concerns. At the time of writing there have been 23 attendees in total, 8 of which have progressed on to residential rehab following the sessions. The remainder are still being worked with to reach the required level of readiness for residential rehabilitation.

Officers report that the pre-admission sessions are working well, with prospective O2R clients engaging with the course and providing positive feedback. The only challenge reported by officers was to find the time to transport clients to these sessions while managing the rest of their caseload. They believe that even though the intention is there, if left unattended, clients are unlikely to independently attend the sessions. This signals the intensity of the work that is provided by officers in order to achieve success with some of the most hard to reach offenders.

Reflecting on their views on the pre-admission course, O2R clients saw the benefits of engaging with 'experts by experience' prior to entering rehab. Clients reported feeling better prepared for what was to come and acknowledged that the pre-admission group would avoid someone entering rehab before they were ready.

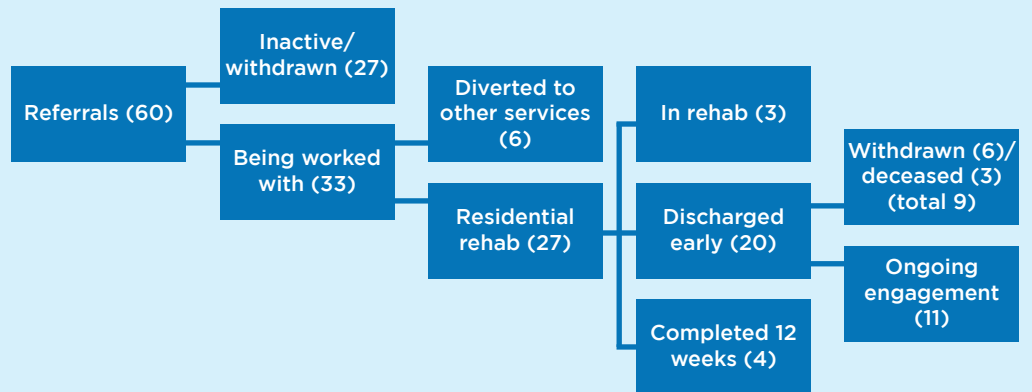
5.2. Client profile and engagement with O2R

The O2R client profile is specific, as are offender motivational factors for participation in the programme. The targeting of the referrals is in full alignment with recruitment criteria i.e. high levels of criminal activity (particularly retail crime) motivated by a Class A drug addiction, and poor well-being that is driving offending. Key motivating factors to take part in the O2R programme include: a desire to reconnect with family and loved ones, "getting clean", knowing someone who has been on the O2R program, the persuasion and timing of the recruiting police officer, and having previously attempted rehabilitation.

5.3. Rehabilitation facilities

The two rehabilitation facilities currently accepting O2R clients are Livingstone House and Seasons. Both offer clients the 12 Step Programme originating from Alcoholics Anonymous. Therapy is via group and a one-to-one sessions alongside alternative therapies which is complementary to the programme. Service users have access to in-house local Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings and there are family groups which take place at specifically arranged dates and prior to visiting. Management at both facilities changed midway through the pilot. Although this initially caused officers concern, it appears that the new managers are working hard to support the programme. The hope was that Changes UK would be in a position to offer residential rehab from September 2021. However, unfortunately, various factors have prevented this from happening. Changes UK are involved in the programme by supporting clients who have already detoxed and facilitating the pre-admission groups.

Figure 3. Flowchart depicting the O2R client journey for first 60 referrals.



Of the 60 individuals worked with since commencement of the pilot (June 2021 – June 2022), 33 are being actively worked with, 27 are inactive/withdrawn (either because they were not interested (17) or because they did not meet criteria for residential rehab (10)). Of the 33 active clients, 6 have been diverted to other services (3 working with partner agencies like CGL and 3 in prison) and 27 have entered a rehabilitation facility. 14 of these clients went to Seasons, 12 went to Livingstone House, and 1 went to Changes UK.

At the time of writing, 4 clients completed the 12-week programme, 3 clients are still in rehabilitation, and 20 discharged early. Two were discharged for breaking the rules of the facility, and seven self-discharged despite the staff's best efforts to convince them to stay. These individuals cited the successful completion of the 3-week detox period as the key milestone they wished to reach, alongside difficulty with adhering to the rules of the facility and/or blaming other service users.

Of the 18 'early' discharges, 6 have withdrawn from the programme, 3 are deceased, and 11 are still engaging with officers. 4 individuals have managed to complete the full 12-week residential rehab programme, 5 people have completed at least six weeks. For some participants, this represents a big achievement compared to their situation prior to engagement with O2R. After several iterations of the rehab assessment and placements process it appears that the processes in place work well and should therefore continue in implementations of the O2R programme.

It is also important to note that prior to the pilot, ten individuals had completed their recovery journey with the support of an O2R officer.²⁰ Four of these individuals have completed 18 months abstinent, one is 2 years 'clean', one is 2.5 years 'clean', three have completed 3 years abstinent, one has completed 4 years 'clean'. Several inspirational video's featuring O2R clients O2R officers are engaging with have been published online.²¹

20 - See for example: Channel 5 News piece 'Breaking Britain's Drug Cycle' <https://youtu.be/MpyjFOt1o14>; Michael's Story - BBC Crimewatch Daily Programme featuring an O2R client who is now a support worker at Livingstone House Rehab <https://youtu.be/y2ixHge4JJw>
 21 - "If I can do it, You can do it" <https://youtu.be/FtNeihaD9B8>; Best things about recovery <https://youtu.be/17WmscXNGCo>; Video featuring Central England Co-op Hannah Gallimore and C Paul Gerard on the benefits of the O2R Programme <https://youtu.be/bLuosncnYDc>

5.4. Deceased clients

There have been three individuals referred into the O2R programme, who sadly passed away while on the caseload. Only one individual was actively engaging with the programme and had self-discharged from residential rehab in the days prior to his death. In this case, the team carried out reflective practice to process what had happened on a personal and professional basis. The team were able to support one another, but also debrief the actions in the days leading up to the death to see if there were any gaps in service or support, that may have prevented the death. The debrief highlighted that there were some good practices in place to support this individual and nothing more could have been done to prevent the situation. Due to the nature of the programme, the team believe it is important to reflect on each incident to allow for learning opportunities and development of programme, as well as supporting the wellbeing of those involved.

In all of these incidents, advice was sought by Professional Standards to discuss the circumstances of the deaths and to establish whether the programme needed a bespoke process outside of Section 12 of the Police Reform Act 2002. As a result, no additional practices were found to be required.

5.5. Client experiences

O2R clients typically described the O2R programme as being much more effective than any other programmes they have been on. They identified the targeted and involved support from officers and rehabilitation staff as a particular positive that represents a departure from previous attempts at rehabilitation. Moreover, O2R clients identified many areas of good practice, including ongoing visits from their police caseworker while in residential rehab; the efficacy of particular rehab activities such as the points system that highlights the shared goal of recovery; being able to share their experiences and feelings in group work; and, the support they have received to help them secure employment and housing upon leaving rehabilitation. The structure and routine O2R provided were also highlighted as an important part of the participants' rehabilitation journey. Conversely, O2R clients highlighted some difficulties, including adapting to the rules and strict routine of the rehab facility and some clashes with other residents. As with many facilities operating within the context of Covid-19, the pandemic disrupted usual service delivery and limited O2R clients from having visitors which was a source of complaint.

Overall, throughout the evaluation, O2R participants viewed the police officers and rehab staff very positively. They described O2R officers as 'supportive', 'accessible' and 'reliable'. Having usually gone through treatment for addiction themselves, O2R clients found that the rehab staff can often relate to their experiences and support them every step of the way. They reported being frequently in touch with O2R officers (at least once or twice a week) and being able to contact them as required. They described their interactions with police and rehab staff as 'honest', 'respectful' and 'transparent'; and stated that both the police officers and rehab staff would be people they would reach out to if they needed help or advice. Participants unanimously agreed that both police and rehab staff have listened to them and helped them to think differently about themselves.

5.6. Impact of the programme on O2R clients

Participants report that their attitudes and behaviour have significantly changed since commencement of the programme. Furthermore, they identified a willingness to change to address their addiction; this is key to embarking on any rehabilitation journey. Particularly encouraging is that despite some participants experiencing a desire to drop out of the programme and/or to reoffend, they reported learning new strategies to manage these negative thoughts. This shows great promise for the sustainability of outcomes for those who engage with the programme.

The commencement interview data reveals that participants typically have very poor well-being when they first engage with the project. The later interview data provides early evidence of the psychological benefits associated with participation in the O2R programme, including decreased levels of psychological distress, increased frequency of positive experiences, and higher levels of self-esteem.

5.7. Impact of the programme on retailers: retail sector savings

The cost of drug-fuelled crime is significant. In 2014, the former National Treatment Agency estimated that the overall annual cost of drug misuse was around £15.4 billion. £13.9 billion was due to drug-related crime, while around £0.5 billion was NHS costs for treating drug misuse. Alongside these figures is the immeasurable damage caused to families and communities.

Focusing on the savings in terms of theft from shops highlights a very strong return on investment (ROI). The annual spend of someone using both heroin and crack has been estimated to be approximately £19,000. Those using shop theft to support their drug addiction report that they typically generate around one third to a half (33-50%) of retail price when they sell stolen goods. In other words, stolen items worth £30 would typically sell for between £10 and £15. To generate enough money to purchase £19,000 worth of drugs per annum, they would therefore need to steal double or triple that amount, i.e., £38,000 - £57,000 worth of goods per year. If the O2R pilot successfully rehabilitates 20 offenders per year, it could prevent an estimated £760,000 to £1,140,000 worth of goods from being stolen from shops in Year One, and £1.5m to £2.2m in Year Two (i.e., 20 offenders in year one, 40 offenders in year two, and so on). The above figures use the national estimated average annual spend by user. The self-report data from O2R participants suggests a much higher rate of drug use and so, in turn, those engaging with the O2R programme are likely stealing a far higher than average amount of goods to fund their habit and therefore can be considered a conservative estimate. Furthermore, this figure does not include any costs savings to the public purse such as police and court time, as well as the cost of criminal justice sanctions such as community or custodial sentences so does not reveal the true financial savings of the programme to multiple organisations and companies.

22 - National Treatment Agency for substance misuse (2014) Why invest?

<https://webarchive.nationalarchives.gov.uk/ukgwa/20140727020135/http://www.nta.nhs.uk/uploads/whyinvest2final.pdf>

23 - Black, D.C. (2020). Review of Drugs - evidence relating to drug use, supply and effects, including current trends and future risks.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/88295_3/Review_of_Drugs_Evidence_Pack.pdf

6. Client preparation for sustainable change and case studies

According to O2R officers, the only agencies they might engage to support clients at the point of discharge from residential rehabilitation are housing agencies (e.g., Lindale Housing which is a recovery community based on clients being abstinent). They have considered developing more on post-exit e.g., counselling and employment, but report that it is not always a straightforward decision. One officer reflecting on the matter said that O2R do not routinely refer people to employment services, for example, because clients are not ready, and it takes time for O2R clients to prepare for this next step of their journey. O2R clients coming out of rehab remain unstable due to their addiction and are therefore deemed unsuitable for work. It was also a concern that to suddenly be earning a wage and have funds available could trigger a relapse for some. It is much preferred to try and encourage a person to volunteer for a period of time after rehab which officers do help with, and then start a part time job. There are, however, exceptions where O2R officers have helped clients secure employment. It is notable that five previous O2R clients are employed as support workers at the rehabs.

At the rehabilitation facilities, following treatment, service users who have completed the programme benefit from aftercare for up to three months and if they are still abstinent, the rehabs offer an open-door policy, subject to availability. After care allows service users to attend rehab drug and alcohol sessions and meetings. However, given the unique O2R client profile who unlike most other clients are not used to routine, do not have stable accommodation, and are not in employment etcetera, rehab aftercare alone does not appear to be sufficient.

The O2R programme could explore options to do more to prepare clients for reintegration back into the community in the form of introducing an exit process focusing on sustainability and meaningful change. This could ensure that needs relating to, for example, accommodation, mental health, relationships, and employment. It is widely acknowledged that some drug users are self-medicating for a trauma that they have experienced in their life. Once the drug addiction is being managed it can often open up space to tackle these underlying root causes for substance misuse, but it should be recognised that this can temporarily create additional risk to clients regarding their psychological wellbeing and needs to be carefully managed by trained practitioners. The O2R programme has utilised some funding to commission counselling courses for clients who have maintained a period of abstinence following rehab in recognition that a serious trauma can result in relapses if it is not being addressed.

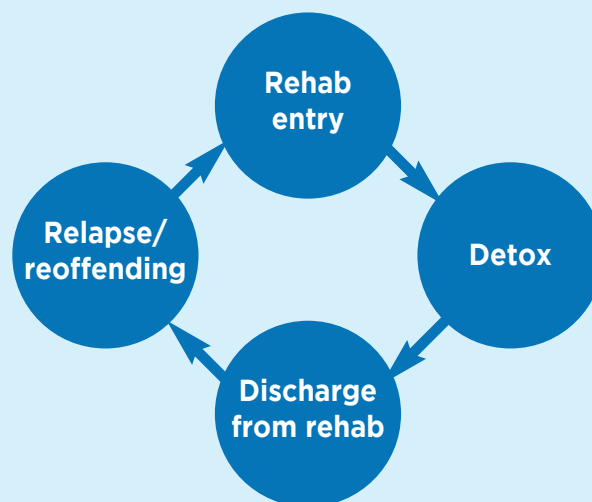
Having some form of ongoing support, irrespective of who provides it, appears to be a necessary step to ensuring that the programme successfully addresses client needs. Police officers might not be the best placed to support those exiting rehab, and so utilising trained police staff or partnering with other agencies (e.g. CARS) could be explored by WMP to provide O2R clients with the support they need (such as accessing housing, a bank account, setting up a phone contract, seeking employment, and relationship building).

6.1. O2R client recovery journeys

The ideal for a 'successful' rehabilitation case is for a client to fully engage, comply with detox, complete rehabilitation, and then secure gainful employment. Yet this linear pathway is rarely achievable upon first attempt for O2R clients due to the nature and severity of their addiction and related behaviours. However, starting the recovery journey is a marked improvement on the previous 'revolving door' of prison that previously characterised their lives. Furthermore, from a crime perspective, every day spent engaging with the O2R programme results in fewer victims. As one of the O2R officers commented:

I can't stress enough the point that our clients are below the line of normal engagement. They are broken and do not engage with existing commissioned services. Although it could be argued that our 'success rate' is on the low side, I would say that there is absolutely no other viable alternative and that our successes have shown that rehab can work and therefore make a difference. As Dame Carol Black stated 'not all cancer treatments work, but it doesn't mean we don't try. (O2R police officer)

Figure 4. The cyclical journey of rehabilitation



It is important to acknowledge that rehabilitation is a non-linear process that often involves multiple iterations to succeed. If a client discharges after detox, O2R officers do not view that as a failure or an early exit; it is the first part of the journey characterized by periods of staying clean and not offending, albeit with some expected relapses in between. One O2R officer noted that recovery should be viewed in a similar way to the boardgame 'Snakes and Ladders' with many ups and downs; there are ladders that they climb (i.e. completing detox, completing 12-week treatment, moving into a dry house, etc.) but there are also 'snakes' that might cause them a setback. The Transtheoretical Model (TTM)²⁴ – which O2R officers have had training on from their supervisor – supports this view. It posits that individuals move through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. The O2R programme allows these individuals to at least 'get on the board' to start the journey; an opportunity that many did not think was available to them. Below we outline three case studies of O2R clients and their recovery journeys.

24 - The Transtheoretical Model (Stages of Change): <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchange/theories/behavioralchange/theories6.html#:~:text=The%20TTM%20posits%20that%20individuals,action%2C%20maintenance%2C%20and%20termination.>

6.2. Case Studies

John's story: 'sometimes you need to fail to succeed'

John became dependent on drugs and alcohol at the age of 25. He had been suffering from seizures due to his drug habits and offending daily to fund those habits. John admitted to committing burglaries and assaults, and to carrying and using a weapon whilst committing those offences. Successive prison sentences did nothing to break the cycle of offending. It was only when he was offered a residential rehabilitation place as part of the O2R programme 10 years later at the age of 35 that he finally stopped using drugs and desisted from crime, reuniting with his family, and attending the gym whilst seeking employment.

I was drinking every day and using cocaine and smoking cannabis. First thing every morning and last thing every night. For 10 years... In those 10 years I spent 5 years in prison. In and out, getting older, you know. I was doing AA in prison, but I got out of prison right before Covid hit. And I just got back on it straight away. It took over me again although I had every intention of getting clean. But Covid hit and I was stuck in my flat on my own. When you're alone and you're bored... I just went back to doing what I do best. I started having seizures and blackouts and coughing up blood, and my stomach problems flared up again. I wasn't well, it was clear that drugs and alcohol were affecting my health.

Why did I want to attend rehab? Because I saw no other way of getting clean. This was an opportunity to get my life back and change. I was committing opportunist shop lifting to fund my ways, checking car doors for change to buy drugs. I had been to prison for house burglaries, fraud, money laundering...I had also dealt Class A drugs. Although I had not come to the attention of the police since 2019, I was on probation and on licence for a burglary. I didn't want to continue a life of crime and saw rehab as an opportunity. Also because of the health issues I had encountered, my mental and emotional wellbeing was at rock bottom, and I had suicidal and self-harm thoughts. I had overdosed in the past. The pain and suffering I had caused my family... I knew I needed to change or else I would be dead soon. I was determined to succeed which is why I was willing to change all my character defects and change my way of thinking. Rehab would enable me to do this. The choices were either jail, death or rehab.

When I met Officer 1 he was easy to talk to. He answered all my questions and I was happy because I was getting the help I needed. I had a wobble a few weeks into rehab because of a girl. I left rehab and had a drink. I told O2R staff right away. Then the rehab manager said I could go back. Sometimes you need to fail to succeed. Before I would have carried on using, but as soon as the drink touched my lips I, for the first time - and that's because of O2R -, I knew how it was going to end up. I've had thoughts about relapsing, but I haven't acted on them. They're only thoughts. It's only when you act on them that you're in trouble. I just think about where it will lead to, I think about the consequences. I can just ring up one of the O2R lads and talk it through. Once you talk it through, by the time you finish the conversation, the thought has gone.

I learned a lot about addiction with O2R; how it affects you, how it affects others. I'm still learning about it but I'm in a better place than I was 4 months ago. I got my head down and did it. I learnt to express myself, I never used to do any of that before rehab. I realised it works. I'm eating properly, I'm healthy. I feel like I'm myself again. Now I think positively. And I just try to get on with life. I go to the gym, and I am going to start an adult social care course. Everyone tells me how good I look now compared to before O2R. I'm staying clean for me but I'm also doing it for them. My family is now supporting me; we've reconnected. I've got my sister-in-law, I've got my niece and nephew, and my brother-in-law. I've got a good support network around me now that they can see I'm trying to become a better person. O2R is a good programme, and it should be available to more people because it works. It's much more effective than prison, and that's coming from someone that has been to prison many times. That doesn't work; O2R does.

Stacy's story: Rock bottom to 6 months clean

Stacy was a 'usual suspect' for police, often seen begging and stealing on Birmingham high street. Stacy had been diagnosed as bipolar and had overdosed on heroin over three times in the past. She felt her life was unmanageable, and that she was powerless over her addiction to the point of being suicidal. Stacy says she had not been offered any counselling or support until participating in the O2R programme. She managed to complete the full recovery programme upon her first attempt.

I had deliberately overdosed on tablets last year. My brother found me unconscious. I was 1-2 hours away from being put in an induced coma, but I woke up. This is when I started to realise that I had a serious problem, but it still took me a year to get help. This was my rock bottom start - when I took the overdose. A year later it just got worse, and I realised that it was time to sort my life out and save myself.

I was begging and stealing to fund my drug habit. I met Officer 2 on the streets. She told me about O2R and I grabbed the opportunity with both hands. I grasped my chance and ran with it - I was going to embrace the opportunity for recovery this time. I didn't know what detox even was at the time. It helped that all of the staff were also in recovery and not reading out of a textbook. The groups gave me all the knowledge about what recovery is. The structure and routine in rehab was a good thing because my life before had none. I was a very isolated person. You must get up at a set time, have breakfast at a set time, participate in groups at a set time, dinner, meds, bedtime, you see, it's all at set times. It's really good. There were things in place to prevent relapse from happening. I would have definitely used if I wasn't in a safe place like that. I had no issues at all, I was doing really well. I'm quite surprised myself at how well I did. I even became house leader.

Following O2R, having completed my treatment at Seasons, I have now been clean and sober for 6 months. I cannot believe I am clean now. I am very proud of myself. I now feel a lot of shame and guilt for what I put everyone through. I'm volunteering at Seasons, trying to give back what I was given. O2R staff will tell you that I had no issues throughout my time at Seasons. I guess sometimes rehab can be straight forward as much as it can be chaotic. It was the best experience for me.

Michelle's Story: A life lost to drugs

Michelle was introduced to drugs and crime by her boyfriend. She became a prolific offender and heroin user. Successive prison sentences and community orders did nothing to break the cycle of offending. It was only when she was offered a residential rehabilitation place 16 years later at the age of 38 that she finally stopped using heroin and desisted from crime. Had she been diverted into treatment and rehabilitation earlier, this would have potentially reduced police, court, and prison time and, most likely, reduced reoffending.

I didn't commit my first offence until I was 22. I was working full time up until that point. I'd got in with the wrong crowd that I'd met through my ex-boyfriend who was a well-known shoplifter. He'd been to jail numerous times and I suppose in a way that sort of excited me. I'd probably shoplifted about ten times before getting caught for the first time. The police were called, and I got caution, but that didn't deter me. I thought, oh, a little slap on the wrist is nothing really. And then my offences escalated because I'd developed a habit to feed. I was still committing shop theft, but it became more regular. It was probably about six, seven times a day.

I was given community orders which didn't work. I'd turn up to my appointment and tell them I was fine and I'd go. There was no help. There was no talking to me about why I was doing it. It was just a tick on the piece of paper to say that I'd turned up. I had a drug worker that I'd go and see once a week and be drug tested. She'd ask me how I am and I'd say "fine". Then she'd tell me to keep up the good work. And I'd be thinking, keep up what good work? I'm still using and I'm still stealing. I used to blag the drug tests by taking someone else with me who wasn't using. And that's how it continued. The drug workers that I had been using didn't have a clue. They'd never been in my situation. They never used, so in my eyes how could they help me if they didn't know what I was going through or how I was feeling?

Then in 2002 I got sent to custody and that was scary. I'd never been to prison before and it was really tough. There was no methadone so I had to do basically a bareback withdrawal. All they'd give you was Paracetamol. I didn't sleep for three weeks. In a way that first time was a deterrent but I came out with the same problems so nothing changed.

About four months after I was released I was on heroin again and I started committing more offences. I was sent to Foston Hall women's prison three times in one year. It was just little sentences like two months or three months. I'd come straight back out and start using again. It just didn't stop me. I had three meals a day, a bed, a duvet, free view, and of course all my mates were there, so I'd say it was like a little respite from the outside. In 2012, I got arrested again for another shop theft. This time the magistrate gave me a 12-month prison sentence - straight back to the same jail. Straight back to the same faces. I couldn't find a way out of what I was doing so it was easier to carry on and do it. I think I probably got about 60 odd offences for shop theft. The custodial sentences that I've had were just a little breakaway from my reality of being homeless and reliant on crime to get through the day. Prison didn't deter me in any way and it definitely didn't stop me committing more crimes.

Offender to Rehab Programme

The thing that helped me in the end was going into residential rehab. I did a 12-step Narcotics Anonymous programme. I learned about my behaviours, and I learned about why I did what I did. It was a lot of work, but I think it actually saved my life. Sending addicts to rehab instead of custody would benefit that person more than any custodial sentences or community sentences would.

Looking back, I'm embarrassed that I've wasted so many years of my life doing nothing. I wasn't living life like I should have been, I was just a sorry existence. That's how I feel, looking back now on over twenty years of using, a life wasted. It's horrendous.

7. Key lessons learnt and the future of the O2R programme

The O2R programme has evolved significantly since it was first established by one officer working in WMP. There have been some key learnings along the way as the pilot programme has developed. Upscaling has brought with it a need to standardise processes, develop recruitment practices, devise a training module for seconded officers, and establish working relationships with various stakeholders and service providers. The process evaluation has run for one year alongside the pilot and captured some key learning points for WMP but also for other forces looking to establish similar programmes. While it is too early to demonstrate the long-term outcomes, the programme has evolved into a robust 'product' that has developed significant aspects of 'good practice'. Below the 'key learnings' are synthesised.

1. A police-owned initiative

The O2R programme evolved out of the commitment of one officer who identified a level of unmet need in the drug-affected prolific offender community in Birmingham East. Many of the offenders that have been targeted and successfully worked with through O2R would, arguably, not have been eligible for support through other services and programmes (e.g. on the basis of initial commitment to change, comorbid substance use and mental illnesses, lack of funding, etc.). At this stage, it is important that the eligibility framework of other services and/or agencies does not replace the simple focus of the O2R programme ('prolific offenders with a prolonged and very high levels of drug addiction'). The O2R programme is 'police-owned' and with this comes several benefits. For example, some agencies have more restrictive criteria that might exclude some of the more 'chaotic' and challenging clients from their services.

2. Officer recruitment and training

The recruitment process for officers to be seconded into the O2R programme need to remain a voluntary 'expressions of interest' call followed by an interview process (that involves end users). The training has gone through several iterations and evolved into a robust module that combines class-based delivery of information, visits to the rehabilitation facilities, shadowing current O2R officers as they undertake outreach work and interact with referrals, and 'on the job' training.

3. Pre-admission course

A pre-admission course was introduced in January 2022. The course was introduced to build recovery capital and mitigate the especially difficult transition to rehabilitation for O2R clients, who unlike many other admissions are not used to routine, do not have stable accommodation, and are not in employment etc. These groups comprise four two-hour weekly sessions (although clients would be expected to continue with these until rehab admission). The sessions involve prospective clients meeting support workers from the rehab facility, being given an overview of rehab expectations and rules, and given the opportunity to ask questions. Establishing pre-admission groups requires careful consideration regarding design, who delivers them, and the degree to which they are compulsory since it is important not to create additional hurdles early in the rehabilitation journey that might serve as insurmountable barriers for some. The pre-admission sessions have enabled the O2R programme to establish readiness amongst the caseload.

4. Ongoing review of referrals and client progress

An internal review of the referral pathways and caseload suggested that offenders who are predominantly based in / operating out of the City Centre do not progress as well on the programme as those who are identified in neighbourhoods. Similarly, it was found that those emanating from the City Centre were not progressing as much as the neighbourhood referrals. Ensuring that there is ongoing internal monitoring of these nuances locally will ensure that limited resources are directed to where they can have the best impact.

5. Referral pathways and MOUs with community services

The O2R programme focuses on 'prolific offenders with a prolonged and very high levels of drug addiction'. In identifying the most prolific and entrenched drug-addicted offenders, the programme is also uncovering a relatively high volume of offenders who are not assessed as 'priority referrals' but still present with high levels of need. Currently, we know anecdotally that these individuals are often signposted to other services if relevant and possible (as above). These existing referral pathways might benefit from becoming formalized by outlining treatment pathways for clients presenting with particular needs (e.g., homelessness, mental health needs) and identifying clear avenues/ services for engagement. Current key partners include rehabilitation facilities, dry houses, a woman's charity, probation, and retailers. The programme might benefit from the introduction of new partners such as housing, mental health, community-based drug and alcohol services and charities. Developing a service map, possibly with memorandums of understanding (MOUs) in place, might provide greater clarity regarding available agencies to involve and facilitate an upscaling of the programme's strategy and objectives. To develop this further, in consultation with the local authority treatment commissioners, a community-based alternative programme could be considered. The programme could comprise of multiagency membership to work with drug-affected prolific offenders who do not meet the threshold and/or eligibility requirements for residential rehabilitation. The Home Office's Project ADDER outlines a whole-system response with enhanced partnership working to address drug-affected offending and could provide inferences on best practice on formalising multiagency pathways.

6. Supporting O2R staff well-being

The O2R programme commands a heightened emotional labour from its officers and exposure to psychological hazards evidenced by the death of several clients over the past year of the pilot. O2R officers are supported by WMP welfare support and a wellbeing hub that is available for use by all officers and staff. O2R officers are signposted to the existing wellbeing services and have regular one-to-ones with their supervisor and informal debriefs. The College of Policing has produced Psychological Risk Management guidance that could be embedded in training for the O2R officers.

25 - Project ADDER seeks to reduce the prevalence of drug use, reduce the number of drug-related deaths, and reduce drug-related offending. It aims to ensure that more people get effective treatment, with enhanced treatment and recovery provision, including housing and employment support, and improved communication between treatment providers and courts, prisons, and hospitals. <https://www.gov.uk/government/publications/project-adder/about-project-adder>

7. Project administration

The first iteration of the O2R pilot carried a heavy administration load for officers which took them away from outreach and caseload work. The balance appears to have now been struck and officers are now in a good routine with the administrative work associated with their role. It is important that an efficient data management system is established to enable officers to document interactions with individuals on their caseload and chart progress but without this becoming burdensome. It is also important for any ongoing evaluation or recurrent 'business case' that the level of interaction and progress is routinely captured in an easily produced 'dashboard'.

8. Co-production

The term 'co-production' refers to a way of working where service providers and users, work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it.

Including service users in all stages of the recruitment and training of officers (i.e. in developing the job description, person specification, shaping interview questions and participating on the panel) and outreach processes (The skill of the officers in combination with seeing past acquaintances successfully complete the programme appears to be key factors in motivating clients to engage with O2R) is a very positive approach and regarded as best practice.

9. Multiagency throughcare

Given the ongoing support required by some clients, the O2R programme in partnership with other agencies and charities could consider developing a 'throughcare model' to support clients with their reintegration back into the community and ensure that client needs beyond drug abuse are identified and responded to. Possible issues when leaving residential rehabilitation include accessing housing, obtaining a bank account, getting a phone contract, accessing training, gaining employment, and positive relationship building.