



Ministry of
JUSTICE

National Offender
Management Service

The National Offender Management Service Drug Strategy

2008-2011



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Minister's Foreword



Tackling the drug problem is a high priority for the Government. Drugs not only cause harm to misusers, but also hurt the children, the families and the friends around them. Drugs are a driver of crime – particularly acquisitive crime – which causes misery to victims and costs businesses and taxpayers millions of pounds a year. Our response to drug misuse is at the heart of our commitment to make communities safer and protect the public from harm.

The Government's 10-year drug strategy 'Drugs: protecting families and communities', published in 2008, sets the framework for how we intend to address drug misuse. It highlights the real advances that we have made over the last twelve years but acknowledges that there is still more to be done if we are to fulfil our ambition to free society from the problems caused by drugs. The National Offender Management Service (NOMS) plays a key role in this wider Government drug strategy – a fact apparent by the number of actions we have committed to achieving over the next three years.

Prisons and probation services deliver the punishments and orders issued to offenders by courts. This in itself is a vital component of the criminal justice system – depriving offenders of their freedom or imposing restrictions on their time are strong disincentives to commit crime. But NOMS also has a duty to help the offenders that come into its care to secure significant changes in their life – to reform them so that they can be successful and law abiding members of the community. Drug misuse can be a major barrier to achieving this reform, with Class A drugs such as heroin or crack cocaine often having a particularly strong and malign hold on offenders and their behaviour.

NOMS and its partners have made a great deal of progress in setting up systems both in prisons and the community that address the broad range of issues presented by drug-misusing offenders. Funding for prison drug treatment has increased year on year and is now over 13 times that of 1997 - allowing record numbers to engage in treatment. In this time drug misuse in prisons, as measured by random mandatory drug tests, has decreased by 63%. The Integrated Drug Treatment System (IDTS) has continued to be introduced in prisons across the estate, increasing the quality of drug treatment offered and improving the links between Primary Care Trusts and drug services both in prisons and the community. We are already building on this by helping prisons to develop more wings where prisoners can be given the support they need to lead drug-free lives. All new prisons will have such wings.

Outside of prisons, Drug Rehabilitation Requirements (DRRs) increasingly have been issued by courts as part of community sentences - the number of orders rising from 4,854 in 2001/02 to 16,607 in 2007/08. The Drug Interventions Programme (DIP), introduced

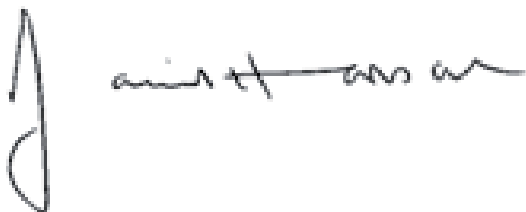
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by the Home Office in 2003, has had a demonstrable impact on recorded acquisitive crime and plays a vital role in offering throughcare and support for offenders leaving the correctional services. The Prolific and other Priority Offenders (PPO) programme, by focusing on offenders identified as committing a disproportionate amount of crime, and those who commit crime of particular concern to local communities, has had a positive effect on offending rates and has provided a template for a multi-agency offender management approach to rehabilitation. The DIP and PPO programmes have been aligned to enable us to establish an even tighter grip on those drug misusers that commit the highest amount of crime.

This strategy sets out how NOMS will build on these achievements and continue to improve on its commitment – as embodied by NOMS' shared responsibility for delivering services to protect the public and reduce re-offending as part of Public Service Agreement 23. It outlines six key objectives that will enhance services, improve the targeting of resources and strengthen the links between NOMS and its partners - in government as well as in the private and third sector.

Achieving the outcomes we strive for will not be easy. Experience shows that addressing drug misuse successfully is a complex and time consuming task. Moreover, drugs are rarely the whole story. Many drug misusers lead chaotic lives and experience a range of issues with housing, employment, education and health that also need to be addressed if they are to turn their back on crime. These issues cannot be addressed by NOMS alone and will require more of the close partnership working with a range of agencies that we have seen develop so fruitfully in recent years.

I am confident that the NOMS Drug Strategy 2008-11 will equip NOMS and its partners with the right framework to meet these challenges and continue to drive improvements in the drug services they deliver. It also firmly establishes the drug strategy's role among a range of linked activities that focus on reducing re-offending. I believe that NOMS staff and commissioned suppliers will show the resolve, professionalism and skill required to turn the strategy into reality - to make a real difference to offenders, their families and the communities in which they live.



Rt Hon David Hanson MP
Minister of State
Ministry of Justice

Executive Summary

The National Offender Management Service (NOMS) Drug Strategy 2008-2011 provides staff, delivery partners, service providers and other stakeholders with an overview of the role NOMS will take in addressing drug misuse and the crime it causes. It seeks to build on the successful frameworks developed in the correctional services over the last 10 years. It also sets out a challenging programme of work for the next 3 years that will seek to rationalise resources, further integrate services and improve outcomes, both in terms of re-offending and reduction of harm to the individual and communities.

Aims of the Strategy

The NOMS Drug Strategy is key to delivering a number of overarching aims of government as set out in cross-departmental Public Service Agreements (PSA) ¹. In particular it will:

- reduce the harm caused by drugs and alcohol (PSA 25);
- make communities safer (PSA 23) by reducing drug-related re-offending; and
- increase the number of children and young people on the path to success (PSA 14).

These shared PSAs are underpinned by delivery agreements shared by all contributing departments which identify and detail the important joint-commissioning and partnership work needed to achieve successful delivery.

Addressing drug misuse also contributes to the Ministry of Justice's Departmental Strategic Objective 3 (DSO3) – protecting the public and reducing re-offending.

The strategy has two main strands:

- To build on and develop existing services in order to deliver improved outcomes consistent with the aims and actions of the Government's Drug Strategy²
- To take stock and set the groundwork for a range of initiatives that will introduce more profound changes to drug services delivered in the community and in prisons.

¹ All PSAs are on the HM Treasury website: http://www.hm-treasury.gov.uk/pbr_csr07_psaindex.htm

² 'Drugs: protecting families and communities', Home Office, 2008

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Objectives

The strategy has six broad objectives:

- Increase the access to and quality of drug interventions, matched to individual needs
- Target drug-misusing offenders to receive community sentences, where appropriate
- Reduce the supply of drugs into prison
- Strengthen the continuity of case management between community and custody
- Continuously improve value for money
- Expand our evidence base

Delivering the strategy

The NOMS Drug Strategy Action Plan sets out the actions that will be taken by NOMS and partner agencies to deliver the two main strands of the strategy.

The Strategy - Introduction

Both the 2008 National Drug Strategy and the January 2008 Prison Policy update highlighted the vital role prison and probation services play in addressing drug misuse and related crime. Since the 2005 NOMS Drug Strategy was published we have continued to make considerable progress, with record numbers engaged in drug treatment, more community orders being issued, the development of Drug Rehabilitation Requirements, the development of a young persons-specific substance misuse service in partnership with the Youth Justice Board and the Integrated Drug Treatment System (IDTS) being introduced to a number of prisons. The NOMS Drug Strategy is designed to help services across NOMS build on these successes.

Parallel with this, a number of initiatives over the next three years will enable NOMS to take stock of its achievements and consider how best to develop services yet further. Some of these initiatives have a much broader remit than drugs but will nonetheless have profound effects on the NOMS drugs strategy forwarding the future. They include:

- Review of the Diversion of Individuals with Mental Health Problems from the Criminal Justice System and Prison (“The Bradley Review”)
- The Department of Work and Pensions proposals on welfare reform
- The Prison Drug Treatment Strategy Review Group taking forward recommendations from the 2007 PricewaterhouseCoopers report into prison drug treatment

- The Drug System Change and Integrated Offender Management pilots looking at innovative approaches to achieving better outcomes for drug misusers and those sentenced to fewer than 12 months imprisonment, including drug misusing offenders
- The review of measures to disrupt the supply of drugs entering prisons (“The Blakey Review”)
- The new Offender Health & Social Care Strategy
- Assessing the implications of the new NICE³ guidance on matching treatment to need
- The review of the YJBs National Specification for Substance misuse Services for Young people in custody.

This strategy cannot second-guess the outcome of some of these initiatives. Its primary role is to ensure that staff, partners and service providers have a clear framework on which to deliver at local, area and national levels.

The strategy offers an overview of the complex arena in which we operate and the actions we intend to take to improve delivery. As such, all readers can gain a full understanding of our strategy and how all the strands of it fit together from reading this and supporting documents in their entirety. However, we recognise that different aspects of the strategy will have particular relevance to different stakeholders:

- Staff and partners involved in drug treatment will be interested in the key actions we are taking forward to improve drug service delivery at a local level and improve the link between prison, probation and community provision (Objectives 1 & 4)
- Staff and partners more involved in security and enforcement will be interested in our plans to strengthen drug and mobile phone supply reduction in prisons (Objective 3)
- Those with more of a focus on community drug services and sentencers are likely to have an interest in our plans to target offenders to receive punishment and support in the community where it is more appropriate than prison (Objective 2)
- Those working at a more strategic level will be interested in how this fits into the broader context of government commitments, how funding & commissioning structures will be tightened to improve delivery and how we intend to strengthen the evidence base (Objectives 5 & 6).

³ National Institute for Health and Clinical Excellence

The context of the NOMS Drug Strategy

NOMS works with some of society's most excluded people. Many of those coming into contact with prison and probation services have a background of severe physical and mental health, education, employment and accommodation problems.

Whether the cause of this social exclusion or the symptom, drug misuse is a major and immediate problem faced by many offenders that can bring misery to individuals, families and communities alike. Around half of the correctional services caseload has a drug misuse problem, representing about one third of all problematic drug users (PDUs)⁴ in England and Wales. On average, 55% of prison entrants are classed as problematic drug users and some local prisons report up to 80% of entrants testing positive for Class A drugs on reception. We estimate that there are similarly large numbers (around 40,000) of drug misusers under probation supervision in the community (although not all of these are problem drug-users).

The nature of addiction is such that often none of the other problems faced by offenders – whether they concern their education and skills, employment, psychological health or accommodation - can be addressed properly before they gain control over their misuse of drugs or alcohol. But we must not be tempted to think that addressing drug misuse is a fix-all; it must form part of the core offer that we give to offenders to help them to secure the changes in their lives they require to be successful and law abiding members of the community.

Public Service Agreements (PSAs): PSAs outline the priority aims and objectives of government across departments over a three year period. Each PSA is underpinned by a single delivery agreement, shared across all contributing departments and developed in consultation with delivery partners and frontline workers. These delivery agreements in turn detail outcome-focused performance indicators that are used to measure progress towards each PSA. Most national indicators are expected to improve against baseline trends over the course of the comprehensive spending review period (2008/09 – 2010/11).

The NOMS Drug Strategy makes a contribution to a number PSAs.

PSA 25: reduce the harm caused by alcohol and drugs. Indicator 3 of PSA 25 relates to the rate of drug-related offending recognising that (particularly Class A) drug use is a key driver for crime and offending.

PSA 23: Making Communities Safer. Indicator 5 of PSA 23 is to reduce the level of proven re-offending by young and adult offenders. Addressing drug misuse is a key part of NOMS' effort to improve the management and rehabilitation of offenders.

⁴ Problematic drug use is defined as injecting drug use and/or the use of opiates and/or crack cocaine. It is estimated that there are around 332,000 problematic drug users in the UK. This type of drug use, which is distinct from recreational drug use, leads to high levels of harm. (see *Drugs: protecting families and communities*, Home Office, 2008.)

PSA 14: *Increase the number of children and young people on the path to success.*

Indicator 3 of PSA 14 is to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. The work done with young people in the care of NOMS can make a major contribution to achieving this.

PSA 16: *Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.* The different elements of work undertaken under PSA 16 and the NOMS drug strategy are mutually reinforcing. We cannot hope to achieve positive and lasting outcomes with the socially excluded if we do not approach the issues they face as a whole.

Alcohol: There is a considerable overlap between drug misuse and the problematic use of alcohol. Alcohol tends to have a different link with crime than class A drugs and its legal availability means that different levers are available to mitigate the harms it causes. Nevertheless, it is clear that addressing alcohol misuse through the criminal justice system is becoming increasingly important, in part because alcohol can undermine the gains made by offenders in relation to drug-misuse. With the exception of the Young People's Substance Misuse Services (YPSMS), which have a particular focus on alcohol, this strategy does not cover the alcohol-specific interventions NOMS delivers. However, it should be noted that the needs of those offenders with a co-morbid alcohol and drug problem will be addressed through the broader drug treatment framework. The Probation Service alcohol strategy - Working with Alcohol Misusing Offenders – a strategy for delivery – and the prison service strategy - Addressing Alcohol Misuse – will be revised and released as a single NOMS Alcohol Strategy in 2009/10. NOMS will also contribute to the Ministry of Justice / Department of Health Alcohol Policy Working Group formed in response to the National Audit Office recommendation to increase the provision of alcohol treatment across all Probation Areas to address the causes of offending behaviour related to alcohol.

Dual Diagnosis: Many drug misusing offenders will also present with mental health disorders. This is known as dual diagnosis. PDUs are at risk from self-harm and suicide in custody, as well as from drug-related death on release. From 2009, with the publication of the Bradley Report, there will be a fresh drive to encourage the diversion of offenders with mental health needs out of the criminal justice system and into community-based treatment facilities. Diversion can involve various options, including pre-court and from-court referrals to integrated treatment/support. Nevertheless, the services provided under prison or probation supervision will need to continue to support the sometimes complex mental health needs of offenders in tandem with their drug treatment needs.

Women: Baroness Corston's report 'A review of women with particular vulnerabilities in the criminal justice system' highlighted the varied and complex needs of female offenders and women at risk of offending, which can include drug misuse, mental health problems, sexual and domestic abuse, housing and childcare difficulties.

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BME Groups: Research⁵ suggests that black and minority ethnic (BME) offenders may be under-represented in prison and community drug treatment services. The reasons are complex – not least because of the significant diversity within the wider BME community. However, given the higher concentration of drug-using offenders within the prison population (compared to the population as a whole) and the comparatively low levels of drug use by some BME groups, it is natural to expect there to be a corresponding reduction in the proportion of BME prisoners accessing prison drug services.

Culture, customs, languages and attitudes vary from one BME group to another. Stigma and discrimination relating to the use of drugs, and/or methods of drugs use, may be stronger within some BME communities than between them. Perceived lack of confidentiality can deter many potential BME service users and reduces the levels of their engagement. Further information on BME prisoners is available in Making Equality Real; a good practice toolkit for delivering effective drug services to diverse communities in prisons.

The framework set out by this strategy is intended to meet the needs of a diverse profile of service users. It will achieve this by:

Ensuring equality of access to treatment matched to need, remaining sensitive to the faith, cultural and gender considerations of those engaged; and

Applying supply reduction security measures proportionately without prejudice or favour.

Drug Supply: Clearly the availability of drugs is a necessary condition of drug misuse. NOMS will continue to work with colleagues in the Association of Chief Police Officers (ACPO) and the Home Office to disrupt the criminal activities surrounding the drug market more generally, but the main sphere over which we have control is the supply of drugs into prisons.

The presence of drugs in prisons not only causes health and safety problems but also disrupts the control, discipline and management of prisons. We know that the value of drugs as a commodity can lead to bullying and violence – usually involving prisoners themselves but also sometimes their families or staff. Prisoners who gain access to illicit drugs will be less likely to engage in treatment and other regime activities. Hence NOMS has developed a full range of measures to disrupt supply and misuse within prisons.

Mobile phones smuggled in to establishments by prisoners can cause similar disruption and discipline problems and they are a key facilitator of illicit drug supply. NOMS is implementing a strategy to minimise the number of phones entering prisons, and to disrupt those that do enter. Intelligence gathering, and robust security and searching strategies are key, but we are also rolling out a range of technologies to assist prisons in detection and disruption. In addition, we have strengthened the law through the Offender

⁵ "Issues surrounding the delivery of prison drug services in England and Wales, with a focus on Black and minority ethnic prisoners", University of Central Lancashire, 2007.

Management 2007, which introduces a tough new penalty of up to two years for bringing an unauthorised mobile phone into a prison.

Drugs can also be a driver of staff corruption. Although we are confident that the vast majority of our staff are professionals of great integrity, the financial incentives that surround the drug trade may prove too much of a temptation for some. A corruption prevention transformation programme is underway to tackle this, working in partnership with the police. The basis of this partnership is a memorandum of understanding (MoU) that sets out the core obligations for NOMS and the Police for the reporting and investigation of NOMS staff corruption. The MoU has been signed by the Director General of NOMS and President of ACPO and is being rolled out across the NOMS public sector prison areas.

Drug-free Wings: NOMS will aim within the closed estate and within existing resources, subject to a detailed needs assessment, to offer to every prisoner who wants to make the commitment to lead drug-free lives, access to accommodation designated as drug-free. In the early stages, NOMS will focus on critical points in a prisoner's treatment journey – first engagement in prison treatment, graduation from intensive treatment programmes, for example, 12-Step, and the period immediately prior to release. NOMS will conduct an audit of potential sites, which will inform the prioritisation process for expansion of drug-free capacity from August 2009 onwards. This will be supported by better targeting of compact based drug testing but not an overall expansion of testing.

What are we aiming to achieve?

The 2008 publication of the new ten year strategy 'Drugs: protecting families and communities' clearly sets out the Government's four main priorities:

- protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour
- preventing harm to children, young people and families affected by drug misuse
- delivering new approaches to drug treatment and social re-integration
- public information campaigns, communications and community engagement

The NOMS Drug Strategy will play a crucial role in meeting key commitments within this wider drug strategy. By addressing drug misuse, NOMS and its partners will reduce re-offending, prevent harm to offenders and their families, ensure more people access the treatment they need and help young people to avoid falling into a life of addiction and crime.

The NOMS Drug Strategy is also an important contributor to the success of NOMS as a whole. It lies at the heart of services delivered by prisons and probation services.

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Stabilising drug-misusing offenders and addressing the health problems caused by drugs helps prisons to be safer, offender management to be more effective and can provide a sound platform for other rehabilitative work.

Tackling the drug problem therefore needs to be a high priority for prisons and probation services. But the NOMS drug strategy cannot be successful if other factors causing social exclusion are not also addressed. NOMS needs to work in partnership with a range of other organisations to address these wider rehabilitative needs. These include police forces, the National Treatment Agency, Strategic Health Authorities, Primary Care Trusts, local authorities, job centres, housing associations, the Youth Justice Board, Youth Offending Teams and public, private or third sector suppliers.

What has been achieved since 1998?

In order to address re-offending and reduce harm caused to the community and to individuals, the Government has invested substantially in tackling the drug misuse of offenders. Prison drug treatment funding has increased year on year since 1996/97 - up by 1184%, with record numbers engaging in treatment. The Pooled Treatment Budget, which provides funds for treatment provision in the community and is funded by the Department of Health (with substantial Home Office and Ministry of Justice contributions), has increased from £142 million in 2001 to £398 million in 2007/08.

In prisons the NOMS strategy has three key elements:

- reducing supply, through security measures and drug testing programmes;
- reducing demand, through targeted interventions for low, moderate and severe drug-misusers; and
- establishing effective throughcare links to ensure continuity of treatment post-release in order to safeguard the gains made in custody.

Since 2005, NOMS has put in place a comprehensive drug treatment framework, based on the National Treatment Agency's revised Models of Care, to address the different needs of drug misusers. The interventions available are designed to meet the needs of low, moderate and severe drug misusers – irrespective of age, gender or ethnicity.

In the prison setting, the interventions are comprised of:

- Clinical services - detoxification and/or maintenance prescribing.
- CARATs (Counselling, Assessment, Referral, Advice and Throughcare services) - specialist support and advice services that, following assessment, deliver psychosocial interventions, treatment and support. CARATs are available in all adult prisons in England and Wales and take the lead Drug Interventions Programme (DIP) role in prisons.

- Drug Rehabilitation Programmes – a range of drug rehabilitation programmes are available that vary in programme length - from 4 weeks (Short Duration Programme) to more than a year (therapeutic communities). There are 114 drug rehabilitation programmes running in 99 establishments.
- YPSMS (Young People's Substance Misuse Service) - a dedicated specialist substance misuse service for all young people in custody established in 2004. The Service delivers the YJB National Specification on Substance misuse which includes: a universal awareness programme for all young people; assessment; care planning; structured one-to-one and group work; and resettlement planning.

In addition to this, NOMS and the Department of Health have jointly developed the Integrated Drug Treatment System (IDTS). This is aimed at improving the volume and quality of drug treatment with a particular emphasis on the first 28 days in custody and better integration with the community services to which most drug misusing prisoners will return.

Many of the interventions delivered in prisons target offenders with a drug misuse problem who are in prison for a short period of time. The roll-out of the IDTS is of particular and immediate benefit to this group. CARATs workers provide a key worker service to prisoners with substance misuse issues, including those on short sentences. In 2007/08 prisoners sentenced to fewer than 12 months accounted for 30% of all intensive drug rehabilitation programme starts in prisons.

We have also made real progress in controlling the supply of drugs coming into prisons. The random mandatory drug testing (rMDT) programme has recorded a fall in the levels of drug use across the national estate. In 1996/97 24.4% of random tests were positive compared to only 9.1% in 2007/08. A number of security measures and drug testing programmes are used by prisons in order to make establishments easier to manage and as conducive to drug rehabilitation as possible.

In the community, the Drug Rehabilitation Requirement (DRR), available as part of a community sentence or suspended sentence order, is now the primary means for offenders to address identified drug misuse needs in the community. Originally introduced as a pilot in 2000 as the Drug Testing and Treatment Order (DTTO), the DRR lasts between six months and three years, and aims to:

- help offenders produce a personal action plan so that they can identify what they must do to reduce offending and stop their use of drugs;
- explain the links between drug use and offending and how drugs affect health;
- help offenders identify realistic ways of changing their lives for the better;
- develop offenders' victim awareness; and

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- provide a credible and well-enforced option for those sentencing drug-misusing offenders.

DRRs have worked well and have gained the confidence of sentencers, with the number of orders made increasing from 4,854 in 2001-2002 to 16,607 in 2007/08. Completion rates have also improved, from 28% in 2003 to 43% in 2007/08.

Continuity of care between prisons, probation and community drug services has seen important improvements since 1998, with the development of the Home Office's Drug Interventions Programme (DIP) playing a large part. DIP provides a route out of crime and into treatment for drug-misusing offenders, using their contact with the Criminal Justice System as an opportunity to engage them in treatment and support. Since the onset of DIP (the 12 months prior to 2003) recorded acquisitive crime – to which drug related crime makes a significant contribution - has fallen by around 28%⁶ (comparing recorded crime figures for 2002/03 with 2007/08). The DIP delivery review in 2009 will provide an opportunity to identify and share best practice and to make improvements to this highly successful scheme.

More recently Integrated Offender Management (IOM) pilots have been developed to focus police, probation services and partners' efforts on the offenders who cause the most problems in local communities, including those who are not currently subject to statutory supervision arrangements. It is a new, multi-partnership approach building on past success and involving PPO programme, DIP, Multi-Agency Public Protection Arrangements (MAPPA) and the work of the Neighbourhood Policing Teams.

What do we need to address?

We have come a long way and achieved a great deal, establishing a comprehensive framework to tackle drug misuse at all stages in the criminal justice system. We will continue to deliver the basic processes and interventions that we have established - these are outlined in Annex A. The focus over the next three years will be to ensure that these systems work to their full potential and that the gains we have made are sustained and developed further. In order to deliver improvements, we must focus our efforts on those groups of offenders that cause the most damage to communities and the problems that have proved the most intractable.

⁶ Crime in England & Wales, Walker A, Kershaw C and Nicholas S (2008), Home Office/National Statistics 2007/8

Offenders who misuse class A drugs: Information on the strong link between drug misuse and offending is available from the NEW-ADAM⁷ survey that took place between 1999 and 2002 in 16 large, inner-city police custody suites in England and Wales. Data from the first two years showed the strong association between drug misuse - particularly misuse of heroin and cocaine - and acquisitive offending. Overall, nearly 70% of arrestees tested positive for one or more of six illicit drug types. Evidence of cannabis misuse was found in around 50%, whilst nearly 40% tested positive for opiates and/or cocaine. Of those arrested for property offences - such as burglary, theft and handling stolen goods - nearly 80% tested positive for at least one illicit drug.

Prolific and other Priority Offenders (PPOs): Home Office research published in 2001 showed that 100,000 offenders (10% of all offenders on the offenders index) in England and Wales are responsible for over half of all crime, with a much smaller number of offenders (around 0.5% of all offenders) responsible for around 9% of all crime - their actions having enormous and disproportionate effect on local communities. In response to this, the then Prime Minister launched the PPO programme in March 2004 as a cross-Government initiative to tackle the small hard core of offenders in every local area whose offending causes most damage to their local communities. Experience shows that a significant number of those offenders categorised locally as PPOs are problematic drug users who commit high levels of acquisitive crime to support their drug dependency. PPOs are therefore prioritised for drug treatment in prison and drug-misusing PPOs released on licence have been subject to regular drug testing since April 2005. The PPO programme has delivered considerable success in tackling re-offending amongst highly active and problematic offenders, as evidenced by a 62% reduction in convictions amongst the first offenders taken on to the programme over the first 17 months. During 2006/07, the PPO programme was more closely aligned with the Drug Interventions Programme to ensure effective interaction between the two programmes at the local level.

Young people: The transition of young people from Young Offender Institutions or supervision into adult services can be a difficult one, particularly where they have a drug problem. Young People's Substance Misuse Services (YPSMS) provide valuable support to young substance misusers under the age of 18 with one-to-one and group work, and interventions to help them to manage their drug or alcohol problems. CARATs perform broadly the same role in prisons, but are geared more towards the slightly different types of issues typically faced by older prisoners. Given that a young person's drug treatment needs are unlikely to change overnight, it is important to ensure continuity of treatment for 18 year olds transferred into prisons.

Families: Families and friends play an important role in the lives of offenders. In some instances they can provide vital support and a positive influence on a drug misuser's recovery. On other occasions they can hinder or undermine the progress made by offenders. Helping the families of drug misusing offenders to understand interventions delivered by NOMS and the issues surrounding drug misuse can have a beneficial effect on outcomes both for offenders and families. NOMS currently provides a good practice

⁷ New English and Welsh Arrestee Drug Abuse Monitoring programme; Holloway & Bennett, 2004

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toolkit to help practitioners in prisons to develop and improve services aimed at engaging families in the delivery of the drug strategy. As part of the broader framework for supporting the children and families of offenders, NOMS will extend the good practice toolkit to cover services in the community and will aim to increase awareness and use of the toolkit in the field to ensure that the families of drug-misusing offenders are engaged with more effectively.

Local delivery: Local Strategic Partnerships (LSPs) have overarching responsibility at a local level for delivering the front line services for drug users. These are supported by other local partnerships, including Drug Action Teams (DATs) / Drug & Alcohol Action Teams (DAATs) and Crime and Disorder Reduction Partnerships (CDRPs) or Community Safety Partnerships (CSPs).

Probation's role as a statutory member of each D(A)AT provides an important influence on commissioning decisions at a local level. Commissioning the right level, type and quality of services is vital to provide a suite of interventions that NOMS can employ to best effect at the right time in an offender's treatment journey. A crucial part of scoping and delivering these services is joint working between probation, prisons and suppliers from the public, private or third sectors. Information and expertise needs to be shared freely to ensure the best possible service is provided and the right outcomes delivered.

The role of probation as a local commissioner of services is being strengthened by the development of clear specifications for probation trusts. The Trusts, through their Offender Managers, will assess offender needs and will design services to be delivered to meet the needs of Courts, victims, communities and service users in partnership with internal and external stakeholders. The opportunities for trusts to jointly commission services has been, or will be, improved by a number of significant changes to the local delivery landscape. They include:

the Local Government and Public Involvement in Health Act 2007 making the Local Area Agreement (LAA) the main delivery contract between central government and local government and its partners in England; and placing a new duty on the local authority and named local partners in the LSP (including providers of probation services) to co-operate with each other in agreeing the relevant targets in the LAA and to have regard to the specific targets that are agreed. The LAA includes 189 national indicators (NIs) against which its performance is measured. Of these the local authority and partners can choose up to 35 improvement targets. NI 38: Drug related (Class A) offending is a primary indicator for measuring the success of the NOMS drug strategy, but also relevant are:

- NI 16: Serious acquisitive crime
- NI 18: Adult re-offending rates for those under probation supervision
- NI 19: Rate of proven re-offending by young offenders

- NI 30: Re-offending rate of prolific and priority offenders
 - NI 40: Drug users in effective treatment
 - NI 42: Perceptions of drug use or drug dealing as a problem
 - NI143: Offenders in Suitable and Sustainable Accommodation
 - NI144: Offenders in Employment
- the development of local re-offending data to support the national indicator for adult re-offending, which will enable local authorities and partners to measure their progress in reducing re-offending at a local level for the first time
 - The Policing and Crime Reduction Bill extending the statutory duty of CDRPs and CSPs to include reducing re-offending and making probation a responsible authority rather than a co-operating body as at present. If given Royal Assent, this will strengthen further the role that many progressive CDRPs have developed of becoming the focal point at a local level for collaborative work to reduce re-offending, co-ordinating the actions of housing, health services, local authorities and other key players and facilitating the joint commissioning of services.
 - The 2008-09 Criminal Justice System Strategic and Business (LCJB) Plans highlighting the role of LCJBs in supporting work to reduce re-offending. The CJS Business Plan for 2009/10 will be supported by guidance on the contribution LCJBs can make to reduce re-offending. It will identify the areas where LCJBs can add most value to reducing re-offending such as providing strategic direction at county level and improving links with CDRPs.

In addition to being responsible for commissioning prison and probation services for adult offenders, Directors of Offender Management (DOMs) are directly accountable to the NOMS Director General for the Government's target to reduce re-offending in their respective regions and Wales. Working with a wide range of representatives of agencies and organisations they are responsible for developing Regional Reducing Re-offending Delivery Plans (RRDPs) which clearly set out joint commitments to reduce re-offending and tackle social exclusion, addressing the 'pathways' out of offending. Plans are delivered through a range of agencies and partnership structures including Local Area Agreements, Drug Action and Alcohol Teams, Local Criminal Justice Boards and CDRPs. This directly supports delivery of the National PSAs and National Indicators.

Wraparound Services: Experience has shown that drug treatment is not as effective if drug misuse is considered in isolation. The broader needs of offenders in terms of housing, employment and general health are crucial to their rehabilitation. Drug treatment is often the important first step towards recovery, but it has to be seen as part of a package of interventions that reinforce each other to achieve the reduction in re-offending and harm that we are striving for.

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Probation managers play an important role in influencing local strategic partnerships to deliver wider support services such as housing for drug-misusing offenders that are at least on a par with those delivered to other members of the community. The National Indicators used to measure the performance of Local Authorities and Local Strategic Partnerships are a key lever to increasing and maintaining the profile of drug-misusing offenders in local decision-making.

The reform of welfare services currently being progressed by the Department for Work and Pensions (DWP) will also play an important role in ensuring that drug misusing offenders undergoing treatment are offered appropriate support in their efforts to get off drugs and into work.

Progress in 2008/09

Since the new National Drug Strategy was launched in February 2008, NOMS has completed a number of actions that contribute to the objectives of this strategy. Some of these form part of larger activities, such as our response to David Blakey's review of drug supply reduction measures in prisons, and some are stand-alone.

- NOMS is on course to deliver an extra 1,000 drug rehabilitation requirements in community orders compared to 2007/08 targets.
- All key clinical elements of the Integrated Drug Treatment System (IDTS) have been implemented in the 53 first and second wave IDTS prisons, and all 29 of the fully-funded sites have implemented enhanced psychosocial (CARAT) services.
- All prisons have nominated a senior manager responsible for their drug strategy. The manager will co-ordinate treatment, supply reduction, working with others and promotional activity in order to firmly embed the drug strategy in the fabric of the prison.
- A BOSS⁸ chair has been purchased for every prison in England and Wales, with instructions issued to staff on how they are to be used. The chairs can be used to search staff. We are also providing prisons with a range of other detection technologies.
- We are monitoring use of the Offender Management Act, which makes it a criminal offence to convey unauthorised controlled drugs in or out of prisons, and a number of convictions have now been secured, with further cases pending. We are continuing to raise awareness and to encourage prisons to work with partner agencies to use the Act to the full.

⁸ Body Orifice Security Scanner

- The prison mobile phone strategy, which aims to minimise the number of mobile phones entering prisons; find mobile phones that are smuggled in; and disrupt those phones that we cannot find, has been developed and is being implemented.
- The Prison Drug Treatment Strategy Review Group has been established under the Chair of Professor Lord Kamlesh Patel. The remit of the Review Group will be to consider recommendations made by PricewaterhouseCoopers, agree a single set of priorities and compile national guidance around the streamlining of the commissioning, delivery funding and performance management of drug treatment for offenders.
- Seven projects have been identified under the Intensive Alternatives to Custody (IAC) programme. Seven projects are operational: Derbyshire, West Yorkshire, South Wales, Dyfed-Powys, Humberside, Merseyside and Greater Manchester. The projects operate intensive community sentences under the 2003 Criminal Justice Act; 93% of orders have at least three requirements. Any offender could receive a specific substance misuse intervention as part of an intensive community sentence. However, the project in Dyfed-Powys specifically caters for offenders with substance misuse problems, designing an activity requirement around offenders with alcohol and substance misuse needs.
- Pioneer schemes for Integrated Offender Management (IOM) have begun operating in six police/probation areas. IOM focuses on those offenders who present the highest risk of volume re-offending to their communities, building on the success of the current Prolific and other Priority Offender (PPO) scheme by increasing the number of offenders supervised who are committing volume crime. In particular, IOM schemes target offenders released from short-term prison sentences who currently receive no supervision, and whose re-offending rates and needs are high. We are establishing a full specification for the evaluation of this promising initiative.
- Seven Drug System Change partnership areas have been selected to pilot innovative delivery mechanisms for drug treatment and wider support services. They are: Safer Essex Partnership Board, Hampshire/Southampton Partnership Trust, Leicester City Drug and Alcohol Action Team (DAAT), Safer Lambeth Partnership, Hertfordshire DAAT, Bradford Safer Communities Partnership and Sefton Drug Action Team

The Objectives of the NOMS Drug Strategy

Our efforts to deliver the aims of the drug strategy are articulated in the demanding targets and actions set for the prison and probation services reflected in 'Protecting Communities, Preventing Harm' and the National Drug Strategy 'Drugs: protecting families and communities'. These commitments shape this strategy and fall into the following objectives:

1. Ensure that those sentenced by courts receive the help and support needed to tackle their drug problem – including working with the families⁹ of drug misusing offenders

- Providing drug treatment matched to individual need appropriate to individuals at the time that they are in the care of NOMS – making sure that the right people get the right intervention at the right time. This will allow practitioners to provide treatment modalities according to need, including substitution therapy or abstinence-based methods.
- Providing suitable treatment facilities for all, taking into account differential need, whether that be the type of substances being used, the method of using them, and the reasons for using them as well as the language spoken, issues of cultural or religious significance or the ability to digest information.
- Bringing prison clinical drug treatment to at least a minimum evidence-based standard across all prisons.
- Extending the use of successful interventions throughout the criminal justice system, including further rolling out the Integrated Drug Treatment System and developing working links with Youth Offending Teams and the Resettlement Aftercare Programme (RAP).
- Developing the skills, awareness and knowledge in relation to drug use and related issues including those relating to diversity of the workforce in prison and probation so that they can deliver quality drugs services and firmly embed the Drug Strategy into the working culture of the Criminal Justice System (CJS).
- Considering the use of what role existing non-drug specific services can play in supporting drug misusing offenders and the drug strategy (e.g. the development of exercise programmes including exercise referral and Walk your Way to Prison Health, with the aim of improving the health, well being and self-esteem of recovering users; additionally some prisoners may wish to use their faith to help them overcome their addiction and this type of support and contact may be a powerful mechanism for change).
- Implementing the commitments made in the Government Response to the report by Baroness Corston of a Review of Women with Particular Vulnerabilities in the Criminal

⁹ Families here can include kin, friends, carers, visitors etc as identified by the offender.

Justice System by targeting women offenders who would not otherwise fall within drug testing and the consequent services and ensuring women have ease of access to appropriate local community drug services. The different patterns of female drug use create a need for treatment delivery to be tailored for female offenders.

- Raising awareness across prisons of existing resources designed to help staff in delivering drug services in prison and the community (see Annex C).
- Supporting young people when transferring from YPSMS to adult Drug Services by ensuring close working between YPSMS and CARATs.
- Ensuring that offenders records are complete and up-to-date and that information is shared into prisons, within prisons, across the prison estate (i.e. during transfer) and with outside agencies in order to support continuity of care.
- Introducing the new Drug Intervention Record into prisons and ensuring that community-based treatment services are notified when a drug user is released from prison. This will enable better continuity of clinical treatment for offenders moving from prison to the community and will also be an important tool for monitoring performance across the drug treatment system.
- Where possible and appropriate, supporting prisons in the development of drug-free wings, where prisoners can commit to remaining drug free and/or engage more effectively with the treatment that they need.
- Continue to work with family focused charities such as Adfam to deliver guidance and services for the families of offenders.
- Implement Young People-specific programmes with a concentration on the presenting issues of alcohol and cannabis use aligned with experimental use of other substances.

2. Ensure that community sentences for drug-misusing offenders are tough and effectively tackle the causes of offending behaviour

- Making full use of community sentences with Drug Rehabilitation Requirements for offenders assessed as being suitable and able to undertake the requirements.
- As far as possible, community DRRs and interventions should be delivered more flexibly (but without loss of rigour) to make them meaningful to offenders with employment and/or caring responsibilities.

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- Assessments for suitability for community sentences need to consider related issues which can affect success for the individual (chaotic lifestyle, suitable (verified) accommodation, social support, finance available for public transport in order to attend appointments and programmes etc.).
- Where family addresses are given as abode for those being assessed for a community sentence, the families involved should be consulted and provided with information about drug misuse and community sentencing.
- Examining the potential of offering sentencers additional community-based options for substance misusers within the intensive alternative to custody programme.
- Working with Her Majesty's Court Service to extend the successful Dedicated Drug Court pilots, in which courts look to address drug misuse as a cause of offending, to four further areas. New pilot areas in Barnsley, Bristol, Cardiff and Salford Magistrates' courts will add to the original pilot sites in Leeds and West London.
- Ensuring that substance misuse services in custody are aligned with community provision and form an integral part of the young persons Detention and Training Order (DTO).
- Working with Local Strategic Partnerships to deliver improved employment and accommodation outcomes for drugs misusing offenders under probation supervision.
- Ensuring all probation areas drug test PPOs on licence to National Standards.

3. Reduce the supply of drugs into prison

- Improving measures to control the supply of drugs into prisons, particularly through implementation of recommendations made by David Blakey in his 2008 report on drug supply reduction in prisons. This will include looking at conducting more rigorous searches (whilst exercising sensitivity to diversity issues), employing a more strategic use of drug dogs, and revising and re-launching the supply reduction good practice guide.
- Extending the use of mobile phone blockers and detection technology.
- Continuing careful monitoring of Section 22 of the Offender Management Act 2007 (arrests for trafficking contraband into prisons) outcomes.
- Improved intelligence sharing with other agencies such as the Police, Probation and Criminal Justice Integrated Teams (CJITs).
- Developing protocols to allow families of prisoners to safely report drug related activity in prison including any instances which could potentially expose them to harm.

- Raising awareness with local GPs about the risks of prescribing large quantities of licit drugs to individuals in the community who may then supply the illicit prison drugs trade.
- Developing the skills, awareness and knowledge of the workforce in prison in relation to drug use and related issues so that prison staff are better able to detect drug use or other activity associated with it.
- Preventing and addressing staff corruption.
- Reviewing the role of mandatory Drug Testing (MDT) for young people in custody.

4. Strengthen the continuity of case management of drug-misusing offenders between community and custody and emphasising the resettlement of offenders following release

- Reviewing and strengthening links between prisons and local Criminal Justice Integrated Teams and probation to manage offenders better at crucial times, such as on discharge into the community from prison, when the risks of relapse, re-offending and drug related death are high.
- Developing metrics that ensure substance misuse needs are a key element of offender management sentence plans.
- Ensuring that offenders' records are complete and up to date, and that information is shared into prisons and with outside agencies in order to support continuity of care.
- Providing release information to prisoners in order to help them during the early period of release (i.e. information about local support services, relapse information, harm reduction information etc).
- Where possible, prisoners should be provided with a timetable and contact list for post-release appointments.
- Where appropriate, encouraging engagement of families pre-release so that they are more able to support the offender on release.
- Where possible, identifying early on any prisoner in an English prison who on release will be residing in Wales so that work to support the release transition can begin early in order to make arrangements between the two differing drug support systems.
- Exploring ways of working with the police in the supervision of offenders sentenced to fewer than 12 months in custody through the Integrated Offender Management pilots, which build on Prolific and Priority Offenders (PPO) programme.
- Ensuring that supporting infrastructure adequately caters for drug misusers.

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- Effectively monitoring prolific offenders following release from custody.
- Expanding the evidence base for effective licence supervision for drug-misusing offenders.
- Exploring options for improving the continuity of treatment for young people moving from YPSMS¹⁰ to CARATs.

5. Ensure that funding structures, performance management and delivery systems and commissioning arrangements support this approach and deliver continuous improvements in value for money

- Contributing to work being undertaken by the Prison Drug Treatment Strategy Review Group exploring options for streamlining funding and commissioning arrangements for NOMS, Primary Care Trusts and Joint Commissioning Groups through pilots.
- Piloting and, if successful, rolling out to all establishments new funding and delivery structures for CARATs, YPSMS, Voluntary Drug Testing and escorting services in line with Integrated Drug Treatment System (IDTS) principles.
- Developing the skills of the probation workforce to promote delivery in line with clinical guidelines.
- Greater consultation between commissioners and service providers to be encouraged in order to develop realistic targets and tender documents.
- The NOMS Drug Strategy should be actively communicated to all major charitable grant-making trusts.
- Conducting cost effectiveness review of current interventions in line with the NOMS-wide Specifications, Benchmarking and Costings exercise.

6. Expand our evidence base

- Developing a more strategic approach to research relating to drugs.
- Increasing our understanding of the impact of prison interventions – including CARATs, IDTS and YPSMS - on reducing re-offending.
- Expanding the evidence base for licence supervision for offenders with substance misuse.
- Where possible, influencing other policy areas in order to highlight the impact of other policies on the Drug Strategy and to assist in embedding the Drug Strategy into the fabric of the Criminal Justice System.

¹⁰ Young People's Substance Misuse Service

These strategic objectives are underpinned by the NOMS Drug Strategy 2008-11 Action Plan that accompanies this document.

Strategic Outcomes

We expect the NOMS Drug Strategy to contribute to the following outcomes:

- A reduction in adult & youth re-offending – indicator 5 of PSA 23

Target: a reduction of 10% in the number of offences committed by adult re-offenders between 2005 and 2011

The link between drug misuse and offending is well established, particularly in relation to acquisitive crime. The NOMS drug strategy will therefore play a key role in meeting the re-offending target.

- A reduction in drug-related offending – indicator 3 of PSA 25

Target: a reduction in drug-related (Class A) offending as measured by new national indicator 38 (from April 2009)

The work NOMS undertakes with offenders in partnership with the Home Office will have an impact on drug-related offending as a whole.

- An increase in the number of drug misusers being in effective treatment, both in prison and in the community – indicator 1 of PSA 25

Target: a 3% increase by 2010/11

Many of those entering drug treatment do so for the first time through the criminal justice system. By working in partnership with the Department of Health and the National Treatment Agency, NOMS will contribute to the number of drug misusers entering and staying in effective treatment.

- A reduction of drug misuse in prison – measured by the random Mandatory Drug Testing programme

Target: national random Mandatory Drug Testing positive rate to fall year on year.

The NOMS drug strategy aims to: reduce the supply of drugs entering prisons; reduce the demand for drugs amongst prisoners; and improve throughcare links with the community. All of the activities that contribute to these aims reinforce each other to reduce drug misuse in our prisons.

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For similar reasons the strategy will also have an impact on the government's efforts to reduce the level of serious acquisitive crime – indicator 2 of PSA 23 – and on the perception of drug use/dealing – indicator 4 of PSA 25.

Governance

Ministerial:

- Ministerial Committee on Domestic Affairs on Justice and Crime (DA(JC)) - Secretary of State for Justice
- National Crime Reduction Board – Home Secretary
- Inter-ministerial Group on Reducing Re-offending

Departmental:

- PSA 23 & 25 Strategic Board (Home Office)
- National Reducing Re-offending Programme Board (NOMS & Youth Justice Board)
- Youth Justice Board
- Drug Strategy Delivery Group
- Mobile Phones and Supply Reduction Steering Group

National Lead:

- NOMS Interventions and Substance Misuse Group (including YPSMS)
- DH Offender Health
- National Treatment Agency

Area / Region:

- Director of Offender Management (DOM)
- Regional Reducing Re-offending Partnerships Arrangements

Local:

- Local Strategic Partnerships (LSPs) supported by Drug (& Alcohol) Action Teams (D(A)ATs), Crime and Disorder Reduction Partnerships (CDRPs), local Criminal Justice Boards and Primary Care Trusts.
- Probation Chief Officers / Chief Executives
- Prison Senior Manager / Director (Drug Strategy Lead)
- Establishment Drug Coordinator

For any queries on the NOMS Drug Strategy please contact:

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ANNEX A

THE OFFENDER MANAGEMENT OF DRUG MISUSING OFFENDERS

At the heart of the drug strategy sits the basic processes of early intervention with young people and managing offenders with drug misuse problems. The end-to-end management of offenders with substance misuse problems is of paramount concern not only because of these offenders potential impact on crime in their communities, but also the dangers that any break in the continuity of care may bring to offenders themselves. For example, we know that continuity of care immediately following release from custody, whether that is appointments with key workers or the provision of ongoing medication, is vital in the successful re-integration of offenders into their community but also in reducing the number of drug related deaths that can occur immediately following release.

The purpose of offender management is to ensure that the needs of offenders are properly assessed; that actions to meet those needs are delivered in a way that optimises their chances of success; and that resources are used efficiently, engaging where necessary with external partners. This section explains how offender managers are and will work in managing problematic drug users (PDUs) within the overarching strategy.

Identification

Identification of drug misusing offenders may take place at various stages in the passage of an offender through the Criminal Justice System (CJS), with the Drug Interventions Programme (DIP) playing a crucial role:

- Drug testing of offenders arrested or charged with a range of specific “trigger” offences takes place in Drug Interventions Programme intensive areas. Drug testing in police custody is a way of identifying drug misusers at an early stage in the criminal justice process. The drug test is limited to looking for evidence of the presence of specified Class A drugs (heroin and crack/cocaine). The result of the test can lead to prompt referrals for treatment and can also be used to inform court decisions on bail and sentencing.
- Required Assessment creates an opportunity to incentivise those testing positive to engage with treatment or other support, even if they do not go on to be charged with any offence. Required Assessment means that police can require individuals to attend and remain for the duration of an initial and follow-up assessment of their drug use by a drug worker if they have tested positive for Class A drugs. There are two parts to the required assessment: the initial and the follow-up assessment. Sanctions exist and will be enforced against those who fail to attend and remain for either part without good cause. The requirement aims to get more people into appropriate treatment and support, not to criminalise them.

- The Restriction on Bail (RoB) provision provides for a restriction on court bail for adult defendants who have tested positive for a specified Class A drug and whose offence is a drug offence or believed by the court to be related to, or motivated by, drug misuse. Restriction on Bail reverses the normal presumption of bail and the defendant agrees to an assessment of their drug misuse (if this has not already occurred) and to engage in any proposed treatment and/or other support, or face an increased risk of being refused bail. It targets those defendants whose offending is related to their use of specified Class A drugs (heroin, crack/cocaine) – shown to be those most closely linked to acquisitive crime – with the aim of reducing offending on bail. RoB can help to identify those suitable for a community sentence with a DRR.
- Where CJITs have identified an individual who is then remanded in custody, and consents to information being passed, they will fax the assessment to the CARAT team.
- Other drug misusing offenders can be identified by CARATs and either referred to probation if they are to be released on licence or, if they are class A drug misusers not due to be released on licence who give their consent, notified to the relevant CJIT. CARATs will undertake responsibility for managing treatment whilst the offender is in prison through further assessment and work as required. This duty will either pass to offender managers or CJITs, who are responsible for specified Class A misusers in the community who are not subject to Statutory Supervision. Any non-class A drug misusers with a continuing treatment need not released on licence can be referred by CARATs to local D(A)ATs.
- YPSMS can provide an early identification of problematic substance misuse through interventions delivered to young people in custody.

DIP conditional caution:

Conditional Cautioning means that a condition that is conducive to restoration or rehabilitation can be attached to a police caution as an alternative to prosecution. Where the condition is not met, the offender may be charged and prosecuted with the original offence. The measure provides an early opportunity to identify drug-misusing offenders and engage them in appropriate treatment and support before their lifestyle spirals into a more serious cycle of drug misuse and crime. It is not a soft option and calls for a genuine and practical commitment to an individually tailored programme. There is a sanction of prosecution for the original offence if the offender does not comply. The conditional caution is a unique opportunity for prosecutors, the police and treatment services to be jointly involved in the pre-court diversion process.

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Assessment

Following conviction, a Court may ask probation staff for a pre-sentence report (PSR). The PSR will be informed by an OASys (need to describe) assessment, as well as assessments from treatment providers or CJITs. The PSR will include a treatment or care plan, which will be case-managed by probation staff in all statutory cases.

A single Offender Manager will be responsible for each adult offender from beginning to end of sentence, who will:

Assess the offender's needs (both drug-related and other needs) using information from CJITs and CARATs, together with the Offender Assessment System (OASys).

- Produce a Sentence Plan that covers the whole sentence (this will be reviewed regularly and its effectiveness assessed).
- Support and motivate the offender to complete the Plan's elements.
- Ensure delivery of all elements of the Plan, including the crucial moments of transition from custody to licence and, on completion of the sentence, providing information to follow-up providers.

The structured process of assessment, treatment and information exchange on drug misuse is called "care management", and will be delivered in accordance with the NTA's Models of Care. Care management is part of the wider case management framework.

Community sentences and Detention and Training Orders (DTOs)

During the course of probation supervision or a DTO (for young people), an offender will be regularly assessed and, if drug misuse is identified, a plan to address it will be drawn up by the case manager.

One component of the supervision plan may include interventions delivered or accessed by CJITs. At the end of statutory supervision, NOMS will liaise with CJIT to enable ongoing drug treatment needs to be addressed.

Probation staff will identify PDUs at PSR stage or when sentenced to community sentences, assess their needs and risks of re-offending - often in collaboration with treatment providers - and refer them into suitable treatment, as appropriate. Treatment may be provided in-house or by external agencies. Probation staff monitor progress on statutory orders - including the results of any drug testing.

- Drug Rehabilitation Requirements (DRR) are an intensive vehicle for tackling the drug misuse and offending of many of the most serious and persistent drug misusing offenders and are the main delivery route for drug interventions within community sentences. Once completing DRRs offenders are referred into the Drug Interventions Programme so that their drug treatment can continue to be managed.
- Substance Misuse Accredited Programmes either Addressing Substance Related Offending (ASRO) or the Offender Substance Abuse Programme (OSAP). These programmes should generally be used in the medium to higher sentencing bands alongside a DRR, as a programme requirement, of the community order¹¹. Recent research has demonstrated that overall re-offending rates fall by almost 7% for offenders placed on Substance Misuse Accredited Programmes. This is against a background of increasing numbers of completions for all accredited behaviour programmes.
- Voluntary referral of offenders to community drug services/clinical treatment on a voluntary basis but will have to access local treatment services on the same basis as the rest of the population.
- Offenders living in Approved Premises (the probation hostel estate), where they have a pre-existing drug habit, are subject to drug testing as part of the rules of hostels to maintain them as drug free (hostels include offenders on community orders, on bail and on licence). This was introduced nationally in April 2006. The purpose of testing is to increase the number of relevant offenders entering treatment.

Custody

The NOMS drug strategy in prison remains founded on three key elements:

- reducing supply, through security measures and drug testing programmes;
- reducing demand, through targeted interventions for low, moderate and severe drug misusers; and
- establishing effective throughcare links to ensure continuity of treatment post-release in order to safeguard the gains made in custody.

These different strands are interdependent – reducing the supply of drugs coming into prisons helps drug misusers to engage more effectively with treatment; treatment helps to reduce the demand for drugs, lessening the incentive for criminals to smuggle drugs in; throughcare allows motivated offenders to escape drugs for good, lessening the overall demand for drugs in our society (including prisons).

¹¹ Other general offending behaviour programmes such as Think First can also be used where appropriate for offenders with drug misuse issues.

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Reducing supply

Keeping drugs out of prison brings real benefits to all elements of a prison's day to day functioning and impacts on the overall effectiveness of custodial sentencing. Prisons deploy a robust and comprehensive range of security measures to reduce drug supply – including:

- passive search dogs, which are available in all prisons, to detect visitors carrying drugs and active search dogs, used to search goods and vehicles;
- local searching strategies which comply with the National Security Framework;
- strict measures to tackle visitors who smuggle or attempt to smuggle drugs, including – on suspicion of smuggling – ‘closed’ visits (i.e. through a glass screen) or visit bans, and arrest and prosecution where there is sufficient evidence;
- the criminal process is invoked against visitors and prisoners alike wherever sufficient evidence exists of an attempt to supply. A range of internal sanctions exists for prisoners caught using drugs;
- visitor biometric systems in 34 prisons;
- CCTV surveillance in most social visits areas and low-level furniture in social visits areas in all Category C prisons and above, to make it more difficult to pass drugs;
- intelligence systems, including targeted monitoring of telephone traffic through the PIN-phone system;
- close working with the police to target serious criminals outside prison who are increasingly involved in supply. Each prison has access to a police liaison officer;
- Supply Reduction Good Practice Guide used by all prisons to improve performance. Regular review of the poorer performing prisons by the Director of Operations;
- deployment of mobile phone detectors and analysis of recovered handsets or SIM cards;
- a Professional Standards Unit, with other measures, to address the issue of corrupt staff; and
- disciplinary sanctions for positive MDT tests.

On first reception into custody (whether on remand or conviction), a healthcare screening procedure will identify those drug-misusers who require further assessment and intervention, taking into account any prior engagement with community drug teams.

Where a Problem Drug User (PDU) is already on the CJIT caseload, and informed consent has been obtained to share personal information, it is the responsibility of the CJIT to pass this information immediately to prisons. When in prison, PDUs can refer themselves for assessment and receive CARATs support at any time. Those failing mandatory drug-testing programmes whilst in prison should be referred to CARATs.

Reducing demand

CARAT services are available to adult offenders in all prisons. CARAT staff undertake initial gateway assessments of drug-related need, create care plans based on a prisoner's specific requirements (whether remanded into custody, or at any time during their custodial sentence), and may engage prisoners in psychosocial interventions through the use of keyworking, one to one or group work. They also refer PDUs onto short duration or intensive drug rehabilitation programmes; offer harm-minimisation advice; and establish through-care links, working with prison resettlement teams and CJITs.

All local and remand prisons offer PDUs clinical services to manage substance misuse. These comprise detoxification and maintenance prescribing programmes as a prelude to broader-based drug treatment interventions. The aim is to introduce a wider range of treatment options – including the expansion of maintenance prescribing for opiate-dependency – to meet the treatment needs of PDUs and to continue prescribing and support programmes in the community. Some intensive CARATs support will be provided over this critical period.

Drug rehabilitation programmes are delivered in prisons. There are 114 drug rehabilitation programmes running in 99 establishments. Where population pressures allow, prisons set aside accommodation specifically for PDUs attending drug rehabilitation programmes – to help limit their potential exposure to drugs that may be present elsewhere in a prison and, thereby, increase their chances of staying clean and successfully completing the programme. The programmes vary in length and can be split into four main categories:

- Cognitive-behavioural therapy (CBT) – a medium intensity, abstinence-based approach based on social learning theory, whereby behaviours such as drug-misuse are seen largely as the product of prior experiences, thoughts and emotions. Treatment is, therefore, designed to teach substance-involved inmates how to perceive situations differently and, consequently, modify their actions.
- 12-Step approach – a high intensity, abstinence-based approach which was originally founded on the 'twelve steps to recovery' model that works on the assumption that addiction is a lifetime illness that can be controlled but never completely cured. Each step in the programme addresses a specific problem in the individual's life.

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- Therapeutic Communities (TCs) – a high intensity, abstinence based approach designed to meet the needs of those with the most severe drug misuse problems and related behaviour, TCs take a hierarchical approach that contains a mixture of formal and informal elements. These include incentives, structured activities and work hierarchy, as well as peer modelling, confrontation support and friendship. The use of a senior inmate culture, where residents are part of the treatment process, is a vital component of a TC.
- Short Duration Programme (SDP) – a medium intensity, abstinence-based CBT approach for PDUs spending only a short time in custody who are unable to engage in longer programmes.

Compact Based Drug Testing reduces the demand for drugs in prisons by helping prisoners to stay motivated to remain drug-free. This fosters safer environments within establishments, where prisoners can engage more effectively with other regime activities such as treatment or training.

Voluntary drug testing (VDT) system was introduced into prisons in England and Wales in 2000. It is a therapeutically based, supportive programme of urine testing which provides prisoners who wish to remain drug-free a means to prove their drug-free status.

Alongside voluntary drug testing, the use of Incentive Based Drug Testing (IBDT) - previously referred to as compliance testing - has grown considerably. IBDT uses drug testing as a condition of continued access to privileges under the Incentive and Earned privileges Scheme (IEPS) which could include providing enhanced status or various work and accommodation benefits to prisoners on condition that they remain drug free.

Compact Based Drug Testing encompasses both Voluntary and Incentive Based drug testing. The programme is so named because prisoners formalise their commitment to remain drug free via a signed agreement called a compact.

Throughcare

Where an offender with identified drug misuse needs is due to be released and who will be subject to statutory probation supervision on licence (those sentenced to 12 months and over), their offender manager is responsible for ensuring there are appropriate licence conditions which require the offender to address their problems with drugs. These conditions can require the offender to, for example, attend a substance misuse offending behaviour programme.

For offenders who are classified as Prolific and other Priority Offenders who are over 18, released on licence for committing a trigger offence and who have a class A drug problem, they are required to have a licence condition to be tested for class A drugs (heroin and cocaine/crack cocaine).

- Offenders can also access community drug services under general licence conditions or be referred into clinical treatment on a voluntary basis but will have to access local treatment services on the same basis as the rest of the population.

Where an offender with identified drug misuse needs is due to be released and who will not be subject to statutory probation supervision on licence (those sentenced to fewer than 12 months), they will be referred to local Criminal Justice Integrated Teams (CJITs) to broker provision in the community, where there is an ongoing need. CARAT teams will liaise with CJITs when preparing release plans and will liaise with the CJIT worker in the offender's home area to ensure consistency of drug treatment provision post-release. Where population pressures and operational considerations allow, PDUs are moved to establishments close to their home area to help ensure crucial links – for example, with families and local community service providers – can be established or maintained in the interests of the wider resettlement agenda. In so doing, offenders are more likely to be able to return to fixed accommodation, stable family relationships and access timely community drug services – all of which will reduce the chances of re-offending.

Achievements since 1998

Prison drug treatment funding has increased year on year since 1996/97 - up by 1184% with record numbers engaging in treatment. The Pooled Treatment Budget, which provides funds for treatment provision in the community and is funded by the Department of Health (with substantial the Home Office and Ministry of Justice contributions), has increased from £142 million in 2001 to £398 million in 2007/08.

NOMS has in place a comprehensive drug treatment framework, based on the National Treatment Agency's revised Models of Care, to address the different needs of drug-misusers. The interventions available are designed to meet the needs of low, moderate and severe drug misusers – irrespective of age, gender or ethnicity.

In a prison setting, the interventions are comprised of:

- Clinical services - detoxification and/or maintenance prescribing
- CARATs (Counselling, Assessment, Referral, Advice and Throughcare service) - specialist support and advice services that, following assessment, deliver psychosocial interventions, treatment and support. CARATs create a Care Plan based on the specific needs of an individual prisoner and, if assessed as necessary, refer them to more intensive treatment programmes. CARATs are available in all adult prisons in England and Wales and take the lead Drug Interventions Programme (DIP) role in prisons.

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- Drug Rehabilitation Programmes – There are 114 drug rehabilitation programmes running in 99 establishments. Prisons provide a range of drug rehabilitation programmes that vary in programme length. The intensive drug treatment programmes available in prison can be split into three main categories:
- Cognitive-behavioural therapy (CBT)
- 12-Step approach
- Therapeutic Communities (TCs)

Offenders on remand or sentenced to less than 12 months, if assessed as suitable, can access an accredited programme. This includes:

- the Short Duration Programme (SDP), which lasts for approximately 4 weeks;
- Prisoner – Addressing Substance Related Offending (P-ASRO) is widely available to sentenced offenders and lasts for approximately 5 to 6 weeks;
- Other accredited programmes such as the Substance Treatment and Offending Programme (STOP) – delivered over 11-13 weeks; and
- FOCUS – delivered over 18 weeks – are also available in a number of prisons.

In addition to this, NOMS and the Department of Health have jointly developed the Integrated Drug Treatment System (IDTS). This is aimed at improving the volume and quality of drug treatment with a particular emphasis on the first 28 days in custody and better integration with the community services to which most drug-misusing prisoners will return. This brings together clinical services and the psycho-social support provided by CARATS.

In March 2008 the Government announced additional Department of Health funding for prison clinical drug treatment. Department of Health invested £12.7 million in 2007/08. This has risen to £25.4 million in 2008/09 and has risen further in 2009/10, allowing prisoners to access at least minimum standards of drug treatment in all prisons in England by 2011.

Prisons have also made real progress in controlling the supply of drugs coming into prisons. The random mandatory drug testing (rMDT) programme has recorded a fall in the levels of drug use across the national estate. In 1996/97 24.4% of random tests were positive compared to only 9.1% in 2007/08. A number of security measures and drug testing programmes are used by prisons in order to make establishments as conducive as possible to rehabilitation.

In order to bolster supply reduction still further, the Government asked David Blakey, a former Inspector of Constabulary and former Chief Constable of West Mercia Police

to look at what more we can do to stop drugs getting into prisons. The Blakey review¹² reported in July 2008 and offered ten recommendations to develop security procedures further. These range from suggestions to roll out mobile phone blocking technology, updating and re-launching the supply reduction good practice guide and fostering the good work we have been taking forward in intelligence.

In the community, the Drug Rehabilitation Requirement (DRR), available as part of a community sentence or suspended sentence order, is now the primary means for offenders to address identified drug misuse needs in the community. Originally introduced as a pilot in 2000, as the Drug Testing and Treatment Order (DTTO), the DRR lasts between six months and three years, and aims to:

- help offenders produce a personal action plan so that they can identify what they must do to reduce offending and stop their use of drugs;
- explain the links between drug use and offending and how drugs affect health;
- help offenders identify realistic ways of changing their lives for the better.

The number of orders made with DRRs/DTTOs has increased from 4,854 in 2001-2002 to 16,607 in 2007/08. Completion rates have also improved, from 28% in 2003 to 43% in 2007/08. This is encouraging - one study¹³ on self reported behaviour of offenders on DTTOs (comparing the month before arrest and during the first four to six weeks of the order) found that on average offenders reported committing fewer offences and also reduced their spending on drugs by over 90%. The two-year reconviction study of offenders from the DTTO pilots found that 80% had re-offended. Offenders who completed the DTTO (30% of the sample) were significantly less likely to be reconvicted (53%) than offenders whose order was revoked (91%). The sample size for this study was small (174 offenders), and selection effects may have had some effect on outcomes. However, it points towards DRRs being a positive approach to reducing re-offending.

Just as in prison, the Probation Service delivers accredited programmes to address substance misuse-related offending, these programmes should generally be used in the medium to higher sentencing bands alongside a DRR, as a programme requirement, of the community order¹⁴. These programmes are Addressing Substance Related Offending (ASRO) or the Offender Substance Abuse Programme (OSAP). One of these programmes is available in each probation area. Research has demonstrated that overall re-offending rates fall by almost 7% from the predicted level for offenders placed on programmes. This is against a background on increasing number of completions for all accredited behaviour programmes.

¹² Disrupting the supply of illicit drugs into prisons (<http://www.justice.gov.uk/docs/blakey-report-disrupting.pdf>)

¹³ The Impact of Drug Treatment and Testing Orders on Offending: Two-Year Reconviction Results, Hough, M., Clancy, A., Turnbull, P.J and McSweeney, T, (2003) Home Office Research Findings No. 184

¹⁴ Other general offending behaviour programmes such as Think First can also be used where appropriate for offenders with drug misuse issues.

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Offenders living in Approved Premises (the probation hostel estate), where they have a pre-existing drug habit, are subject to drug testing as part of the rules of hostels to maintain them as drug free (hostels include offenders on community orders, on bail and on licence). This was introduced nationally in April 2006. The purpose of testing is to increase the number of relevant offenders entering treatment.

Where an offender with identified drug misuse needs is due to be released and will be subject to statutory probation supervision on licence (those sentenced to 12 months and over), their offender manager is responsible for ensuring there are appropriate licence conditions which require the offender to address their problems with drugs. These conditions can require the offender to, for example, attend a substance misuse offending behaviour programme. Since 2005, offenders who have been classified as Prolific and other Priority Offenders (PPOs) who are over 18, released on licence for committing a trigger offence and who have a class A drug problem, are required to have a licence condition to be tested for class A drugs (heroin and cocaine/crack cocaine).

The Home Office introduced the Drug Interventions Programme (DIP) in 2003. DIP provides a route out of crime and into treatment for drug misusing offenders using their contact with the Criminal Justice System as a lever to engage them in treatment and support. DIP provides new ways of working as well as linking existing ones across the criminal justice system, healthcare and drug treatment services and a range of other supporting services. The Programme has introduced a case-management approach to offer offenders treatment and support from the point of arrest to beyond sentencing. Sharing information on the treatment needs of individual offenders allows professional multi-skilled teams to provide tailored solutions. Delivery at a local level is through Drug Action Teams, using integrated teams (known as Criminal Justice Integrated Teams – CJITs) with a case management approach to offer access to treatment and support. This begins at an offender's first point of contact with the criminal justice system and continues through the journey that can include custody, court, sentence, treatment and beyond into resettlement. Key elements of DIP are delivered in all areas of England and Wales. Intensive elements of the Programme are operational in those areas with high levels of acquisitive crime. Probation and prison services have taken a great interest in this development and have aligned their process and practices to DIP, to facilitate the best possible outcomes.

Given the links between drug misuse and offending, it seems likely that this investment has significantly contributed to a decrease in adult re-offending. National reducing re-offending results published in September 2008 show that the frequency of adult re-offending has fallen by 22.9% between 2000 and 2006, whilst for juvenile re-offending there was a fall of 18.7% in the same period. In one year – between 2005 and 2006 – the number of re-offences committed by adults decreased 13%, whilst for juveniles it fell by 1.5%.

Families

Supporting the families of drug misusing offenders can assist in breaking the cycle of drug misuse and aid successful resettlement. The Government's national Drug Strategy - Drugs: protecting families and communities – acknowledges this, outlining a whole-family approach, including: intervening to meet the needs of the entire family, involving the family in the planning and process of treatment, extending family interventions and introducing better support for drug misusing parents to access drug treatment .

NOMS has worked closely with Adfam, a national charity which works with and supports the families of substance misusers, on matters including:

- publication of a good practice toolkit for engaging and involving families in the reduction of substance related problems in prisons (Partners in Reduction; A Good Practice Toolkit for Engaging Families in the Reduction of Substance Related Problems in Prisons);
- production and publication of booklets aimed at both substance misusers and their families; and
- training videos and courses for prison drug treatment staff for involving families of drug misusers in prison.

NOMS also supports Adfam workers in HMP Holloway and HMP Brixton where they provide a service to drug using prisoners and their families and liaise with prison officers and drug workers inside and outside of the prison. An Adfam worker is delivering family services at HMP Peterborough, although this is funded directly by the prison which is run by Kalyx Services. NOMS has also worked with other partners including DIP in support of work Around Arrest and Beyond Release (2007).

The national Drug Strategy also recognises the importance of voluntary organisations, which are able to work flexibly across all themes of the strategy and can respond quickly to changing demands and environments. NOMS is committed to the delivery of drug treatment through the mixed economy. In prisons 70% of CARATs work and 30% of intensive drug treatment programmes are delivered by voluntary sector organisations. In the community, D(A)ATs commission community based drug treatment and a significant amount of DRR treatment is delivered by the voluntary sector. The guidelines under which D(A)ATs commission drug treatment services from the voluntary sector is set out in the joint 'NTA/Home Office Guidance for Commissioning Drug Treatment Services from Voluntary and Community Sector Organisations.'

Following on from work commissioned from the University of Central Lancashire (UCLan) to research and produce a report on the 'issues surrounding the delivery of prison drug services in England and Wales, with a focus on Black and minority ethnic prisoners' NOMS has produced a Diversity Toolkit: 'Making Equality Real'. This is a good practice toolkit for

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delivering effective drug services to diverse communities in prisons to assist drug policy and practice and to help staff in developing and delivering effective and inclusive drug services in prisons by outlining legal responsibilities of staff and highlighting identified good practice.

Young People's Substance Misuse Services

The Youth Justice Board's (YJB's) National Specification for Substance Misuse for Young People in Custody and YPSMS (formerly JSMS) were officially launched in November 2004. YPSMS is available in all prisons holding young people (15-18 years). Its services are inclusive of all substances, with particular emphasis on the presenting problems of alcohol, nicotine and cannabis

The YJB provides the policy and funding for the service, detailed in the National Specification, including: an overview, service requirements, objectives and success criteria. YPSMS Teams form part of an establishment's internal structure. Governors have the local responsibility for ensuring that the Service is delivered via the YJB service level agreement (SLA) and the YPSMS annual delivery agreement.

YPSMS are implementing young people-specific programmes including the Substance Misuse Awareness Programme (SMAP) and Best Choices which is a structured one to one/group intervention.

- In 2007/08 YPSMS engaged 95% of all young people in custody, which is an increase of 3% on the previous year's figure of 93%.
- On average each young person was seen 5.8 times within a structured intervention during 2007/08, an increase of 1.4 on the previous year.
- During 2007/08 8,706 young people were received in custody from Court, 250 of whom were young women. Of these 8,589 (95%) received an initial assessment with the target of 5 working days.
- 6,253 (88%) young people commenced a care plan within 10 working days, this is a 20% increase on the previous year.
- The number of young people released from establishments back into the community at sentence end was 5,022. 4,376 of these were released with all their care plan objectives completed.
- 2.9% of young people in custody during 2007/08 received a clinical detoxification.
- The services achievements and 3 year strategy are documents and available to all stakeholders.

ANNEX B

NOMS Drug Strategy Consultation – Executive Summary

In September and October 2008 NOMS conducted a small consultation exercise on the key elements of the draft drug strategy. The consultation was focused on 6 key action areas proposed within the draft NOMS Drug Strategy and was facilitated as follows:

- Stakeholder consultation groups* were held in a number of diverse prison and community locations as follows:
 - 2 x HMP Belmarsh (Adult Male Remand/Local/High Security – SE London)
 - 2 x HMP Parc (Adult Male/YOI - Contracted - Bridgend, S.Wales)
 - 2 x HMP North Sea Camp (Adult Male Resettlement – Lincolnshire)
 - 2 x HMP Drake Hall (Adult/YOI Female with Accredited Therapeutic Community – NW Staffordshire)
 - West Glamorgan Counsel on Alcohol and Drug Abuse Ltd (WGCADA – Community based drug treatment service - Swansea, S. Wales)
 - GO East (Cambridge)
 - GO London
 - Holiday Inn, Central Birmingham
- A stakeholder consultation workshop* was facilitated at the NOMS Prisons & Beyond Conference at the Ramada Resort & Hotel in Sutton Coldfield, Birmingham.
- Stakeholder Consultation Questionnaires were sent to:
 - all Prisons Establishment Drug Co-ordinators
 - 5 prisoners (via EDCs) in each establishment
 - Community based staff and service users at ten Criminal Justice Integrated Teams (CJITs) across the country

** Staff and service users were consulted separately at each establishment. All groups were facilitated by an independent consultant with a member of NOMS Interventions and Substance Misuse Group policy staff present.*

All consultations took place during late September or October 2008.

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A Summary of findings

The willingness of stakeholders (particularly those that are prison based) to engage with the consultation process demonstrates their desire to inform development of the NOMS Drug Strategy and their belief that participation would be meaningful. Many stakeholders considered participation in the process itself to have been of benefit, in that it gave them a better understanding of the complex issues. Some staff also expressed a desire to use a similar consultative approach as part of the local planning. (Service users n.383: Staff n.158)

There was almost universal agreement that access to drug treatment services within a criminal justice setting has improved significantly in recent years. There was also an acknowledgement that there was still much more to be achieved.

The Consultation Report illustrates that there is broad consensus in favour of the general strategic direction of the NOMS Drug Strategy amongst both service users and staff. However, a number of issues (e.g. the approach to clinical treatment; the need for more services for clients with dual diagnosis; the vitally important role that families play; community sentencing in relation to drug using offenders and; commissioning and performance management issues) stimulated much discussion, debate and suggestion for improvement.

ANNEX C

NOMS DRUG STRATEGY – FURTHER INFORMATION

The following documents support the NOMS Drug Strategy:

DOCUMENT	DETAILS	LOCATION/ OWNER
PRISON SERVICE ORDERS (PSOs)		All PSOs can be found on the Prison Service website Resource Centre (hmprisonservice.gov.uk) and on the Prison Service Intranet
PSO 1050	National Security Framework	
PSO 2700	Suicide Prevention and Self-Harm Management	
PSO 2750	Violence Reduction	
PSO 2800	Race Equality	
PSO 3550	Clinical Services for Substance Misuse	
PSO 3050	Continuity of Healthcare for Prisoners	
PSO 3601	Mandatory Drug Testing	
PSO 3620	Voluntary Drug Testing Units and the framework for voluntary drug testing	
PSO 3550	YJB Clinical Guidance	
PSO 3605	MDT Samples	
PSO 3610	Measures to deal with visitors and prisoner who smuggle drugs through visits	
PSO 3620	Compact Based Drug Testing	
PSO 3625	Vetting and Testing of Specialist External Drug Workers	
PSO 3630	CARATs	
PSO 4190	Strategy for Working with the Voluntary Sector	
PSO 4250	Physical Education	
PSO 4350	Effective regime interventions	

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PSO 4360	Correctional Services Accredited Panel	
PSO 4615	Prolific and other Priority Offenders Strategy	
PSO 4800	Women Prisoners	
PSO 4801	The management of mother and baby units	
PSO 4950	Care and Management of Young People	
PSO 7100	Regime monitoring guidance	
PRISON SERVICE INSTRUCTIONS (PSIs)		All PSIs can be found on the Prison Service website and on the Prison Service Intranet
PSI 16/2005	Amendments to PSO 3601 MDT	
PSI 27/2005	CARATs Development	
PSI 46/2005	Drug Treatment and Self-Harm	
PSI 33/2006	Drug Treatment Mailbox	
PSI 34/2006	MDT Functional Mailbox	
PSI 11/2007	MDT Contract Amendments	
PSI 34/2007	Re-introduction of Disinfecting Tablets	
PSI 40/2008	Guidance on the use of closed visits	
Probation Circulars (PCs)		All PCs can be found on the Probation Service website (probation.homeoffice.gov.uk) (under policy)
PC23/2007	Reducing the Risk of Drug Related Deaths	
PC24/2007	Prolific & Other Priority Offender Issues; Drug Testing of PPOs on Licence; Drug Testing in Approved Premises	
PC28/2007	Drug Testing on Licence – Revised List of Trigger Offences	

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PC36/2007	Managing Drug Misusers Under Probation Supervision; Guidance for Probation, CJITs and CARAT Teams	
PC05/2006	Approved Premises; Drug Testing of Residents	
PC21/2006	NPS Alcohol Delivery Strategy	
PC57/2005	Effective Management of the Drug Rehabilitation Requirement (DRR) & Alcohol Treatment Requirement (ATR)	
PC34/2005	PPOs & Arrangements for Drug Testing on Licence	
PC72/2005	Drug Testing Contracts for PPOs on Licence	
PC80/2005	DRRs: (1) National Standards Correction; (2) Information for Judges	
Other Documents		
	Standard 10 Drug Strategy	hmprisonservice.gov.uk
	Supply Reduction Good Practice	ISMG
	Supply Reduction Framework Document (DSU, 2006)	Prison Service intranet
	CARATs Practice Manual (2005)	ISMG
	Health Services for Prisoners Standard 22 (DH & HMPS, 2004)	dh.gov.uk
	Clinical Management of drug dependence in the adult prison setting including psychosocial treatment as a core part (DH, 2006)	dh.gov.uk
	Drug misuse and dependence, UK guidelines on clinical management (DH, 2007)	nta.nhs.uk
	Guidance notes: Prison Health Performance and Quality Indicators (DH 2008)	dh.gov.uk

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	Integrated Drug Treatment System – The first 28 days; Psychosocial support (NOMS Drug Strategy Team, 2006)	nta.nhs.uk
	IDTS, The first 28 days: Psychosocial Support. Interventions Resource Pack (NOMS DST, 2006)	nta.nhs.uk
	IDTS Continuity of care guidance (DH/HO, 2007)	nta.nhs.uk
	IDTS Workforce strategy (DH/NOMS)	nta.nhs.uk
	IDTS Performance Management Framework	
	Integrated drug treatment in prisons plan 2008/09; Guidance notes on completion of the plan for prison establishments, primary care trusts and drug partnerships (DH/NOMS, 2007)	nta.nhs.uk
	Guidance for CARAT Teams in IDTS Clinical Only Sites (NDPDU, 2007)	nta.nhs.uk
	NOMS Strategy for the management of problematic drug users within the correctional services (NOMS, 2005)	noms.justice.gov.uk
	National Specification for Substance Misuse for Juveniles in Custody (YJB, 2004)	yjb.gov.uk
	Combating Drug Trafficking and Drug Misuse in Prisons and Young Offenders' Institutions	ISMG
	ACPO and HM Prison Service Memorandum of understanding MDT bulletins	ISMG
	Prison Discipline Manual	hmprisonservice.gov.uk
	Delivery of the Drug Interventions Programme in prison and probation services (NOMS DST, 2006)	Drugs.homeoffice.gov.uk
	Crack Cocaine Resource Pack (NOMS DST, 2006)	ISMG

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	Prolific and other Priority Offenders (PPOs): Information for prison drug strategy staff (NOMS DST, 2006)	ISMG
	An Alcohol Strategy for Prisoners (HMPS, 2004)	hmprisonservice.gov.uk
	Alcohol Treatment Interventions Good Practice Guide (2004)	erpho.org.uk
	Alcohol Testing for Prisoners (HMPS, 2004)	hmprisonservice.gov.uk
	Safe. Sensible. Social. The next steps for the National Alcohol Strategy (DH, HO, DfES, DCMS, 2007)	dh.gov.uk
	Working with Alcohol Misusing Offenders – a strategy for delivery (NOMS, 2006)	noms.justice.gov.uk
	Resettlement Aftercare Programme (RAP)	yjb.gov.uk
	NTA Assessing Young People for Substance Misuse (2007)	nta.nhs.uk
	YPSMS 3 Year Strategy	Establishments; Area Offices; W&YPG, & YPSMS
	YPSMS Communication Strategy	As above
	YPSMS Annual Reports	As above plus YOts & DATs
	YPSMS Monthly/Annual Performance Summary's	Establishments & YPSMS
	YPSMS Central Team Instructions	Establishments & YPSMS
	YPSMS Care Planning Practice Guide	Establishments & YPSMS
	YPSMS Case Work and Record Keeping Guidance	Establishment & YPSMS
	YPSMS Substance Misuse Assessment Guidance	Establishment & YPSMS
	YPSMS Complementary Therapies	Establishment & YPSMS
	YJB Clinical Guidance	-
	YPSMS Resettlement Strategy	-

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	Every Child Matters	everychildmatters.gov.uk
	NTA Young People's Specialist Substance Misuse Treatment	nta.nhs.uk
	The Blakey Review (2008)	justice.gov.uk
	PWC Review of Prison Drug Treatment Funding (2007)	justice.gov.uk
	The Corston Report (2007)	justice.gov.uk
Toolkits		
	Partners in Reduction; A Good Practice Toolkit for Engaging Families in the Reduction of Substance Related Problems in Prisons.	ISMG
	Making Equality Real: A Good Practice Toolkit for Delivering Effective Drug Services to Diverse Communities in Prisons.	ISMG