

Assessing treatment engagement in the Drug Intervention Programme (DIP) in London

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Public Health
England

Drug Intervention Programme



Identify opiate/crack-cocaine users in police custody



DIP teams engage, refer and support offenders to treatment



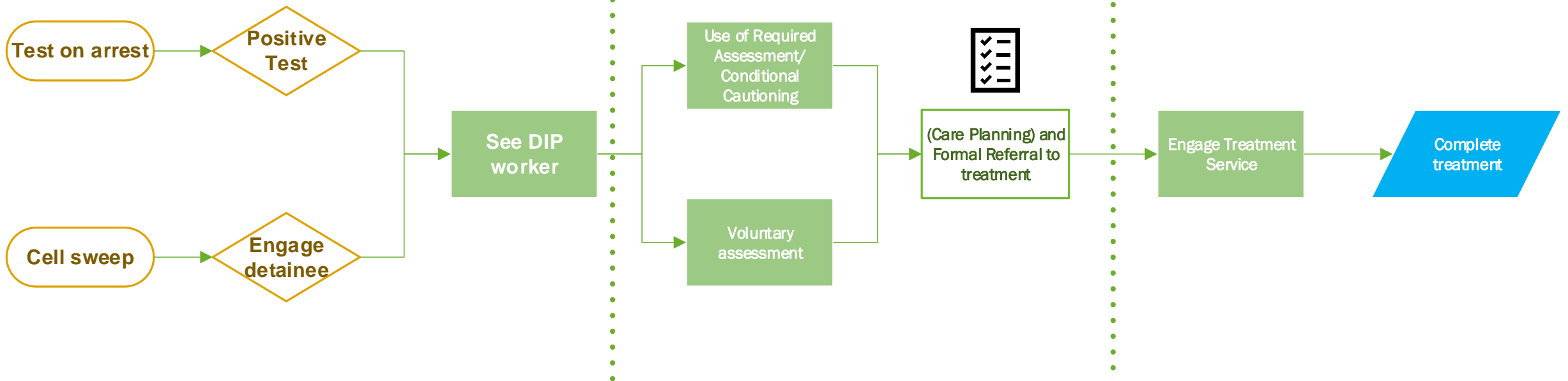
Assumes treatment = reductions in offending (Skodbo et al, 2007)

How it Works

Police Custody

Engagement

Treatment



Background

Diversion schemes within police custody have focused on two models



Arrest referral – Referral to treatment



Case-managed approaches to ‘hand-hold’ detainees into treatment (defined by having a care plan)

Study Aims

- **To examine factors that affect engagement with DIP in London (study funded by Mayor's Office for Policing & Crime)**
- **Test the veracity of two DIP models of engagement ('arrest referral' and case-managed DIP)**
- **Examine treatment outcomes ('successful' discharge from treatment) for each model**

Methods

- **Prospective Data linkage for all contacts in 2017**

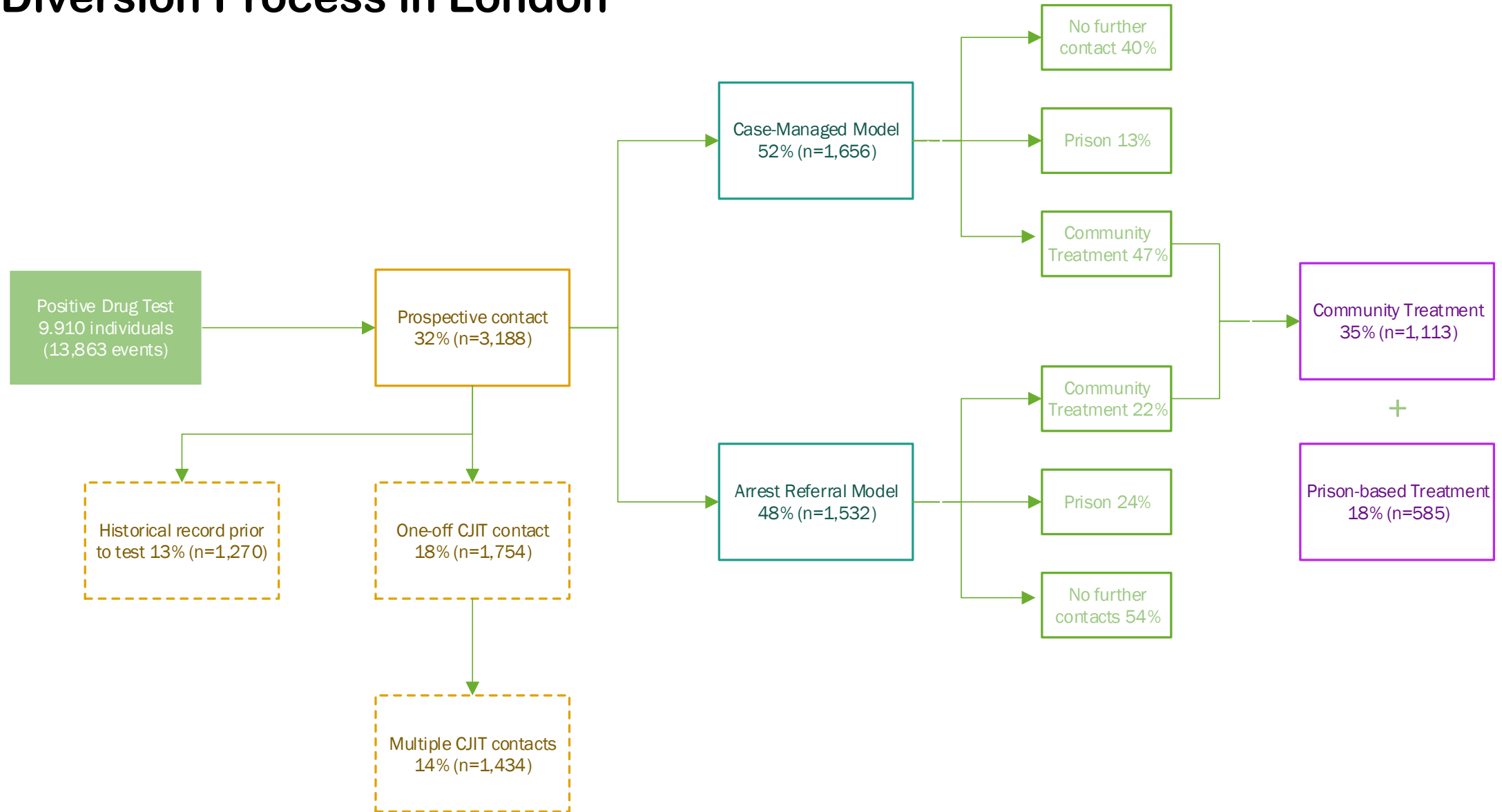
Metropolitan Police 'drug test recorder' + CJ-DET 'DIP contact' + National Drug Treatment Monitoring System (NDTMS)

- **Logistic regression models assessing engagement at:**

(a) Initial take-up of DIP 'offer' in police custody

(b) Factors associated with a 'successful' treatment outcome

Diversion Process in London



Results

- **Factors associated with initial DIP engagement in police custody:**

(a) Housing problem (e.g. NFA)*

(b) 'Taking without Consent' (TWOC) offence

(c) Opiate; cannabis users (but not cocaine)*

(d) Binge Drinkers*

*Holds after Bonferroni correction

Results

- Models of successful treatment outcome:



- (1) non-acute Housing need
- (2) Cocaine users*
- (3) Case-managed rather than arrest referral*



- (1) Female detainees*
- (2) Acute housing need (e.g. NFA)
- (3) Opiates and crack users*

*Holds after Bonferroni correction

Conclusions

- **DIP model engages “traditional” opiate users but less effective for crack users**
- **Case-management diversion schemes facilitate treatment engagement**
- **Treatment still struggles to engage opiate/crack-using offenders**
- **Specialist approaches required for female offenders**

Final Thoughts

- Drug diversion should be seen as the sum of all its parts e.g. ensuring successful treatment outcomes
- Integrate holistic approaches e.g. housing support
- Is the model out-dated?
- And we really don't know much about causality (effect on reoffending)