

# HMP LEEDS

## INTEGRATED DRUG TREATMENT SYSTEM

### NEEDS ASSESSMENT OF TREATMENT DEMAND 2008/09

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## 1.0 Introduction

The objective of the Integrated Drug Treatment System (IDTS) is to expand and improve the provision of drug treatment with HM Prisons by:

- Increasing the availability, consistency and quality of service
- Diversifying the range of treatment options available to those in prisons
- Integrating drug treatment provided by prisons healthcare with those services provided by the Counselling, Assessment, Referral, Advice and Throughcare Services (CARATS)
- Strengthening continuity of care for drug users entering, moving between and exiting prison

The IDTS needs assessment process is intended to gain or update a picture of the potential demand and capacity issues in relation to the delivery of drug treatment in Leeds Prison.

This assessment has been used to inform the IDTS treatment plan in relation to the planning of staff, work areas and throughcare.

### 1.1 Methodology

In order to build up a picture of the overall size and nature of drug users needs within HMP Leeds a number of available data sources were used . Core data from the healthcare substance misuse team and the Counselling, Advice Referral and Throughcare Service (CARATS) was used to identify the number of:

- drug users coming through reception
- initial healthcare screens
- clinical substance misuse assessments (trriages)
- CARAT assessments, detoxifications and maintenance treatments initiated

The data gathered was used to calculate the number of amended cell doors needed and to populate the clinical substance misuse staff calculator which generated a profile of the clinical staff required to provide IDTS.

## 2.0 Reception screening process

Across all prisons that take offenders from court a new healthcare screening process has been introduced. The purpose of the reception screening for substance misuse is:

- To enquire about drug and alcohol use and to screen for evidence of dependence in those who report current or recent use
- To determine immediate healthcare needs, including withdrawal for which there should be access to adequate and effective prescribing by a doctor for management upon reception into local prison custody

(Department of Health, 2006)

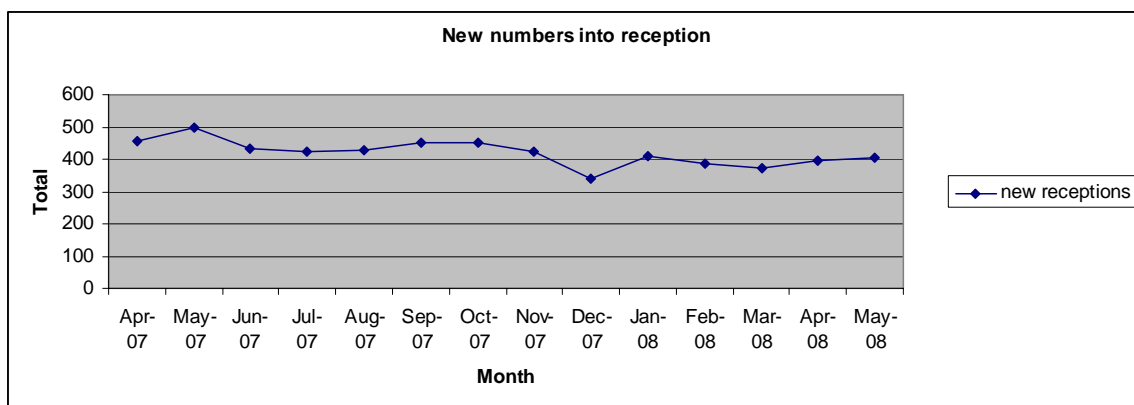
Wherever possible, location should be in a unit that offers access to unrestricted observation at all times 24 hours a day by healthcare staff trained in substance misuse. This observation is best made through open healthcare hatches (HM Prison Service, 2000).

Reception screening has to be brief and in a local prison should be focused to ensure that appropriate prescribed clinical management is undertaken by a doctor upon reception.

### 2.1 Total number of new receptions

Between April 2007 and May 2007 there were a total of 5884 new numbers into reception. Figure 1 shows the number of new receptions per month in this time period, there was an average of 420 new receptions per month.

Figure 1

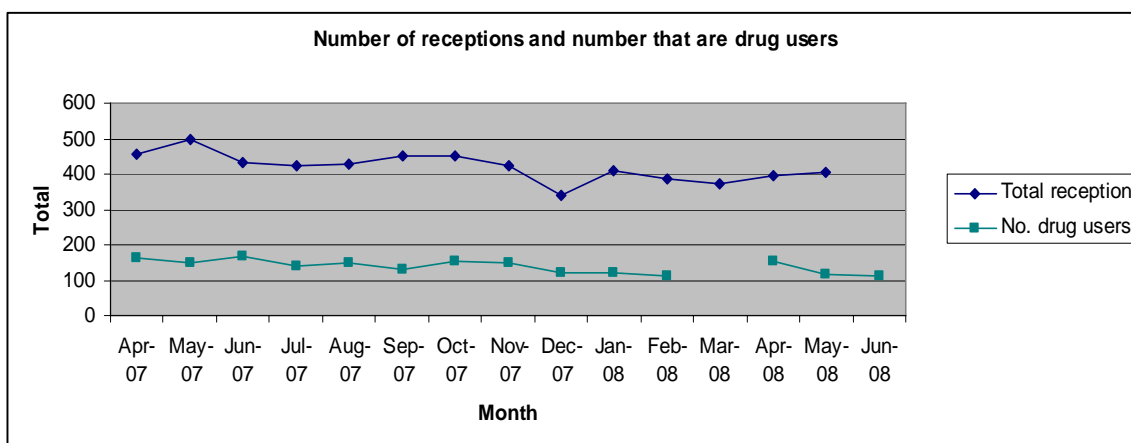


Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Total
458	499	434	425	429	453	452	425	340	411	386	371	396	405	-	5884

## 2.2 Number of drug users through reception

The following data examines the number of drug misusers that were seen through reception each month from April 2007 - June 2008. A total of 1934 drug users went through reception between these dates (1556 between April 2007-March 2008 and 378 between April and June 2008). Figure 2 shows the total number of new receptions and how many of these were drug users. An average of 33% of new receptions are drug users.

Figure 2



	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Total
Reception	458	499	434	425	429	453	452	425	340	411	386	371	396	405	-	5884
Drug user	162	147	169	141	149	132	154	150	120	121	111	-	153	115	110	1934
% drug user	35%	29%	39%	33%	35%	29%	34%	35%	35%	29%	29%	-	39%	28%	-	

## 2.3 Number of reception initial substance misuse clinical assessments

From the 1934 drug users through reception 1824 (94%) of them had an initial substance misuse clinical assessment. 933 of the completed initial assessments required methadone/Buprenorphine stabilisation and 816 commenced detox.

## 2.4 Cell doors

An initial calculation has been made on the number of amended cell doors that maybe needed for unrestricted observation by healthcare staff trained in substance misuse, based on the number of drug users coming through reception.

- An average of 138 drug users are seen in reception per month
- Based on this around 35 drug users are seen on average per week

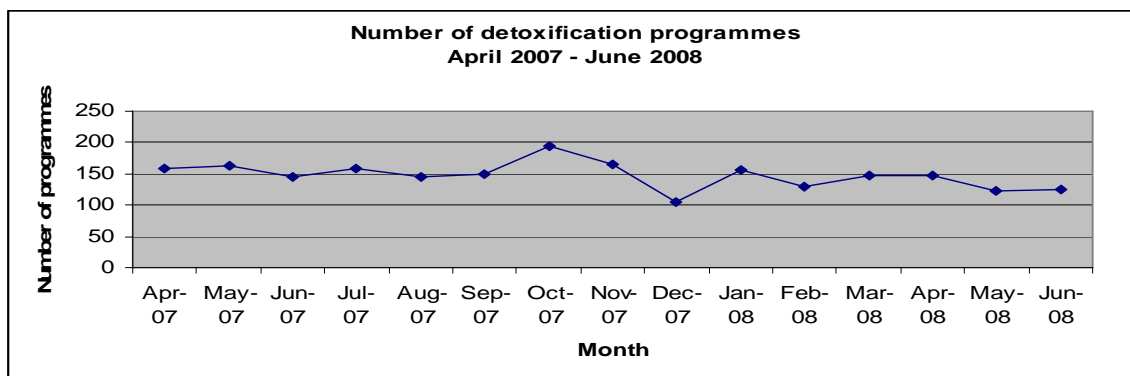
This figure has been rounded up to 50 based on lessons learned from other IDTS prisons, this means that around 50 amended cell doors could possibly be needed at a cost of £1200 each. Total cost would be £60,000.

## 3.0 Detoxification

### 3.1 Total number of detoxification programmes

Figure 4 shows the number of detoxification programmes per month between April 2007 and June 2008. A total of 2213 detoxification programmes have been held between these dates (1818 between April 2007-March 2008 and 395 between April and June 2008).

Figure 3

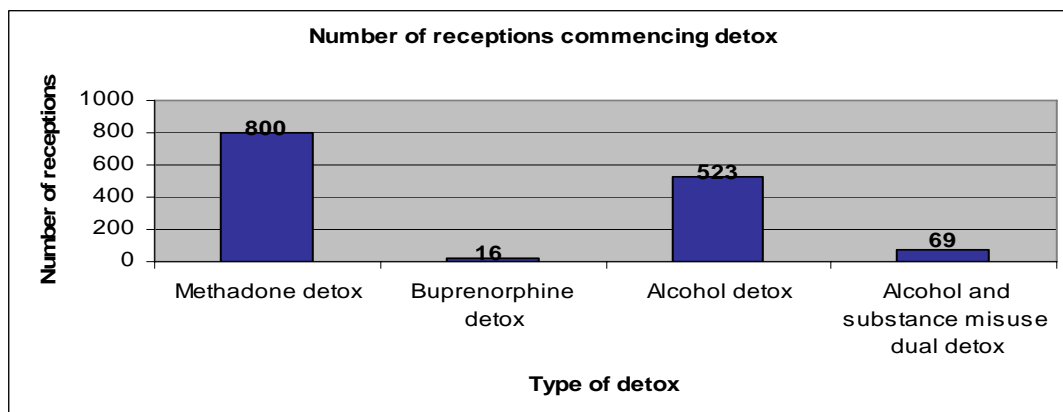


Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Total
159	164	144	158	145	149	194	166	104	157	130	148	147	123	125	2213

### 3.2 Number issued detox on reception

A total of 885 new receptions commenced detox between April 2007 and May 2008. Figure 5 shows the type of detox commenced. The majority of detox (90%) was for methadone detox.

Figure 4

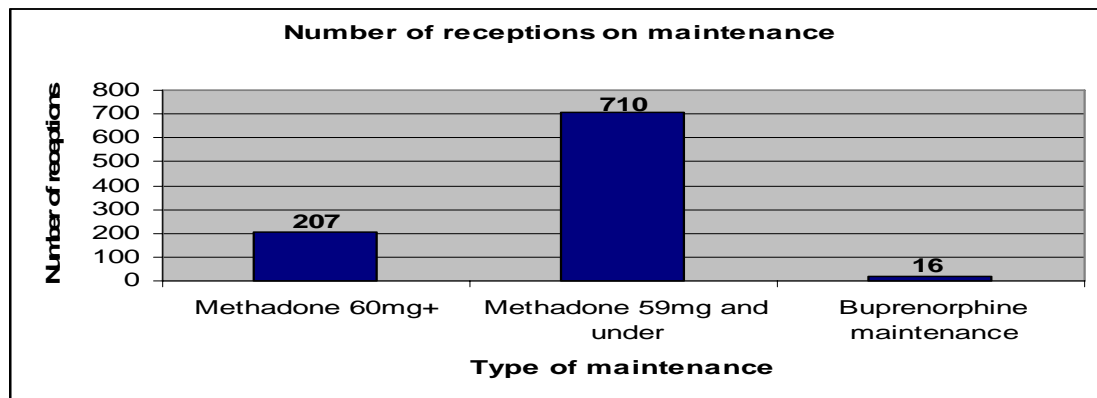


## 4.0 Maintenance

### 4.1 Number of new receptions on maintenance

Figure 5 shows the number of new receptions on maintenance. A total of 933 new receptions were on maintenance treatment between April 2007 and May 2008. It is not recorded whether maintenance treatments were commenced or continuous.

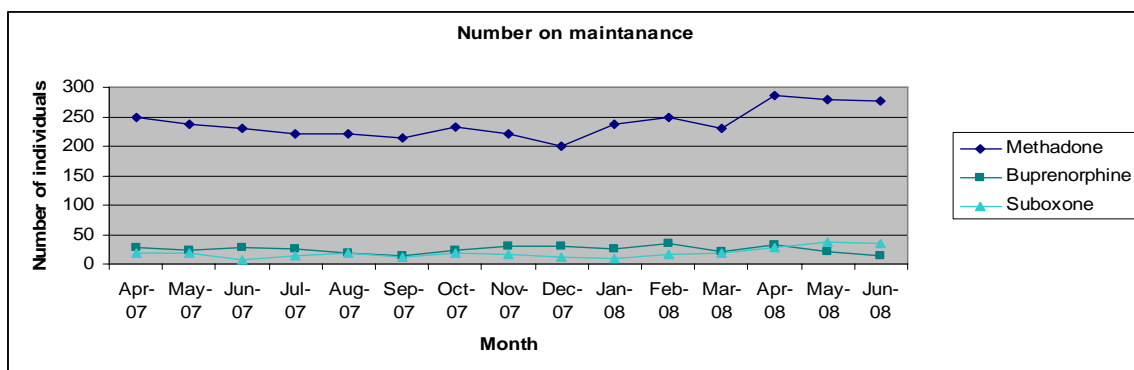
Figure 5



### 4.2 Total number on maintenance

Figure 6 shows the total number of individuals on maintenance per month between April 2007 and June 2008. The number maintained on methadone decreased between April-December 2007 but has been increasing steadily since January 2008, the most significant increase is seen from March- April 2008.

Figure 6

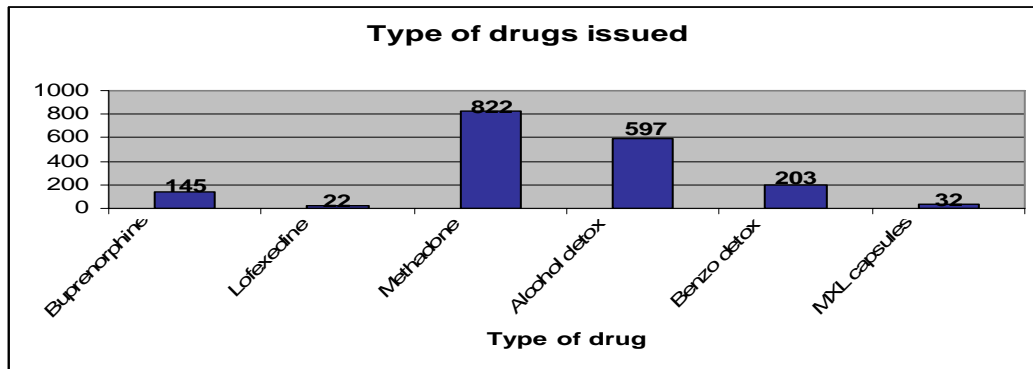


	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Total
Methadone	250	238	230	221	220	214	232	222	199	238	249	231	285	278	276	3583
Buprenorphine	28	24	28	26	19	14	24	30	31	25	35	22	33	22	13	374
Suboxone	19	18	8	14	19	12	18	17	11	10	17	18	33	22	13	282

### 4.3 Type of drugs issued

Figure 7 shows the type of drugs issued in 2007/08. More methadone was issued over the year than any other drug followed by drugs for alcohol detox. The same trend is seen in the drugs issued in April to June 2008.

Figure 7

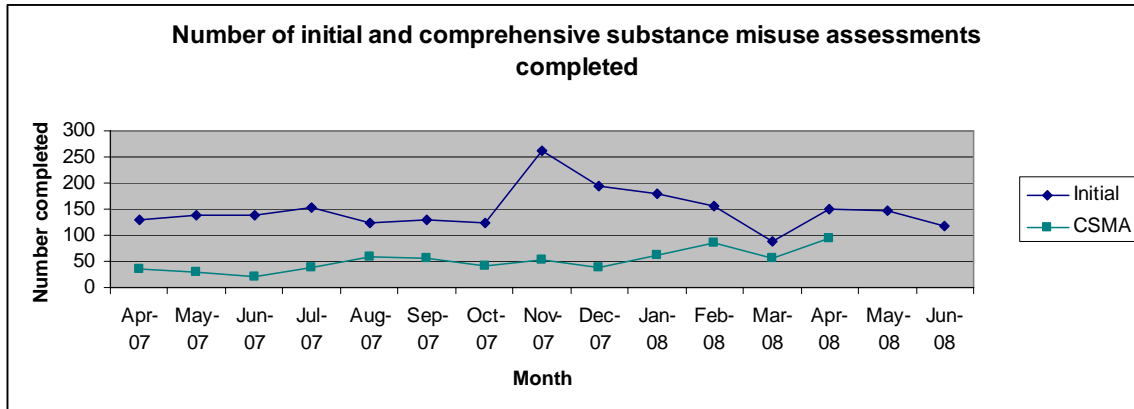


## 5.0 Counselling Advice Referral Advice and Throughcare Service

### 5.1 Number of initial and comprehensive substance misuse assessments completed

Figure 8 shows the number of initial assessments and comprehensive substance misuses assessments (CSMA) completed by CARATS between April 2007 and June 2008.

Figure 8

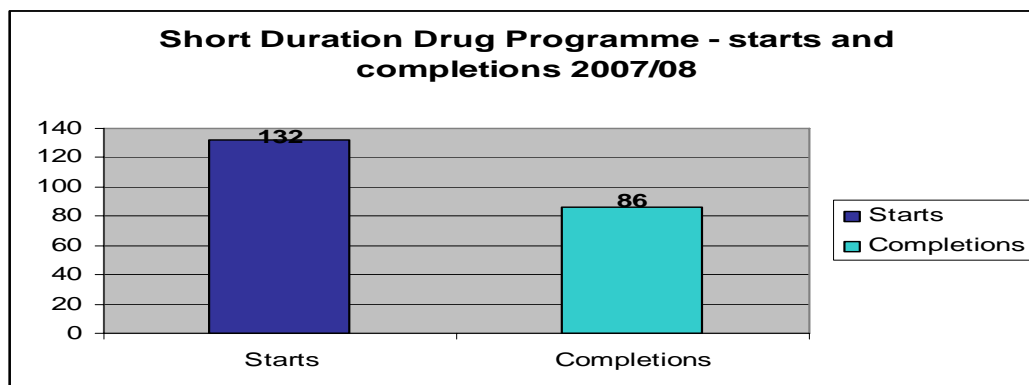


	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Initial	128	137	139	154	123	129	125	261	194	180	156	89	150	146	117
CSMA	35	28	21	39	58	56	41	54	39	63	86	57	95	-	-

### 5.2 Short Duration Drug Programme (SDDP)

Figure 9 shows the number of starts and completions on the short duration drug programme in 2007/08. It shows that of the 132 starts in the year 86 (65%) completed the programme. Data from April 2008-June 2008 shows that there has been 36 starts and 21 (58%) have completed.

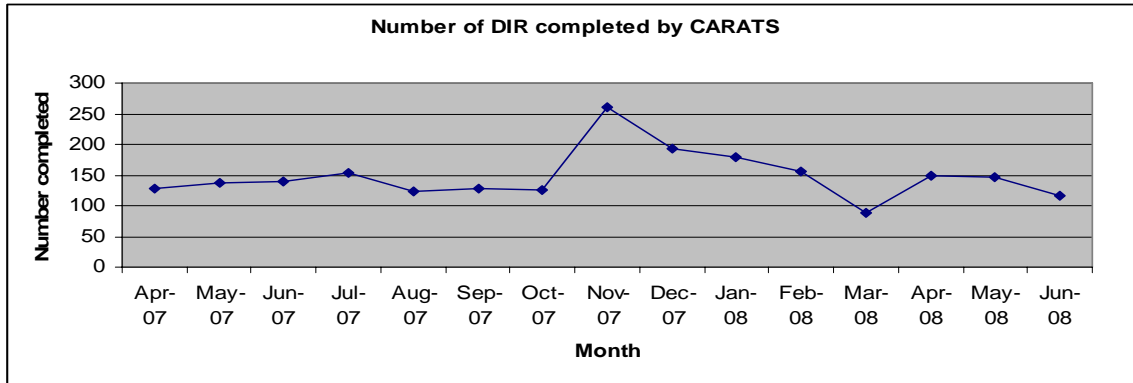
Figure 9



### 5.3 Number of Drug Intervention Records completed

Figure 10 shows the number of Drug Intervention Records (DIRs) completed by CARATS between April 2007-June 2008. A total of 2228 DIR were completed (1815 between April 2007–March 2008 and 413 between April-June 2008).

Figure 10



Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Total
128	137	139	154	123	129	125	261	194	180	156	89	150	146	117	2228

## 6.0 Prisoner Release Data

In 2007/08 a total of 964 drug misusers were released from Leeds prison, 184 of these were non DIP clients and 780 were DIP clients.

Figure 11 shows which area prisoners released returned to. The majority of DIP and non DIP clients returned to the West area. The west area is made up of Bradford, Leeds, Calderdale, Wakefield, Kirklees and Other areas.

Figure 11

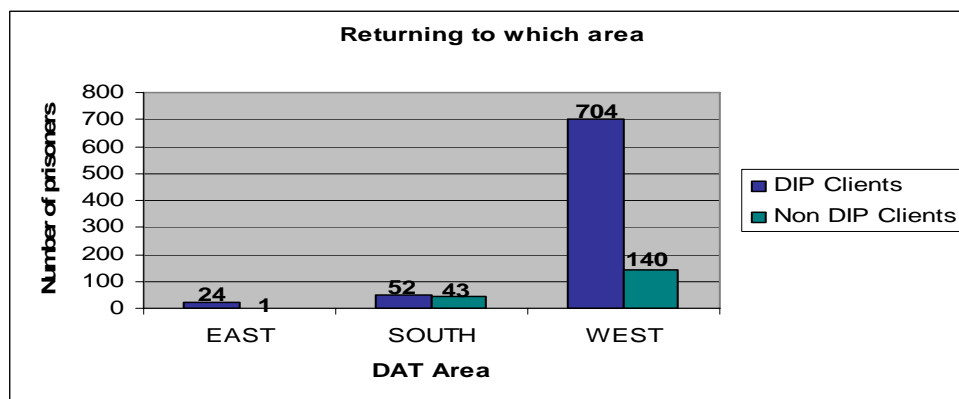
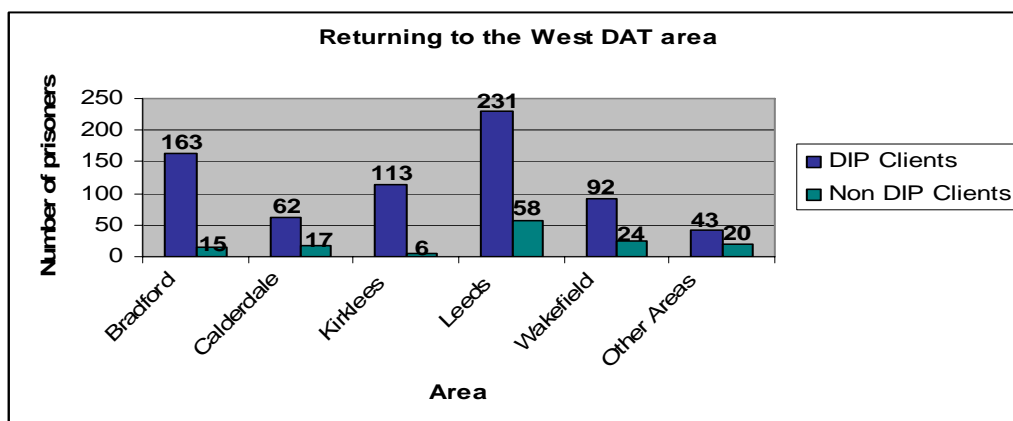


Figure 12 shows which DAT in the West areas prisoners returned to. The majority of DIP prisoners returned to Leeds, Bradford or Kirklees, the majority of non DIP clients returned to Leeds, Wakefield and other areas.

Figure 12



## 6.1 Drug Intervention Programme - Leeds

Data received from the Drug Intervention Programme (DIP) in Leeds shows that during 2007/08 CARATs referred 260 clients to DIP and 240 of these engaged with DIP on release:

- 117 of the referrals were for clients that had been on a longer than 12 month sentence or had never been known to DIP.
- 123 of the referrals were for clients that were on short sentences and re-engaged with DIP after case suspension.
- 20 of the referrals did not agree to a care plan and were not taken onto the caseload.

Recent data from April 2008 – June 2008 shows that 40 referrals have been made to DIP by CARATs and of these:

- 18 were clients that had been on a longer than 12 month sentence or were never known to DIP
- 22 were clients who were on a short sentence and re-engaged with DIP after case suspension.

## 6.2 Throughcare, Prescribing Pathway Protocol for HMP Leeds

For all releases going from HMP Leeds and returning to DIP a Throughcare prescribing pathway protocol has been developed which informs pharmacy at HMP Leeds of clinic appointments made for prisoners being released. A number of risk factors have been identified which need to be considered and include

- Clients released from prison without CARATs knowing or the substance misuse team
- If client is released after 4pm on the day of his release
- If client is released without any prescribing medication.

If the above happens all CARAT workers do provide one to one on harm reduction discussing the risks of overdose and low tolerance levels.

## 7.0 Clinical Substance Misuse Staff Calculator

The staff calculator was used to generate a profile of the clinical staff required to provide IDTS using the available data from the healthcare substance misuse team and CARATS.

### 7.1 Projected number of patients

Figure 13 shows the numbers used to calculate the staff profile which is based on data from April 2007-March 2008.

Figure 13

Definition	Number
Number of patients requiring an initial substance misuse clinical assessment	2604
Patients requiring assessments by a doctor on the day of reception	1608
Clinical assessment by a doctor on the day after reception	786
Patients requiring stabilisation (Methadone or Buprenorphine)	3554
All alcohol detoxes started	523
Total maintenance treatments either started or continued	3231
Total opioid detoxes started	1818
Number of clients requiring 72 hour monitoring (i.e. testing positive to stimulants on arrival)	60
Involvement in CARAT Comprehensive Substance Misuse Assessments and care planning	577
Full review of maintenance treatment with keyworker and client (at 13 weeks)	3144
Number of patients requiring a secondary course of treatment	2358
Number of patients requiring Naltrexone prescriptions	61
Number of patients requiring acomprostate prescriptions	6

### 7.2 Staff profile

Figure 14 shows the staff profile that was calculated using the data in figure 13.

**N.B. from November 2008 there will be 150 extra bed spaces which needs to be taken into account.**

Figure 14

Post	Staff required – whole time equivalent
Manager	1.00
Nurse specialist	2.53
Nurses Bands 5/6 and Registered Pharmacy Techs	15.07
GPwSI	1.84
Administration	2.15
Healthcare Assistants or Pharmacy Techs	6.65
Pharmacist	0.87
<b>Total estimated staff complement – whole time equivalent</b>	<b>30.09</b>

## 8.0 References

1. Department of Health (2006) Clinical management of drug dependence in the adult prison setting. Including psychosocial treatment as a core part.
2. National Treatment Agency for Substance Misuse (2007) Integrated drug treatment in prisons (IDTS). Needs assessment guidance 2008-09.
3. National Treatment Agency for Substance Misuse (2007) Needs assessment guidance for adult drug treatment.