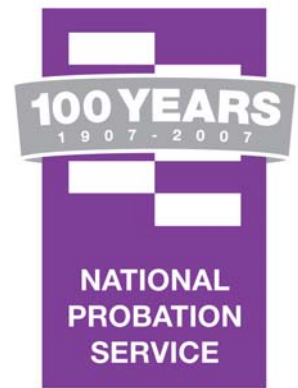


Probation Circular



PC23/2007 – REDUCING THE RISK OF DRUG RELATED DEATHS

IMPLEMENTATION DATE: Immediate

EXPIRY DATE: June 2012

TO: Chairs of Probation Boards, Chief Officers of Probation, Secretaries of Probation Boards

CC: Board Treasurers, Regional Managers

AUTHORISED BY: Sarah Mann Head of Interventions and Substance Abuse, Richard Mason Head of Offender Assessment and Management Unit

ATTACHED: Annex A: Resource Information
Annex B: Equality Impact assessment

RELEVANT PREVIOUS PROBATION CIRCULARS

PC22/2007

CONTACT FOR ENQUIRIES

Fiona.Bauermeister@homeoffice.gsi.gov.uk or 0207 217 0768

Megan.Jones@homeoffice.gsi.gov.uk or 0207 217 0770

PURPOSE

- To clarify actions required by offender managers to reduce the risk of drug-related deaths of newly-released prisoners.
- To provide Offender Managers with a list of resources to support the above.

ACTION

The contents of this probation circular should be brought to the attention of all offender managers and their line managers.

SUMMARY

Drug-using offenders are at an increased risk of drug-related death following their release from custody. Where offenders are subject to post-custodial supervision the offender manager can intervene to reduce the risk. This circular summarises the risks faced by newly-released drug-using offenders and sets out actions required of offender managers to reduce this risk. It also gives good practice examples and a list of resources that can be used to support this work.

Offender Manager Guidance: Reducing Drug-Related Deaths for Offenders Subject to Supervision Following Release from Custody

1. Introduction

The number of drug related deaths has fallen in recent years but remains high (1382 in 2005). Opioid drugs (heroin, methadone or others) were involved in 70% of deaths.

Newly-released prisoners who have problems with drugs are at a particularly high risk of drug-related death. Home Office studies on drug-related mortality rates amongst newly-released male offenders show that they are 29% more likely to die during the first week of release compared to their peers in the community. Newly-released female prisoners are 69 times more likely to die than their peers in the community. This document aims to help offender managers (OMs) to reduce this risk.

2. Objectives

This document has the following objectives:

1. To summarise the key risk factors for drug users who have recently been released from custody and who are subject to supervision on a licence or notice of supervision ('licence' will be used for both). The guidance will also apply to those released from a remand in custody if they are subject to a community order.
2. To outline minimum actions by OMs to reduce the risk of drug-related deaths.
3. To give examples of current good practice which areas may wish to consider adopting.
4. To provide information on where additional resources and information can be obtained.

3. Key Risks for Recently-Released Drug Using Offenders

People who die from an overdose have often overdosed before and survived. It is not usually 'new users' who overdose but people who have been injecting for years. The following factors can increase the risk of overdose:

1. **Lowered tolerance** - If drug users stop taking drugs, even for a week or so, their tolerance reduces dramatically. This means that on release from prison an offender could overdose by using the same amount of the drug that he/she used before they went to prison.
2. **Feeling up or down** - Depression about the problems faced post release may lead to an offender returning to drug use or to taking larger amounts. Alternatively, feelings of excitement and euphoria may lead to celebratory drug-taking with no thought to reduced tolerance.
3. **Injecting** - Users who inject drugs are at a heightened risk of overdose because they often use increasingly greater amounts of the drug. Injecting alone without other people to call for help if needed is particularly risky.
4. **Mixing depressants, including alcohol - Depressants** combine in the blood and are absorbed at different rates. Drinking alcohol and taking different drugs may result in a lethal combination in the body. Many users who overdose die 2-3 hours after injecting heroin, especially when they have taken a combination of alcohol or depressants with methadone or heroin.

5. **Using stimulants** - Drug users are 20 times more likely to have a heart attack in the hour after using cocaine or crack. The most common cause of death in a stimulant overdose is a heart attack or stroke. Regular use can lead to the development of heart problems without the user being aware of it.
6. **High tolerance** - The body becomes tolerant to heroin over time, so users typically take larger amounts in order to get the same effect. This means drug users can be getting closer and closer to the level that that can result in overdose without them realising it.
7. **Buying drugs prescribed for other drug users** - Many methadone-related overdoses happen to users who buy methadone from someone in treatment. Their tolerance may be completely different from the person for whom it was prescribed.

These risks may be higher for some offenders in the first few days/weeks after release.

4. Action by Offender Managers to Reduce the Risk of Drug-Related Deaths

The overriding responsibility of OMs is to manage the licence in a way that reduces the risks of reoffending and of serious harm to the public, as well as harm to the offender. Reducing the risk of overdose by a drug-using offender must be tackled within this framework. Developing and managing a sentence plan which addresses problems with drugs will also reduce the risk of overdose.

The OM manager should as a minimum take the following actions:

In Custody

1. During the custodial component of the sentence, the offender manager should liaise with the prison (e.g. CARAT staff¹ or the offender supervisor) to find out what drug-related interventions have been delivered, including any interventions/information relating to harm reduction. Any specific risks and needs should be recorded by the OM and a plan developed to address them.
2. Where offending is drug-related, the OM should ensure the sentence plan specifies how drug treatment needs (including relapse prevention work) will be addressed.
3. OMs should ensure they have a detailed understanding of the offender's history of drug use to enable them to target interventions. The sentence plan should record information such as details of previous overdoses, what drugs the offender uses, preferred method of drug administration, whether they use alone, and any triggers for returning to or increasing their drug use
4. OMs should liaise with CARAT teams, CJITs² and drug treatment services in preparing release plans in order to ensure consistency of drug treatment provision post-release. (Further guidance "Managing Drug Users Under Probation Supervision: Guidance for probation offender managers, CJITs and CARAT teams" is to be issued shortly)

On Release

5. On the day of release the OM should make the offender aware of the risks of overdose should the offender return to using drugs at the same level as before they went into custody. The offender may have been using drugs in prison but this is likely to be at a lower level than when they were in the community.

¹ Counselling, Advice, Referral, Assessment and Throughcare services in prisons

² Criminal Justice Integrated Teams

6. As part of pre-release planning offenders should be provided with the local CJIT 24/7 client phone line and/or national helpline telephone numbers (see section 6 for more information) and with appointments with relevant agencies.
7. If there are additional licence conditions for the offender to be drug tested or to 'address his/her problems with drugs' the sentence plan must specify how these conditions will be met and the offender must understand the consequences of failing to comply.
8. Drug-using offenders should be informed of the resources available to help them stop using drugs or to remain drug free whilst they are on licence and beyond.

5. Examples of Good Practice

Some probation areas already have procedures in place which aim to reduce the risk of drug-related deaths. These include:

- Providing the offender with leaflets and other written information and ensuring that they understand them. Some approved premises staff have reported that completing the risk assessment on the induction form with offenders is an effective way to engage them in discussion around the risk of overdose. This discussion is backed up by giving the offender a leaflet.
- Issuing offenders with an 'overdose response card' on induction and as part of pre-release. This gives advice on what to do if someone overdoses on drugs.
- Discussion with the offender about any information/leaflets they received in or on release from prison.
- Playing videos in waiting areas about how to prevent/ respond to an overdose.
- Supporting offenders in registering with a GP and encouraging them to attend appointments.
- Training staff and offenders in how to deal with overdoses. Details of training will usually be available from a local drug project.

6. Resources

There is a wealth of information in a variety of detail and formats which aim to reduce the risk of drug-related deaths. Details are contained in Annex A.

Sources of help and advice

Areas may wish to consider the following:

The National Treatment Agency for Substance Misuse

<http://www.nta.nhs.uk/>

The following booklets on harm reduction are available:

Overdose – everything you need to know

Overdose – protect and survive

Injecting and Infections – What you need to know

After a break – low tolerance, high risk

Leaflets can also be obtained from Dept of Health publications on 08701 555 455

HIT

<http://www.hit.org.uk/>

Formerly the Mersey Drug Training and Information Centre, this was established in 1985 to reduce drug-related harm. It set up one of the UK's first syringe exchange schemes. Amongst their drug-related publications are the *Lifeguard* series on overdose prevention.

The Lifeline Project

www.lifeline.org.uk

This opened in 1971 and now works in a range of settings. It provides leaflets/booklets including *Overdose – how to cope in a crisis*.

Exchange Supplies

www.exchangesupplies.org

This offers comprehensive free on-line information on harm reduction.

Overdose, written in association with DrugScope, gives advice and information on overdose risks, myths, calling an ambulance and first aid. They also have a DVD called *Going Over* which runs on a five-minute loop showing dramatised reconstructions of real-life overdose stories. Order through Exchange Supplies (01305 262244) or DrugScope Publications (01235 465500) or via FRANK.

FRANK

www.talktofrank.com

This is the government's national drug awareness campaign.

The National Drugs Helpline

This is a free 24hr advice line: 0800 77 66 00

Treatment: the works

www.treatmenttheworks.com

This is a Home Office website to support clients of the Drug Interventions Programme and the professionals working with them across the treatment, aftercare and criminal justice services. It contains information about illegal drugs and available treatment.

You can find out more information about the Drug Interventions Programme, and the National Drug Strategy on the website www.drugs.gov.uk

A. INITIAL SCREENING

1. Title of function, policy or practice (including common practice)

Is this a new policy under development or an existing one?

Work by offender managers to reduce the risk of drug related deaths by offenders who are recently released from prison should be part of their current practice.

2. Aims, purpose and outcomes of function, policy or practice

What is the function, policy or practice addressing? What operational work or employment/HR activities are covered? What outcomes are expected?

This PC aims to:

- remind offender managers of their responsibilities in reducing the risks of drug related deaths immediately after offenders are released from custody
- provide OMs with advice about what issues should be covered in the first few appointments with the offender post release
- provides a list of where supporting resources such as leaflets and videos can be obtained

3. Target groups

Who is the policy aimed at? Which specific groups are likely to be affected by its implementation? This could be staff, service users, partners, contractors.

For each equality target group, think about possible positive or negative impact, benefits or disadvantages, and if negative impact is this at a high medium or low level. Give reasons for your assessment. This could be existing knowledge or monitoring, national research, through talking to the groups concerned, etc. If there is possible negative impact a full impact assessment is needed. The high, medium or low impact will indicate level of priority to give the full assessment. Please use the table below to do this.

Equality target group	Positive impact – could benefit	Negative impact - could disadvantage (High, medium, low)	Reason for assessment and explanation of possible impact
1.Women	Reduced risk of drug related death by reminding offender of risks of returning to former levels of drug use	low	Giving information and advice re risky drug using behaviour and provision of follow up information if required will ensure women offenders are aware of actions which will reduce the risk of

	and risks of using other people's prescribed and/illegal drugs		overdose
2. Men	As above	As above	As above
3. Asian/Asian British people	As above but may be added benefit in that this group are over represented in the prison population and may be less likely to have a peer group who are aware of the risks of returning to former levels of drug use after a period of abstinence	As above	As above and reflects the fact that drug use in this community may lead to isolation from family and other social support networks
4. Black/Black British people	As above but may be added benefit in that this group are over represented in the prison population and there is some evidence that they are less likely to engage with drug treatment services than other groups	low	Ensures this group are aware of the risks of returning to former levels of drug use even if they subsequently fail to engage with community drug agencies for on going treatment/support
5. Chinese people or other groups	See 3	See 3	See 3
6. People of mixed race	See 2	See 2	See 2
7. White people (including Irish people)	See 2	See 2	See 2
8. Travellers or Gypsies	See 4	See 4	See 4
9. Disabled people	See 4	See 4	See 4
10. Lesbians, gay men and	See 4	See 4	See 4

bisexual people			
11. Transgender people	See 2	See 2	See 2
12. Older people over 60	See 2	See 2	See 2
13. Young people (17-25) and children	See 2	See 2	See 2
14. Faith groups	See 2	See 2	See 2

4. Further research/questions to answer

As a result of the above, indicate what questions might need to be answered in the full impact assessment and what additional research or evidence might be needed to do this.

None-other than to ensure OMs raise this issue with all groups of drug using offenders who have been recently released from custody

Initial screening done by:

Name/position

Claire Wiggins

Date 20.6.07