

# Developing Integrated Drug Treatment Systems in Prisons (IDTS)

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# Introduction

The objectives of IDTS are to expand and improve provision of drug treatment for prisoners, 18 years and over, within HM Prisons by:

- increasing the availability, consistency and quality of these services;
- Diversifying the range of treatment options available to those in prisons;
- integrating drug treatment provided by prison healthcare and CARATs services
- Strengthening continuity of care for drug users entering, moving between and leaving prisons

# Background

- Recognition of dual need to provide:
  - Enhanced clinical treatment for drug users which should correspond to National Treatment Agency Models of Care and international good practice & More intensive psychosocial support during first 28 days
- Prescribed management of substance misuse has been found to be consistently more effective, when augmented by a variety of psycho-social interventions. **(Amato 2004; Gerra 2003; McLellan 1993)**

# Integration

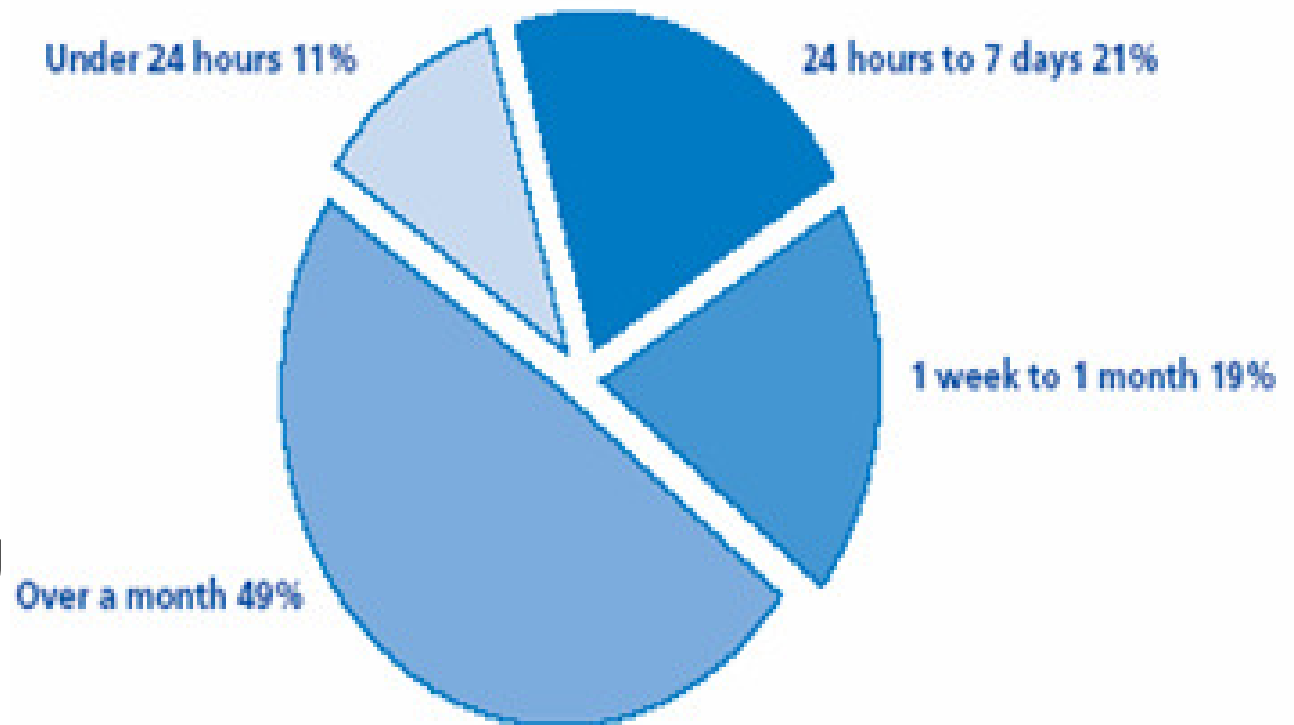
- Shared view of drug treatment services at policy level
- Joint working/information sharing by CARAT's and Healthcare staff
- Continuous (rather than duplicated) assessment – Healthcare initiate then CARAT's continue resulting (usually) by day 5 in a joint care plan including the prisoner's views and wishes
- Above + involvement of Mental Health Teams for Dual Diagnosis

# Prison Issues

- Vulnerability of drug using prisoners to self inflicted deaths and self harming behaviours during withdrawal

- 62% of those who died were problematic drug users  
(HMP Safer Custody Internal Report 2002)

## Timing of 172 suicides (DH 2003)

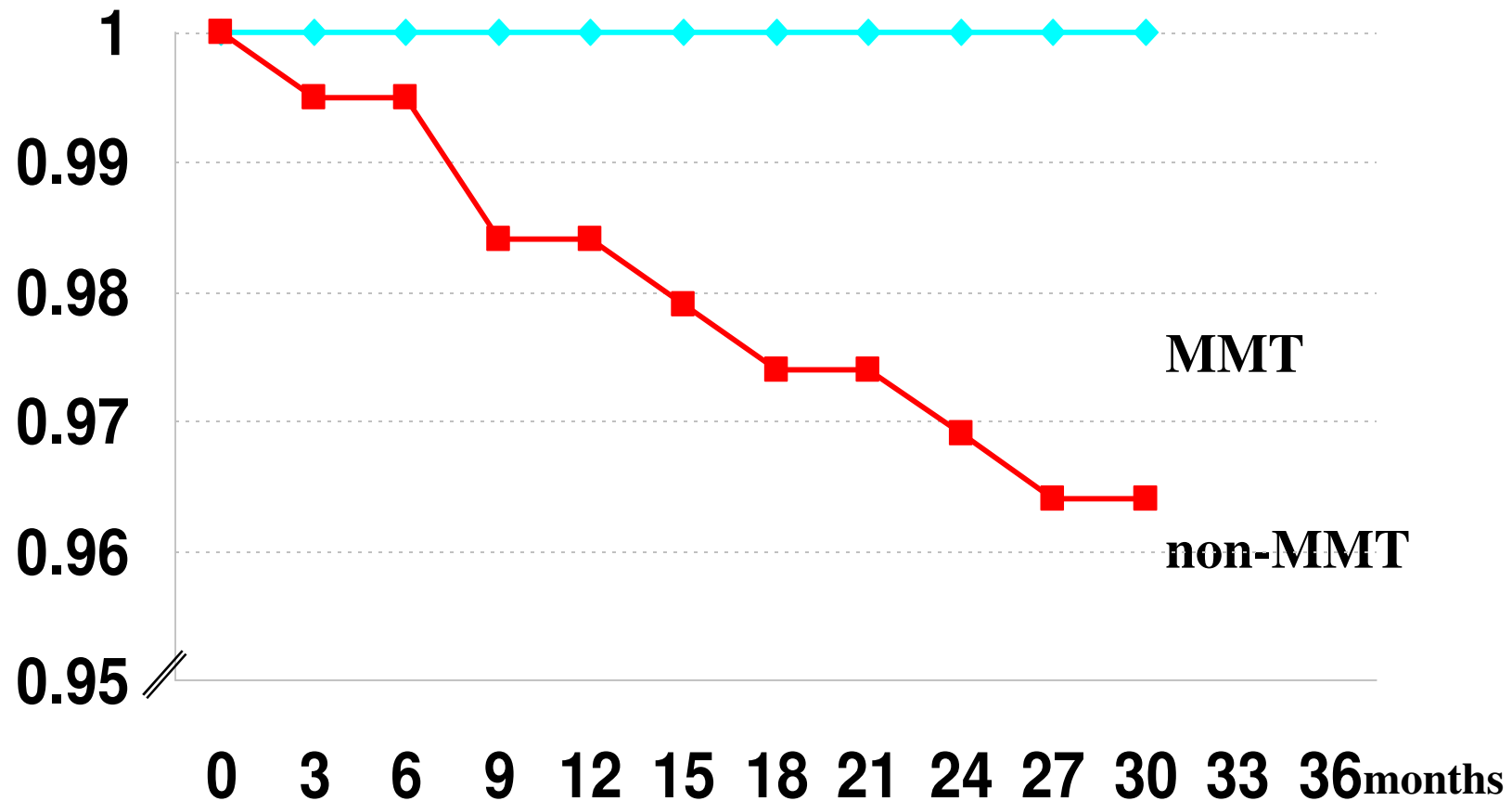


# Prison Issues

- Drug-related mortality among newly released offenders  
1998 to 2000 - Home Office Online Report 40/05 - *Farrell & Marsden*
- All recorded deaths in **first month** after release for women were drug related, (*69 times more likely to die in the week following release than the general population*)
- In the **week** following release from prison, men were **29** times more likely to die than males in the general population – **90% were drug related causes**
- **Opiates** were involved in almost **97% of drug related deaths** that occurred in the first two weeks of release from prison

# Follow-up study of mortality (Dole et al 2003)

Probability of survival



# Prison Issues

- Prison regime management problems related to illicit drug use
- Continuity of care between prisons
- Continuity of care upon arrival in prison and upon release back into the community

# Psychosocial Support

- Psychosocial interventions – delivered as part of a client’s care plan, which assist the client to make changes in their drug & alcohol using behaviour (MoC update 2005)
- Key worker – CARAT (Counselling Assessment Referral Advice & Throughcare) worker will draw up and ensure delivery and ongoing review of a care plan + 1:1 interventions
- Phases (1-7) + (8-28) + beyond (as now)

# Psychosocial Support

➤ Group work opportunities – menu of options:

Relaxation Techniques

Harm Reduction and BBV

Overdose and Safer Injecting

Drug Awareness

How Crack/Cocaine works

Alcohol Awareness

Motivation to Change

Relapse Prevention

Healthy Living & Healthy Balanced Diet

# Clinical Services – Key Components

- Prescribed management of withdrawal by a Dr. on night of arrival in prison
- Stabilisation onto a licensed opiate substitute medication – minimum of 5 days
- Opiate reduction regimes – individually tailored
- Opiate substitute maintenance regimes for all remand and short sentence prisoners (6 months)

# Clinical Services – Key Components

- Effective Alcohol Detoxification
- Benzodiazepine withdrawal management
- Withdrawal monitoring/clinical observations at least twice daily x 1st 5 days
- Clinical “observations” of stimulant users x 72 hrs + management of withdrawal symptoms as required
- Stabilisation Unit which permits unrestricted observation 24 hours a day by trained healthcare staff

# Clinical Services – Key Components

- Dual Diagnosis – A harm minimisation approach is recommended (RCPsychiatrists 2003)
- In Cell TV (free) for a minimum of 14 days
- Hot Chocolate (etc) at night for a minimum of 14 days
- Munchie packs at night for a minimum of 14 days
- Additional bedding during stabilisation period

## Progress to date

- 29 Full IDTS sites providing both clinically enhanced services and 28 day Psycho-social support + CARATs
- 24 Clinically enhanced sites + CARATs services
- 87 Basic services as previously funded + CARATs (*Third wave of funding pending*)

# Potential Benefits

- Reduction in self-inflicted deaths/self harm in prison
- Reduction in post release deaths
- Reduction in drug trading/smuggling in prison
- Reduction of drug related aggression
- Better engagement in prison regime
- Reduction in illicit drug use/injecting use
- Reduction in offending

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