An introduction to the Drug Interventions Programme for prisons and probation services
What is this booklet?

The Drug Interventions Programme (the Programme) is a key part of the Government's strategy for tackling drugs and reducing crime. And it’s working: drug-related crime has fallen by a fifth since the Programme started, and record numbers of people are being helped with their drug misuse.

This booklet is aimed at professionals and organisations working within the National Offender Management Service (NOMS) and the prison and probation services, including prison healthcare workers, Counselling, Assessment, Referral, Advice and Throughcare (CARAT) workers, drug programme staff, prison officers, prison governors, resettlement teams and probation managers and staff. It provides an overview of the Programme and the vital contribution prison and probation services make to its interventions.
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Introducing the Programme

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

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

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

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

The Programme tackles the root of the problem. People who misuse Class A drugs often commit crimes to fund their drug habit. Heroin and crack users are responsible for more than half of acquisitive crimes such as burglary and car theft. The Programme reduces the effects of crime on the community by directing offenders who misuse Class A drugs away from crime and into treatment.

The Programme’s interventions work. The Programme is evidence-based. We know that those offenders who are directed into treatment have a greater chance of developing an alternative to a criminal lifestyle and the figures show that this is happening. Nationally, recorded acquisitive crime of the kind most often associated with drug misusers has dropped by 20 per cent since the Programme began in 2003. It is particularly effective in helping grip those offenders who cause the greatest harm to communities.

Treatment works. Evidence shows that treatment works — not just residential treatment or methadone prescribing, but also a wide range of less intensive alternatives. These include interventions such as counselling coupled with wrap-around support to address some of the underlying issues that trigger drug misuse, such as housing, mental health or relationship issues. The Programme is successfully engaging hard-to-reach groups. It is on target to have 1,000 people in treatment and rehabilitation programmes each week by 2008 – 80 per cent of them have not been in treatment before.
**The Programme is cost-effective.** For every pound spent on treatment, at least £9.50 is saved in crime and health costs. The Programme’s initiatives are expected to save at least £4.4 billion for the taxpayer over eight years.

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

**What is unique about the Programme?**

Some criminal justice interventions to guide offenders into treatment, such as arrest referral, pre-date the Programme and were run by separate criminal justice agencies. The Programme pulled them together for the first time, thereby offering a beginning-to-end support system for drug-misusing offenders. *Throughcare* and *aftercare*, which enable tailor-made treatment based on an individual’s health and support needs, are at the heart of this new system.

*Throughcare* is the term used to describe the arrangements for managing the continuity of care provided to drug-misusing offenders, from the point of arrest through to court, sentence and beyond. A Criminal Justice Integrated Team (CJIT) in each local Drug Action Team (DAT) will deliver this support using a case-management approach.
By using this approach, the Programme prevents offenders from falling through gaps in the system and supports them at times when, in the past, they have been most at risk of falling back into drug misuse. The CJIT’s case-management approach will assist prison and probation services by:

- providing access for drug-misusing offenders to assessment and harm reduction advice in police stations and courts;
- providing early identification of offenders who may be suitable for a Drug Rehabilitation Requirement (DRR) – CJIT/CARAT workers play an important role in helping to identify people suitable for DRRs prior to sentence as well as helping to prepare and motivate them if a DRR is to be imposed by the court;
- drawing up care plans for drug-misusing offenders and offering them immediate access to appropriate treatment interventions from a wide range of treatment options; and
- ensuring that information on offenders’ treatment needs is made available so that they get appropriate treatment responses in custody and in the crucial period after release.

You can find out more information about the role of CJITs on pages 21–23.

**Aftercare** is the package of holistic support that needs to be in place after a drug-misusing offender is released from custody, completes a community sentence or leaves treatment. It involves access to ‘wrap-around’ support that may include help with things like finding somewhere to live, rebuilding family relationships, managing money and getting ready for employment.
The close collaboration of throughcare and aftercare partners is making a difference: “We want to get clients into treatment, we want to stop them committing crime, and we want to help them get back with their families, into full-time employment, into a better lifestyle,” says Mike Creer, formerly the manager of Liverpool’s Drug Interventions Programme. “In Liverpool, we looked to our partners across the other Merseyside Programmes and we came together in a sort of co-operative. So I believe it is unique, it is innovative, and it’s actually delivering results for us.”

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

Which parts of the country are covered by the Programme?

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

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

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

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

Prisons

Prison offers a prime opportunity to engage drug-misusing offenders in treatment. The main focus of the Programme within prisons is providing drug treatment and throughcare links to the community, with CARAT teams taking the lead role while the offender is in custody. Prisons provide a comprehensive treatment framework – compatible with the National Treatment Agency’s revised Models of Care – that can be adapted to meet the needs of all drug misusers.
CARAT services
CARAT services provide specialist advice and support to prisoners in order to reduce the harm caused by drugs, and to secure their access to treatment on release. CARAT workers take the lead role for the Programme in prisons, providing care co-ordination to help ensure that timely continuity of care can be provided for offenders returning to the community. They liaise closely with the local CJIT throughout an offender’s sentence and particularly in the preparation of release plans at the end of a sentence to help offenders to reintegrate into the community. As the Programme has developed, CARAT workers have enhanced the effectiveness of their key role and have helped ensure that robust links to ongoing support in the community exist for offenders returning into the community.

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

“Everybody has the same goal,” says Danny Spencer, Head of Operations Security at HMP Liverpool. “They want to see prisoners drug-free and substance misuse-free. They want them to have better opportunities when they leave prison, because that means there is less chance of them reoffending on their release.”
Clinical services
Clinical services (detoxification and/or maintenance prescribing) are available in all local and remand prisons. The confidential initial healthcare screening a prisoner receives on reception concentrates on four areas of need: physical health, mental health, substance misuse and risk of self-harm. It is designed to lead on to a more specialist assessment where indicated. A clinical substance misuse assessment, conducted by a health professional with experience in substance misuse management, follows a positive test from the initial healthcare screen. A clinical decision is then reached about the prisoner’s treatment needs. This can either be detoxification or substitute prescribing, as a prelude to a broader drug treatment programme.

Short duration treatment programmes
The short duration treatment programme is available in 41 establishments. It is designed for prisoners on remand or waiting to be sentenced and prisoners on a short sentence with less than six months to serve in custody. It can also be delivered as a booster programme to any prisoner with a maximum of six months left to serve of any sentence, prior to their release in an open prison (Category D).
Intensive treatment programmes
Prisons deliver 115 intensive treatment programmes (of which 41 are short duration treatment programmes) across 104 establishments. A range of programmes, independently accredited by the Correctional Services Accreditation Panel, are in place. These include:

- abstinence-based programmes, such as Therapeutic Communities and the 12-Step Programme; and

- cognitive behaviour therapy based programmes such as FOCUS (high intensity), Action on Drugs and STOP (medium intensity), and P-ASRO (low intensity).
How do prisons benefit?

The Programme:

- ensures that information about an offender’s Class A drug misuse is gathered and provided to the prison at the point of reception and details, where possible, what treatment interventions have already been provided in order to ensure continuity of care;

- ensures that progress made by treatment in prison is not lost on an offender’s release and that, on release, there is a platform for consolidating the work carried out in prison;

- enables a reduction in the cycle of reoffending;

- clearly highlights the roles and responsibilities of partner agencies; and

- enables prison staff to be part of a real solution to drug-related offending.
How does the National Probation Service for England and Wales benefit?

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

- improved identification (particularly for DRRs), including early low-level intervention to motivate offenders and reduce the risk of them leaving treatment and reoffending before they have been sentenced; and

- easier access to post-probation statutory supervision and post-custody treatment provision (if there is a need for ongoing drug treatment).

The Programme’s focus on throughcare and aftercare assists the Probation Service to work alongside CJITs, CARATs and other treatment providers, to ensure that drug-misusing offenders’ treatment needs are met.
The Programme contributes, where appropriate, to the assessment of drug-related needs and contributes to sentence planning.

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

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

The police

The police are an offender’s first contact with the criminal justice system, so offer an opportunity to engage drug-misusing offenders early on in their criminal career by ensuring the right people are targeted with drug testing and can be engaged by criminal justice drug workers (see pages 6 and 17). The police have several of the Programme’s initiatives at their disposal to get offenders into drug treatment.

“Our experience in tackling drugs suggests that there is no one-size-fits-all solution,” says Detective Superintendent Alison Rose, who leads the Programme in West Yorkshire. “Dealers respond to enforcement, but those who use drugs require a more tailor-made approach. No one agency can tackle drugs alone. By pooling the expertise of our staff and our partners and using a multi-layered approach, we are demonstrating our continued commitment to the community as we aim to achieve a sustainable reduction in drug use and drug-related crime.”
Prolific and other Priority Offender schemes
Prolific and other Priority Offender (PPO) schemes are multi-agency teams made up of the police, probation and prison services, which work with relevant rehabilitative services to address the underlying causes of offending behaviour. They target offenders who cause most harm to themselves and the community: a high proportion of prolific and priority offenders – up to 100 per cent in some high crime areas – are also drug-misusing offenders and many have significant treatment needs.

Probation and police work closely with CJITs and other drug treatment providers to manage and support this group of offenders, using a ‘carrot and stick’ approach. The Programme’s treatment and support complements the intensive enforcement of the PPO teams, and teams are increasingly aligning their work. The result is that drug-using PPOs are effectively identified and increasing numbers of them are driven into appropriate treatment. For instance, PPOs released on licence from prison sentences are routinely drug tested where they have committed a relevant offence and have a drug misuse problem linked to their offending.
Drug testing and Required Assessment
A person charged with a ‘trigger offence’ (such as property crime, robbery or Class A drug offences) provides a saliva sample that is tested for the use of heroin, cocaine or crack, as these are the drugs most associated with crime. Testing was formerly limited to after the offender was charged but can now also be done at any point after arrest in ‘intensive’ areas.

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

Conditional cautioning
Conditional cautioning, introduced in the Criminal Justice Act 2003, has been piloted in some areas since late 2004 and is now being rolled out across England and Wales, with the aim of achieving national coverage by 2008. For those offenders who admit the offence and have either tested positive for heroin and/or crack/cocaine or admit to misusing drugs, a condition of engaging with a drug worker and undergoing treatment can be attached to a police caution. This provides an early opportunity in the criminal justice system to identify low-level offenders who are misusing drugs and divert them away from the courts. Offenders may still be prosecuted if they do not comply with their conditions.
Drug workers in police stations and courts
Criminal justice drug workers are specialist drug workers (previously known as arrest referral workers) who now operate in all police custody suites and many courts. They assess drug-misusing offenders in police cells or at court and assess them, providing access where appropriate to specialist treatment services or other effective support. This case-management approach ensures that offenders stay engaged between referral and entry into treatment – a time when they are most at risk of losing motivation and dropping out of the system.

Sonia Morgan manages a team of five criminal justice drug workers in London’s Tower Hamlets. “We work from seven o’clock in the morning till ten o’clock at night,” she explains. “When an assessment is done with a drug-misusing offender, it is confidential. No information is given to anyone but the agencies that need it. From there we will refer them to a treatment agency.”
The courts

The appropriate treatment-focused sentence can influence whether an offender misuses drugs and reoffends in the future. Without compromising the courts’ impartiality, the Programme supports this work with a range of initiatives.

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

Drug testing was formerly limited to after the offender was charged with a trigger offence but can now also be done at any point after arrest in ‘intensive’ areas. This can assist with the early identification and referral to probation of offenders who may be suitable for a DRR. With the consent of the offender, CJIT assessments can contribute to and help to inform DRR comprehensive assessments.
Court-based workers
In the Programme’s intensive areas, criminal justice drug workers, who are part of the CJIT process, work in magistrates’ and Crown courts carrying out assessments and providing advice to drug-misusing offenders. They continue to support those who have been identified as drug-misusing offenders in police custody. Their assessments can be used by probation officers in their reports to the court, which are taken into consideration by judges and magistrates when they make sentencing decisions – as long as the individuals being charged give appropriate consent – and also in relation to bail (see below).

Court-based workers also track outcomes of court decisions relating to remand/sentenced offenders and liaise with drug treatment and health services in prisons to ensure that information on the treatment needs of individual offenders informs treatment responses in custody.

Restriction on Bail
Restriction on Bail (RoB) reverses the normal presumption of court bail for defendants who have tested positive for heroin, crack or cocaine. RoB should be applied to any adult defendant attending court for a drugs offence, or an offence the court suspects was caused or contributed to by Class A drug misuse, unless the court believes there is no significant risk of the defendant reoffending. RoB makes the requirement to undergo an assessment of the defendant’s drug misuse and/or any proposed follow-up treatment a condition of court bail. A failure to comply with this condition is treated in the same way as any other breach of bail. RoB started in three petty session areas (now called Local Justice Areas (LJAs)) before being phased in elsewhere. Since March 2006, it has been available to all LJAs across England so that anyone who tests positive, regardless of where the case is later heard, could be eligible for the provision.
A defendant’s compliance with their RoB conditions can help inform the court when making sentencing decisions.

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

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

In many cases, they have succeeded in engaging people in treatment for more than 12 weeks, which is regarded as a key milestone for many drug misusers in making real progress towards a drug-free lifestyle.
Debbie had been a heroin addict for ten years when she was given a community sentence with a drug rehabilitation element: “It was the first time I’d ever been sent to prison and I was remanded for three months. My mum was terminally ill and I didn’t expect to see her again. To be offered the community order in court meant I got a chance to see her. She died at Christmas, but I got four months with her that I wouldn’t have got, and I thought well I owe it to her, I owe it to my father and to myself. I’ve never looked back and I’m very grateful.”

**Aftercare services**

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

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

- a single point of contact for referrals from criminal justice and treatment agencies, ensuring continuity of care as someone moves between custody and the community;

- a single point of contact for self-referrals, appointments, ongoing support, help and information: every DAT operates a 24-hour helpline for clients to access throughout their rehabilitation;

- appropriate support to those drug misusers leaving prison or treatment or completing a community sentence and have an ongoing drug treatment need;

- access to structured treatment interventions, such as motivational engagement and relapse prevention;

- access, where appropriate, to rapid prescribing in line with National Treatment Agency (NTA) guidance;
• an established link to specialist health services such as those dealing with alcohol care and mental health care; and

• access to an holistic range of services building on existing strategies and mainstream programmes and a wide range of treatment.

Mhairi Doyle, a Social Inclusion Manager at Jobcentre Plus, explains one of the programmes helping drug-misusing offenders to find work: “Progress2Work helps people that have had a drug issue, and who perceive that to be a barrier to them getting work. We’ve worked with the Programme since it started, and it’s been really successful. We don’t do things for clients; we give them the level of support that they want. Some of our client group have never worked before; they don’t have a work ethic. Then they move into other full-time employment from this, and it’s great. I see miracles happening every day.”
Delivering the Programme

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

Local delivery

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

CJITs are the key local delivery mechanism of the Programme. They are established by DATs as co-located, multi-agency partnerships, comprising members from a range of disciplines and with a range of competencies and skills. A typical team might include criminal justice drug workers based in police custody suites or courts (previously known as arrest referral workers); case managers; specialists in housing issues, mental health, education, training and employment; family support; outreach workers working in the community; and dedicated PPO case managers.
Data collection and information sharing

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

- is used to facilitate and improve standards of continuity of care and minimise duplication of assessments; and

- supports the Programme’s monitoring and research functions.

The DIR, which was revised from April 2007 after extensive consultation, replaced the Substance Misuse Triage Assessment form. A DIR must be filled out with every CARAT client.

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

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

Central government funding has increased from £142 million in 2001/02 to a record £398 million in 2007/08. The NTA has several initiatives under way to ensure that this funding is spent appropriately to improve the availability, capacity and effectiveness of treatment.

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

• During 2005/06 more than 181,000 people received structured drug treatment in England. This is an increase of 13 per cent on 2004/05 and of 113 per cent on the 1998/99 baseline of 85,000.

• Average waiting times have fallen from over nine weeks in 2001 to around two and a half weeks currently.

• Over 10,000 people are now working in drug treatment – a rise of 40 per cent since 2002.

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

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

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

The prevention of substance misuse among young people continues to be a key strand of the Updated Drug Strategy. In addition, the Prevent and Deter strand of the PPO scheme, which is closely aligned with the Programme, will continue to target high-risk young offenders, in order to divert them from crime and substance misuse.
The Programme aims to break the cycle of drugs–crime–prison. This diagram illustrates how the Programme intervenes in the cycle to move offenders out of crime and into treatment.

The Programme's process

[Diagram showing the process]

- **Access to the Programme**
  - Via CJIT worker in police custody (Required Assessment or voluntary assessment)

- **Access to treatment**
  - Via conditional cautioning

- **Restriction on Bail**
  - Drives access to treatment

- **Court process**

- **Release and resettlement**
  - Access to aftercare support (housing, training etc.) in appropriate cases

- **No (or reduced) drug misuse and offending**

- **Access to the Programme**
  - Charge where applicable, drug testing (Class A) if not carried out earlier

- **Access to treatment**
  - Via Drug Rehabilitation Requirement

- **Community sentence**

- **Access to treatment and release planning in custody**

- **No (or reduced) drug misuse and offending**

The Programme's process illustrates how the Programme intervenes in the cycle to move offenders out of crime and into treatment.
Useful contacts for the Programme

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

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

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Shaftesbury Road
Cambridge CB2 8DF
Tel. 01223 372578
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Riverwalk House
157–161 Millbank
London SW1P 4RR
Tel. 020 7217 3440
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Tel. 020 7217 3660

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Citygate
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Newcastle-upon-Tyne
NE1 4WH
Tel. 0191 202 3655
NTA:
Tel. 0191 202 2245

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City Tower
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Manchester M1 4BE
Tel. 0161 952 4049
NTA:
Tel. 0161 952 4476

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Bridge House
1 Walnut Tree Close
Guildford GU1 4GA
Tel. 01483 882325
NTA:
Tel. 01483 882427

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2 Rivergate
Temple Quay
Bristol BS1 6ED
Tel. 0117 900 3519
NTA:
Tel. 0117 900 3532

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5 St Philips Place
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Tel. 0121 352 5080
NTA:
Tel. 0121 352 5075/5540

Yorkshire and Humberside
2nd Floor Lateral
8 City Walk
Leeds LS11 9AT
Tel. 0113 341 2786
NTA:
Tel. 0113 283 5446
For more information

Visit www.drugs.gov.uk for more detailed information about the Programme, the role of its stakeholders and the research that has informed the way its initiatives have developed. The Programme is regularly evaluated, and the findings will appear on the site.

If you have a query or would like to request more copies of this booklet or the accompanying video, or if you would like to subscribe to e-mail bulletins providing up-to-date news on the Programme, send your request to dipinfo@coi.gsi.gov.uk