

The Research, Development and Statistics Directorate exists to improve policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.

Findings are produced by the Research, Development and Statistics Directorate. For further copies contact:

Communication Development Unit
Room 264,
Home Office,
50 Queen Anne's Gate,
London SW1H 9AT.

Tel: 020 7273 2084
Fax: 020 7222 0211
publications.rds@homeoffice.gsi.gov.uk

Editor: Carole Byron
Printed by: TABS

© Crown copyright 2003
ISSN 1473-8406

Prisoners' drug use and treatment: seven studies

Malcolm Ramsay (Editor)

This Findings brings together some initial work on the Prison Service drug strategy. Seven different studies provide insights into drug use on the part of prisoners before, during and after custody. The studies cover: the international literature on drug treatment in prisons; the treatment needs of female prisoners; the impact of treatment on reoffending; and the initial development of the strategy.

Key points

- A large survey of recently-sentenced male prisoners revealed extensive drug use in the 12 months when last at liberty. The Criminology Survey 2000 showed that almost half had used heroin or crack or cocaine. Heroin was the drug most likely to have been used on a daily basis. Altogether, 73% of respondents had taken an illegal drug in the 12 months pre-prison; of these, over half (55%) reported that they had committed offences connected to their drug taking. The need for money to buy drugs was the most commonly cited factor.
- In a linked study (reported here), drug users identified in the Criminology Survey were interviewed again later, in custody and after release. During imprisonment there was less use of drugs than before or afterwards. In particular, there was relatively little use of stimulants such as cocaine or crack. Substantial minorities of drug-using prisoners received various types of treatment. On release, those ex-prisoners who continued to use drugs tended to be relatively prolific offenders, liable to reconviction.
- Another study looked at the treatment needs of female prisoners. White female prisoners had particularly high rates of dependency (usually involving opiates). Black and mixed race female prisoners had lower rates of dependency (typically involving crack). In general, the prevalence and frequency of pre-prison drug use by female prisoners matched or even exceeded that of male prisoners.
- A review of the international literature on drug treatment for prisoners examined key studies. It is clear that good-quality treatment can be effective in reducing reoffending, particularly when it is of adequate length, meets individual needs and is followed through by aftercare.
- In England, the treatment programme already evaluated is the '12-step', abstinence-based model delivered by RAPT (Rehabilitation of Addicted Prisoners Trust). A fresh study (reported here) brings together the results of published and previously unpublished work. Everything points to RAPT graduates achieving reductions in drug use and offending on their release.
- Two other studies reviewed the early development of the drug strategy in prison. One, based on fieldwork in three prisons in Leicestershire in 1996–97, discusses some of the complex issues involved in delivering drug treatment in prison. The other, based on research originally carried out across much of England and Wales in 1996–98, concludes that the project was making good progress at a time when prison population pressures were reaching unprecedented levels.

The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy)

Introduction

From the late 1990s, the Prison Service of England and Wales has systematically developed its drug strategy. The strategy includes Mandatory Drug Testing and 'supply-side' measures to curb the use and availability of drugs. It also involves a substantial programme of treatment. Such treatment is designed both to meet health needs and to help reduce reoffending, given that persistent drug offending can cause or exacerbate crime against property in particular.

A programme of research and evaluation has been taking place. Early results from these studies are presented below followed by a brief discussion of their implications. For more detail of these studies see Ramsay, M. (ed.), 2003.

Survey of male prisoners' drug use and offending before prison

A survey company, BMRB International, was commissioned to interview recently-sentenced male prisoners, in 2000. Nearly 1,900 newly arrived prisoners took part in this survey of criminality and drug use in the 12 months when they were last at liberty:

- almost three-quarters (73%) had taken an illegal drug during this time
- nearly half (47%) had used heroin and/or cocaine or crack, generally on a regular basis
- heroin was the drug most likely to have been used on a daily basis.

Drug use was particularly widespread among:

- short-term prisoners
- property offenders
- white prisoners.

Of those respondents who had used drugs in the 12 months prior to prison, over half (55%) reported that they had committed offences linked to their drug taking. The need for money to buy drugs was the most commonly cited factor.

Over half (53%) of those using drugs in the last year and almost two-fifths (38%) of the total sample considered themselves to have a drug problem. Of these, 41% were interested in receiving treatment (but were not yet getting it). A further 10% were receiving treatment.

Follow-up surveys of drug-using prisoners

Prisoners identified as drug users in the Criminality Survey were interviewed again later, in prison and/or on release. This meant that changes in their drug use before, during and after imprisonment could be tracked.

Levels of drug use were much lower in prison. Only about half of these pre-prison drug users reported that they had continued to use drugs in prison. Use of stimulants such as cocaine or crack was relatively uncommon in prison. There was however some consumption of cannabis and heroin, which are soothing 'depressants'.

While in prison, respondents received various types of treatment. For instance, nearly a quarter participated in a detoxification course. Also, nearly a third had received at least an initial consultation with a drug treatment worker, under the CARATs scheme (Counselling, Assessment, Referral, Advice, Throughcare).

Nearly half had been subjected to Mandatory Drug Testing. Almost as many were housed in voluntary testing units, where they enjoyed extra privileges but were liable to additional testing.

Among the short-term prisoners followed up on release, levels of drug use were higher than in prison, though not as extensive as pre-prison. Levels of reoffending post-release were significantly higher for drug users (62%) than for abstainers (36%). The highest rates of reoffending were for those ex-prisoners using Class A drugs on a daily or near-daily basis.

Treatment needs of white and black/mixed-race female prisoners

As part of a wider study of the drug treatment needs of minority prisoner groups, a survey was conducted with 301 white and black (or mixed-race) female prisoners. It investigated their drug use before and during their imprisonment.

There were high rates of pre-prison drug use:

- two-thirds (66%) of the sample were either drug dependent or reported damaging levels of drinking in the year prior to custody.

The study also found ethnic differences:

- dependence rates were significantly higher among white women (60%) than black women (29%).

Heroin (a 'depressant') was the drug on which whites were most often dependent, while crack (a 'stimulant') was the drug on which black women were most often dependent. This should be taken into account in delivering treatment to people of different ethnic origins.

Rates of drug use in custody were significantly lower than in the previous year: 45% had used a drug while in prison, compared with 72% in the year before prison. Once in custody there was also a tendency to use depressants rather than stimulants:

- 27% had used heroin
- 21% had used cannabis

- 9% had used crack
- 2% had used cocaine.

Comparisons with a previous study suggest that the prevalence of women's drug use increased between 1997 and 2001.

Literature review of drug treatment for prisoners

This literature review draws on evaluations from around the English-speaking world, particularly the US, as well as the more limited material from this country.

Key types of treatment include cognitive-behaviour programmes, therapeutic communities, '12-step' programmes and methadone provision. Apart from methadone (a therapeutic substitute for heroin) these methods are all concerned to achieve profound personal change, within the context of interactive group processes. In practice, different methods often overlap.

The main finding is that good-quality treatment can be effective in reducing drug use and reoffending when prisoners return to the community. However, there are important caveats. Treatment needs to be:

- tailored to individual needs
- of sufficient duration
- followed up by high-quality aftercare, both in prison (after any treatment programme) and on release.

Evaluations of the RAPt drug treatment programme

The longest-running group of drug treatment programmes in English prisons is provided by RAPt (Rehabilitation of Addicted Prisoners Trust). RAPt's work, currently limited to male prisons, is based on the '12-step' approach. It aims, ideally, at total abstinence from drugs and alcohol.

Some work has already been published, involving both interviews (in prison and afterwards) and official reconviction data (Martin and Player, 2000). This found that RAPt programme graduates had lower rates of drug use both within prison and some six months after release. Additionally, levels of offending post release, over a period of roughly one year, were lower for graduates (20%) than for non-graduates (39% of a combined group of non-starters and drop-outs).

Fresh research, now published for the first time (Ramsay, 2003), is more limited in relying simply on reconviction data. However, it is based on larger numbers (involving 274 graduates in the experimental group, as opposed to

the 95 'experimental' graduates in the Martin and Player study). Half were followed up for a full two years: their reconviction rate was 40%, significantly lower than the equivalent rate (50%) for a control group of untreated prisoners. In a follow-up analysis covering just one year, but involving all 274 RAPt graduates, the reconviction rate (25%) was also significantly lower than for the control group (38%).

Drug treatment in prison: two policy review studies

Drug treatment in prison, study one: Three Leicestershire prisons, 1996–1997

This smaller and slightly earlier project explored the needs of drug-using inmates in three Leicestershire prisons. It was based on fieldwork carried out in 1996–1997, when treatment provision for prisoners was still 'extremely limited'.

In these prisons, researchers investigated prisoners' patterns of drug use before and during custody, and discussed possible responses. Recommendations included:

- the value of specialist external agencies in delivering treatment
- the setting up of a continuum of courses and support, rather than 'one-off' interventions
- widespread action, in as many prisons as possible.

Such recommendations have contributed to the shaping of the drug strategy in prisons in its current guise. Another recommendation, where perhaps there is more still to be done, was for prisoners' families to be involved as fully as possible in any drug treatment, rather than relying simply on institutional efforts.

Drug treatment in prison, study two: England and Wales process evaluation 1996–1998

This larger project was carried out between 1996 and 1998. It reviewed initial progress in taking forward the Prison Service drug strategy, as first outlined in 1995. The focus of this review or process evaluation was on England and Wales.

Key conclusions included:

- good progress was being made in setting up drug treatment programmes in prison
- external contractors were playing a major role in running services; while uniformed staff were widely involved, there was still some general resistance on the part of prison staff, albeit to a diminishing extent
- the more intensive prison drug treatment programmes emphasised community-based and self-directed change through peer involvement and confrontation. These programmes were helping to influence ingrained aspects of prison culture and inmate behaviour.

However, even in 1996–1998, overcrowding in prisons was tending to pose a challenge to the successful operation of drug treatment programmes.

Implications of the seven studies

- Prisons are well placed to help reduce crime. Many prisoners accept that their drug use has been problematic for them, and that it has influenced their offending. In turn, they may also welcome the prospect of treatment. Both the extensive American literature and the evaluation of the RAPt programme show that treatment can help to reduce drug use and reoffending on release from custody.
- Drug treatment is necessarily many-faceted, and needs to be kept under regular review. For instance, some of those receiving detoxification (often a pre-requisite for treatment focusing on longer-term outcomes) felt that this had been too brief. Moreover, different types of prisoners can have distinct needs.

Thus, while heroin is the white offender's drug of choice, their black counterparts tend to favour crack.

- Good-quality aftercare is absolutely vital to the success of any drug treatment programme delivered to prisoners. Aftercare needs to cover both any residual time in prison and a significant period of time following re-entry into the community. Both the American literature and the RAPt evaluation show that aftercare is essential to the success of drug treatment programmes in prison.

Finally, it is worth bearing in mind that, while drug use and its treatment or control pose a real challenge for prisons, it can also help to re-focus managers, staff and inmates on how prisons should operate, and on their place in society.

References

Martin, C. and Player, E. (2000). *Drug treatment in prison: an evaluation of the RAPt treatment programme*. Winchester: Waterside Press.

Ramsay, M. (ed.). (2003). *Drug use and treatment: seven research studies*. See below.

More detailed versions of these seven studies are available in *Prisoners' Drug Use and Treatment: seven research studies* edited by Malcolm Ramsay (2003). Home Office Research, Development and Statistics Directorate Research Study No. 267. London: Home Office. Copies are available from the Communication Development Unit. It is also available on the Home Office RDS website <http://www.homeoffice.gov.uk/rds/>

The 'survey of males prisoners' drug use and offending'

The Criminality Survey 2000, carried out by BMRB International is based on Chapter 2, 'Prisoners' drug use before prison and the links with crime', by Sarah Liriano and Malcolm Ramsay (Home Office Research, Development and Statistics Directorate).

The 'follow-up surveys of drug-using prisoners'

Information about these surveys, carried out by BMRB International in 2000–2001 is based on Chapter 3, 'Drug use and treatment before, during and after prison', by Tony Bullock (Home Office Research, Development and Statistics Directorate).

The 'treatment needs of white and black/mixed-race female prisoners'

Based on Chapter 4, 'Substance misuse among white and black/mixed-race female prisoners', by Jo Borrill, Anthony Maden, Anthea Martin, Tim Weaver, Gerry Stimson, Michael Farrell, Tom Barnes, Rachel Burnett, Sarah Miller and Daniel Briggs (all at Imperial College of Science, Technology and Medicine, except Michael Farrell who is at National Addiction Centre).

See also Home Office Development and Practice Report 8 (2003), *The Substance Misuse Treatment Needs of Minority Prisoner Groups: women, young offenders and ethnic minorities*.

The 'effectiveness of drug treatment in prison: key findings from a review of the literature'

Based on Chapter 5, which has the same title and is by Tony Bullock (Home Office Research, Development and Statistics Directorate).

The 'evaluation of RAPt treatment programme'

Based on Chapter 6, 'Results of evaluations of the RAPt drug treatment programme', by Carol Martin, Elaine Player and Sarah Liriano (respectively University of Oxford; King's College, London and Home Office Research, Development and Statistics Directorate).

The 'drug treatment in prison: policy review studies'

Based on Chapters 7 and 8: 'A process evaluation of drug treatment in English and Welsh prisons', by Peter Mason, Diana Mason and Nadia Brookes (Centre for Public Innovation); and 'Management of drug-using prisoners in Leicestershire', by Christine Wilkinson, Anthea Hucklesby, Yvonne Pearson, Elizabeth Butler, Andrea Hill and Sarah Hodgkinson (University of Leicester except for Anthea Hucklesby, at University of Leeds).

Malcolm Ramsay, who compiled these findings, is Head of the Prisons Research 'What Works' Section, Offending and Criminal Justice, Home Office Research, Development and Statistics Directorate.