Integrated drug treatment system
Treatment plan 2009/10

Part 1: Strategic summary, needs assessment and key priorities

The strategic summary incorporating the findings of the needs assessment, together with prison performance expectations (Part 2), the planning grids (Part 3), and the funding and expenditure profile (Part 4), have been approved by the Prison/Primary Care Trust Partnership Board and by our respective governance structures and represent our collective action plan.

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<th>Position</th>
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<tr>
<td>Prison Governor – Jenny Mooney</td>
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<td>Chair, Drugs Partnership</td>
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<td>Chief Executive, Primary Care Trust</td>
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Overall direction and purpose of the prison strategy for drug treatment

Direction and purpose

The overall direction and purpose of the strategy for drug treatment at HMYOI Deerbolt has its basis in the National Offender Management Service (NOMS) Drug Strategy, which itself forms an integral part of the Government’s National Drug Strategy. The overarching aim of the strategy is

‘to address the needs of problematic drug users during their engagement with the correctional services, irrespective of age, gender or ethnic background, with a view to reducing their re-offending and the harm they cause to themselves and others’

The effective delivery of the strategy is dependent upon the successful identification of problematic drug users, the delivery of appropriate treatment in custody and the community, and retention in treatment. The strategy therefore has the following key objectives –

- to provide end-to-end treatment and support for problematic drug users before and during sentence, which is integral to the Drug Interventions Programme (DIP), by identifying individuals and their needs, retaining them in treatment, reducing drop-out rates, and helping them to be drug-free in the long-term
- to reduce problematic drug users’ re-offending, by achieving a reduction in chaotic drug use and lifestyles, and by assisting with resettlement
- to reduce use of illicit drugs by offenders, by supply control measures in prison and testing on licence
- to reduce the physical harm caused to problematic drug users and others, by reducing the spread of blood-borne viruses in prison, and the risks of overdose on release
- to meet the physical and mental health needs of problematic drug users by providing clinical services, including maintenance and detoxification in prison, and treatment for problematic drug users with complex drug and mental health problems (dual diagnosis)
- working with the Drug Interventions Programme (DIP), to ensure robust links with other agencies, in order to provide seamless treatment and continuity of care at those stages where others take over responsibility for problematic drug users

Within this remit, the objective of IDTS is to expand the quantity and quality of drug treatment in HM Prison Service, by increasing the range of clinical and tier 2 psychosocial treatments available in prisons. This is with particular emphasis on early custody and seeks to enable better integration between clinical and psychological treatment into one system that works to the standards of the NTA Models of Care and the Treatment Effectiveness Strategy. In addition, IDTS aims to integrate and reinforce continuity of care between prisons and community, to prevent damaging interruptions either on reception into custody, or upon release. One particularly important aspect of this is the link with the Drug Interventions Programme (DIP) / CJIT, which serves to ensure that offenders receive seamless support and are retained in treatment after release. It is important to note that HMYOI Deerbolt is only funded for the clinical elements of the Integrated Drug Treatment System. Deerbolt has been involved in the IDTS project since its inception in 2006. The establishment went live in October 2007, the first prison establishment in the North East area to do so. To date, we have not received any prisoners requiring some of the clinical elements of IDTS, in particular, opiate stabilisation, detox and maintenance. As a result of this, a number of the IDTS systems and procedures which were established as part of the implementation process remain untested.
HMYOI Deerbolt Substance Misuse Strategy

The Substance Misuse Strategy is implemented by a multi-disciplinary team, led within the establishment by the Head of Interventions, under the umbrella of the Reducing Re-offending function. The strategy team Statement of Purpose is –

HMYOI Deerbolt is committed to addressing the treatment needs of young people who misuse substances. We aim to provide prisoners with the opportunity to address their own individual substance misuse difficulties, alongside other problematic areas of their lives, in a safe, secure and healthy environment, with the overall aim of encouraging them to lead drug free and offending free lives, should they choose to do so.

The strategy includes the following elements

- Establishment Substance Misuse Strategy Policy document, overseen by the Substance Misuse Strategy Team, via bi-monthly team meetings
- An Establishment Drug Co-ordinator (EDC) who forms part of the establishment Senior Management Team, and also has responsibility for the Drug & Alcohol Reducing Re-offending Pathway and is the IDTS Lead
- SLA with Lifeline, for the provision of the CARAT Service, monitored through a monthly and quarterly review meeting schedule
- PCT Clinical Lead for the delivery of IDTS services, along with administrative support
- Healthcare service provision, including treatment interventions, harm minimisation and mental health services
- Delivery of the Prison-Addressing Substance Misuse Offending (P-ASRO) drug treatment programme, in line with Interventions & Substance Misuse Group (ISMG) requirements
- Mandatory Drug Testing (MDT) – random, suspicion and risk assessment testing programme
- Voluntary Drug Testing (VDT) – provision for a minimum of 160 prisoners to participate in the VDT programme at any time
- Supply Reduction Policy
- Performance monitoring measures

Through this strategy, the Governor and HMYOI Deerbolt are committed to the delivery and development of high quality clinical and psychological services for prisoners with substance misuse difficulties, particularly through our partnership with other agencies, most notably the PCT and the DAAT. We recognise the importance of continuity of care and will seek to reinforce, foster and strengthen current partnership arrangements to achieve this end.

We also recognise the importance of adopting an inclusive approach to carers and service users, and will work to increase consultation with these groups, to ensure our services progresses in a collaborative and holistic manner. This will be achieved through increasing current levels of dialogue with service users and engagement with community and carers groups.

Elements of the Substance Misuse Strategy are monitored on a continuous basis through the ACA (Audit & Corporate Assurance) standard audit process (standards 10 and 65), Interventions & Substance Misuse Group (ISMG) audit, CARAT service Contract Review Process and HMCIP.
The likely demand for drug treatment interventions

All services offered at HMYOI Deerbolt to meet the needs of drug users are monitored and evaluated on an on-going basis, to ensure that provision is aligned to need and demand. Performance is monitored against a number of measures, from which output data is evaluated to inform projected demand for service provision. These measures include HMPS Key Performance Targets (KPTs).

HM Prison Service Key Performance Targets (KPTs)

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<tr>
<th>Service</th>
<th>Measure</th>
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<tr>
<td>CARAT Substance Misuse Triage Assessments</td>
<td>260 per annum</td>
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<tr>
<td>P-ASRO Drug Treatment</td>
<td></td>
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<tr>
<td>- entrants</td>
<td>80 per annum</td>
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<tr>
<td>- completions</td>
<td>52 per annum</td>
</tr>
<tr>
<td>VDT compacts</td>
<td>160</td>
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<tr>
<td>MDT positive rate</td>
<td>6%</td>
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The uptake of drug services on reception to Deerbolt remains strong, with on average, 41% of prisoners requesting CARAT input and 30% requesting to participate in the VDT programme, during the period April 2007 to November 2008. Engagement with CARAT services increases as prisoners progress through their sentence at Deerbolt, to approximately half of the population (active and suspended cases) at any given time. In relation to headline data, this would appear to provide a good fit with the findings of the establishment Population Needs Analysis which identified that 46% of prisoners in the sample had an OASys assessment which identified drug misuse as a notable risk. At present, staff within the CARAT team are all carrying caseloads in line with recommended levels of a maximum of 35 – 40 clients per full-time CARAT worker.

The establishment continues to offer 80 places each year on the P-ASRO programme. Data suggested that on average, 12% of prisoners request a place on the programme at the induction stage, although this tends to increase as they progress through their sentence. Between January and December 2008, 144 prisoners were referred to the P-ASRO team by CARAT staff for assessment of their suitability to complete the programme. Since, not all of the prisoners referred will be assessed as suitable at that time, current provision appears to be adequate to meet the demand. Historically, data suggests that the P-ASRO programme appears to have had a relatively high attrition rate. However, work is underway at present to address this and to ensure that the most suitable prisoners are selected for this intervention.

As highlighted in the Needs Assessment report, since IDTS went live at Deerbolt in October 2007, we have not to date received a high number of IDTS clients. Data from the second quarter of the 2008 – 2009 period, identifies 3 PDUs being triaged. In particular, we have not received any prisoners requiring some of the clinical elements of IDTS, in particular, opiate stabilisation, detox and maintenance, and therefore a number of the IDTS systems and procedures which were established as part of the implementation process remain untested. At present, it is difficult to anticipate whether demand for drug treatments in this area is likely to change in the forthcoming year, although national data would suggest that uptake in young offender establishments for such treatment is low. In addition, Deerbolt only receives sentenced prisoners from other young offender establishments. However, we are aware that two of our main feeder establishments are likely to commence IDTS in the near future, which may impact on the demand for such services at Deerbolt.
Provision of harm reduction services at present is needs led. All prisoners are offered the opportunity to participate in the BBV vaccination programme as part of their Healthcare Induction screening. Up to the end Dec 2008, 1067 prisoners were offered a Hepatitis B vaccination, 963 received the vaccination and 77 clients were tested for the Hepatitis C virus. In addition, during the period January to December 2008, 870 prisoners were given harm reduction advice and information by a CARAT worker.

Diversity is a key issue for both the Prison Service and HMYOI Deerbolt. It is a primary aim of the Substance Misuse Strategy Team to ensure that services are equally accessible to all prisoners. In terms of ethnicity, although Deerbolt’s population is predominantly made up of White British prisoners, we need to ensure that we meet the needs of our entire population, which includes individuals from a number of different ethnic groups and a small proportion of foreign national prisoners. Data relating to diversity is monitored on a continuous basis via the establishment’s Race Equality Action Team (REAT) and Race Equality Officer (REO), to ensure that the numbers of prisoners accessing services is representative of the whole population. In addition, actions have been identified to address negative impact in Part 3 of the Treatment Plan: IDTS planning grid 2: Effectiveness of drug treatment - objective 3.
Key findings of current needs assessment

The population at Deerbolt is drawn largely from across the north of England, rather than just the North East, with the vast majority of prisoners coming from the North West, North East and Yorkshire & Humberside – in total 97% of the population in December 2008. This distribution has been relatively stable and consistent for a period of time and would not be expected to change significantly in 2009 - 2010. This is particularly important in relation to continuity of care and release planning, since many of Deerbolt’s prisoners will not be released into the local area and this results in the CARAT team needing to liaise with a large number of different DIP teams across these regions. The distance from these areas to Deerbolt is often not conducive to facilitating visits from DIP workers, prior to release.

Whilst all prisoners who are potential DIP clients have the service offered to them at induction, in practice only around 20% request a referral to be made. This tends to increase once they have engaged more fully with the CARAT service, however a substantial number are unable to access this service, since they are not class A drug users. Where possible, these clients are signposted to other services. This has a significant resource impact, due to the geographical spread of areas and variations in the assistance provided by different DIP teams.

This geographical spread is not unexpected, given that Deerbolt’s main feeder establishments over the previous year have remained HMYOI Castington, HMYOI Lancaster Farms, HMP/YOI Doncaster and HMP/YOI Hull. Indeed, HMP/YOI Doncaster was identified as being Deerbolt’s main IDTS feeder establishment. Between April 2007 and November 2008, 16% of receptions to Deerbolt came from HMP/YOI Doncaster, and none of these were identified as being a clinical IDTS client. Given the diverse range of home areas of the population at Deerbolt, there also tend to be geographical variations in drug trends and the community support services that are available.

Nevertheless, the main substances of choice appeared to have remained relatively consistent as cannabis, cocaine and alcohol. This is borne out by both CARAT induction data (which is likely to be under representative of actual drug use, due to a potential reluctance to disclose fully at induction) and CARAT caseload data.

Historically, the level of serious drug misuse at Deerbolt has remained low. Since April 2006, MDT random test rates have remained around the 4% rate, although to date during this year, there have been no positive random tests. MDT suspicion test rates throughout the same period have fluctuated between 5% and 10%. Predominantly, cannabis and benzodiazepine have been the substances detected, although during the last year, we have begun to see positive test results for Buprenorphine, accompanied by an increase in security information and self-reported use.

These trends appear to be borne out by VDT data, which has remained at a positive rate of around 7%, identifying cannabis, benzodiazepine and Buprenorphine as the main drugs of choice. Reported opiate use, both in custody and in the community remains relatively low, although there has been a small increase in the numbers of prisoners reporting crack to be their drug of choice. This will continue to be monitored to determine whether a more significant trend is emerging which might require specific treatment intervention.
Security information and CARAT assessments appear to indicate that Subutex is a popular drug whilst in custody, but not prior to, or after release. CARAT staff have identified a significant lack of knowledge regarding Subutex amongst the population i.e. that it is used as a treatment for opiate addiction, and are therefore planning to develop awareness in this area over the forthcoming year. Current MDT / VDT data would suggest that Subutex use within Deerbolt is more likely to be recreational.

Overall, prisoners at Deerbolt generally tend to report drug use involving several substances, commonly cannabis, cocaine and alcohol, although a small number do declare other drugs of choice, such as amphetamine, benzodiazepine and ecstasy. CARAT services are currently tailored to meet these needs, focusing on poly drug and stimulant use.

A full analysis of met and unmet and a gap analysis have not been completed as part of this Needs Assessment process, due to the absence of an on-going Needs Assessment Steering Group. Development in this area is a key priority for the 2009 – 2010 period. The implementation of the new Drug Intervention Record (DIR) and National Drug Treatment Monitoring System (NDTMS) processes, will allow more accurate and realistic measures of treatment outcomes, which in turn will inform the Needs Assessment process, particularly in relation to treatment need and demand.

Please refer to the full Needs Assessment report.
Improvements to be made in relation to the impact of treatment in terms of its outcomes

Individual drug user’s health and social functioning
A key focus for the forthcoming year is to increase engagement with families and carers of drug users, with the aim of mutually increasing awareness of drug user’s needs in custody and upon release. It is hoped that increasing the knowledge and understanding of families and carers of drug treatment interventions, will enable them to better support users, thus providing positive benefits to their health and social functioning. In addition, increased service user consultation will enable the effective development of current service provision to more effectively meet their needs. One area of particular focus will be reviewing and improving joint working between the CARAT and mental health in-reach services for dual diagnosis clients.

HMYOI Deerbolt already has established resettlement pathways for addressing a range of factors linked to health and social functioning, and we will continue to ensure effective liaison between these areas and drug treatment services to ensure a holistic approach to treatments and successful outcomes in relation to education, learning and skills, accommodation and financial management, via the Offender management Unit (OMU). The establishment has effective systems in place to manage points of attrition in the system, primarily via the CARAT service. However, we recognise that systems relating to release from custody can be strengthened to develop and improve continuity of care, and this is an area of focus in the forthcoming year.

Lower public health risks from blood borne viruses and overdose
At present, all prisoners are offered BBV vaccinations and testing as part of the Healthcare induction assessment, and the take up rates of this service are strong. Year to date 2008 – 2009, 90% (963 individuals) of prisoners offered a Hepatitis B vaccination received it. The focus for the forthcoming year is to maintain the current high levels of BBV harm reduction.

As highlighted previously, Deerbolt’s population is drawn from a large geographical area, resulting in the need for the CARAT team to liaise with a large number of different DIP teams in the community. A significant amount of work has already been invested in building these links, although the vast majority of prisoners released from Deerbolt are not priority cases for DIP teams, due to not being Class A users. Consequently, development for the next year will focus on strengthening links with DIP teams and other community services in order to improve continuity of care and reduced risk of overdose. It is anticipated that improved engagement with community teams will result in an increase in the percentage of clients picked up by a CJIT team (currently 20%) or other community service, with a longer term aim of maintaining clients in treatment, reducing the frequency of relapse and reducing the likelihood of a return to offending behaviour to support problematic substance misuse. It is hoped this will also produce an increase in the number of clients securing stable accommodation and employment.

We will also review current service provision in this area, to identify any further areas for development. This will include the content of current harm minimisation advice incorporated into CARAT individual and group work sessions, and the use of Harm Works literature. Established referral pathways to clinical services are already in place via the CARAT team, and directly through the Healthcare Centre.
Community safety
Whilst PPOs are subject to management and review through existing establishment policy and procedures, and protocols exist between the CARAT team and the Offender Management Unit, these will be reviewed to identify areas for improvement. In addition, we will seek to scope the feasibility of increasing the provision of mentoring support services for prisoners upon release to try to increase engagement with community services and release arrangements.

Deerbolt is likely to begin receiving short tariff IPP prisoners in the forthcoming year, some of whom may feasibly be released from this establishment. Given the anticipated high need for intervention and the priority status afforded to these prisoners, we will consider the impact upon drug treatment services and continuity of care for these individuals.
Key priorities for 2009 / 2010

Based upon the needs assessment and the above findings, the key priorities for the development of drug treatment at HMYOI Deerbolt during 2009 – 2010 are

Commissioning

* Ensure the effective introduction and implementation of revised Drug Intervention Record (DIR) paperwork
* Effective introduction of the NDTMS (National Drug Treatment Monitoring System)
* Ensure compliance with HM Prison Service IDTS PSO

Drug Treatment effectiveness

* Ensure that all IDTS services are delivered in accordance with Diversity policy
* Establish an on-going needs assessment process, ensuring that all findings are communicated effectively and incorporated into the Substance Misuse Strategy
* Improve service provision for dual diagnosis clients

Harm Reduction

* Undertake review of current harm reduction services, and implement any necessary changes

Workforce development

* Develop awareness and understanding of IDTS across establishment workforce
* Continued development of current Healthcare and CARAT staff, in line with DANOS occupational standards
* Provide required training for the introduction of NDTMS

Continuity of care on release

* Continue to foster and develop links with community teams
* Develop case transfer mechanisms to improve continuity of care
* Review existing protocols for the management of PPOs and scope the needs of IPP prisoners

User / prisoner involvement

* Improve systems for the engagement of user perspectives and feedback

Carer / family involvement

* Develop and foster external links with carers to ensure representation of carer perspective in policy development
* Improve the awareness of substance misuse services / support offered to prisoners at HMYOI Deerbolt. Encourage family / carer involvement, where appropriate