

Breaking the Cycle:

Drug Treatment Across the
Criminal Justice Pathway

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Introduction

Drugs are a critical consideration in the criminal justice system, and a significant driver of crime.

As such, accessible and effective drug treatment and support services must be considered a core element of the rehabilitation process, both in the community and across the secure estate.

In February 2025, the House of Commons Justice Committee published Dame Carol Black's internal review of drug treatment in prisons, the third in a series of groundbreaking independent assessments on the state of drug-related harm in the UK.²

The review and its findings paint a stark picture of the state of drug treatment services across the prison estate.

Dame Carol Black's recommendations represent a critical opportunity to deliver change for people in prison living with drug

dependence, but the criminal justice system encompasses far more than just prison, and drugs are a critical consideration throughout.

With this in mind, Camurus convened an expert roundtable in February 2025 to discuss access to effective drug treatment and support across the whole criminal justice pathway.

This roundtable, chaired by Joy Allen, Association for Police and Crime Commissioners (APCC), Joint Lead on Alcohol and Substance Misuse, was attended by experts from across the drug treatment sector, as well as individuals with lived experience of drug treatment in prisons.

The insights shared in the roundtable discussion have been consolidated into this report, which examines the drug treatment landscape across the full criminal justice pathway, and forms recommendations to deliver sustainable, long-term change for the sector.

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Joy Allen

Police and Crime Commissioner for County Durham and Darlington, and Joint Lead for Alcohol and Substance Misuse for the Association of Police and Crime Commissioners

The human toll of drug harm is immeasurable. Whether or not we are directly affected, the consequences of illicit drug use are felt by us all.

It impacts on our young people who run the risk of being lured into the clutches of organised crime and county lines gangs, it impacts on families and businesses whose premises and homes are repeatedly broken into by those looking to sustain their habits and it impacts on our communities which experience higher levels of disorder, anti-social behaviour and serious violence.

It also places a huge financial burden on the public purse, increasing the cost of our services from healthcare and policing through to criminal justice.

Since 2012, the rate of drug-related deaths has increased year on year.¹

The North East – the region I represent as Police and Crime Commissioner for County Durham and Darlington – has borne the brunt of this crisis. For the past 11 years, our communities have faced the highest rate of drug-related deaths of any region in England and Wales¹ owing to our unique socio-economic problems.

We must never forget that behind each statistic is a life lost, a family grieving, and a system that has not yet delivered the change we need.

Nowhere are the pressures more evident than in our prisons. The demands on the prison estate are considerable, marked by overcrowding, early releases, and long-standing funding pressures. These challenges have placed significant strain on the system's ability to provide a rehabilitative environment for offenders and meet their wider support needs, particularly for those with drug dependence.

If we cannot turn around the lives of these offenders, then our communities will continue to experience higher crime, more violence and excessive disorder. Our efforts to build strength and resilience will be fruitless.

We must break the cycle to prevent these problems from recurring generation after generation and creating more and more victims. This cannot be achieved by one agency alone but by the Government, prison services, enforcement and justice agencies, our communities and all other stakeholders working collaboratively towards a common goal.

Dame Carol Black's independent review of drugs in prisons laid bare the consequences of the current failings. She describes the cycle of reoffending as a "hamster wheel". Too often, people are released without the support they need, only to fall back into drug use, reoffend, and return to custody.

How do we turn the tide?

We must look long and hard at resettlement. Too many individuals are released on licence without any practical support. This cannot continue. If we are serious about reducing reoffending, we must offer a real route out, instead of heaping pressure on already overstretched police forces and local services.

We need to get more people who are engaging with treatment in prisons linking up with services in the community on release, and more offenders with addictions who appear – often again and again – before our courts into treatment with robust community sentences as an alternative to prison to ensure they are getting their lives back on track and addressing their offending behaviour.

There needs to be a stronger integration of enforcement and treatment pathways to ensure that when drug networks are disrupted, treatment services are ready to step in to engage individuals in recovery services. The earlier we intervene, the better, and opportunities to provide support and diversion long before arrest should not be lost. We also need to get our schools, colleges and universities more involved given their critical role in shifting attitudes.

I have long argued that people struggling with a drug problem should expect the same level of support and treatment as those with any other health condition – and should receive such help without fear or judgement. The stigma of addiction is preventing people in desperate need from seeking the help they need and this cannot continue.

This is why we must value and recognise the role peer-led services can provide; support delivered by those who have lived through and have overcome addiction and are best-placed to mentor others. I have been greatly impressed by those who have turned their lives around and are giving back by helping others in prison and outside in the community.

We must also not forget the powerful role we can play in nurturing change as citizens by improving our own willingness to listen and understand dependency as a health condition.

There is no doubt that supporting people to reduce their drug dependence is the right thing to do and will bring monumental benefits to our communities in terms of reduced crime and safer neighbourhoods. It is also the only solution for building the safe, strong, healthy and resilient communities we all wish to live in.



Since 2012, the rate of drug-related deaths has increased year on year.¹

Summary of recommendations

Funding

1. The Government must continue to commit funding to drug treatment services in the prison estate and across communities through annual budgets and spending reviews, to build on the work already established through the 10-year drugs plan.

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Arrest and Sentencing

2. The Ministry of Justice and Home Office should introduce a national framework for drug offence diversion schemes to support consistent, evidence-based application across England and Wales, ensuring people are directed to treatment rather than custodial sentences where appropriate.

3. The Ministry of Justice should review barriers to the use of Drug Rehabilitation Requirements (DRRs) and ensure they are available, accessible, and properly funded as a core sentencing option for those with drug dependence.

4. The Joint Combating Drugs Unit should allocate dedicated funding to expand arrest referral service initiatives, ensuring police custody suites act as key intervention points for people with drug dependence.

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Prisons

5. The Government must act urgently to implement all recommendations from Dame Carol Black's internal review of drug treatment in prisons, ensuring that drug treatment in prisons is prioritised, properly funded, effectively delivered, and consistently available.

6. The Joint Combating Drugs Unit should develop a long-term workforce plan for drug treatment in prisons, addressing training, recruitment, and retention challenges.

7. The Ministry of Justice should introduce a clear national framework to ensure incentivised substance free living (ISFL) wings operate effectively and consistently, providing structured treatment and psychosocial support in a safe environment, free from illicit drug-related intimidation.

8. Prisons should work to involve people with lived and living experience of drug dependence in the design and delivery of treatment and support services. A national framework should be established to reduce reliance on local discretion and ensure equitable access to peer-led programmes across the prison estate.

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Rehabilitation and Resettlement

9. The Government should develop a cross-departmental strategy to ensure all prison leavers with drug dependence are provided with a seamless transition into the community through RECONNECT or other through-the-gate programmes.

10. The Department of Health and Social Care and Ministry of Justice must ensure that all individuals receiving drug treatment in prison are fully supported to continue their treatment in the community, accompanied by robust pre-release planning to reduce risk of reoffending, relapse or overdose.

11. The Government should establish ring-fenced funding for supported housing, ensuring that no one is released from prison into homelessness.

12. The Department of Health and Social Care and Ministry of Justice should explore the development of a national minimum standards framework for strength-based recovery, co-produced with people with lived experience, to support consistent, person-centred care across custody and community settings.

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Arrest and sentencing

Drug dependence is closely linked to a significant proportion of crimes and arrests, with around half of acquisitive crimes, such as shoplifting, linked to drugs.³

Providing support at arrest or at an earlier stage is an opportunity to divert people away from the criminal justice pathway.

Opportunities to provide support and diversion begin long before prison – in many cases, they can begin a long time before an arrest is made. Early intervention can be critical – research has shown that, among those who received community drug treatment over a two-year period, there was a 33% reduction in the number of offences committed.⁴

Without early intervention, individuals may be at risk of entering a cycle of reoffending and further drug related harm. Meeting people where they are and ensuring that services are accessible, flexible and approachable are all essential tools for helping people to avoid offending and, ultimately, arrest and further interaction with the criminal justice system.

Drug offence diversion schemes can support people facing low-level charges to move away from the criminal justice system into targeted support and treatment. These schemes, which can be delivered pre- or post-arrest, provide a range of benefits, both for the individuals they support and for wider society, including cutting reoffending rates, reducing dependence on illicit drugs and improving access to wider social and employment services.⁵

How does diversion work?

Police offer to divert people to an assessment, and/or targeted support such as drug education, harm reduction or treatment, as an alternative to arresting, prosecuting or formally cautioning them.

Diversion can occur:

- **Pre-arrest**, on the street, with diversion to a pathway leading to a less serious out of court disposal than they would otherwise have received, such as a Community Resolution, or a 'deferred court summons' leading to no further action from police if conditions are met.
- **Post-arrest**, in which individuals who are likely to be convicted in court have a 'deferred prosecution' while they are diverted into either a formal out of court disposal or an informal disposal, with conditions, which if met lead to prosecution being dropped, and no record of the offence taking place is recorded.

Source: *Transform Drug Policy Foundation*⁵

However, the success of diversion schemes can depend on their application. The Home Affairs Select Committee found that, due to the lack of any national standards, delivery across the country is highly varied, which may be limiting their nationwide impact.⁶

Evidence suggests that police services across the country are increasingly recognising the benefits of diversion schemes, in improving life chances and preventing people from getting stuck in offending cycles.⁷

Arrest and sentencing continued

Diversion schemes also rely on a robust and well-funded drug treatment sector to accommodate those being diverted; historic underfunding and policy deprioritisation means that access to treatment services is inconsistent, and capacity often stretched.

As a result, whether someone can benefit from a diversion scheme depends strongly on where they live, and what support is available in their local area.

Nationwide success of diversion schemes will rely on police forces embracing public health values, supporting people into treatment and support instead of punitive measures.⁷

Not all cases will be diverted, and people living with drug dependence may commit higher-level crimes which necessitate arrest. In these cases, arrest itself can offer an opportunity to introduce an individual to support and treatment that meets their needs.

Case study:

The Cranstoun Arrest Referral Service

The Cranstoun Arrest Referral Service (CARS) was commissioned by the Office of the Police and Crime Commissioner for the West Midlands in 2020.

Operating year-round across six custody suites in the West Midlands, it provides vital support for individuals in police custody with unmet drug treatment needs. The service ensures people can access appropriate care to reduce the likelihood of reoffending.

Cranstoun focuses on early intervention, engaging individuals as soon as they are identified as needing support. The service has become an integral part of local drug treatment provision, offering a structured pathway for those who need support.

A key factor in its success is partnership working. Cranstoun collaborates closely with West Midlands Police, healthcare providers in custody, and local drug treatment services.

These partnerships help deliver care that addresses substance-use treatment and wider healthcare needs. Regular engagement with policing teams strengthens the service and promotes a shared commitment to rehabilitation.

Flexibility is central to the approach. Recognising the challenges individuals face in staying engaged with treatment, the service offers responsive support, including flexible appointment scheduling.

By intervening at a critical moment, CARS helps steer vulnerable people away from further criminal activity and towards lasting engagement in treatment.

Arrest and sentencing continued

Changes to the sentencing system could allow more people to access critical support outside of prison.

Sentencing in the UK continues to prioritise punitive measures over rehabilitative ones, despite strong evidence that community-based alternatives can provide better support for people in contact with the criminal justice system, reduce rates of reoffending, and offer a more cost-effective solution compared to short custodial sentences.^{8,9}

Short sentences are disruptive, interrupting employment, housing, and family relationships, and making rehabilitation and reintegration into the community more challenging upon release. This is particularly clear for individuals with a substance-use treatment need, who often receive short sentences. In fact, 64% of those sentenced to less than 12 months in prison have been identified as having a drug treatment need.²

Despite this, preference for short custodial sentences over community alternatives has continued; between 2009 and 2016, there was a 25% decline in the use of community sentences, while short sentences remain the default.⁸ This has greater implication for women, who are more likely than their male counterparts to receive short custodial sentences; in 2019, 73% of female admissions to prison were for sentences for under 12 months, compared to 55% of male admissions.¹⁰

While the previous Government made specific commitments to reduce the reliance on short custodial sentences for women as part of the 2018 Female Offender Strategy, the proportion of women given community sentences only increased from 5% to 6% in the four years following the Strategy's publication.¹¹

Short sentences often fail to leave enough time for effective drug treatment and holistic support within prison, creating an environment where completing drug treatment programmes in prison has become the exception rather than the norm. From 2023 to 2024, only 36% of people in prison successfully completed their treatment, dropping to 18% among those receiving treatment for opiate dependence.¹²

As an alternative to short custodial sentences, community sentencing options, such as those with a DRR, provide structured support for those with substance use treatment needs, supporting their rehabilitation outside of prison.

Community sentencing options have been shown to generate positive outcomes and reduce reoffending rates.¹³ For example, data from the Ministry of Justice has shown that sentences with DRRs reduced the number of people using opiates by 22 percentage points after a year of receiving treatment.¹⁴ Community sentences also allow for Mental Health Treatment Requirements (MHTRs), which can supplement treatment and support for drug dependence by addressing underlying trauma that can lead to drug dependence.

Despite the effectiveness of community sentencing treatment requirements, in the three months to September 2024, DRRs were used in just 6%, and MHTRs in just 1.8% of all community and suspended sentence orders.¹⁵

As the Government moves forward with policy development relating to sentencing, they must consider the specific needs of individuals with a dependence on drugs, including how to manage these needs in community settings.

Living with drug dependence in prison

Up to half of people in prison are dependent on drugs, with many developing a dependence while incarcerated.^{16,17} The challenge of ensuring that treatment and support is accessible and effective is heightened by well-documented systemic pressures on the prison estate.

The prison estate is operating under considerable pressure. Demand for prison places has increased significantly over recent years. Between 2021 and 2023 the prison population increased by 10%, resulting in the secure estate operating at near maximum capacity and as high as 99.7% full in the adult male estate.¹⁸

These challenges are compounded by long-standing workforce challenges across the prison estate. Between 2016 and 2023, the number of prison officers with over a decade of experience nearly halved from 61% to 31%.¹⁹

These growing pressures are having a considerable impact on all aspects of prison service delivery, and in September 2024, forced the Government to implement an early release scheme to prevent the prison estate becoming entirely overwhelmed.²⁰

These system pressures are having a damaging impact on the ability of prisons to deliver accessible and effective drug treatment services. However, the scale of the challenge is far more substantial. In her recent independent review of drug treatment services in prisons, Dame Carol Black highlighted several concerns, painting a devastating picture of the state of drug treatment services in prisons. Her report finds that despite the prevalence of drug dependence, prisons fail to recognise the importance of drug treatment; instead, they actively deprioritise engagement with substance misuse services.²

Appropriate mental health and psychosocial support can complement and enhance the drug treatment service offering.

Mental health and psychosocial support in prisons is a core element of treatment, alongside pharmacological interventions – but availability is patchy.^{21,22}

When delivered appropriately, psychosocial support can support recovery, addressing underlying trauma and improving treatment engagement. The UK clinical guidelines on drug misuse and dependence recognises that, when delivered alongside clinical interventions, psychosocial support can incentivise recovery, support harm reduction and reduce risk of relapse.²¹

However, the availability of this service offering has been shown to be inadequate or absent in many sites across the prison estate. While the latest Government statistics suggest that 74% of adults in treatment for opiate dependence in prison receive both pharmacological and psychosocial support, in-depth research from Lived Expert suggests the true figure is as low as 14%.^{12,22} This shortfall in support suggests a considerable unmet need among people in prison.

Dame Carol Black's review of prisons recognises this, describing psychosocial support as 'tick-box provision', whereby sessions are technically available, but rarely delivered to people in prison due to lack of time, space or appropriately trained staff.

Psychosocial support is recognised as a core principle of the substance misuse treatment service specification for prisons, set out by NHS England.²³ However, evidence has shown a clear disconnect between formal expectation and reality.²

Psychosocial support, delivered in parallel with pharmacological interventions, must be considered an essential element of substance misuse services in prisons. Without this, individuals with underlying trauma and mental health issues remain at higher risk of relapse and reoffending on release – further exacerbating burdens and capacity pressures across the prison system.²²

Effective drug treatment services in prisons rely on a well-trained and supported workforce.

One of the core challenges facing prisons is staffing, with low recruitment, poor morale and wellbeing, and high rates of departure.¹⁹ These challenges cascade into the substance misuse workforce in the secure estate, which faces issues with staffing numbers, caseload sizes, training and retention.²

Living with drug dependence in prison continued

This is a long-term issue. In 2018, the NHS Substance Misuse Providers Alliance found that inadequate prison staffing, poor facilities and fragmented commissioning severely compromised effective drug treatment delivery.²⁴ Recently, drug workers in prisons have been found to have caseloads as high as 70 – almost double the maximum caseload size recommended by NHS England.²⁵

These high caseloads risk reducing the quality of service on offer, which has become characterised by short and infrequent appointments that do not allow enough time for holistic or personalised care.²

The previous Government published a much-needed long-term strategic plan for the drug and alcohol treatment and recovery workforce; however, crucially, the long-term workforce plan specifically noted prison drug treatment services as being out of scope. As workforce issues persist across the prison estate, including among the drug and alcohol treatment workforce, the sector now lacks critical strategic direction and funding. It is clear that a proper long-term plan should be implemented to focus on recruitment, training and retention for the prison drug treatment workforce.

Peer work must be seen as a core element of drug treatment and support services in prison.

Peer support is a core principle of effective drug treatment service delivery and is recommended in the UK clinical guidelines for drug misuse and dependence, as it helps to support and sustain individuals before, during and after treatment.²¹ The impact of peer support can be expanded when it is peer-led – meaning structured services or programmes that are designed, delivered and often governed by people with lived and living experience of drug dependence.

In prison environments, peer-led support is a critical resource, especially considering wider financial and staffing constraints to the drug treatment workforce; however, the availability of peer-led support in prisons has decreased.²²

To accentuate this issue, peer support across the prison system faces a postcode lottery. Dame Carol Black's report into prison drug treatment services found difficulties associated with vetting procedures, and prison Governor discretion leading to inconsistent application of peer-led support in prisons across the country.²

The value of peer-led support for people living with drug dependence in prison is well documented; however, barriers to embedding peers in prisons due to clearance or vetting delays may be leading to disparity in access. Peer-led services must be at the core of any future systemic change to drug treatment delivery in prison.

ISFL wings show promise, but their ability to deliver results relies on the success of their implementation.

Incentivised Substance Free Living (ISFL) wings offer individuals the chance to reside on a wing free from drugs. These units, established in 2018 are designed to allow people with drug dependence to undergo intensive treatment and experience peer support.

The concept of ISFL wings has been welcomed by many in the sector, as they have yielded positive impacts, for example, through improving access to wider support services such as talking therapies alongside treatment for drug dependence.²⁶

However, while their concept has been welcomed, their implementation has not yet been considered a total success. Initial evaluations from the 80 ISFL wings operational across England have found concerns over inconsistent delivery, with varying referral processes between sites, and no national standards or agreed outcomes.² Persistent cultural issues also remain in ISFL wings, with evidence of persistent illicit drug use.²⁷

ISFL wings are still in their infancy, but it's clear that they hold enormous potential to offer structured drug treatment alongside crucial wraparound support for people in prison with drug dependence. For nationwide application to be effective, they must be consistently applied within a national framework, ensuring that drug treatment and psychosocial needs are met in a safe environment. This requires close integration between prisons, the Probation Service, and NHS drug treatment services in prisons.

Rehabilitation, probation and release

Release from prison represents a critical juncture in the criminal justice pathway. Without appropriate pre-release planning and post-release support, people may find themselves cycling back into prison through reoffending or recall.

Currently, many people leave prison without the tools or support services required to facilitate their reintegration back into the community, which may increase the risk of reoffending or drug relapse. A lack of stable accommodation is frequently one of the most immediate barriers; as many as 600 people leave prison into homelessness every month, with those on shorter sentences disproportionately affected.^{28,29}

While support for housing and employment is often seen as paramount in reintegrating into the community and reducing reoffending, for people with drug dependence, engagement with community services on release is vital. Without this, they are at heightened risk of reoffending, relapse and even overdose; one in 200 people released from prison with a history of injecting heroin die from a drug-related death within four weeks of leaving prison.³⁰

Continuity of care means ensuring support for drug dependence, accommodation, employment and other health needs following release. It is essential to give people the best possible chance of rehabilitation, successfully reintegrating back into society, and exiting the criminal justice pathway for good. However, in 2023-24, just 53% of adults with drug treatment needs released from prison successfully engaged with community services to continue treatment within three weeks of release.¹²

Achieving successful continuity of care for people with drug dependence is essential; however, too many currently fall through the net due to poor release planning.³¹ A 2021 joint report from HM Inspectorate of Probation and the Care Quality Commission found that people in prison were often released without an arranged prescription to continue their treatment for drug dependence in the community.³²

Workforce pressures and high demands on prisons and the Probation Service mean that pre-release planning is now severely stripped back and sometimes entirely absent for people who have committed medium and low risk offences, a category which often includes individuals with drug dependence.²

“Coming out of prison, I couldn’t access the treatment I was on in prison so had to get a bus to a different town. I then got told I wasn’t able to access an appointment for four weeks. Four week wait would have made me ill, so I ended up using heroin instead. As soon as I used, boom, recall – back in prison.”

Lived experience contributor

Without the right support, people can find themselves back in prison.

The lack of supportive apparatus for people after they have been released from prison has clear implications for the proportion who return to prison following release. Returning to prison without effective rehabilitation is a common story. Within nine years of leaving prison, 75% of individuals reoffend and, between April 2020 and March 2021, 38% of adults released from prison re-engaged in criminal activity in the 12 months following their release.^{33,31}

These figures are compounded by the number of people recalled to prison. In the year to September 2024, over 32,000 individuals were recalled to prison, increasing 27% on the previous 12 months.³⁴ This rise has disproportionately affected those on short sentences, and starkly, the vast majority – over three quarters – were recalled for something other than further offending, such as substance use lapses or failure to maintain a residence.³⁴ Securing accommodation and engaging in treatment after release both rely on appropriate pre-release planning and support, and have both been identified as areas of concern across the secure estate.²

The high proportion of people returning to prison after release may have been exacerbated further by the Government’s early release scheme. The Prison Reform Trust report that, while the scheme was necessary to ease prison capacity, it also increased the complexity of release planning and raised the likelihood of people being released without the proper support in place.³⁵

Rehabilitation, probation and release continued

Indeed, analysis already shows that the scheme has led to a bottleneck in the criminal justice system, with people released without appropriate support for accommodation or drug dependence, rapidly increasing demand on community support services.³⁶

In the wake of these pressures, in February 2025 the Government instructed the Probation Service to dedicate more attention to people who have committed dangerous crimes.³⁷ This move was coupled with instruction to engage people who are deemed low risk earlier and refer them to services that can support with accommodation, employment and drug treatment. While this approach must be supported, it should also be accompanied by additional funding and resource for these wider support services, which are already struggling to keep up with demand.

Through-the-gate services can support people to reintegrate back into the community.

One form of initiative that could improve continuity of care following release from prison are ‘through-the-gate’ support services, such as RECONNECT, an NHS service that seeks to improve continuity of care by working with people ahead of their release before guiding them in their transition back to the community.³⁸ However, while the RECONNECT model has been supported across the sector, its reach and impact since have been questioned – recent work has shown awareness and level of engagement with RECONNECT services to be minimal to none.^{2,22}

Through-the-gate service offerings like RECONNECT do have the potential to improve continuity of care and rehabilitation following release. Local independent projects, like Project Free, show how these programmes can be successfully implemented at a local level.

Case study:

Project Free

Project Free, supported by Red Rose Recovery, is a peer-led programme helping adults with substance-related offending behaviour across Greater Manchester. Project Free provides through-the-gate support, ensuring individuals leaving prison can access drug treatment and wider wraparound support from day one.

Recognising that the transition from custody to the community is a critical period, Project Free engages individuals before their release and continues to support them post-release, reducing the risk of relapse and reoffending.

Project Free provides peer mentors, often with lived experience of addiction and the criminal justice system, to walk individuals through the first steps of resettling in the community. This includes transport to their approved premises or accommodation, supporting them to register with a GP, providing a touchpoint for

community reconnection, and following up if they move accommodation to help them maintain engagement with services.

This engagement is continued long term through recovery forums. These sessions are modelled on ‘asset-based community development’, which focuses on mobilising strengths and skills in the local community to create sustainable self-driven change. This ensures that they are peer-led and attended by local support services. They help to empower people through lived experience and have proven instrumental in mobilising recovery, with reduced relapses and improved reintegration in the community.

With support from Greater Manchester Mental Health NHS Foundation Trust (GMMH) via the Achieve Bury Recovery Fund, Project Free is proving that a peer-led, community-driven approach can break the cycle of addiction and reoffending.

Rehabilitation, probation and release continued

The principles demonstrated in Project Free could be built on and implemented nationwide by embedding strength-based recovery models into the delivery of care and support for people with drug dependence. Strength-based recovery approaches focus on individual assets and personal goals rather than deficits. These approaches empower people to lead their own recovery, helping to sustain motivation and build long-term recovery capital. Co-produced models, like those being developed by Spectrum CIC, show how this thinking can be embedded into personalised care planning and minimum standards frameworks. The model takes a dual transformation approach, combining top-down standards and system leadership with bottom-up peer involvement, to drive sustainable improvement across the prison and justice system. Strength-based recovery can complement peer-led programmes and offer a more consistent, person-centred approach for individuals leaving prison.

Engagement with support services in the community, such as drug treatment, is an essential tool for driving down drug-related harm and lifting pressure on the criminal justice system by reducing reoffending. For example, engagement with treatment services has demonstrated the ability to reduce the number of people who reoffend by 31% in the two years following the start of treatment, compared to the two years prior.³⁹

There is evidence to suggest that through-the-gate services such as Project Free and RECONNECT can help. However, a robust release and resettlement process relies on far more, including long-term assurance of funding for community drug treatment services, considered pre-release and transition planning, and suitable accommodation support for individuals without secure residence.

Where do we go from here?

The link between drug dependence and the criminal justice system is irrefutable, with drug use driving criminal activity and reoffending, and placing significant strain on policing, courts, prisons, and community support services.

Despite evidence that effective and accessible treatment reduces drug dependence and reoffending, the current system remains siloed and inconsistent. Arrest and sentencing decisions often fail to prioritise rehabilitation and treatment options over punitive measures, prisons struggle to provide the necessary support for those living with drug dependence, and post-release support remains inadequate, leaving many without the help they need to resettle back into society.

The findings of Dame Carol Black's review are clear. Without reform, the criminal justice system will continue to contribute to and perpetuate cycles of crime and drug dependence, rather than breaking them.

This report presents a series of recommendations that will support a more effective, evidence-based approach to drug treatment across the entire criminal justice pathway. The Government must grasp this opportunity to implement meaningful change for the future.

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About Camurus

Camurus is a pharmaceutical company working to improve outcomes for people with opioid dependence. Camurus is proud to partner with drug treatment services across the UK to support healthy communities.

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