



Drug Interventions Programme
in the South East
2007/08

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Key Messages

This report presents data from the Drug Interventions Programme (DIP) for the financial year 2007-08. The Drug Interventions Programme is a Government initiative launched in 2003 in order to reduce the level of drug-related crime committed by drug users in England and Wales. The data used within this report comes from DIRweb, a database used to capture information about individuals in contact with the Drug Interventions Programme.

Clients in Contact with DIP in Prison

- There are approximately 13,150 people in prison in the South East of England. Data show that between April 2007 and March 2008, around 7,800 prisoners were engaging with DIP in prison.
- The average age of drug users in the South East in contact with DIP was 31.4 years. The majority (88%) of drug users that engaged with DIP in prison were male.
- Almost one fifth (19%) of drug users in contact with DIP in prison were from a Black and Minority Ethnic Group.
- The highest proportion (31%) of drug users in contact with DIP in prison reported to use Heroin.
- A high proportion of clients came from High Down prison in Surrey.
- Almost one fifth (19%) of clients are reported to spend between £0 and £50 a week on drugs.
- The majority (76%) of clients who engaged with DIP in prison had a care plan agreed.

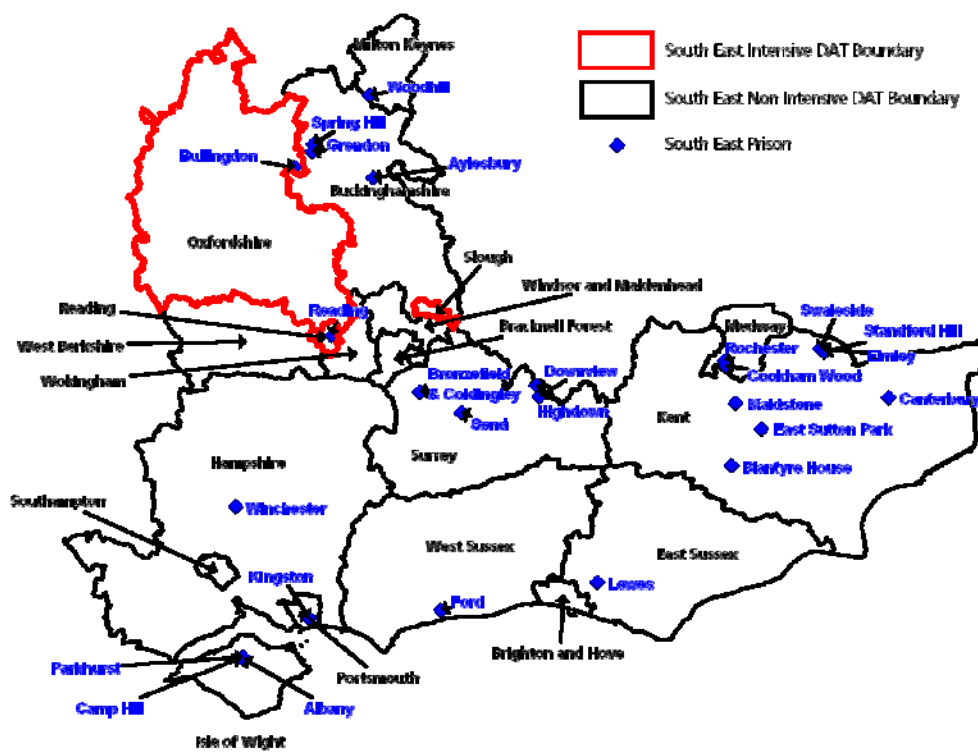
Clients in contact with DIP in the community

- For every 1,000 people aged between 15 and 64 living in the South East, it is estimated that there are around 6 problem drug users (see Appendix C for further information). Data show that between April 2007 and March 2008, around 3,800 drug users were engaging with DIP in the community.
- The average age of drug users in the South East in contact with DIP in the community was 31 years. Male clients made up the majority (83%) of drug users that engaged with DIP.
- More than one in ten (14%) drug users in contact with DIP were from a Black and Minority Ethnic Group.
- Almost half (47%) of drug users in contact with DIP are reported to use heroin.
- The highest proportion (13%) of drug users in contact with DIP in the community engaged with Reading DAT.

- Almost one quarter (23%) of clients are reported to spend between £101 and £250 a week on drugs. Just over one fifth (22%) of clients are reported to spend between £0 and £50 per week on drugs.
- Seven out of ten clients had a care plan agreed.

The aim of this report is to inform colleagues in the drug treatment field and related areas about the 2007/08 DIP population and in general what data is available from DIRweb.

Map of the South East region



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Introduction

About the Drug Interventions Programme

Reducing drug related crime by engaging with problematic drug users was a critical part of the Government's updated Drugs Strategy 2002 and as a result, the Drug Interventions Programme (DIP) was introduced by the Government in 2003, in order to help reduce the level of crime committed by adult drug users. Clients are identified at their first contact with the criminal justice system, by drug testing on arrest in police custody, whilst at court or in prison. DIP can offer a route out of drug use and crime by giving individuals, whose offending is influenced by drug use, treatment and support appropriate for each client's needs. Treatment addresses a whole range of needs including support in housing and employment. Once drug users engage in drug treatment, the aim is that the cycle of re-offending is broken.

DIP lies at the heart of the new Drug Strategy 2008, "Drugs: protecting families and communities¹", where the focus is on individuals who are causing the most harm to communities and families, through their drug misuse and directing them into effective treatment. The Government set a target to get 1,000 drug misusing offenders into treatment each week by the end of March 2008. Figures show that this target was met in January 2008 and the Home Office has reported that over 4,000 drug misusing offenders enter treatment each month. Research has shown that there has been a decline in offending amongst drug misusing offenders following DIP contact.

DIP is delivered at a local level in both DATs and Prisons. In England, drugs workers in the community and CARAT workers within prisons use the Drug Interventions Record (DIR) and associated forms (initial contact form, required assessment form, activity form, monitoring form) to record personal information about all clients in contact with DIP, providing invaluable information on clients and their treatment journeys. DIR monitoring forms are completed with offenders whilst in police custody or in prison. DIRweb is an electronic system used to collect all the information contained on these forms.

About the South East Region

The South East is one of nine Government Office regions in England. The South East is split into 19 Drug Action Team (DAT) areas that are coterminous with county councils and unitary authority areas. Throughout this report, all the Drug Action Team areas will be referred to as DAT areas even though they might be known by other titles such as Drug and Alcohol Action Teams (DAAT) or Crime and Disorder Reduction Partnerships (CDRPs). The South East Drug Treatment Monitoring Unit (DTMU), based within the South East Public Health Observatory (SEPHO), is commissioned by the Home Office to collect and input Drug Interventions Records from non-intensive DATs and Prisons across the South East.

¹ Launched by the Government in February 2008 and is available at <http://drugs.homeoffice.gov.uk/drug-strategy/overview/>

About the data

This report presents DIP data for the financial year 2007-08 based on analysing data extracted from DIRweb. The data refers to the South East only and to prisons and DATs where the DTMU are commissioned to process forms on their behalf. Three areas in the South East; Oxford, Reading and Slough are intensive DIP areas due to high levels of crime. DIRweb data are received directly from these areas.

Two datasets have been used, the first of which is an extract of DIR Monitoring forms received from prisons in the South East. The second is an extract of DIR Monitoring forms received from DATs in the South East. These datasets have been analysed separately and the analysis linked together. The data used within this report has not been through the reconciliation process.

The extract of DIR forms received from prisons in the South East, involved selecting clients based on their initial contact date. Only clients whose initial contact date fell between the 1st April 2007 and 31st March 2008 were used. Sixty clients were removed from the database as their date of contact did not fall between these dates. It may be the case that the date of first contact was inputted incorrectly. Prison clients can be taken onto DIP caseload via an activity form from another CJIT/Prison outside of the South East region and count towards being in treatment in the South East. With this in mind, the number of clients engaging with DIP in the South East stated within this report is likely to be an underestimate, as only data from monitoring forms were used.

Within each dataset, clients are only counted once at their latest triage date but clients maybe counted more than once if they appear in both datasets. For example, if someone from the community goes into prison, they may have two entries or vice versa.

Both datasets contain information on clients whose DAT of residence is within the South East, as well as clients whose DAT of residence is not in the South East.

About this report

This report covers the following areas:

1. Number of clients in contact with DIP
2. Demographic profile of users of DIP services in prison and in the community
3. Information regarding treatment received by clients in contact with DIP

The main purpose of this report is to present DIRweb data to colleagues in the drug treatment field and related areas. Readers will be more informed about what data are available from DIRweb and will gain valuable information about clients who engage with DIP in the South East region.

Number of clients in the South East who are in contact with DIP

Between April 2007 and March 2008, DTMU received 8,997 DIR monitoring forms from prisons in the South East. This related to 7,822 individuals. In the same period, DTMU received 2,776 DIR monitoring forms from DATs and data from 1,882 monitoring forms from three Intensive DATs in the South East. Both sets of forms related to 3,855 individuals.

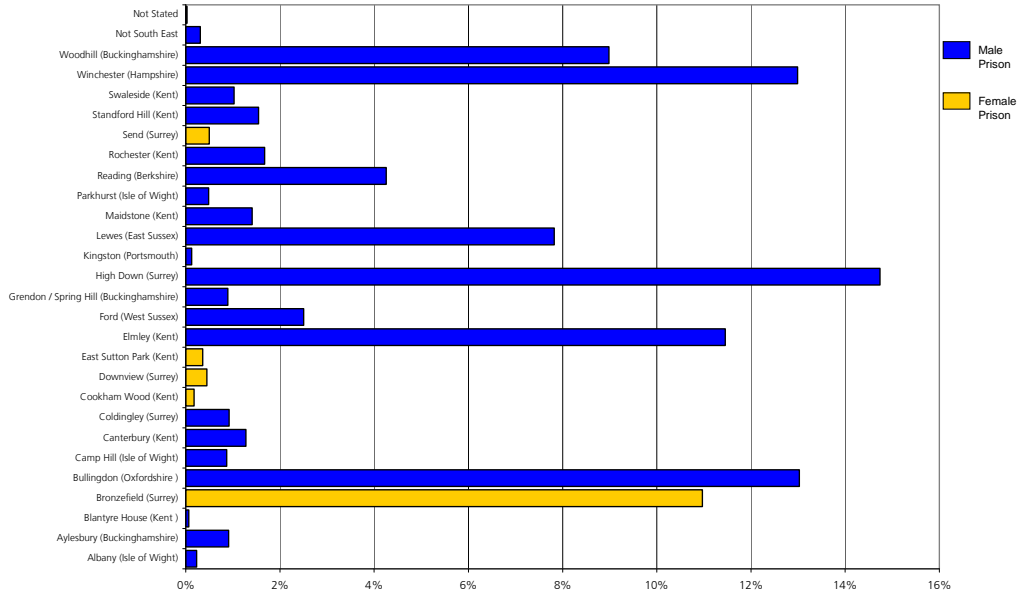
Monitoring forms were processed for individuals whose DAT of residence was not in the South East. In addition, some forms were processed for individuals who had not made contact with a prison or DAT in the South East.

DIP Data	Number of prison clients	Number of DAT clients
Clients DAT of residence is in the South East and clients DAT/Prison of first contact is in the South East	4,872	3,729
Clients DAT of residence is elsewhere and clients DAT/Prison of first contact is in South East	2,924	123
Clients DAT of residence is in the South East, but clients DAT/Prison of first contact is elsewhere	18	3
Clients DAT of residence elsewhere and clients DAT/Prison of first contact is elsewhere	8	0
Total number of clients	7,822	3,855

See Appendix A for a more detailed breakdown on the number of clients in contact with DIP in the South East.

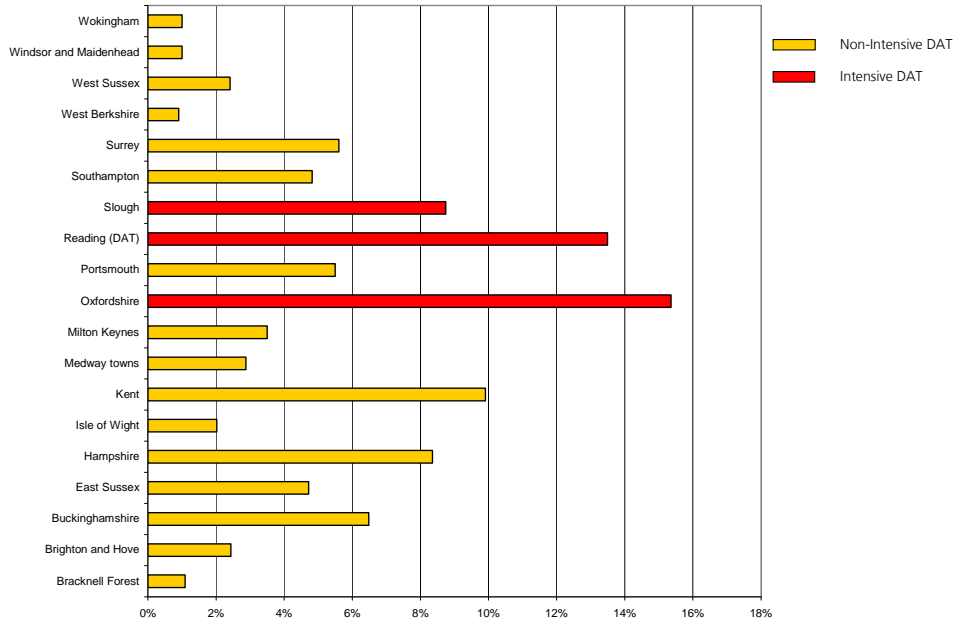
Figure 1 shows the highest proportion of clients came from Highdown prison in Surrey (15%), followed by prisons in Hampshire (13%) and Oxfordshire (13%). The county of each prison is shown in parenthesis that follow the name of each prison. In July 2007, Cookham Wood prison changed from a female prison to a Young Offenders Institution for young men under the age of 18. As the data in this report cover the period April 2007 and March 2008, data from Cookham Wood is still included within the analysis.

Figure 1: Proportion of clients from each prison, April 2007 – March 2008



The majority of clients in the community that were in contact with DIP came from the Intensive DATs, Oxfordshire (15%), Reading (13%) and Slough (9%). Of the non-intensive DATs, Kent had the highest proportion of clients (10%) followed by Hampshire (8%) and Buckinghamshire (6%).

Figure 2: Proportion of clients from each DAT, April 2007 – March 2008



Section One: Demographic profile of users of DIP services in prison and in the community

This section looks at the age, gender, ethnicity, accommodation, parental status and employment status of clients in contact with DIP.

Age

Overall, the majority of clients were young adults aged between 18 and 29. In prison, 49% of prison DIR clients were aged 18-29, 41% were aged 30-44 and 9% were aged 45 and over. Almost half (49%) of clients that engaged with DIP in the community were aged between 18-29, 44% were aged 30-44 and 7% were aged 45 and over.

Figure 3 shows the average age of clients engaging with DIP in Prisons. The average age of clients in contact with DIP in prison was 31.4 years old.

Figure 3: Average age of clients in prison, April 2007 – March 2008

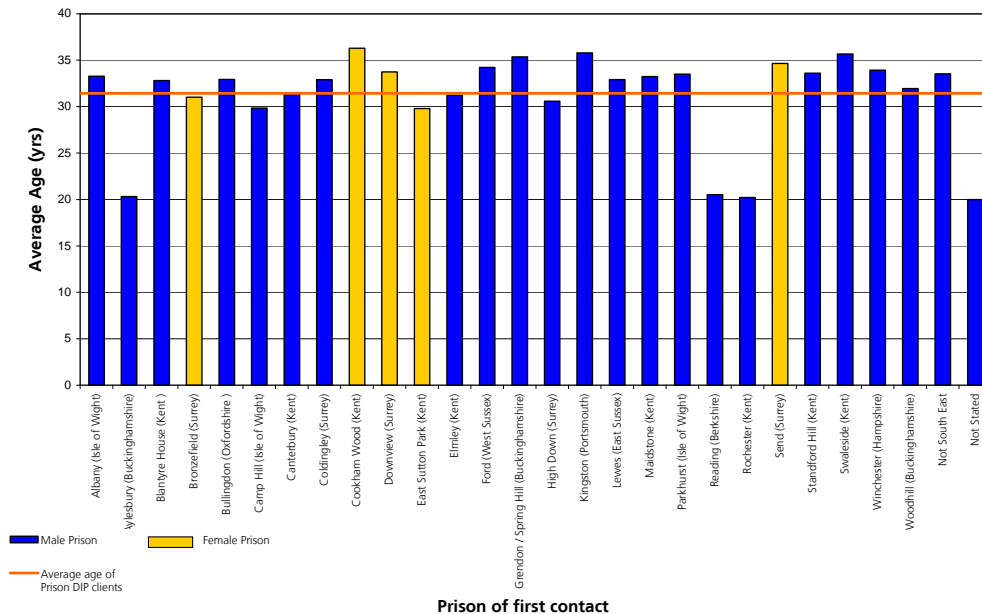
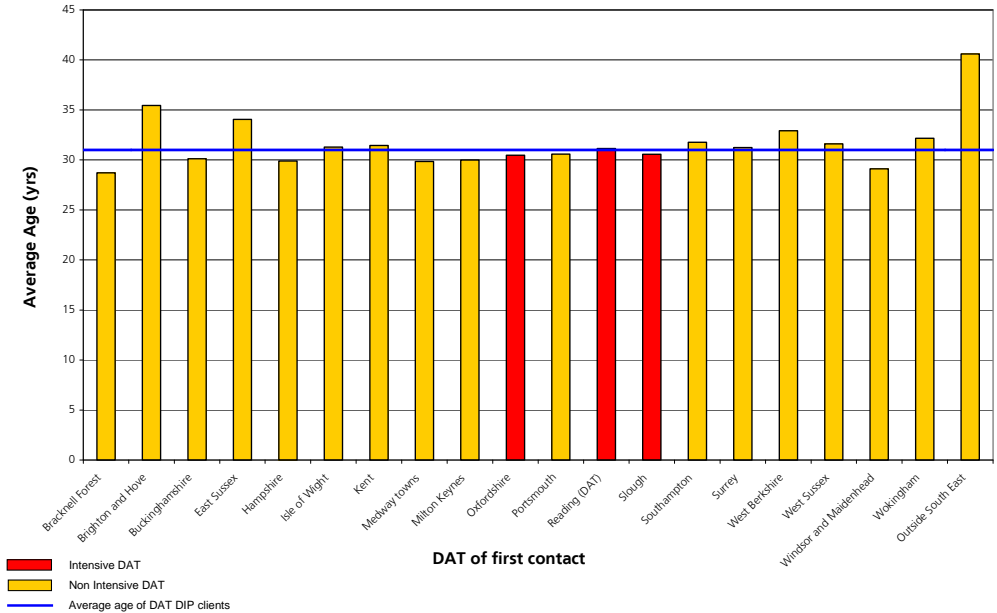


Figure 4 shows the average age of clients in contact with DIP in the community. The average age of clients was 31.0 years old.

Figure 4: Average age of clients in DAT, April 2007 – March 2008



Sex

Overall, the majority of clients in contact with DIP were male, although more female clients engaged with DIP in the community rather than in prison.

Figure 5 shows the proportion of males and females engaging with DIP in prison and in the community. Overall, 12% of prison DIP clients were female and 88% were male and 17% of community DIP clients were female and 83% were male.

Figure 5: Sex of clients in prison and DAT, April 2007 – March 2008

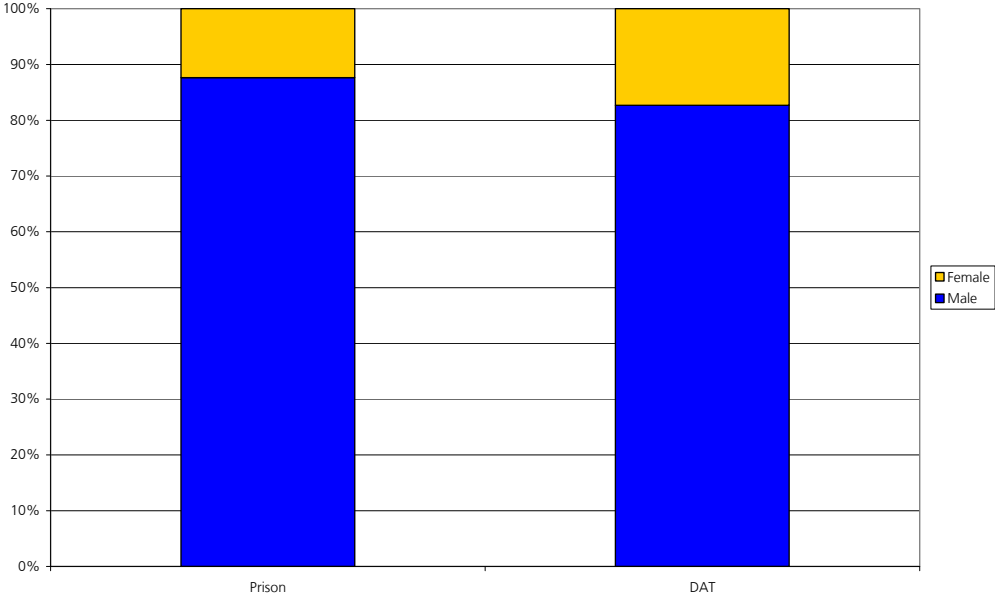
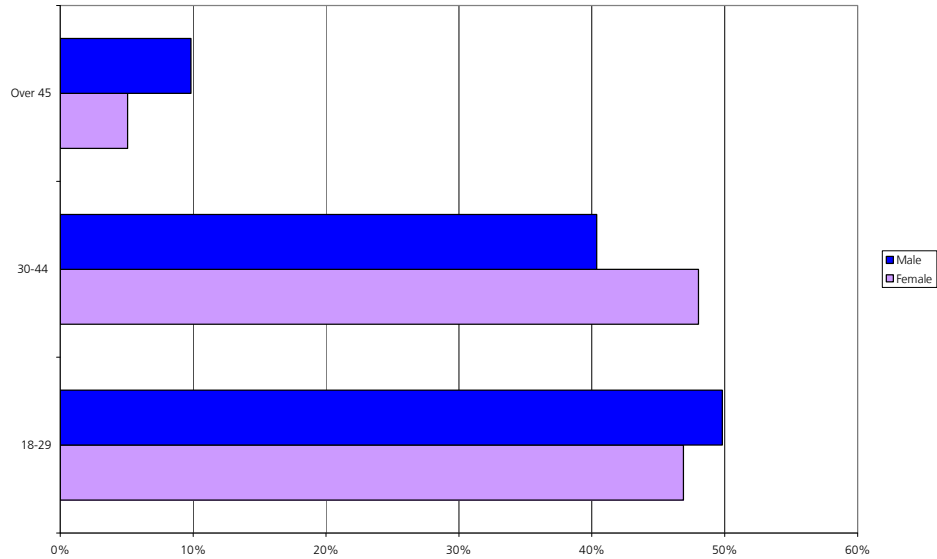


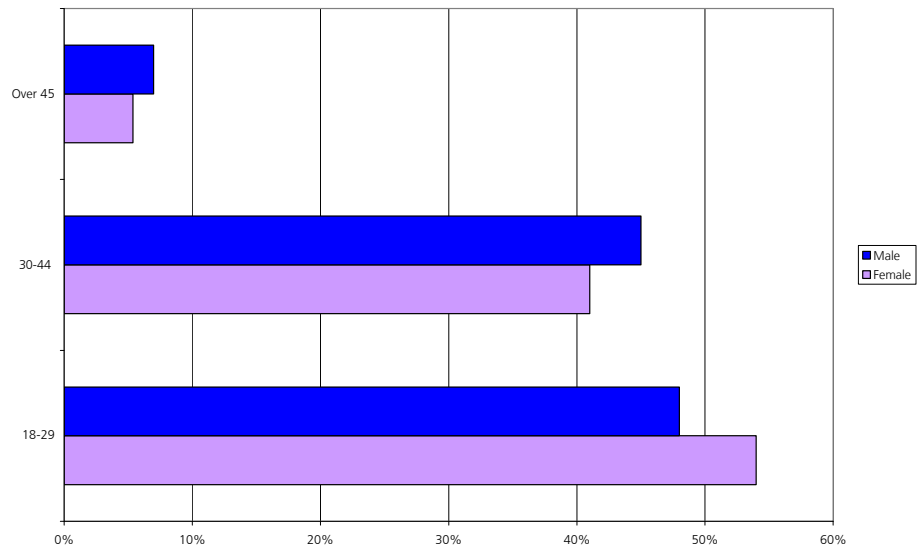
Figure 6 shows that there are more females than males aged between 30 and 44 who were in contact with DIP in Prison.

Figure 6: Proportion of clients in contact with DIP in prison, by age and sex, April 2007 – March 2008



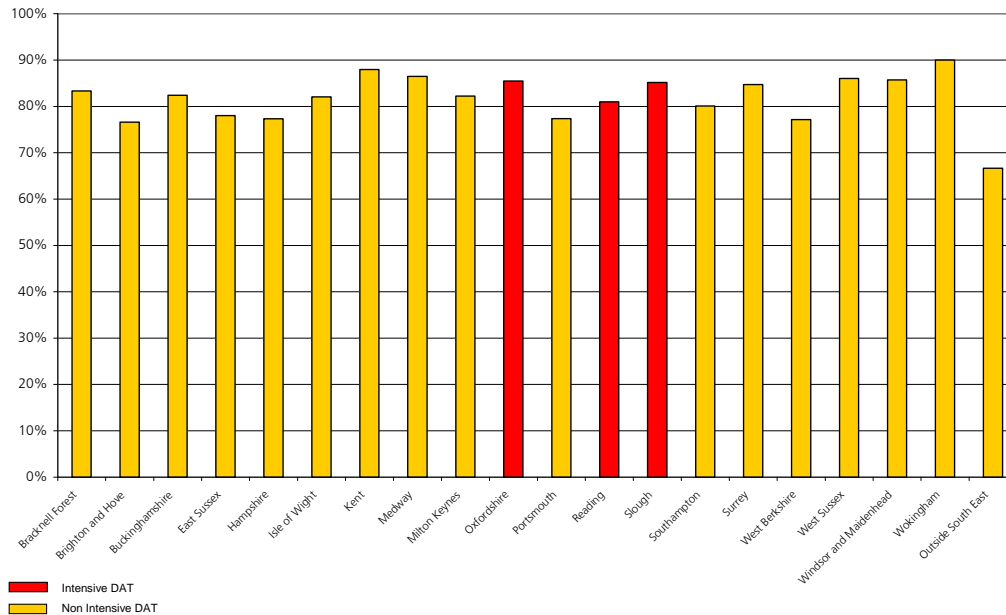
For clients in contact with DIP via the community, the picture was different. Figure 7 shows that there was a higher proportion of female clients in contact with DIP aged between 18 and 29.

Figure 7: Proportion of clients in contact with DIP in the community, by age and sex, April 2007 – March 2008



A high proportion of clients that engaged with DIP through the community were male. Figure 8 shows that Wokingham, Kent and Medway had a large proportion of clients on their caseload that were male.

Figure 8: Proportion of male clients in contact with DIP in the community, by DAT of first contact, April 2007 – March 2008



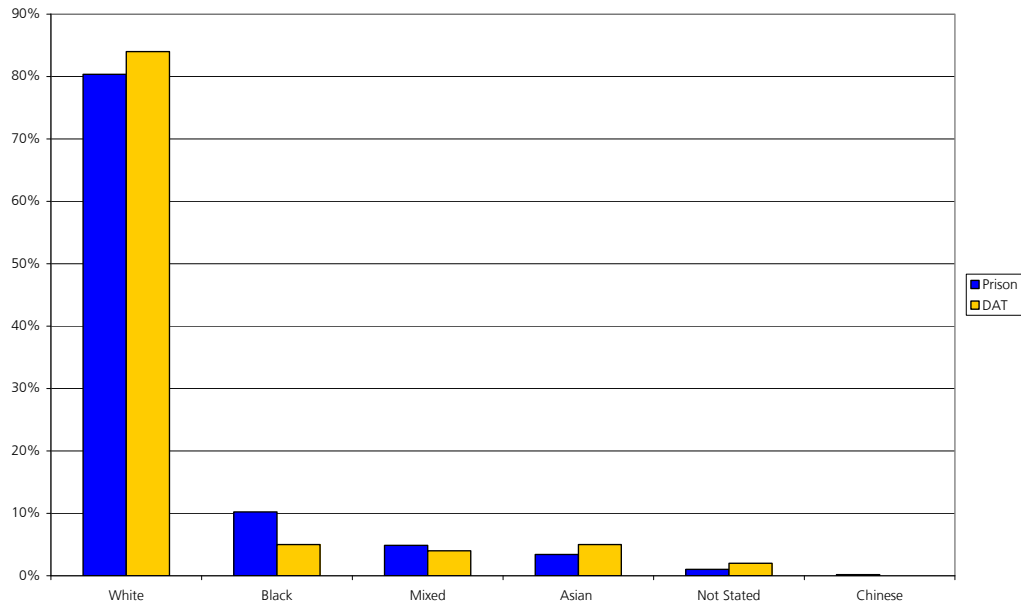
As females tend to commit fewer crimes, there are less female prisons in England. There are 14 women’s prisons in England, four of which are based in the South East². The proportion of male clients in contact with DIP in prison was considerably higher than females. Females accounted for 12% of clients engaging with DIP in prison.

² These are Bronzefield in Surrey, Downview in Surrey, East Sutton Park in Kent and Send in Surrey.

Ethnicity

The majority of clients in contact with DIP, both via prison and in the community were White. White clients accounted for 80% of clients engaging with DIP in prison and 84% of clients that engaged with DIP in the community. Figure 9 shows that slightly more Black and Minority Ethnic clients engaged with DIP in prison than in the community.

Figure 9: Ethnicity of Prison and DAT clients, April 2007 – March 2008

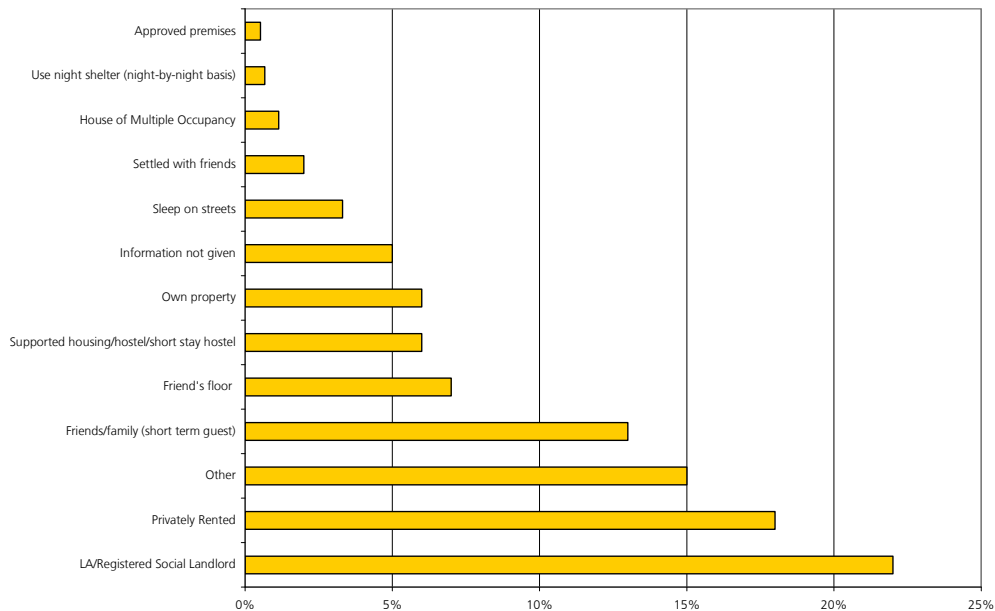


Accommodation

As a result of leading chaotic lifestyles, drug users often lack stable accommodation. Offering housing support alongside drug treatment has been identified³ as an important factor in helping individuals who misuse drugs reduce their substance misuse.

In terms of accommodation, the majority (58%) of individuals engaging with DIP in prison said that they would be returning to different accommodation upon release. Accommodation type was not specified for the prison clients. For clients engaging with DIP in the community, 22% stayed in Local Authority or Registered Social Landlord accommodation. Figure 10 shows the proportion of DAT clients living in each type of accommodation.

Figure 10: DAT clients accommodation type, April 2007 – March 2008



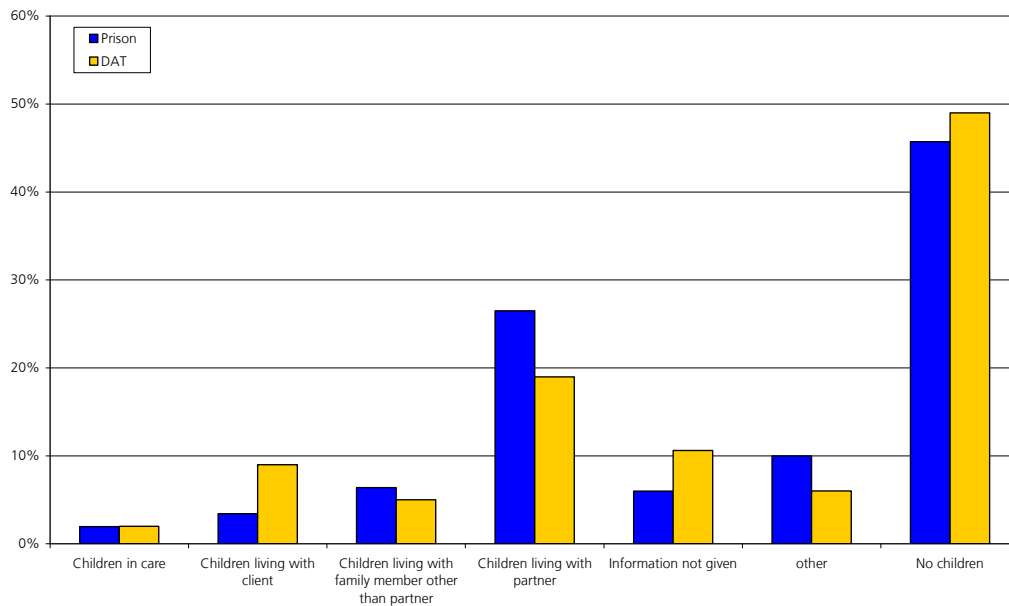
³ See for example publications available at <http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/>

Parental Status

The children of substance using parents have often been excluded from drug treatment and policy as the main focus is on the drug user. In 2003, the Advisory Council on the Misuse of Drugs (ACMD)⁴ reported that services should combine drug treatment for the parent alongside support services for their children. Some children who have parents that are drug users can be affected in a variety of different ways. There might be health risks associated with Blood Borne Viruses; children could be living in unstable accommodation or with strangers. Children's basic needs (for example, food and warmth) might not be met and they may have problems at school (such as poor attendance and low educational attainment).

Figure 11 shows that almost half of clients engaged with DIP did not have children. A large proportion of clients engaged with DIP in both prison and in the community had children that were living with a partner.

Figure 11: Clients' parental status, April 2007 – March 2008



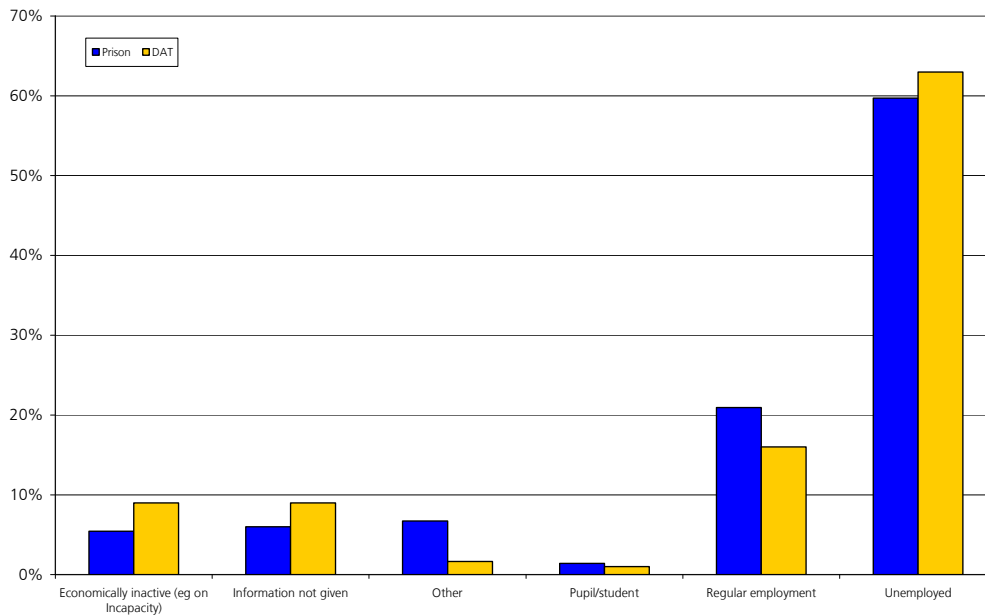
⁴ See "Hidden Harm - responding to the needs of children of problem drug users", available at <http://drugs.homeoffice.gov.uk/publication-search/young-people/hidden-harm-report>

Current employment status

Typically, individuals that misuse drugs are likely to have lower educational and occupational qualifications when compared with people that do not misuse drugs. There are a number of barriers that affect a drug user's ability to work. For example, particular health problems, some of which result from drug addiction, often affect their ability to work and sustain work. Homelessness and lack of confidence are some obstacles that may affect the search for jobs. In addition, employers could insist that drug misusers have stopped using drugs or alcohol before entering employment.

Figure 12 shows that the majority of clients that engaged with DIP were unemployed. A higher proportion of clients engaging with DIP in prison had regular employment.

Figure 12: Employment status of clients, April 2007 – March 2008



Section Two: Criminal Justice

This section looks at clients engaging with DIP, including main offence, length of prison sentence, Prolific and Priority Offenders and Problematic Drug Users.

Engagement with DIP

When prisoners first arrive in prison, they get the opportunity to meet with someone from a health care team, during which any medical complaints are identified. The screening of prisoners at first reception into prison identifies any physical or mental health problems, substance misuse and suicide risk. The Prison Service Drug Strategy (2002)⁵ identifies the need for prisoners to be helped to tackle their drug and alcohol problems. Counselling, Assessment, Referral, Advice and Throughcare (CARAT) teams within prisons make sure that anyone who comes into prison with a drug problem is appropriately assessed. They can refer individuals to services that meet their individual needs and link with DIP teams in the community.

As expected, the majority of clients first came into contact with DIP, via the criminal justice system. Figure 13 shows that the majority (49%) of clients engaging with DIP in prison were picked up by the CARAT team. Some clients (18%) engaged with DIP voluntarily.

Figure 13: Prison clients initial screening prompt reason, April 2007 – March 2008

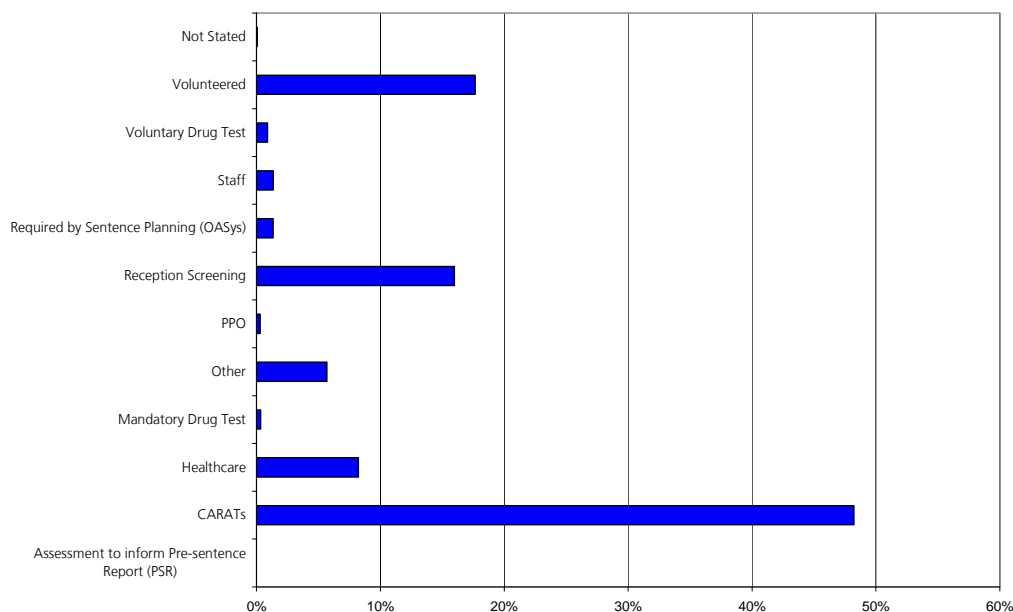
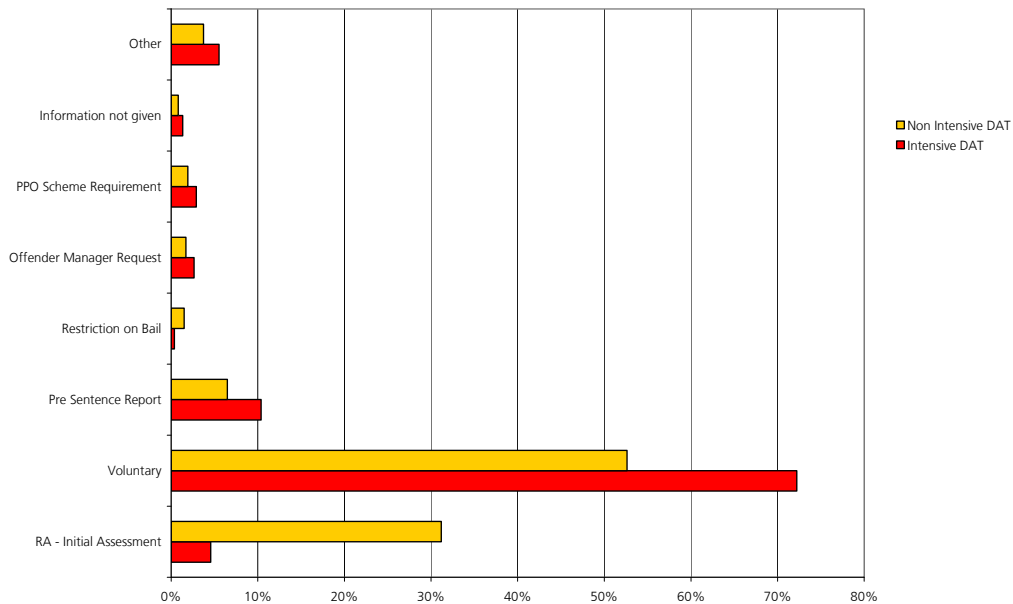


Figure 14 shows how clients in the community first came in contact with DIP (via an initial screening appointment). The majority (74%) did so on a voluntary basis and 10% had a pre-sentence report.

⁵ Available at www.hmprisonservice.gov.uk

Figure 14: DAT Clients initial screening prompt reason, April 2007 – March 2008



Main Offence

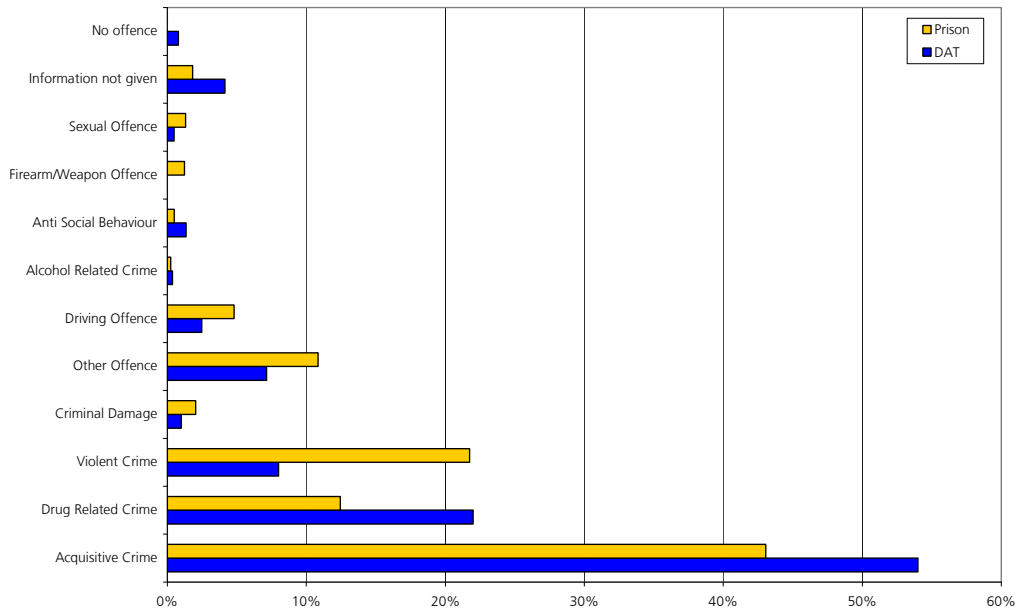
Certain offences are considered to be ‘drug related’ in particular, acquisitive crimes, where the proceeds of the crime can be used to fund drug use. For both clients in contact with DIP in prison and those in contact with DIP in the community, the most common offence committed was acquisitive crime. Figure 15 shows that for prison clients, the most common offence was acquisitive crime⁶ (43%), followed by violent crime⁷ (22%). Drug Related Crime⁸ accounted for 12% of offences. Other Offences and Driving Offences accounted for 11% and 5% respectively. For clients in contact with DIP in the community, the most common offence committed was acquisitive crime (54%), followed by drug related crime (22%). Violent crime accounted for 8% of offences. Other Offences and Driving Offences accounted for 7% and 2% respectively.

⁶ This includes; Shoplifting, Burglary, Attempted Burglary, Robbery, Attempted Robbery, Fraud, Taken without owners consent (TWOC), Going Equipped, Handling, Theft from a vehicle, Conspiracy to robbery, Theft other

⁷ This includes; Wounding or Assault, Rape, Domestic Violence, Actual Bodily Harm, Affray, Murder, Manslaughter, Grievous Bodily Harm,

⁸ This includes; Supply, Possession and Importation

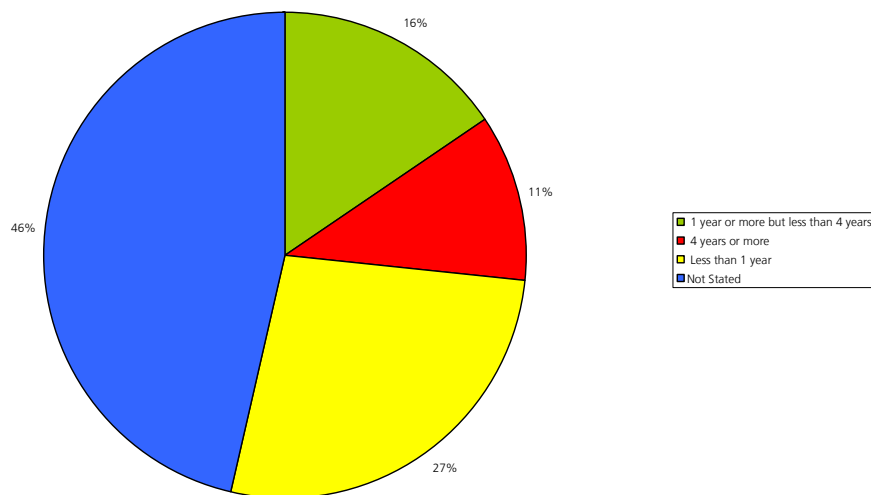
Figure 15: Prison and DAT clients' main offence, April 2007 – March 2008



Length of prison sentence

Figure 16 shows how long clients in contact with DIP in prison stay in prison. Prison DIP clients' length of prison sentence was not collected for almost half of all clients (46%). Of the clients who had a length of prison sentence recorded, just over a quarter (27%) of prison DIP clients had a prison sentence of less than 1 year.

Figure 16: Prison clients' length of prison sentence, April 2007 – March 2008



Prolific and other Priority Offenders

Many DIP clients are among the hardest-to-reach and most problematic drug misusers. Often they have not previously engaged with treatment in any meaningful way. The Prolific and other Priority Offenders (PPO) strategy, launched in 2004, focused on a small proportion of offenders who are responsible for a large proportion of offences. Figure 17 shows that 11% of prison DIR clients were identified as being PPOs.

Figure 17: Prison clients' PPO status, April 2007 – March 2008

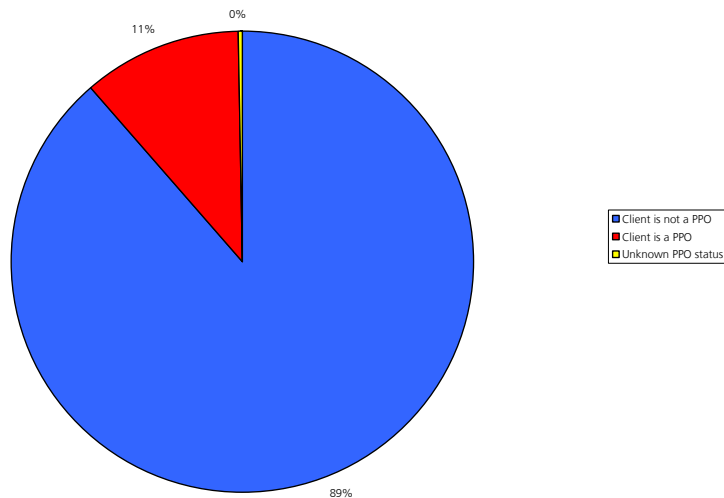
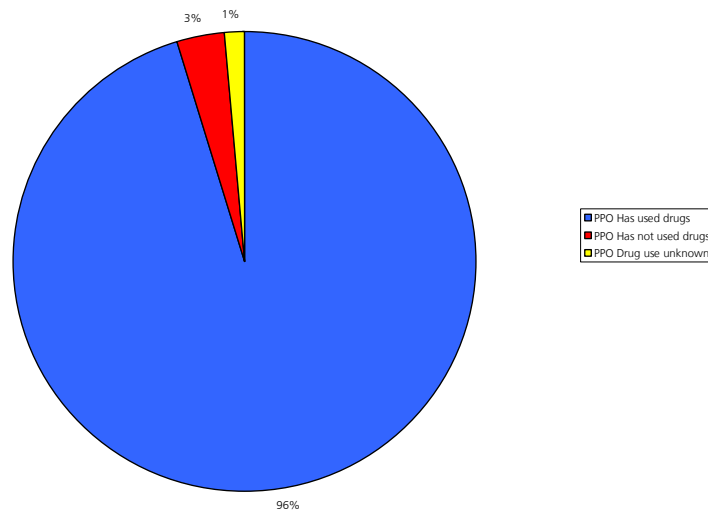


Figure 18 shows that 96% of the prison DIP clients who were identified as being a PPO, reported misusing drugs.

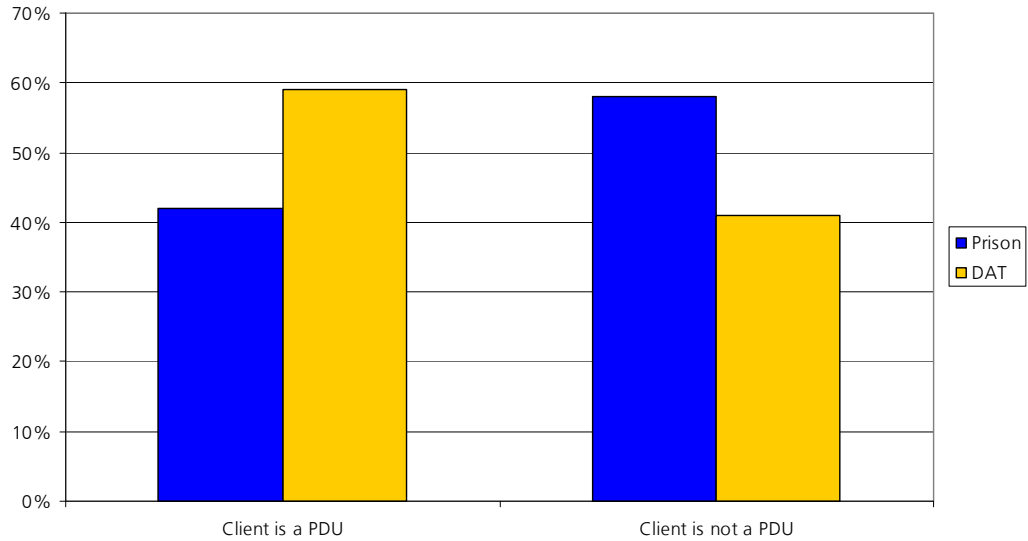
Figure 18: Prison clients' PPO status & drug use, April 2007 – March 2008



Problematic Drug Users

Problematic Drug Users (PDUs) are drug users who use either opiates or crack cocaine or both. Figure 19 shows that clients in contact with DIP through the community were more likely to be PDUs.

Figure 19: Clients PDU status, April 2007 – March 2008

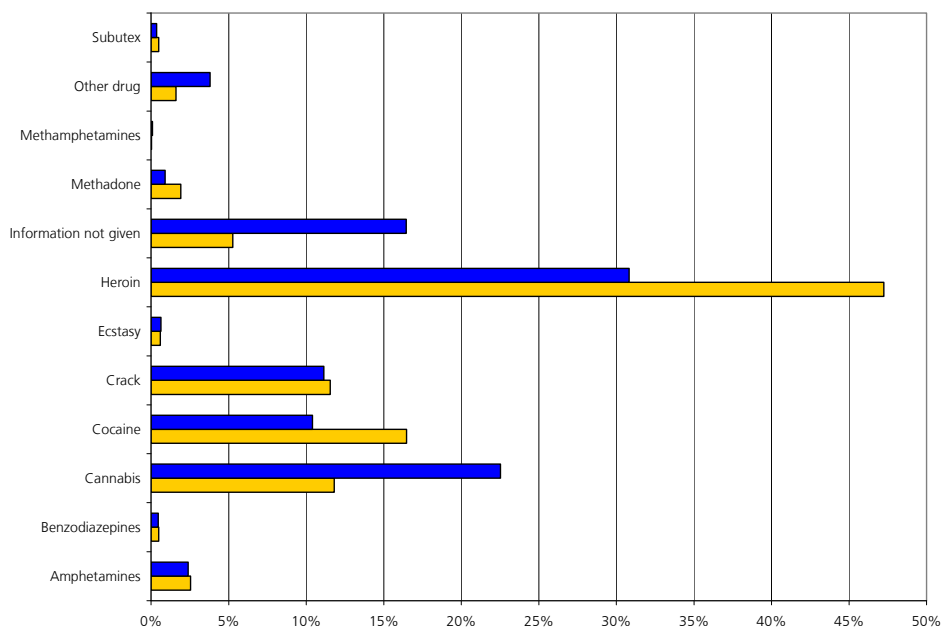


Section Three: Drugs and Drug Misuse

This section considers the main drug, whether client reports misusing drugs, amount spent on drugs and on alcohol consumption.

For both client groups, Class A⁹ drugs were the main problematic drug. The majority of clients sought help for dependency on heroin. After opiates, cannabis was the most frequently reported drug. Figure 20 shows the proportion of clients in both prison and the community using each drug. The main drug was not reported for 5% of prison DIP clients and 5% of DAT clients.

Figure 20: Clients main drug, April 2007 – March 2008

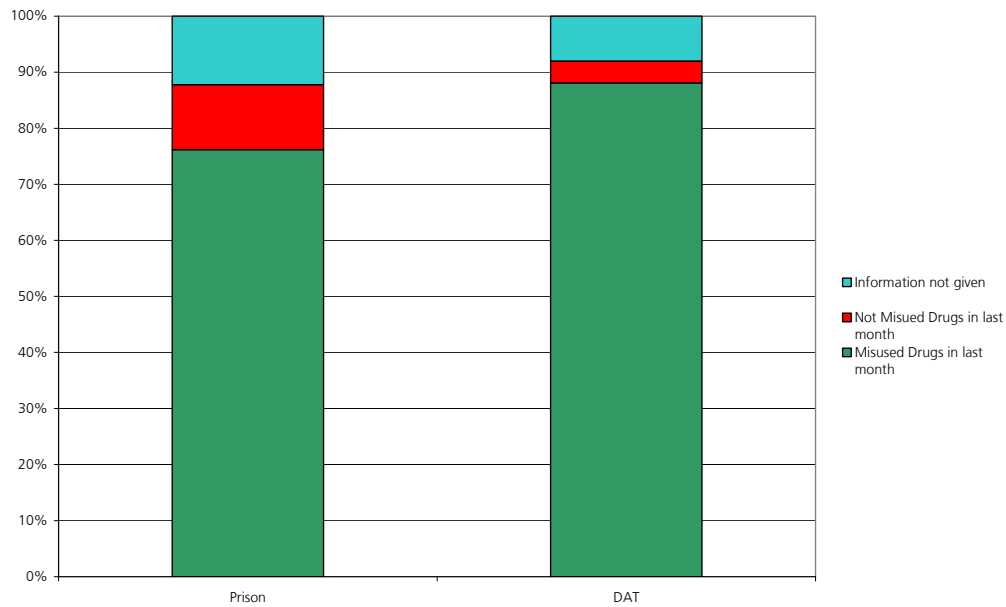


Have misused drugs in the last month

Unsurprisingly, the majority of clients in contact with DIP reported to misuse drugs. Figure 21 shows that 76% of Prison DIP clients and 88% of DAT DIP clients are reported to have misused drugs in the last month.

⁹ Class A includes Heroin, Crack, Cocaine, Ecstasy, Methadone, Subutex and Methamphetamines.

Figure 21: Number of clients that have reported misusing drugs, April 2007 – March 2008

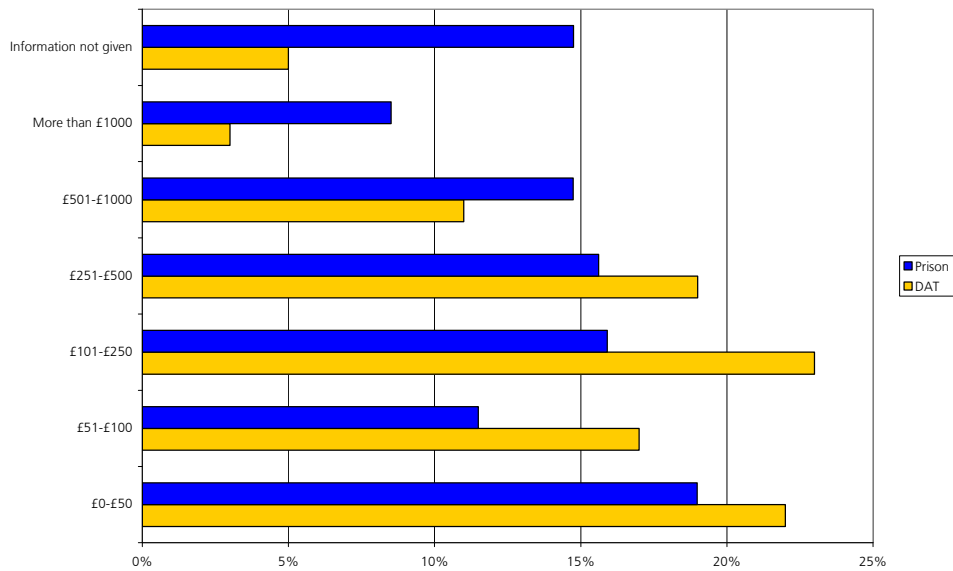


Amount spent on drugs

Some drug users who commit crimes such as burglary and theft do so in order to use the money from the sale of stolen goods to purchase drugs. The cost of drugs can vary over time, depending on demand and supply (just like any other commodity). The amount a drug user will pay for drugs is based on how well they know the supplier, the quantity of drugs they buy and how regularly they purchase drugs.

Figure 22 shows how much clients spend on drugs per week. Most (19%) prison clients are reported to spend between £0 and £50 a week on drugs. Clients engaging with DIP in the community spent more; 23% of clients are reported to spend between £101 and £250 a week on drugs.

Figure 22: Amount spent on drugs, April 2007 – March 2008

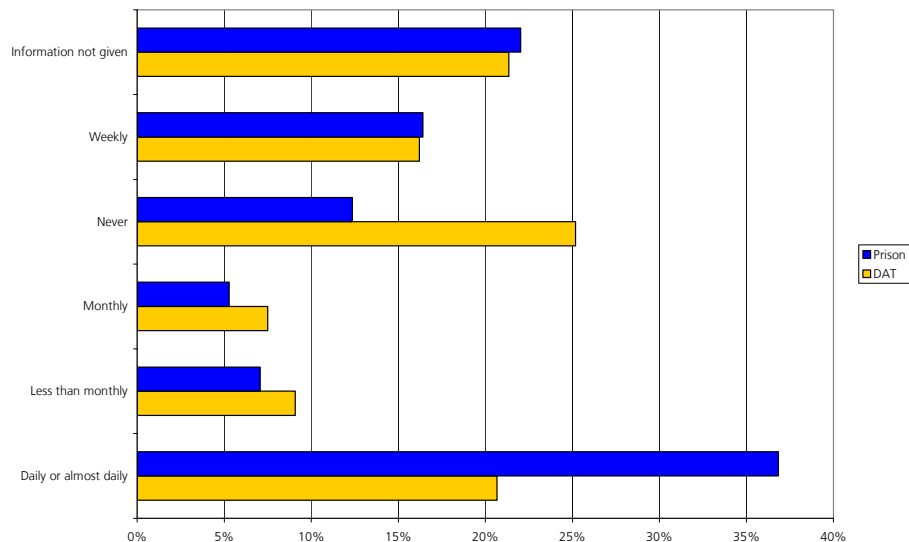


Alcohol

The remit of Drug Action Teams was widened to incorporate responsibility for the National Alcohol Harm Reduction Strategy¹⁰, published in 2004 (updated in 2007). Hazardous drinking amongst drug users can cause certain health problems (such as hypertension and high risk of overdose).

Figure 23 shows how often clients drink alcohol. Over one third (37%) of clients engaging with DIP in prison are reported to drink alcohol on a daily basis, whereas a quarter of clients in the community reported never drinking alcohol.

Figure 23: How often clients drink alcohol, April 2007 – March 2008



¹⁰ available at <http://www.cabinetoffice.gov.uk/strategy.aspx>

Section Four: Health and Harm

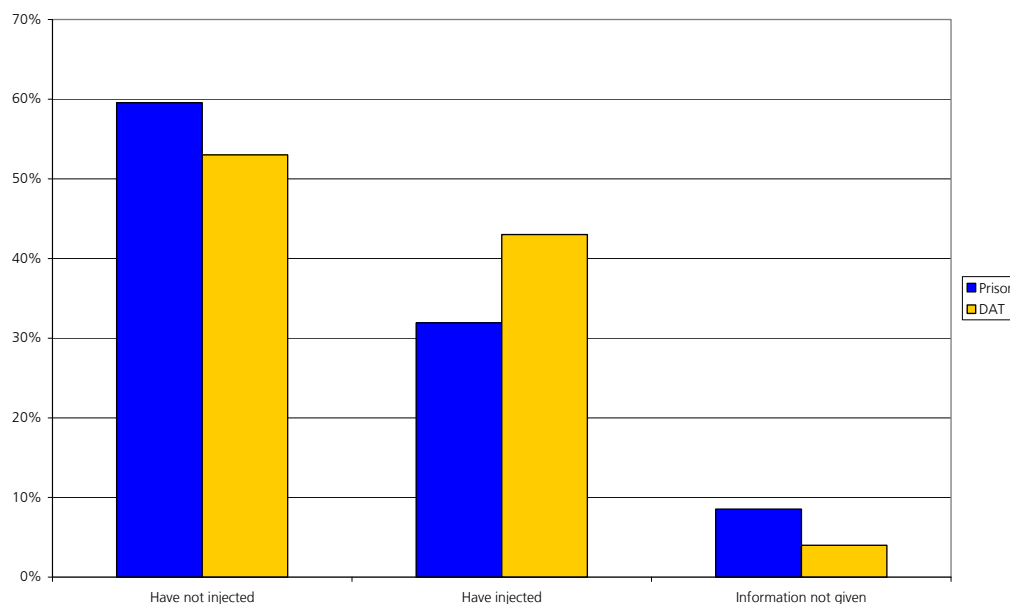
This section considers the broader health risks associated with drug use, including whether clients have injected or shared equipment.

Injecting Status

Injecting drug use is associated with specific health problems and infection by blood borne viruses. Because it is difficult to know how much of the drug is being injected, users that inject drugs are at a higher risk of overdose and death.

Figure 24 shows that most prison DIP clients had never injected and that more clients engaging with DIP in the community said they had injected. A third (32%) of prison DIP clients said that they had injected compared with 43% of DAT clients.

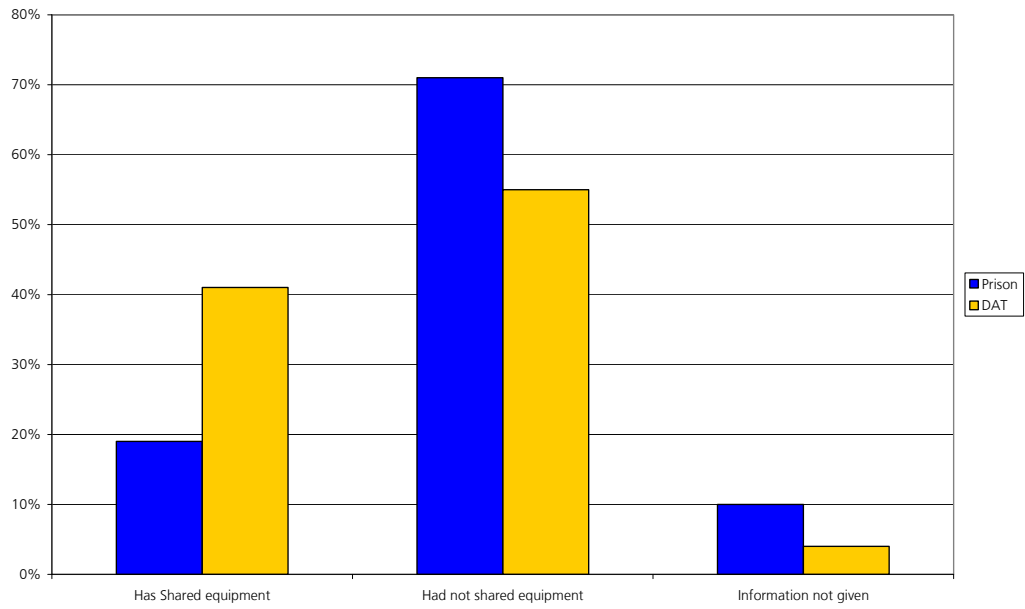
Figure 24: Injecting status of clients, April 2007 – March 2008



Sharing of equipment

Infections and blood borne viruses (hepatitis B and C and HIV) are some illnesses that can be seen amongst some drug users due to sharing of needles. Figure 25 shows that the majority of clients engaging with DIP had not shared any equipment.

Figure 25: Proportion of clients that have shared any equipment, April 2007 – March 2008



Section Five: Treatment

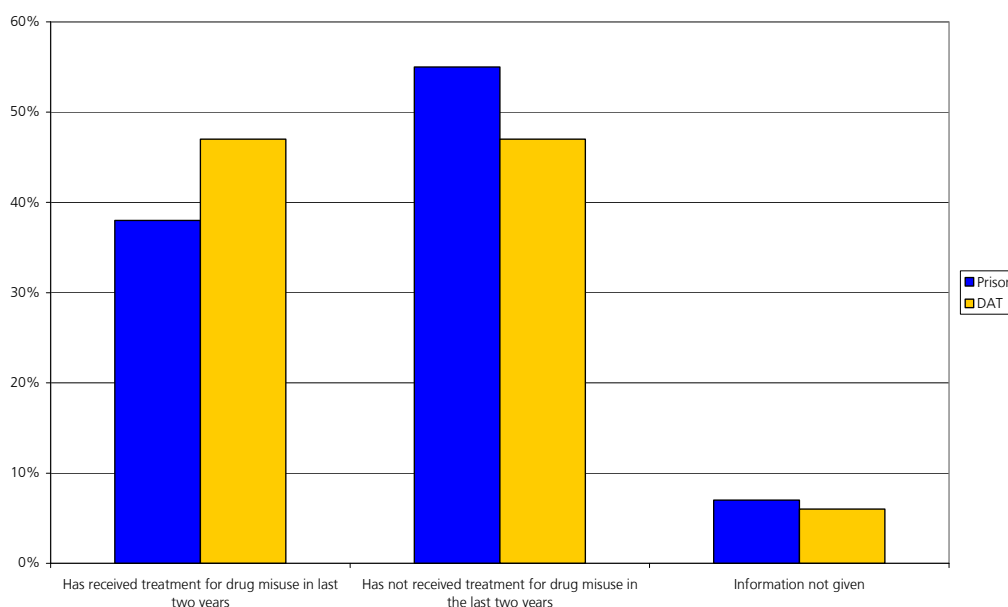
This section considers drug treatment, whether clients have had treatment for drug misuse in the last two years, if they are currently receiving treatment for drug misuse, if they have received treatment for drugs whilst in prison, if they have had a care plan agreed, what types of drug treatment they required and if they required any other types of support.

Had treatment for drug misuse in the last two years

Delivering structured drug treatment and wraparound support to drug misusing offenders is considered to be more cost effective than putting them through the criminal justice system over and over again. It is argued that for every £1 spent on treatment, over £9.50 is saved in terms of reduced victim costs of crime and demands on the Criminal Justice System¹¹.

Figure 26 shows that the majority (55%) of clients engaging with DIP in prison had not had any treatment for drugs in the last two years. An equal number of clients in contact with DIP in the community had and had not received treatment for drug misuse in the last two years.

Figure 26: Proportion of clients that have received treatment for drug misuse in the last two years, April 2007 – March 2008

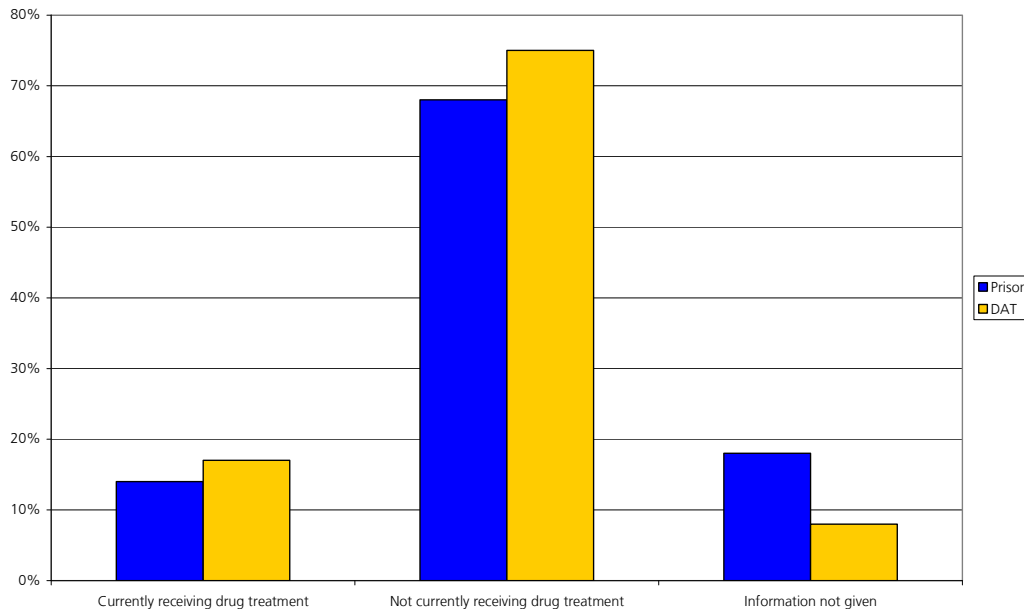


¹¹ Cited in *Godfrey C, Stewart D, Gossop M (June 2004), "Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study (NTORS)".* *Addiction*. 99(6)pp. 697-707 and on http://www.nta.nhs.uk/areas/criminal_justice/drug_interventions_programme.aspx

Currently receiving any treatment for drug misuse

Figure 27 shows that the majority of clients engaging with DIP were not currently receiving any treatment for drugs misuse, which indicates that DIP could be picking up clients who are difficult to engage.

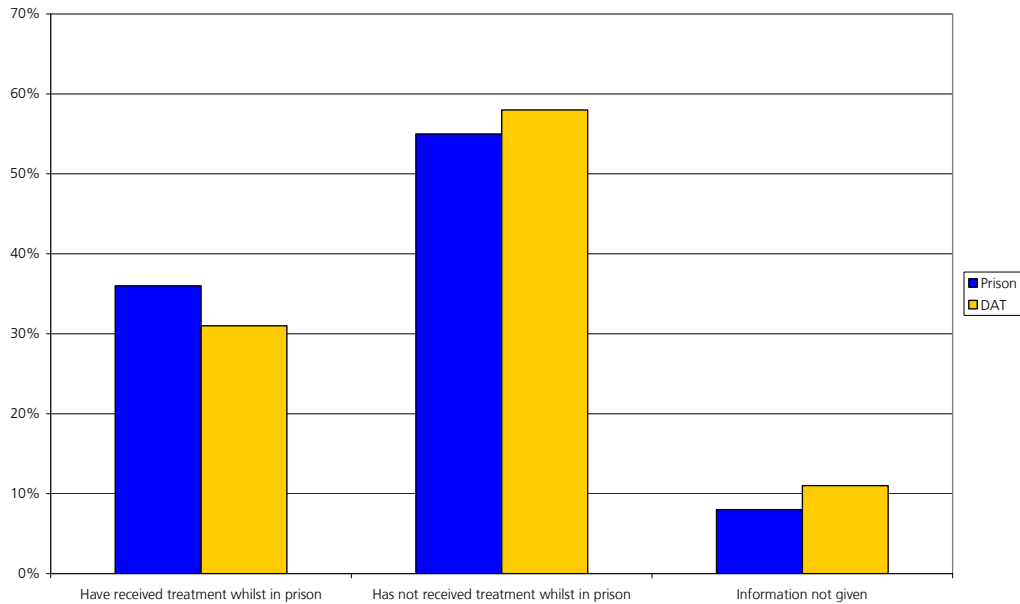
Figure 27: Proportion of clients reported to be misusing drugs, April 2007 – March 2008



Had treatment for drug misuse whilst in prison

Figure 28 shows that the majority (55%) of clients in contact with DIP in prison said they had not received treatment for drug misuse whilst in prison, 36% said they had received treatment for drug misuse whilst in prison and no information was given for the remaining 8%. For clients engaging with DIP in the community, again the majority of clients (58%) said they had not received treatment for drug misuse whilst in prison.

Figure 28: Proportion of clients that have received treatment whilst in prison, April 2007 – March 2008

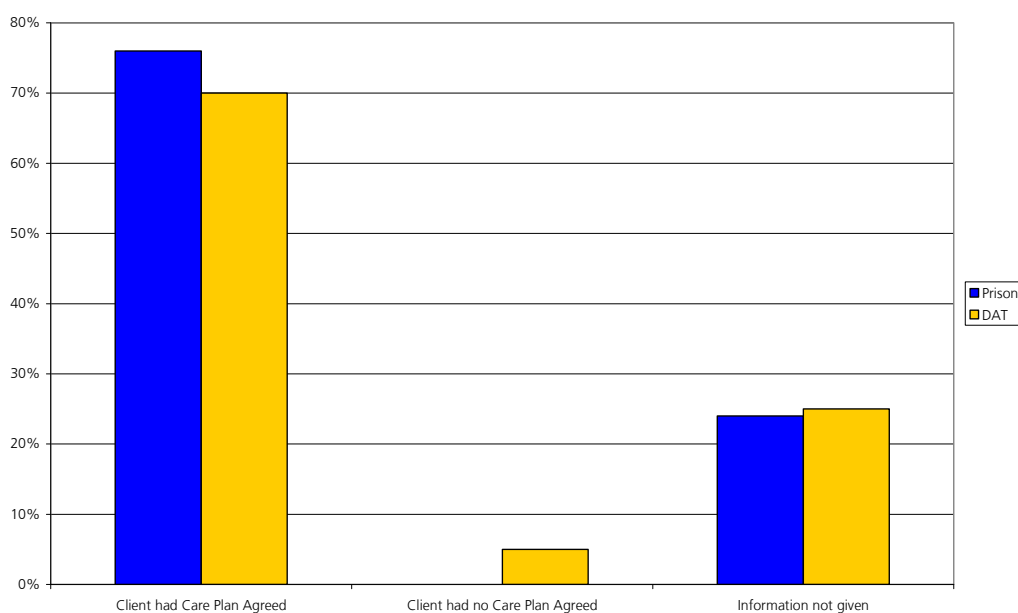


Care plan agreed

A care plan is a written agreement between a client and their key worker. The care plan contains information regarding all the different types of drug treatment a client needs and identifies what actions need to be done to achieve the desired outcome.

Figure 29 shows that 76% of clients who engaged with DIP in prison had a care plan agreed, but information was missing for 24% of clients. A small number of clients had no care plan agreed. For clients that engaged with DIP via the community, 70% of clients had a care plan agreed but 5% did not. This was because some clients did not attend an appointment, some had transferred to another DAT, some had disengaged and some were not satisfied with their care plan. Information was missing for 25% of clients.

Figure 29: Proportion of clients that had a care plan agreed, April 2007 – March 2008

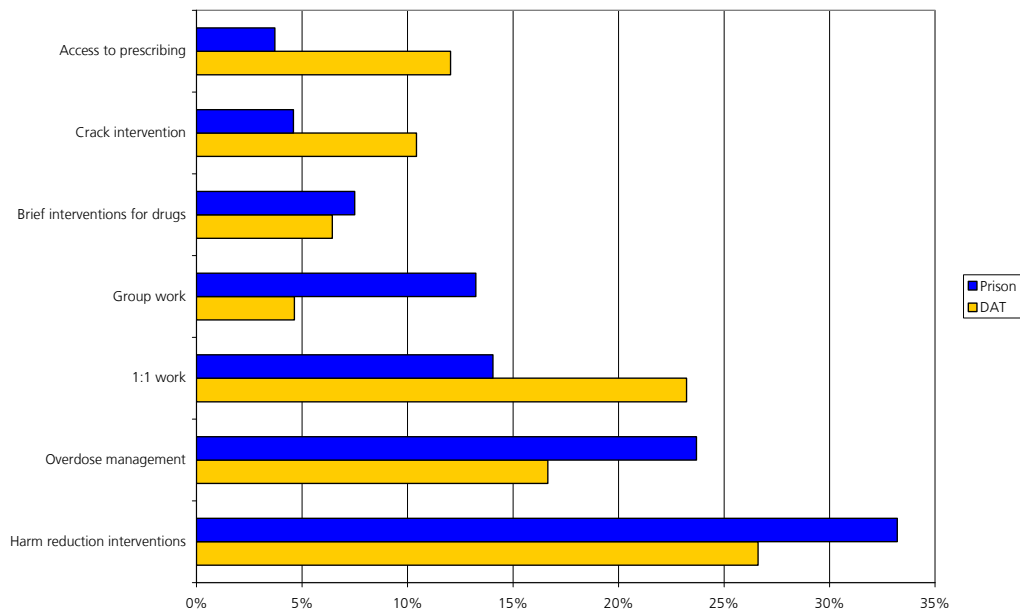


Types of structured drug treatment

Clients are offered various types of structured drug treatment once they have been taken onto DIP caseload. These include; harm reduction interventions, overdose management, access to prescribing, group work, 1:1 work, brief interventions for alcohol and crack intervention. Clients who engage with DIP in prison have access to additional support that include; intensive drug treatment programmes, alcohol detoxification, opioid detoxification, opioid maintenance and advice around relaxation, drug awareness, relapse prevention, healthy living and healthy diets.

Not all clients in contact with DIP reported to require structured drug treatment. The data that follows refer to clients who stated that they required such support. In addition, these clients may have requested more than one type of support (for example, group work and crack intervention). Figure 30 shows that 33% of prison clients and 27% of community clients in contact with DIP required support with harm reduction. A quarter of clients in contact with DIP in prison required support for overdose management, whereas almost a quarter of clients in contact with DIP in the community required 1:1 work.

Figure 30: Types of drug treatment required by clients in contact with DIP, April 2007 – March 2008

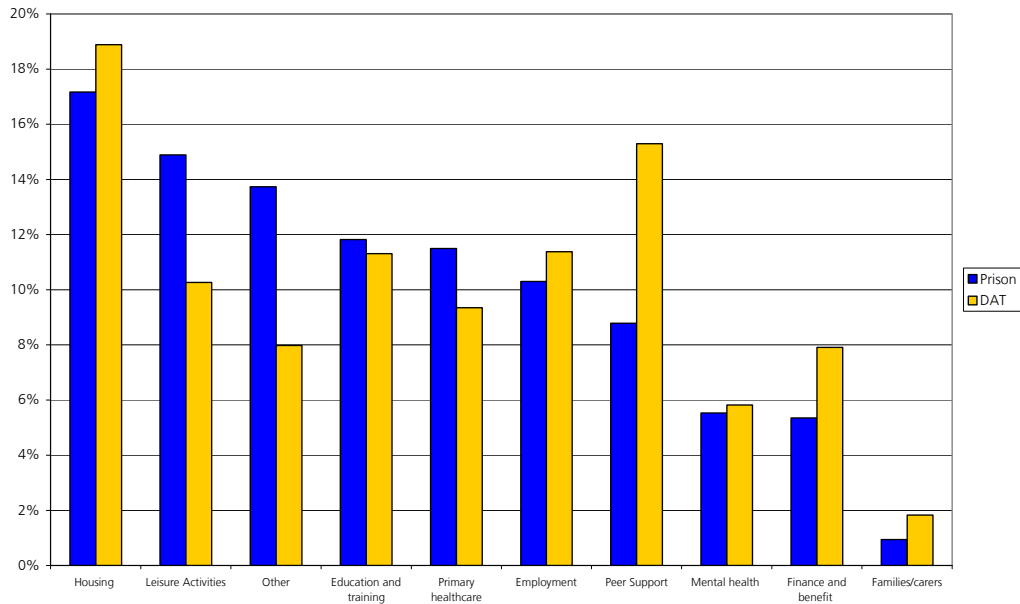


Other types of support

It is not only drug treatment that clients in contact with DIP need to address in order to change their offending behaviour. DIP also provides access to a holistic framework of wraparound and rehabilitative support. This support includes; access to primary health care, access to advice on finance and benefit management, access to mental health interventions, referral for housing advice and information, peer support, leisure activities, access to support with education and training, work with families/carers and access to support with employment.

Figure 31 shows that 17% of clients in contact with DIP in Prison and 19% of clients in contact with DIP in the community required support with Housing. Fifteen per cent of clients in contact with DIP in the community required peer support and 15% of clients in contact with DIP in prison required support with leisure activities, such as the gym.

Figure 31: Other types of support required by clients in contact with DIP, April 2007 – March 2008



Conclusion

This report presents an overview of the Drug Interventions Programme in the South East, including a comparison of clients who engage with DIP in prison and those that engage with DIP in the community. From the 1st April 2009, DIR forms were adapted to meet requirements of NDTMS, with monthly reporting to the National Treatment Agency (NTA). Considerations for further work would be to draw together DIRWeb and National Drug Treatment Monitoring System (NDTMS) data, to look at the number of DIP clients that started Tier 3 treatment and clients who had no treatment recorded. Further analysis could also be conducted to look at how long clients have stayed in treatment and if they had accessed any drug treatment prior to engaging with DIP.

Appendix A: Number of clients engaging with DIP in Prison, by prison of first contact

Prison where contact made	DAT of Residence																					
	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway towns	Milton Keynes	Oxfordshire	Portsmouth	Reading (DAT)	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham	Not Stated	Outside South East	
Albany (Isle of Wight)					*		*														14	
Aylesbury (Buckinghamshire)			*	*			*					*		*	*		*			*		59
Blantyre House (Kent)							5															0
Bronzefield (Surrey)	*	45	11	40	53	*	109	9	19	11	27	33	12	35	38	*	15	*	*		389	
Bullingdon (Oxfordshire)	25	8	46	*	95	*	*		19	226	18	160	114	52	11	28	5	20	9		172	
Camp Hill (Isle of Wight)		*		*	7	*	5				6			*	*		5			*	29	
Canterbury (Kent)				*			19				*						*				75	
Coldingley (Kent)		*		*	*		7				*				6		*			*	51	
Cookham Wood (Kent)							*					*					*				11	
Downview (Surrey)		*		*	*		*						*	*							29	
East Sutton Park (Kent)			*	*			*	*						*	*						19	
Elmley (Kent)		6	*	10		*	609	117		*	*		*	*	5		7				133	
Ford (West Sussex)		5	*	11	8		7	*			*	*	*	*	13		17				125	
Grendon / Spring Hill (Buckinghamshire)		*	7		*		*		*	*									*		50	
High Down (Surrey)	*	40	*	46	*	*	37	5			6	*	*	*	219	*	78				704	
Kingston (Portsmouth)					*		*										*				7	
Lewes (East Sussex)	*	193		193	*		15	*		*	*		*		6		121	*			72	
Maidstone (Kent)		*		5			46	5		*					*						47	
Parkhurst (Isle of Wight)		*				12	*				*			*			*				20	
Reading (Berkshire)	10	*	18	*	73	5	*		7	37	20	17	12	39	17	10	*	*	*		58	
Rochester (Medway)		*	*	*			26	10	*			*	*		*		6				79	
Send (Surrey)			*		*							*			*						34	
Standford Hill (Kent)		*	*	*		*	35	8							*		*				67	
Swaleside (Kent)		*		*	*		15	*				*	*	*	6		*				46	
Winchester (Hampshire)	*	7		5	390	9	6	*	*	*	183	7	*	223	18		6		*	*	147	
Woodhill (Buckinghamshire)		6	65	*	*		13	*	77	11	*	*	21	*	6	*	*	*	*	*	480	
Not Stated																					2	
Outside South East	*	*	*	*	*	*	*	*	*	*	*	5	*	*	*	*	*	*	*	*	6	
* Less than 5 clients																						

Appendix B: Number of clients engaging with DIP in the community, by DAT of first contact

DAT where contact made	DAT of Residence																			
	Bracknell Forest	Brighton & Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway towns	Milton Keynes	Oxfordshire	Portsmouth	Reading (DAT)	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham	Outside South East
Bracknell Forest	42																			
Brighton and Hove		93		*																
Buckinghamshire			238										*							9
East Sussex				177											*					4
Hampshire					312						*			*	*			*		4
Isle of Wight					*	75														2
Kent							373	5												4
Medway towns								111												
Milton Keynes									131						*					3
Oxfordshire										584	*	*								5
Portsmouth					6						204									2
Reading (DAT)	5	*			*		*	*	*			424	*	*	6	13		*	33	23
Slough	5		*				*	*	*			*	271		*				36	14
Southampton					6						*			171						8
Surrey	*	*	*		*		*								167					42
West Berkshire					*				*		*					30				
West Sussex		*			*						*						87			2
Windsor and Maidenhead	*		*									*	*						25	1
Wokingham																				30
Outside South East										*	*	*								
* Less than 5 clients																				

Appendix C: Estimated number of problematic drug users

In order to provide a context for the data contained within this report, below are home office estimates of the prevalence and numbers of problematic drug use (opiate and/or crack cocaine) by DAT area in the South East.

Problem Drug Use		
DAT Area	Estimated prevalence (rate per 1,000 population aged from 15 to 64) of problem drug (opiate and/or crack cocaine) use	Estimated number of problem drug (opiate and/or crack cocaine) users aged between 15 and 64
Bracknell Forest	3.20	248
Brighton and Hove	14.68	2,584
Buckinghamshire	4.57	1,459
East Sussex	6.34	1,950
Hampshire	3.72	3,065
Isle of Wight	6.92	593
Kent	4.54	4,051
Medway	7.86	1,330
Milton Keynes	7.10	1,107
Oxfordshire	6.29	2,694
Portsmouth	10.04	1,381
Reading	11.98	1,208
Slough	16.12	1,320
Southampton	6.79	1,106
Surrey	3.97	2,829
West Berkshire	4.91	489
West Sussex	4.45	2,142
Windsor and Maidenhead	4.29	394
Wokingham	3.43	359
South East	5.61	30,309

Home Office, *Estimates of the prevalence of opiate use and/or crack cocaine use (2006/07)*, South East Region

For every 1,000 people aged between 15 and 64 living in the South East it is estimated that there are around 6 problem drug users.

Glossary

BME – Black and Minority Ethnic Group
CJS – Criminal Justice System
DAAT – Drug and Alcohol Action Team
DAT – Drug Action Team
DIP – Drug Interventions Programme
DIR – Drug Intervention Record
DTMU – Drug Treatment Monitoring Unit
NDTMS – National Drug Treatment Monitoring System
NHS – National Health Service
NTA – National Treatment Agency for Substance Misuse
PDU – Problematic Drug User
PPO – Priority and Prolific Offender
SEPHO - South East Public Health Observatory

Reader information

Document purpose:	For information, to support work in the field of drug treatment by DATs, PCTs, treatment agencies, Local Authorities, The Police and other public services in the South East region. To inform persons interested in the drug interventions programme and drug use in the South East region.
Title:	Drug Interventions Programme in the South East 2007/08
Published by:	South East Public Health Observatory, Drug Treatment Monitoring Unit
Author:	Rachel Johnson
Reviewers:	Caroline Ridler, Regina Lally, Kellie Peters
Publication date:	May 2009
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