

An introduction to the Drug Interventions Programme for
treatment providers



OUT OF CRIME, INTO TREATMENT

The Home Office logo consists of a purple curved line above the text "Home Office" in a black, sans-serif font.

**TACKLING
DRUGS
CHANGING
LIVES**

What is this booklet?

The Drug Interventions Programme (the Programme) is a key part of the Government's strategy for tackling drugs, changing lives and reducing crime. And it's working: record numbers of people are being helped with their drug misuse, treatment waiting times for everyone have been dramatically reduced and drug-related crime has fallen by a fifth since the Programme began.

This booklet contains general information for professionals who provide clinical and/or non-clinical treatment services to drug misusers. It gives you an overview of the Programme and aims to answer any questions that you may have, including clarification of what we mean by throughcare and aftercare.

The booklet also explains how treatment providers make a vital contribution to the Programme, and how the Programme can help treatment providers engage and retain clients in treatment.



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Introducing the Programme

The Drug Interventions Programme (the Programme) was launched in 2003 as a three-year initiative to reduce the effects of drug-related crime on the community. It aims to get offenders who misuse drugs out of crime and into treatment and other support.

The Government initially funded the Programme at £447 million for three years, but the initiative has been so successful that public funding is continuing beyond the original period. In fact, over £500 million has been invested in the Programme in the past four years and there is continued central funding, at a slightly reduced level, to ensure that the Programme's processes become the established way of working with drug-misusing offenders across England and Wales. As the benefits are evidenced, some areas are now showing interest in investing local funding to operate Programme processes that cannot be centrally funded.

At the heart of the Programme is partnership working and information sharing between criminal justice, treatment and aftercare agencies. The Programme has introduced a case-management approach to offer offenders treatment and support from the point of arrest to sentencing and beyond, preventing them from slipping through gaps in the system. Sharing information on the treatment needs of individual offenders allows professional multi-skilled teams to provide tailored solutions.

The Programme is a bold, forward-thinking initiative, which acknowledges that treatment works and is not a soft option. It aims to tackle some of the causes of crime rather than pay for the consequences year after year.

Why do we need the Programme?

The Programme tackles the root of the problem. People who misuse Class A drugs often commit crimes to fund their drug habit. Heroin and crack users are responsible for more than half of acquisitive crimes, such as burglary and car theft. The Programme reduces the effects of crime on the community by directing offenders who misuse Class A drugs away from crime and into treatment. This has traditionally been a very hard-to-reach group, and contact via the criminal justice system provides a real opportunity to identify misusers and offer them help and support.

The Programme's interventions work. The Programme is evidence-based. We know that those offenders who are directed into treatment have a greater chance of developing an alternative to a criminal lifestyle. More people than ever before are being engaged and retained in treatment and have the opportunity to become drug and crime free and the figures show that is happening. **Nationally, recorded acquisitive crime of the kind most often associated with drug misusers has dropped by 20 per cent since the Programme began in 2003. It is giving individuals whose lives have been derailed by drug misuse a real opportunity to get their lives back on track.**

Treatment works. Evidence shows that treatment works – not just residential treatment or methadone/Subutex prescribing, but also a wide range of less intensive alternatives. These include interventions such as counselling, group work and alternative therapies such as acupuncture or yoga, to help deal with cravings and avoid relapse. Whatever treatment is right for the individual, it is vital that it is accompanied by equally appropriate wrap-around support

to address some of the underlying issues that trigger drug misuse, such as homelessness, mental health or relationship issues. **The Programme is successfully engaging hard-to-reach groups. It is on target to have 1,000 people in treatment and rehabilitation programmes each week by 2008 – 80 per cent of them have not been in treatment before and are getting real help for the first time.**

The Programme is cost-effective. For every pound spent on treatment, at least £9.50 is saved in crime and health costs. The Programme's initiatives are expected to save at least £4.4 billion for the taxpayer over eight years.

Everybody wins. Drug-misusing offenders receive tailored treatment and ongoing support, the criminal justice system targets drug-misusing offenders effectively, communities suffer less crime and the taxpayer pays out less for criminal justice and other related costs.

What is unique about the Programme?

Some criminal justice interventions to guide offenders into treatment, such as arrest referral, pre-date the Programme and were run by separate criminal justice agencies. The Programme enables a more integrated approach to case management and care planning, helping to increase the effectiveness of the interventions of treatment providers and other agencies, and includes the support of a named key worker. ***Throughcare* and *aftercare* – which enable tailor-made treatment based on an individual’s health and support needs – are at the heart of this new system.**

Throughcare is the term used to describe the arrangements for managing the continuity of care provided to drug-misusing offenders from the point of arrest through to court, sentence and beyond. A Criminal Justice Integrated Team (CJIT) in each local Drug Action Team (DAT) delivers this support using a case-management approach.

By using this approach, the Programme prevents offenders falling through gaps in the system and supports them at times when, in the past, they have been most at risk of falling back into drug misuse. The CJIT’s case-management approach will assist treatment providers by:

- providing access to assessment and harm reduction advice for drug-misusing offenders in police stations and courts;

- providing early identification of offenders who may be suitable for a Drug Rehabilitation Requirement (DRR) on a community order – CJIT/Counselling, Assessment, Referral, Advice and Throughcare (CARAT) workers play an important role in helping to identify potential DRR clients pre-sentence as well as helping to prepare and motivate them if a DRR is to be imposed by the court;
- drawing up care plans for drug-misusing offenders and offering them immediate access to appropriate treatment interventions from a wide range of treatment options; and
- ensuring that information on offenders' treatment needs is made available so that they get appropriate treatment responses in custody and in the crucial period after release.

You can find out more information about the role of CJITs on pages 26 and 27.

Aftercare is the package of holistic support that needs to be in place after a drug-misusing offender is released from custody, completes a community sentence or leaves treatment. It involves access to 'wrap-around' support which may include help with things like finding somewhere to live, rebuilding family relationships, managing money and getting ready for employment.

“One of the challenges when we first started the Programme was how partnership work could happen in real terms,” says Steve Jones, Wirral’s Drug Interventions Programme Manager. “We felt that a joined-up approach, under one roof, would be the best concept. We’ve all come together – the Probation Service, the police authority and ourselves – in the one building, providing every strand of the Programme through a one-stop shop approach. We bring people in for a cluster of appointments at the same time, so we’re not dragging people backwards and forwards to the agency.”

The Programme takes a new, holistic approach to tackling drugs. Every stakeholder who is involved in community safety and health – including treatment providers – forms an important link in the chain.

Which parts of the country are covered by the Programme?

The Programme began in April 2003. Some of its elements, such as Restriction on Bail, throughcare and aftercare, are operating in all areas of England. Others, such as drug testing in police custody, focus on 'intensive' areas with the highest levels of acquisitive crime. In Wales, there are three intensive areas – Cardiff, Newport and Swansea. The rest of Wales, which is divided into four regions and local Community Safety Partnerships, is operating the Programme non-intensively.

For full and up-to-date details of where the Programme is operating in England and Wales, visit www.drugs.gov.uk

The role of treatment providers

The Programme recognises that helping drug-misusing offenders to get treatment and support benefits everyone. Treatment provides offenders with a real chance of breaking the link between their drug misuse and the crimes they commit.

Treatment is at the centre of the Programme and your role in engaging and retaining offenders in treatment is crucial. The Programme's new approach will help you to work more closely with partners across the criminal justice system, from the police and courts through to prison and probation services. Developments in the Programme continue to close the gaps between different organisations, benefiting drug users and helping you to do your job more efficiently.

Primarily, treatment providers work with members of CJITs, who provide advice, assess and refer offenders into treatment, and co-ordinate delivery of care using case management. The co-ordinated team approach, with a designated individual as the client's key contact, helps engage offenders and deliver tailor-made, appropriate treatment.

By giving offenders increased access to treatment and engaging with drug misusers who have previously been hard to reach, the number of people using treatment services is increasing. **The data for 2005/06 shows that more than 181,000 people received structured drug treatment in England. This is an increase of 13 per cent on the previous year and of 113 per cent on the 1998/99 baseline of 85,000. We are also increasing, year on year, the number of users who successfully complete or are retained in treatment.**

Patrick, aged 46, used drugs for more than 20 years and has spent more than 15 years in prison for committing drug-related crime. His story shows how the Programme provides opportunities within the criminal justice system to get drug misusers into treatment.

"I was in Pentonville Prison when the Programme's prison community worker came to see me. When I told them I was keen to get off drugs and get some structure in my life, they helped me get a place on a residential rehabilitation scheme. I had to be electronically tagged, but it was OK because I was finally getting the help I needed.

"I've been drug-free for two years now. I didn't want to live in Hackney again, so I used the Programme's rent deposit scheme to move to south-east London. I still go to post-treatment support meetings, and I do some voluntary work. It's my way of giving something back to my community – after so much was freely given to me.

"I'm just so grateful to the workers in the Hackney Drug Interventions Programme team. I wouldn't be at this point in my life without them."

How do treatment providers benefit?

Investment

- There has been over £500 million extra investment into treatment via the Programme in the last four years.
- There is increased capacity within treatment, benefiting all users of treatment services through better services and shorter waiting times for everyone.

Improved access

- Access to assessment and harm reduction advice has been extended to police stations and courts.
- Access to hard-to-reach groups, including black and minority ethnic users, crack users and women, has been increased.
- There is better representation of these groups among staff who provide treatment services.
- Access has been improved to National Treatment Agency (NTA)-led treatment options available for children and young people via the Programme's work (currently in 10 local areas) to identify 'at-risk' individuals and assess their needs.

Better retention

- Case management, throughcare and aftercare benefit all users of treatment services, not just offenders referred through the Programme.
- Support from CJITs ensures that offenders stay engaged with treatment.

Closer links with other services

- There is closer partnership working with criminal justice agencies.
- Local networks with, for example, social services and housing and education departments, benefit all users of treatment services.

Better information sharing

- There is earlier and faster assessment of individuals' health and social needs.
- There is better delivery of tailor-made treatment to meet individual needs.
- Protocols are in place to protect individuals' human rights and privacy and to safeguard treatment providers' duty of confidentiality under data protection legislation.
- Offenders give their consent to take part in treatment and allow information to be shared between agencies.

The role of partner organisations

Drug-misusing offenders are unlikely to come into contact with the Programme's initiatives just once, and their need for support will not end when they finish their sentence or treatment. Every agency implementing the Programme's initiatives, therefore, forms a vital link in its beginning-to-end support system.

The police

The police have several of the Programme's initiatives at their disposal to get offenders into drug treatment. They are an offender's first contact with the criminal justice system, so offer an opportunity to engage drug-misusing offenders early in their criminal activity by ensuring that the right people are targeted with drug testing after arrest or charge, and with assessment by a drug worker based in the custody suite. This can be a voluntary assessment or, in the case of a positive test for Class A drugs, it can be a two-part process required by law.



“Our experience in tackling drugs suggests that there is no one-size-fits-all solution,” says Detective Superintendent Alison Rose, who leads the Drug Interventions Programme in West Yorkshire. “Dealers respond to enforcement, but those that use drugs require a more tailor-made approach. No one agency can tackle drugs alone. By pooling the expertise of our staff and our partners and using a multi-layered approach, we are demonstrating our continued commitment to the community as we aim to achieve a sustainable reduction in drug use and drug-related crime.”

Prolific and other Priority Offender schemes

Prolific and other Priority Offender (PPO) schemes are multi-agency teams, made up of police, probation and prison services. They provide intensive offender management and work with relevant rehabilitative services to address the underlying causes of offending behaviour. They target offenders who cause most harm to themselves and the local community; a high proportion of PPOs – up to 100 per cent in some high-crime areas – are also drug-misusing offenders and many have significant treatment needs.

Probation and police work closely with CJITs and other drug treatment providers to manage and support this group of offenders, using a ‘carrot and stick’ approach. The Programme’s treatment and support complements and is now closely aligned with the intensive enforcement of the PPO teams. The result is that drug-misusing PPOs are effectively identified and increasing numbers of them are entering appropriate treatment.

Drug testing and Required Assessment

A person charged with a 'trigger offence' (such as property crime, robbery or Class A drug offences) provides a saliva sample that is tested for the use of heroin, cocaine or crack, as these are the drugs most associated with crime. Testing was formerly limited to after the offender was charged but can now also be done at any point after arrest in 'intensive' areas.

The police may now require individuals who test positive to attend an assessment of their drug misuse and related needs with a CJIT worker. This is known as a Required Assessment and is a two-part process. If they are charged and go to court, the test result is given to the courts by the Crown Prosecution Service to inform bail decisions and sentencing.

Conditional cautioning

Conditional cautioning, introduced in the Criminal Justice Act 2003, has been piloted in some areas since late 2004 and is now being rolled out across England and Wales with the aim of national coverage by 2008. For those offenders who admit the offence and have either tested positive for heroin and/or crack/cocaine, or admit to misusing drugs, a condition of engaging with a drug worker and undergoing treatment can be attached to a police caution. This provides an early opportunity in the criminal justice system to identify low-level offenders who are misusing drugs and to divert them away from the courts and towards help. Offenders may still be prosecuted if they do not comply with their conditions.

Criminal justice drug workers

Criminal justice drug workers (previously known as arrest referral workers) are now based in all police custody suites and, increasingly, in courts. They assess drug-misusing offenders, deliver or broker treatment, and support and refer offenders to specialist treatment services or other effective programmes of help (including DRRs) as appropriate. They work as part of the broader CJIT, which adopts a case-management approach to ensure that offenders stay engaged between initial contact and referral and entry into treatment – a time when they are most at risk of losing motivation and dropping out of the system.

The courts

The appropriate treatment-focused sentence can influence whether an offender stops misusing drugs and changes their offending behaviour in the future. Without compromising the courts' impartiality, the Programme supports this work with a range of initiatives.

Access to information

For the right treatment-focused sentence (DRR) to be imposed, access to information on an offender's drug misuse – given with the individual's consent where it is needed – is vital. Under the Programme, sentencing and bail decisions can be informed by the results of a drug test for heroin, crack or cocaine use.

Court-based drug workers

In the Programme's intensive areas, and many others, criminal justice drug workers are now based in magistrates' and Crown courts to provide assessment and advice to drug-misusing offenders and to continue to support those who have been identified as drug-misusing offenders in police custody. Their assessments can be used by probation officers in their reports to the court, which are taken into consideration by judges and magistrates when they make sentencing decisions – as long as the individual being charged gives appropriate consent – and also in relation to bail (see page 18).

Court-based workers track the outcomes of court decisions relating to remand/sentenced offenders and liaise with drug treatment and health services in prisons to ensure that information on the treatment needs of individual offenders informs treatment responses in custody. They also provide a useful general link between the Programme and the court community in, for example, making solicitors aware of its potential relevance and benefits for their clients.

Restriction on Bail

Restriction on Bail (RoB) reverses the normal presumption of court bail for defendants who have tested positive for heroin, crack or cocaine. RoB should be applied to any adult defendant attending court for a drug offence, or an offence the court suspects was caused or contributed to by Class A drug misuse, unless the court believes there is no significant risk of the defendant reoffending. RoB makes the requirement to undergo an assessment of the defendant's drug misuse and/or any proposed follow-up treatment a condition of court bail. A failure to comply with this condition is treated in the same way as any other breach of bail. RoB started in three petty session areas (now called Local Justice Areas



(LJAs)) before being phased in elsewhere. Since March 2006, it has been available to all LJAs across England so that anyone who tests positive, regardless of where the case is later heard, could be eligible for the provision.

A defendant's compliance with their RoB conditions can help inform the court when making sentencing decisions.

Community sentencing

The DRR is one of the 12 requirements which can be included in a community sentence. It gradually replaced the Drug Treatment and Testing Order (DTTO) for offences committed on or after 4 April 2005. The DRR is the main delivery route for drug interventions within community sentences for adult offenders. The DRR involves treatment (either in the community or in a residential setting) and regular drug testing. The National Probation Service also has specific accredited programmes to tackle drug-related offending. These programmes are generally used in the medium to higher sentencing bands alongside a DRR, as a requirement of the community order.

DRRs can be used instead of custody. They offer the courts an intensive and effective vehicle for tackling the drug misuse and offending of many of the most serious and persistent drug-misusing offenders. DRRs are aimed at a wider target group than the DTTO and treatment is more closely tailored to individual needs.

In many cases, they have succeeded in engaging people in treatment for more than 12 weeks, which is regarded as a key milestone for many drug misusers in making real progress towards a drug-free lifestyle.

Andrew was caught in a cycle of drugs–crime–prison before he was given a DRR. "I didn't take anything seriously; the only things that mattered to me were heroin and amphetamines. I've got two beautiful boys and I was missing them growing up, due to an addiction. I engaged in all the programmes, you know, I loved knowing that there are services that really will help you and are constantly monitoring you. It really went well for me. My life now, it's amazing, I've got so much more to live for. It's like me and my partner have just got together again, and my relationship with my kids is wonderful."

National Offender Management Service

The National Offender Management Service (NOMS) was formed in 2004 with a mission to cut repeat offending. It brought prisons and probation together in a single service, with a clear goal focused on the 'end-to-end' management of offenders.

NOMS case manages adult offenders through the prison and probation stages of the criminal justice system, working seamlessly with the Programme's CJITs to strengthen links between treatment services in prisons, probation and aftercare agencies and ensure continuity of care for drug-misusing offenders as they move between community and custody. Prisoners who have misused drugs in the past now have tailored treatment and support to help direct them away from drug misuse and reoffending after release.

Prisons

Prison offers a prime opportunity to engage drug-misusing offenders in treatment. The main focus of the Programme within prisons is providing drug treatment and throughcare links to the community, with CARAT teams taking the lead role in custody. Prisons provide a comprehensive treatment framework – compatible with the NTA’s revised Models of Care – that can be adapted to meet the needs of all drug misusers.

CARAT services

CARAT services provide specialist advice and support to prisoners in order to reduce the harm caused by drugs and to secure their access to treatment on release. CARAT workers take the lead role for the Programme in prisons, providing care co-ordination to help ensure that timely continuity of care can be provided for offenders returning to the community. They liaise closely with the local CJIT throughout an offender’s sentence and particularly in the preparation of release plans at the end of a sentence to help offenders reintegrate into the community. As the Programme has developed, CARAT workers have enhanced the effectiveness of their key role and have helped ensure that robust links to ongoing support in the community exist for offenders returning into the community.

In addition to working with CJITs, CARAT teams work closely with prison resettlement teams to help ensure that drug users’ wider rehabilitative needs can be met, for example working with wider stakeholders such as Jobcentre Plus, progress2work, Citizens Advice, housing agencies and probation services to create a pathway from intensely supported living to independent living.

“The overall strategy for prisoners with substance misuse issues is to clean them up, to get them off drugs, to get them to see how drug use is affecting their behaviour, in particular their criminal behaviour, and also to get them to understand the implications of that behaviour for family and victims,” says Danny Spencer, Head of Operations Security at HM Prison Liverpool. “We want prisoners to have better opportunities when they leave prison, because that means there is less chance of them reoffending on their release.”

Clinical services

Clinical services (detoxification and/or maintenance prescribing) are available in all local and remand prisons. This is now delivered by the local primary care trust. The general health assessment a prisoner receives on entering custody aims to identify past and present drug usage and encourage engagement with community drug teams. A clinical decision is then reached about the prisoner’s treatment needs. This can be either detoxification or substitute prescribing, as a prelude to a broader drug treatment programme.



Short duration treatment programmes

The short duration treatment programme is available in 41 establishments. It is designed for prisoners on remand or waiting to be sentenced and prisoners on a short sentence with less than six months to serve in custody. It can also be delivered as a booster programme to any prisoner with a maximum of six months left to serve of any sentence, prior to their release in an open prison (Category D).

Intensive treatment programmes

Prisons deliver 115 intensive treatment programmes (of which 41 are short duration treatment programmes) across 104 establishments. A range of programmes, independently accredited by the Correctional Services Accreditation Panel, are in place. These include:

- abstinence-based programmes, such as Therapeutic Communities and the 12-Step Programme; and
- cognitive behavioural therapy based programmes such as FOCUS (high intensity), Action on Drugs and STOP (medium intensity), and P-ASRO (low intensity).

The National Probation Service

The National Probation Service plays a key role in the Programme's initiatives and works closely with partnership agencies at various stages of contact with drug-misusing offenders. The Service has close links with local CJITs and, in many cases, probation staff will be part of CJITs. The key benefits of this are:

- improved identification, screening and assessment, including early low-level intervention to motivate offenders and reduce the risk of them leaving treatment and reoffending before they have been sentenced;
- early identification and referral to probation of offenders who may be suitable for a DRR;
- integrated teams working directly with or alongside DRR teams; and
- easier access to post-DRR and custody treatment provision (if there is a need for ongoing drug treatment).

Most importantly, the Programme’s focus on throughcare and aftercare enables the Probation Service to work alongside partners to ensure that drug-misusing offenders are supported when they are most vulnerable. Probation staff case manage all offenders subject to statutory supervision.

“The Programme provides opportunities for offenders to access drugs treatment, and we supervise those offenders,” explains John Crawley, Manager of the Prolific Offender Unit at the Merseyside Probation Service. “We rehabilitate them or ensure that they return to custody if they fail to co-operate. Bearing in mind that we’re dealing with the most prolific offenders – in some cases people with more than 25 convictions and histories of years of drug abuse – we’re succeeding in getting at least 50 per cent of them through their licences and into drug treatment.”

Aftercare services

If the Programme is to break the drugs–crime–prison cycle, **special emphasis needs to be placed on supporting drug-misusing offenders as they approach the end of any treatment into which they have been directed.** Research has shown that this is the point where they are most vulnerable and likely to relapse and return to drug misuse or crime.

Making links with aftercare services as early as possible before the end of a sentence and treatment is crucial. Arrangements are in place to ensure that information on an offender's needs is exchanged – with the individual's consent – to facilitate pre-release planning. The CJIT will then offer support, in appropriate cases, when the offender is released, and will **act as a gateway to access drug treatment and wrap-around services, including help with accommodation, benefits, employability, mental and primary healthcare, learning new skills and rebuilding family relationships.**



CJITs provide:

- a single point of contact for referrals from criminal justice and treatment agencies, ensuring continuity of care as someone moves between custody and community;
- a single point of contact for self-referrals, appointments, ongoing support, help and information: every DAT now operates a 24-hour phone line for new or existing clients to access throughout their rehabilitation;
- appropriate support to those drug misusers leaving prison or treatment or completing a community sentence who have an ongoing drug treatment need;

- access to structured treatment interventions, such as motivational engagement and relapse prevention;
- access, where appropriate, to rapid prescribing in line with NTA guidance;
- an established link to specialist health services such as those dealing with alcohol care and mental health care; and
- access to an holistic range of services building on existing strategies and mainstream programmes and a wide range of treatment.

Mhairi Doyle, a Social Inclusion Manager at Jobcentre Plus, explains one of the programmes helping drug-misusing offenders to find work: "Progress2work helps people that have had a drug issue, and who perceive that to be a barrier to them getting work. We've worked with the Programme since it started, and it's been really successful. We don't do things for clients; we give them the level of support that they want. Some of our client group have never worked before; they don't have a work ethic. Then they move into other full-time employment from this, and it's great. I see miracles happening every day."

Delivering the Programme

The Programme introduces important changes to direct drug-misusing offenders out of crime and into treatment. It requires partners to work together in a new way and share information on offenders' treatment needs. Extra government funding – an investment of over £500 million since 2003 in the Programme alone and much more in wider funding for treatment and drug-related services – is improving accessibility to treatment to meet the increased demand. Waiting times have reduced significantly, from 9.1 weeks in 2001 to 2.4 weeks now, which is benefiting everyone who needs treatment and not just offenders.

Local delivery

It is important that all the Programme's partners are aware of each other's roles in the process, and this knowledge must be shared, and working relationships formed and sustained, at a local level to provide a joined-up service.

Local CJITs, consisting of representatives from some of the key agencies, facilitate delivery at a local level. They do not include representatives from the courts because of the need for judicial independence on individual cases, but the benefits of the Programme are greater where there are good working practices and professional links established between courts and members of the local CJIT, including criminal justice drug workers. CJITs not only provide advice and assess and refer offenders into treatment, but also co-ordinate delivery of care using a case-management approach. CJITs comprise existing and new drug workers at a local level and are overseen by DATs, which retain responsibility for developing appropriate local partnerships and implementing policies and working practices.

Data collection and information sharing

The Programme links partner organisations so that accurate and comprehensive data is available and individual cases can be addressed and monitored more effectively. Information on clients from CJITs and CARAT teams in prisons is collected by the Drug Interventions Record (DIR), which:

- is used to facilitate and improve standards of continuity of care and minimise duplication of assessments; and
- supports the Programme's monitoring and research functions.

In prisons, the DIR, which was revised from April 2007 after extensive consultation, has replaced the Substance Misuse Triage Assessment form. A DIR must be completed for every CARAT client.

Every CJIT in an intensive area has a dedicated data manager to ensure that local data is collected and used to monitor and improve performance across the Programme. In non-intensive areas, regional data is collected.

Treatment

For the Programme to be successful, it is important that drug treatment agencies are able to cope with the increased demand for services.

Significant funding is being invested in the improvement of drug treatment services. The annual spending on all treatment services has increased considerably and is now over £500 million per annum. In 2000/01, all central drug funding and grants (excluding the Department of Health's Section 64 grant) were placed into the Drug Pooled Treatment Budget (PTB). This is allocated to drug treatment providers by DAT partnerships on the basis of local needs assessments. The PTB increased from £253 million in 2004/05 to £300 million in 2005/06, which is an increase of 18 per cent. The PTB is supplemented in each DAT partnership area by additional mainstream funds from the NHS (primary care trusts) and local authorities (social services). This is around £200 million annually. The allocation of the PTB by each DAT partnership is monitored and performance managed by the NTA.

This means that more people are able to get into structured drug treatment more quickly than ever before:

- A national target of 170,000 people receiving treatment has been exceeded two years earlier than anticipated.
- Average waiting times have fallen from over nine weeks in 2001 to around two and a half weeks currently.
- Over 10,000 people are now working in drug treatment – a rise of 40 per cent since 2002 – which is increasing capacity.

The NTA's treatment effectiveness strategy, launched in June 2005, aims to maintain these improvements in capacity, as well as increasing the emphasis on the effectiveness of treatment and reintegration back into the community.

Reaching children and young people

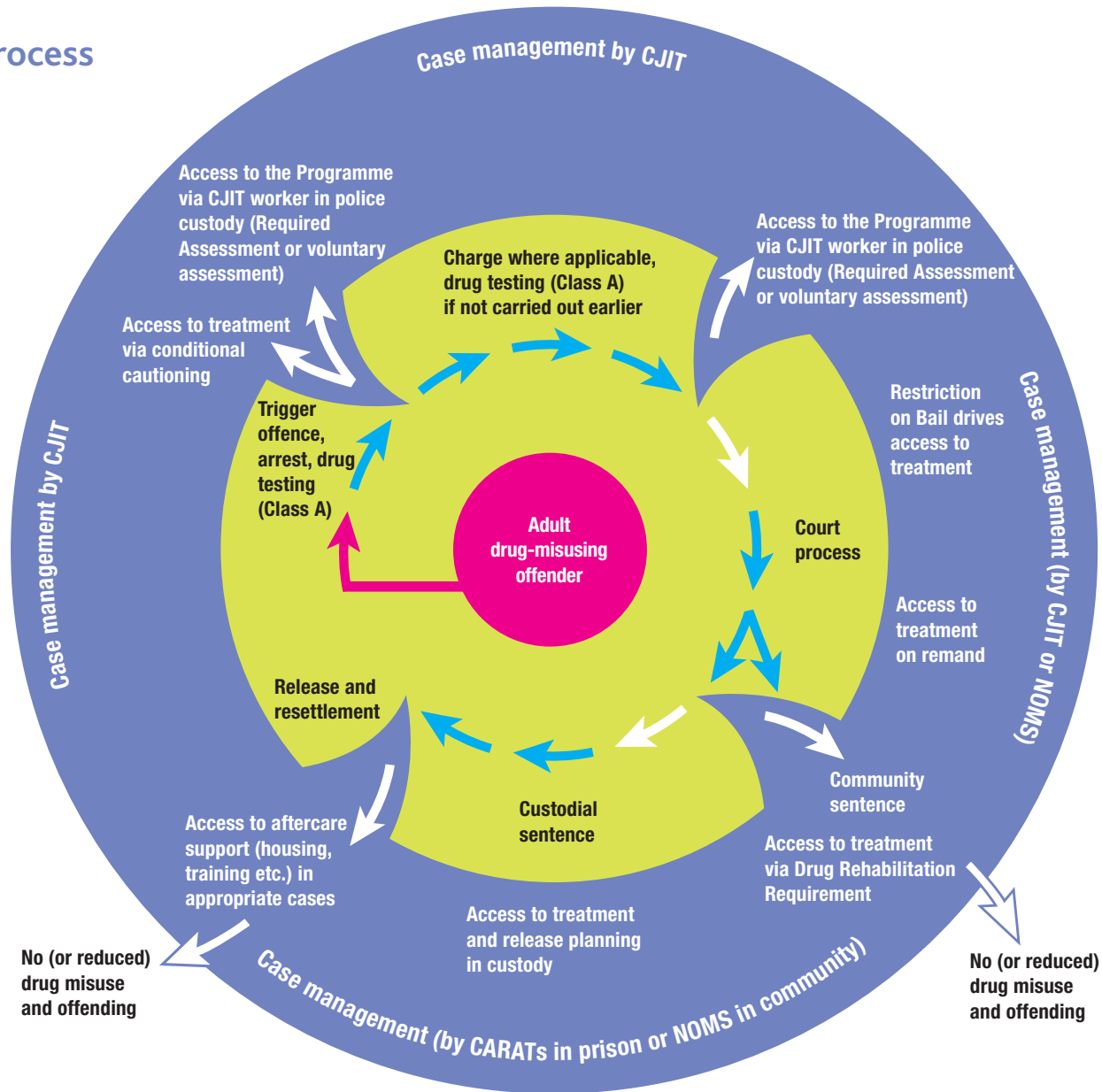
The Programme has piloted interventions for children and young people, including child and youth-centred models of arrest referral for 10 to 17-year-olds and drug testing of 14 to 17-year-olds charged with those crimes most often linked to drugs.

Following a full and independent evaluation of these initiatives, government ministers decided to wind down the pilots during 2007.

The prevention of substance misuse among young people continues to be a key strand of the Updated Drug Strategy. In addition, the Prevent and Deter strand of the PPO scheme, which is closely aligned with the Programme, will continue to target high-risk young offenders, to divert them from crime and substance misuse.

The Programme's process

The Programme aims to break the cycle of drugs–crime–prison. This diagram illustrates how the Programme intervenes in the cycle to move offenders out of crime and into treatment.



Useful contacts for the Programme

If you want to discuss the Programme's arrangements in your local area, please contact your regional Government Office Drugs Team or local National Treatment Agency (NTA) Team.

East Midlands

The Belgrave Centre
Stanley Place
Talbot Street
Nottingham NG1 5GG
Tel. 0115 971 2737
NTA:
Tel. 0115 971 2738

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Citygate
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2 Rivergate
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City Tower
Piccadilly Plaza
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Tel. 0161 952 4476

West Midlands

5 St Philips Place
Birmingham B3 2PW
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Riverwalk House
157–161 Millbank
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Tel. 020 7217 3440
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For more information

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