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Meeting the Needs of Prisoners with a Drug or Alcohol Problem: No Mean Feat

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Abstract

The case for providing prisoners with a drug or alcohol problem with access to effective treatment and support services is long standing and beyond question. Previous research has shown that rates of re-offending and other adverse outcomes can be reduced to the extent that such treatment services are provided to prisoners. However as obvious as the importance of providing treatment may be this is not the same thing as ensuring that the types and range of services provided to prisoners is commensurate with the evident need. In this paper we describe the characteristics of prisoners engaged in enhanced drug and alcohol treatment within Drug Recovery Wings in prisons in England and Wales. This study which has involved structured interviews with 322 prisoners beginning enhanced drug recovery wing treatment has demonstrated the wide ranging needs of prisoners both in terms of their substance use, their mental health, their attitudes towards criminality and their motivations for treatment. On the basis of the data presented here it is essential that the support provided to prisoners with a drug or alcohol problem extends well beyond the focus on drug treatment itself to address major long standing and deep rooted areas of difficulty in the prisoners' lives.

Introduction

The case for providing prisoners with a drug or alcohol problem with access to effective treatment is long standing and beyond question. Whilst the precise relationship between offending and substance misuse has been a matter of long standing debate amongst criminologists and others there is no question that there is substantial overlap between the two populations of those who engage in criminal acts and those who report a past or current substance use problem. As a result a substantial proportion of prisoners report past or current substance misuse problems. Research carried out by Light and colleagues, for example, identified that nearly two thirds of a sample of 1435 prisoners in England and Wales had used illicit drugs in the month before entering custody (Light et al 2013). Other research has shown that a similar high proportion of prisoners report past heavy use of alcohol (DoH 2005).

Providing treatment to prisoners with a drug or alcohol problem has been seen as a way of increasing the effectiveness of custodial provision and reducing the rate of re-offending (Gossop et al 2005 Kopak et al 2016). Research carried out by Stewart (2008) has shown that a high proportion of prisoners serving short custodial sentences often involve drug offences and that those who are on short sentence are at particularly high risk of re-offending in the period following release (National Audit Office 2010).

The importance of providing treatment for prisoners with a substance abuse problem goes well beyond a concern with reducing the rate of reoffending. It has

been recognised that in the period immediately following release, prisoners with an opiate based drug problem are at very high risk of dying where they resume their previous pattern of drug use. As a result programmes have been introduced within many prisons with the aim of reducing drug dependent prisoners risk of overdose following release (Bird et al 2016, Zurhold and Stover 2015). Similarly, it has been recognised that the period of incarceration can provide individuals with a drug or alcohol problem with an extended period within which they can reflect on their past behaviour and, with support, make progress in their recovery (Belenko et al 2013).

The development of a treatment focus within the custodial environment however, has been far from straightforward with some commentators noting the tension that such developments can entail between control and rehabilitation (Garland 1985). Other researchers have identified the role strain in prison officer responsibilities between the priority placed on maintaining security within the prison and the encouragement to develop “softer” more therapeutic relationships with prisoners (McIntosh and Saville (2006). More recently it has been observed that some of these past tensions may have begun to reduce with more traditional prison officer staff now recognising the value of a therapeutic engagement with prisoners at the same time that treatment oriented prison staff have come to recognise the value of more control orientated behaviours and initiatives within the prison environment (Kolind and colleagues (2015).

In contrast to the merging of treatment and control functions that Kolind and colleagues have described as occurring within Nordic prisons there has been a degree of separation between treatment and security functions within prison in England as a result of the 2011 shift in responsibility for the provision of drug and alcohol treatment within English prisons from the Ministry of Justice to NHS England. This has meant that drug and alcohol treatment within prisons in England is now the responsibility of external treatment services, contracted to each individual prison, with prison officers now being principally focussed on maintaining the security of the institution.

Just as there has been a growth in the rehabilitation/treatment focus within prisons over the last twenty years so to has there been a growth in research focussed on prisons and prisoners. Researchers, for example, have documented the changing extent of drug and alcohol problems amongst prisoners (Lintonen et al 2012, Carpontier et al 2011), the extent and impact of mental health issues amongst prisoners (Maccio et al 2015), the rates of reoffending amongst prisoners (Olson and Lurigo 2014), the effectiveness of different approaches to drug and alcohol treatment within prisons (Hedrich et al 2012, Barret et al 2015 Welsh et al 2014, Turnbull and McSweeney 2000) the nature and extent of prisoners risk behaviour (Humber et al 2012) and the extent and causes of prisoners increased risk of death following prison release (Binswanger et al 2013).

Within a political context in which increasing attention was being directed at addressing the causes of offending and re-offending, the 2010 UK drug strategy

“Reducing Demand Restricting Supply Building Recovery: Supporting People to Live a Drug Free Life” included a commitment to pilot Drug Recovery Wings within prison in England and Wales. The proposal to develop Drug Recovery Wings was also included within the Ministry of Justice’s “Breaking the Cycle” report which announced the formation of pilot Drug Recovery Wings within a number of prisons in England and Wales based on the belief that the prison service “...must ensure that more drug misusing offenders fully recover from their addiction and that they do not take drugs while they are in prison” (Ministry of Justice 2010:27). These aspirations were in close accord with the report from the Prison Drug Treatment Strategy Review Group (Patel Report):

We now have an opportunity to achieve the cultural and system change needed to engage drug users and the communities within which they reside in effective drug treatment whilst in prison and to maximize their prospects for recovery and reintegration on their release into the community (Patel Report 2010: 7)

Following the development of an initial pilot of Drug Recovery Wings within five prisons, and a positive qualitative evaluation of those initial wings by Powis and colleagues (2014), the decision was taken to expand the number of Drug Recovery Wings within prisons England and Wales. In this paper we draw upon data from an on-going evaluation of Drug Recovery Wings to consider the question of how big a challenge is involved in meeting the needs of prisoners with a drug or alcohol problem? Before looking in detail at this issue it will be helpful to provide some information on the research we are undertaking assessing the effectiveness of prison based Drug Recovery Wings.

The Wider Research

Perhaps the first thing to note here is that the drug recovery wings developed within prisons in England and Wales are by no means following a standard format. Rather, the programme of drug recovery wing development has involved encouraging each prison to fashion their own version of a drug recovery wing with the result that there is now huge variation between the wings in their size, in their structural characteristics, in their relationships with the wider prison within which they are nested, in their staffing, in the profile of the prisoners housed within the wings, and in the duration and intensity of their treatment programmes.

The research currently underway to assess the Drug Recovery Wing provision is being carried out within six prisons in England and Wales and combines both a process and an outcome evaluation element. The process component of the evaluation, led by researchers at the University of York, has involved qualitative interviews with both prison officers, prisoners, prison service managers and treatment and support agency staff working within prisons (Page et al 2015). The outcome element of the evaluation is being undertaken by researchers from the Substance Misuse and Crime Research Centre in Glasgow with the aim being to identify the extent of the recovery progress individual prisoners make both during their time on the recovery wing and following release back into the community. In the outcome evaluation we have undertaken structured interviews with prisoners at the start of their drug recovery wing involvement,

prior to their release from the Drug Recovery Wing and at six months after the prisoner release back into the wider community. Finally, this evaluation has also involved researchers from the University of Cambridge applying the Measurement of the Quality of Prison Life tool developed by Liebling and colleagues (Liebling et al 2012) within those prisons where drug recovery wings have been established.

In addressing the scale of the challenge faced by services seeking to meet the needs of prisoners with a drug or alcohol problem we draw here on data on the characteristics of prisoners entering the Drug Recovery Wings.

Methods

In undertaking the baseline assessment prisoners were invited to complete a structured instrument which sought information on the following key areas: past use of legal and illegal drugs, involvement in criminality, diagnosed mental health problems and self assessed physical and mental health, previous use of drug or alcohol treatment, attitudes towards crime, contact with family and friends, income, leisure activities, housing and past employment.

Our intention was not to draw a selection or sub sample of prisoners from those beginning drug recovery wing treatment but rather to recruit as many individuals as possible from all of those beginning treatment over a 12-month period. Through near continuous contact with all of our participating prisons, and regular visits to each drug recovery wing, we have been able to undertake baseline interviews with 319 male prisoners whose average age was 32.3 across

the 6 participating recovery wings. Although the UK does have a drug recovery wing for female offenders -which we have described elsewhere (Grace et al 2015) the particular wing contained too few prisoners to be included within the quantitative element of our outcome evaluation with the result that all of the data presented in this paper relates only to male prisoners. In the next section we look at the characteristics of the prisoners within the drug recovery wings.

Results

85% of the prisoners surveyed in our research were regular smokers. In table one below we have summarised the data on the frequency of alcohol and illicit drugs use. 39% of our prisoners reported drinking higher strength beer almost every day over the last week and 27% reported drinking spirits with the same frequency. With regard to illicit drug use 41% of our prisoners had used heroin within the last six months, 46% had used cocaine in the last six months, 39% crack cocaine, 68% cannabis and 31% amphetamines (all in the last six months). With regard to the development of drug using behaviours on average our interviewed prisoners first used glue at age 13 (sd=2.33) cannabis at age 14 (sd=3.38). Average age for first use of crack cocaine was 20.32 (sd=5.48), heroin was 20.06 (sd=6.51). 37% of the interviewed prisoners reported having injected drugs with an average frequency of 182.25 times (sd=339.03) before custody.

Table One Here

In table two we have summarised the proportions of prisoners reporting past mental health problems.

Table Two Here

33% of our prisoners had received a past diagnosis of a major depressive disorder, 30% had received a past prescription for medication in response to a depressive disorder, and 19% were currently receiving such a prescription. Generalised anxiety disorder had been diagnosed in 6% of prisoners, 3% of prisoners were currently receiving prescription medication for this condition. 12% of our sample had reported past emotional abuse and 17% reported past physical abuse by a parent or guardian before age 13. 20% reported having been in receipt of counselling or psychiatric care before age 13. The majority of the surveyed prisoners had experienced some form of expulsion from school (temporary or permanent) (77% with 80% having left school by age 16 (M=4.93 sd=1.42), 21.8% said that they had left school by age 14. Only 3 of the prisoners interviewed in our study had a higher education diploma and only two had a post graduate degree.

In table three below we summarise the proportion of prisoners reporting that their family members and close friends had committed offences; the proportions that had used illegal drugs; and the proportion that had served time in prison.

Table Three Here

What is very clear here is the finding that in a high proportion of cases the prisoners on the drug recovery wing had close friends and or family members who were similarly involved in some level of offending; 21% of prisoners reported that their spouse had committed offences, 29% reported having parents that had committed offences, and 78% having close friends who had committed offences. 44% of prisoners reported having a spouse or a parent that had used illegal drugs 35% had siblings who had used illegal drugs and fully 80% had friends who had used illegal drugs. Nearly one third of prisoners had a sibling who had spent time in prison.

In table four below we look at the prisoners attitudes towards crime and being in prison.

Table Four Here

34% of our interviewees indicated that they agreed or strongly agreed with the statement that committing crime was quite exciting; 63% agreed or strongly agreed with the statement that most people would offend if they knew they could get away with it; 38% agreed or strongly agreed with the statement that they did not see themselves as a real criminal; and 29% said that they agreed or strongly agreed with the statement that it was almost impossible to go straight. 19% of prisoners said that they agreed or strongly agreed with the statement that crime does pay. On the basis of these percentages a significant minority of

prisoners within our sample had what one might described as a “pro crime” attitude to their own offending. However, over half of the sample of prisoners we interviewed stated that they disagreed or strongly disagreed with the statement that in the end crime does pay (68%), 45% disagreed or strongly disagreed with the statement that they were not really a criminal, and 75% disagreed or strongly disagreed with the statement that one a criminal always a criminal.

Within our sample there was a clear division between those prisoners with a strong pro crime attitude and those who were much less inclined to view their criminality in a positive light. Interestingly, when we looked at the prisoners attitudes towards their drug use (as distinct from other criminal behaviours they had been engaged in) there was much less variation in their views and attitudes.

Table Five Here

As is evident in table five more than three quarters (79%) of the prisoners we interviewed indicated that they agreed or strongly agreed with the statement that drug use is a problem; 87% either agreed or strongly agreed with the statement that drugs were more of a problem than they are worth and 90% said that they either agreed or strongly agreed with the statement that they were tired of the problems caused by drugs.

Finally, in table six below we look at the prisoners’ motivations for being on the drug recovery wings.

Table Six Here

There was strong support amongst the prisoners surveyed on the importance of receiving treatment with 81% agreeing or strongly agreeing that they needed help in dealing with drug use 82% agreeing or strongly agreeing that treatment programmes can help them 90% agreeing or strongly agreeing that they wanted to be in treatment and 98% agreeing or strongly agreeing that they wanted to get their life straightened out. In terms of the prisoners own views as to what they felt would most help their efforts to cease offending on their release 80% cited having a job, 79% cited ceasing their drug use, and 78% cited having a place to live.

Discussion

On the basis of the data presented above there can be no doubt as to the importance of providing treatment and support services for prisoners with a drug or alcohol problem. Equally, there can be no doubt as to the scale of the challenge in meeting the needs of prisoners with a drug or alcohol problem. Other research has similarly identified the strong likelihood that prisoners with a drug or alcohol problem will also have multiple and long standing needs. Maccio et al (2015) have reported that 88.7% of their sample of 300 inmates in Italian prisons had been diagnosed with one or more psychiatric disorders in the past and 58.7% had a current diagnosis; 71% reported a drug or alcohol problem. Recognising the scale of the need identified in their study, and the limited funding for prison based drug and alcohol treatment, Maccio and colleagues note “there is a considerable risk that many prisoners might not

receive the appropriate treatment they need” (Maccio et al 2015:529). Within the UK, recent research has similarly identified the extent of the need for treatment and support on the part of prisoners. Williams (2015) for example, has reported on the characteristics of prisoners (n=1435) included in the Surveying Prisoners Crime Reduction (SCPR) longitudinal survey 53% of whom had used Class A drugs in the last year, and 45% had used Class A drugs in the last four weeks. 41% of prisoners reported having committed offences in order to pay for drugs. 24% of prisoners had been in care and 42% had been permanently excluded from school (63% had been temporarily excluded from school). 64% had been on benefits in the twelve months before being in custody and 16% had been homeless or living in temporary accommodation before entering custody. In terms of the factors which prisoners identified as being important with regard to reducing their offending 68% cited having a job 60% cited having a place to stay and 46% cited the importance of stopping using drugs.

The extent of the need for treatment and support amongst prisoners receiving enhanced drug and alcohol treatment within Drug Recovery Wings cannot be in doubt. Similarly, the motivation for treatment on the part of the prisoners surveyed in our study was also substantial with 81% agreeing or strongly agreeing that they needed help in dealing with their substance use. Despite the importance of ensuring drug and alcohol treatment services are available within prison there can be no doubting the scale of the challenge likely to be faced by services seeking to meet the needs of prisoners with a drug or alcohol problem. Whether drug or alcohol problems are the cause of the offending that has resulted in the individual’s custody, or a co-occurring behaviour alongside their

offending, what is clear is that effective treatment and support will need to address much more than the individual's drug and alcohol use. The finding that a high proportion of prisoners receiving Drug Recovery Wing support have family members and friends that have used illegal drugs, that have spent time in prison and that have committed offences powerfully illustrates the importance of treatment and support extending well beyond the individual prisoner and into his or her wider social and family milieu.

The finding that around a third of prisoners on the drug recovery wing has been diagnosed with a major depressive disorder illustrates the importance of providing mental health support to prisoners. Similarly the finding that 38% of prisoners surveyed on the Drug Recovery Wings did not see themselves as being a real criminal, that 66% thought that most people would offend if they felt they could get away with it, and that 47% felt that crime can be a way of getting what you want powerfully demonstrates the pro crime attitudes on the part of many of the prisoners interviewed in this research.

Meeting the needs of prisoners with a drug or alcohol problem will inevitably require moving well beyond the realm of substance use treatment to remedying long standing behavioural, attitudinal, contextual, familial problems in the prisoners lives -many of which will have been deep rooted and long standing. If ever there was a doubt about the importance of meeting those needs, and the consequences of failure in this regard, it should be dispelled by the results of the survey of released prisoners undertaken as part of the Surveying Prisoners Crime Reduction (SCPR) study. In this research 54% of prisoners had used illegal

drugs following release, 15% were homeless, 68% had been reconvicted within two years of release, and 73% were on state benefits (Hopkins and Brunton-Smith 2014). These figures underline the importance of not only of ensuring that prisoners receive appropriate treatment whilst in prison but also the importance of maintaining that support following release.

Declaration of Interest

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