

The Criminal Justice Intervention Programme & Primary Care.

Edward Ward Deputy Regional Manager, CJIP.
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What's the Criminal Justice Intervention Programme?



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for Substance Misuse

Aims to reduce drug related crime by

- Developing care pathways from the Criminal Justice System (CJS) into treatment
- Making contact with problem drug users (PDU's) at all points in the Criminal Justice System
- Engaging & retaining them in treatment,
- Supporting them during and after treatment, after probation orders, and on release from prison
- Creating the capacity and also redesigning services to meet the needs of this group.

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What do CJIP DATs have to do ?



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- Create a team to engage with PDUs on arrest, @ Court, & on release from prison, and then retain them in treatment.
- Create care pathways into treatment from the CJS.
- Once engaged - provide intensive case management to ensure entry & retention in structured treatment
- Track clients through the treatment system, & measure outcomes .There's a significant investment in data management to do this.
- Offer a single point of contact for access to CJIP for users and professionals.
- Provider aftercare: at the end of treatment – e.g. housing, education , work, primary care. .Aftercare is for all users not just CJIP clients.

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Crime Reduction & Health Inequalities-2 sides of the same coin.



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- Treatment Works- NTORS study showed increased health and reduced offending amongst Problem Drug Users when they are retained in treatment.
- Crime reduction leads to health gain for individuals and a reduction in health inequalities for
- DATs are all PCTs with high levels of deprivation / health inequality.
- Harm Reduction, the ability to engage PDUs in treatment for Blood Borne Viruses and reduce their spread.

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Benefits of CJIP



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Reduces: Drug related deaths,
Prevalence of Blood Borne Viruses,
Crime,
Fear of crime.

Promotes:

A holistic response to drug misuse,
Economic and social regeneration.

CJIP so far. June 04

- 25 Wave 1 CJIP DATs(boroughs) ,live from April 03
- 22 2nd Wave CJIPs, live April 04.

In London there are now 17 CJIP DATs/PCTs .

- CJIP DATs are the PCTs with the highest levels of drug related crime-but are also the PCTs with the high levels of deprivation & health inequality.
- Extra resources for each DAT to set up and run CJIP.

What does this mean for Primary Care?



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- It's part of the core work of getting more drug users into treatment.
- It's about health inequalities.
- It's about public health- reducing the spread of BBV.
- It's about harm reduction- reducing drug related deaths on release from prison.
- It's about care pathways and chronic disease management.
- It's about ensuring primary care is part of aftercare.

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But why all this attention now ?



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- It's political: part of government policy to reduce crime.
- But it's also part of our work to create more , better, fairer drug treatment services.
- We want to get a cohort of clients into treatment sooner rather than later (**justified for clinical reasons**) who we know are vulnerable and hard to engage.

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What CJIP is not about

- Compulsory or Coercive treatment by clinicians
– treatment requires consent'
- A two tier treatment system.
- treating PDUs just because of the crime committed rather than clinical need.
- Special or separate funding for treatment.

Effects on Primary Care: knowledge from testing offenders for drug use



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- Drug Testing at Police stations in April in London showed the number of users positive for opiate use only was 8%*
- However, for cocaine only it was 21%,
- and for cocaine and opiates combined it was 22% .
- So CJIP users are more likely to be poly drug users.

- Contrast this with the opiate bias of the current shared care model. So either as shared care practice or a Tier One GMS provider- primary care needs to be crack competent

**A key part of CJIP is the compulsory drug testing of offenders in police stations when they are charged for a “trigger offence” e.g. acquisitive crime such as robbery or burglary*

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The demand for treatment from CJIP clients. The East London Experience.



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- Mixed picture as only operational for 8 months .
- It's hardest to engage clients on arrest, but easier at Courts or in Prison
- Residential care seems popular with CJIP clients , as is direct entry to treatment from prison
- A low level of demand for shared care, suggests that clients are more suitable for management at specialist units. This may change
- Service redesign is required to encourage entry to treatment . e.g. low threshold prescribing, or quick access for crack users

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So CJIP means Primary Care teams will need to:

- Be able to manage crack /poly drug users as a GMS/Tier 1 service
- Register PDUs , & provide generic primary care.
- Offer shared care as part of a local shared care, with case management support from the CJIP team.
- Offer quick access to prescribing if appropriate, or be a GPSI for a CJIP team.
- Link with prison health before or after release as part of case management.
- Be part of aftercare: ensuring PDUs leaving treatment or prison can register with a practice.

To Sum Up – CJIP & Primary Care



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- CJIP is part of the work of modernising drug treatment services; providing more, better, and fairer treatment.
- Primary care has an vital role to play in this
- It's part of increasing the number of drug users in treatment-
- It's just as much about health inequality, access to healthcare , & public health as it is about crime reduction.
- It's not about compulsory treatment.
- It's not going away .

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