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Alcohol Concern's Quarterly Information and Research Bulletin

Tackling alcohol misuse in prison: a window of opportunity or a lost opportunity?

Introduction

The state of prisons in the UK has been much in public view in recent months.

There are around 80,000 men and women locked up in prisons in England and Wales. Numbers of prisoners have risen by 90% since 1993 and an estimated 60% of prisons in England are over-crowded. In addition the proportion of offenders given custodial sentences has risen. The current imprisonment rate is 148 per 100,000 per head of population which is one of the highest in Europe. (BBC, 2006) The latest Annual Report of HM Chief Inspector of Prisons 2005/2006 was sharply critical of the Prison Service and identified a large number of issues that need to be addressed including the adequate provision of services for prisoners with alcohol problems. (HMCIP Annual Report, 2007)

With the Government estimating that alcohol-related crime costs the UK £7 billion per year, it should be no surprise that many prisoners have alcohol problems. (Cabinet Office Strategy Unit, 2003) Some crimes such as drink driving are alcohol-specific and in others alcohol is a contributive factor. In particular the most recent British Crime Survey records that in 44% of violent crime the perpetrator was thought to be under the influence of alcohol at the time of the crime and violent offenders make up the single largest group of inmates. Yet prisoners are also some of the most marginalised members of society. Almost half will have run away from home as children, a third of female prisoners and half of male prisoners will have been excluded from school and few will have any qualifications. Over two thirds will have two or more mental health disorders compared with 5% of the general population and these are often combined with substance misuse problems. (BBC, 2006) Many enter prison with a raft of unaddressed, often unacknowledged personal problems, including alcohol misuse.

A prison sentence is intended to be a deterrent against further crime but it is also intended to provide an opportunity for rehabilitation. Given alcohol's contributory role in crime, it's clear that interventions to

address alcohol misuse should form a key element in any programme for the resettlement of offenders. In addition the Prison Service acknowledges a responsibility for promoting the health of prisoners including addressing substance misuse problems. (Williamson, 2006)

This paper looks at the scale of alcohol misuse among prisoners, provides evidence of the effectiveness of interventions and outlines the current strategy for addressing alcohol problems in the prison population. A series of interviews with substance misuse workers in prisons provides a picture of what happens in practice.

Note that this paper focuses on closed prisons where the use of alcohol is prohibited.

1. Prevalence of alcohol misuse and need for treatment

Exact figures on the numbers of prisoners with alcohol problems are difficult to gauge. A recent review of international studies on the prevalence of substance misuse in the prison population showed estimates of alcohol misuse/dependence among male prisoners to vary between 18% to 30% and among women prisoners among 10% to 24%. (Fazel, Bains and Doll, 2006) However, all agree that the levels of misuse are significantly higher than in the general population. The heterogeneity in these figures is explained by factors such as study design, whether the study was undertaken at reception or types of prisoners ie remand or sentenced.

The most comprehensive survey of substance misuse by prisoners in the UK was conducted by the Office for National Statistics in 1999 (Singleton, Farrell and Meltzer, 1999) and it is these figures that provide the basis for Cabinet Office Strategy Unit's Interim Analysis and for HM Prison Service's Alcohol Strategy, 2004. (HM Prison Service, 2004) The survey looked at alcohol and drug use in the 12 months before entering prison. The AUDIT screening tool was used to assess levels of drinking. Figure 1 shows the proportion of hazardous and harmful drinkers. A score of 8 or above indicates hazardous drinking and a score of 16 or above indicates more severe alcohol problems. These figures indicate that the proportion of hazardous drinkers in prisons is nearly twice as high as the

Figure 1: Prevalence of hazardous and harmful drinkers in prison (Singleton, Farrell and Meltzer, 1999)

	Male remand	Male sentenced	Female remand	Female sentenced
Percentage of the population %				
AUDIT score				
Score: 0-7	42	37	64	61
Score: 8-15	27	33	16	20
Score: 16-23	13	16	6	8
Score: 24-31	10	10	6	7
Score: 32-40	7	4	8	4
Hazardous drinking (Score 8+)	58	63	36	39
Severe drinking problems (score 16+)	30	30	18	19

Figure 2: Co-occurring use of illicit drugs (Singleton, Farrell and Meltzer, 1999)

Male remand hazardous drinkers		Male sentenced hazardous drinkers	
Cannabis only users	10%	Cannabis only users	10%
Stimulant only users	19%	Stimulant only users	20%
Opiate users	20%	Opiate users	16%
50% do not use other drugs		53% do not use other drugs	
Female remand hazardous drinkers		Female sentenced hazardous drinkers	
Cannabis only users	0%	Cannabis only users	7%
Stimulant only users	4%	Stimulant only users	4%
Opiate users	38%	Opiate users	38%
57% do not use other drugs		44% do not use other drugs	

general adult male population (32%) and more than double the proportion of adult female hazardous drinkers in the general population (15%). (DoH, 2005)

It is also clear that among those classified as hazardous drinkers, over half will have scores 16 and above, indicating more severe problems and alcohol dependency.

The survey also provides estimates for the proportion of prisoners who have co-occurring substance misuse problems (see figure 2).

Prisoners are not a homogeneous group in terms of substance misuse. Figure 3 shows minority groups with distinct patterns of use: The Cabinet Office Strategy Unit's review of alcohol misuse identified lack of information on levels of

Figure 3: Minority groups within prisons (Home Office, 2003)

Substance misuse among prisoner varies between different subgroups. A Home Office study from 2001 identified 3 minority groups with distinct patterns of substance misuse.

- Women prisoners. Over a third were hazardous or harmful drinkers and of these 16% were found to be drinking at harmful levels and dependent on at least one other illicit drug.
- Young offenders. Most had tried a range of drugs but had yet to experience the negative effects with around 76% being classed as dependent on one or more drugs. Many young male offenders were drinking heavily and frequently often to conform to social expectations. Most did not recognise that they had a problem and over half had family members or friends with alcohol problems.
- Men from ethnic minorities. Over a half were assessed as hazardous or harmful drinkers with a third being classed as harmful drinkers and dependent on drugs and there was a particularly strong link between alcohol and crack use.

demand for treatment as a problem in planning appropriate alcohol interventions for the prison population. These published figures on the prevalence of alcohol misuse among prisoners are not current and are based on studies of samples from different prisons. They provide a guide to patterns of alcohol misuse in the prison population as a whole but not a profile of misuse within individual prisons, which each would need to plan its intervention strategy. However, it should be acknowledged that prisons have real practical difficulties in undertaking needs analyses due to the high turnover of prisoners within each prison in a given period. The need to improve identification of prisoners with alcohol problems was a key objective in the 2004 Prison Service Alcohol Strategy for prisoners.

In addition, there is limited data on the level of demand for treatment among prisoners. A Home Office survey of minority prisoner groups found that many did not view their drinking as problematic and commented that alcohol health education programmes would be a necessary precursor to treatment to raise awareness of the risks of heavy drinking and ensure a reasonable take-up of services. (Home Office, 2003) Hence the need for an objective assessment tool that does not rely on the judgement of the individual. A recent survey by HMP Winchester CARAT Team highlights this problem but it also shows that when consulted, prisoners are prepared to examine their drinking behaviour and its link to their offence and personal problems. The survey found that:

- 35% of prisoners thought they had an alcohol problem.
- Many were drinking at very high levels. The average consumption among those who considered that they did not have a problem was 43 units per week and 157 units among those that thought they did have a problem.
- 46% of prisoners believed that alcohol was a causative factor in their offending behaviour.
- 49% of prisoners said they would use an alcohol service if it were made available in prison (this would be in addition to detoxification provided by prison medical services on reception).

(Neville and Webb, 2006)

2. Effectiveness of treatment

Much of the research evidence on the effectiveness of treatment originates in North America and looks at drug and alcohol misuse rather than focusing on alcohol. A Home Office review of research on treatment in prisons showed that good-quality treatment could be effective. Effectiveness was judged in terms of post release relapse to substance misuse and/or re-offending. As a result of the different methodologies employed and shortcomings in the study designs, the review could not show which treatment approach was most effective or to what degree it was effective. However, the review did identify a number of critical elements required for effective treatment of offenders. Treatment needs to be:

- of adequate duration
- matched to the individual
- followed through by aftercare - evaluations of interventions with aftercare components showed distinctly better results for prisoners.

The review also cites observations from the US Office National Drug Control policy on the key elements required:

- Complete and ongoing assessment of the client
- A comprehensive range of services, including pharmacological treatment, group or individual counselling in either structured or unstructured settings
- A continuum of treatment interventions
- Case management and monitoring of clients in an appropriate intensity of services
- Provision and integration of continuing social supports.

(Ramsey, (ed.) 2003)

Clearly a comprehensive range and level of services would be needed to meet these criteria, requiring major investment on the part of service providers.

There is very limited evidence of effectiveness of alcohol treatment for offenders within prisons in the UK context. Furthermore UK studies of abstinence-based interventions for alcohol misuse suggest that they do not result in a reduction in re-offending rates. (Duke, 2005) However there is a growing body of evidence of the effectiveness of interventions for offenders in the community which could be drawn for example:

- The National Probation Service strategy for alcohol-misusing offenders cites evidence of the effectiveness of brief interventions and the potential usefulness of this form of intervention when working with offenders. (National Probation Service, 2006)
- Findings from arrest referral schemes such as the ones operating in Dudley and Worcester show good levels of identification and referral, acceptable attendance and retention levels and effective outcomes in terms of attitude and reduced re-offending within the study period. (Sharp, 2004)

Far more research is required to establish different treatment models in prisons that could result in a reduction of alcohol misuse and related offending behaviour.

3. Prison Alcohol Strategy and care pathways

The strategy was published in 2004. Existing care for prisoners with alcohol problems had been criticised as being "haphazard and unplanned" and "lacking in central guidance". (Duke, 2005) Black's review of service provision (Black, 2002) pointed to the wide range of interventions provided including AA, alcohol awareness programmes, relapse prevention and some rehabilitation programmes, but highlighted

their varying quality and the fact that most were unevaluated. Publication of the Interim Analytical report (Cabinet Strategy Unit, 2003) and the Alcohol Harm Reduction Strategy (Cabinet Strategy Unit, 2004) focussed attention on the link between alcohol and crime. Implementation of prison alcohol strategy is seen as a key strand in the Government's aim to reduce the impact of alcohol misuse.

The principal aims of the Prison Alcohol Strategy are to:

- 1 Improve education and communication
- 2 Improve identification of prisoners who may have an alcohol problem
- 3 Improve both the capacity and quality of alcohol treatment interventions available to prisoners
- 4 Spread good practice thus ensuring greater consistency across the prison estate
- 5 Reduce the supply and use of alcohol to prisoners, both into and within establishments.

To complement it the Prison Service also issued the *Alcohol treatment/interventions guide*. (HM Prison Service, 2004) Appendix 1 in this paper - see pages 9-11 provides an outline of the care pathways set up within the Strategy framework based on the Alcohol treatment/interventions guide which details a highly structured system of screening, assessment and referral for prisoners with varying levels of alcohol problems. Overall the Strategy appears to incorporate many of the key elements identified in the earlier section on effectiveness of treatment (page iii) but a closer look at the way it works in practice and the care pathways reveal some serious shortcomings in the following areas:

Identification of alcohol misuse

Medical assessment on reception identifies prisoners in need of detoxification to help with the management as per PSO order 3550. Although the Strategy states it will provide guidance on the introduction of AUDIT as an objective assessment tool, it is not clear how routinely it is used throughout prisons or which section of the prison staff team is responsible for screening. As a result prisoners with less severe or less noticeable problems can go undetected. HM Inspector of Prisons, Anne Owers found that it was rare for prisons to undertake needs analyses of their population to ensure the right substance misuse services are made available. (HMCIP, 2007) Furthermore "those that did were able to target services much more effectively"

Access to treatment

The care pathway indicates that prisoners with an alcohol problem and poly drug use are able to access more structured interventions and through-care delivered by a CARAT worker than those with a sole alcohol problem. For the prisoner whose sole drug of use is alcohol, the most widely available form of support is Alcoholics Anonymous though it is estimated that AA groups

only operate in 50% of prisons. HM Inspector of Prisons, Anne Owers specifically picks up on this point in the 2005-2006 Annual Report pointing out that "prisons that have done population needs analyses have established that a quarter of their population require alcohol services - yet most CARATS' contracts excluded prisoners whose sole problem is alcohol; even young people where the need is greatest". (HMCIP, 2007) The recent survey carried out at Winchester prison estimated that 37% of respondents had not used illicit drugs in the previous year and would not be able to access current drug services. (Neville, and Webb, 2006) One major difficulty is that where prison alcohol interventions exist, they have been grafted onto the existing CARAT treatment framework intended to support the Prison Drug Strategy. CARAT teams can provide services to poly drug users including those that drink but are not obliged to support prisoners that only misuse alcohol. Without additional resources this second group have to compete with drug users for attention

Insufficient funding

One serious shortcoming to the Strategy was the failure to provide ring-fenced funding for it. Funding for prison alcohol interventions now comes from the NHS and PCTs are responsible for funding prison health services. An additional £15m has been made available for PCTs to fund improvements in alcohol treatment in 2007/2008 but this is part of the general allocation intended to help PCTs to improve their local arrangements for commissioning and delivering alcohol interventions across the whole community. It is up to an individual PCT to decide whether to spend any part of this on the prison population.

In contrast when the updated Drugs Strategy was published in 2002, it was intended to be resourced by 3 year incremental rise in allocated funds for treatment in the community including prisons. (Home Office, 2002))

Devolved funding structures within the NHS mean that any decisions on funding alcohol treatment in prisons will be made locally. However, a recent conference of the British Medical Association (BMA) has highlighted the already inadequate levels of funding for prison medical services overall and strongly recommended a review of prison healthcare and immediate injection of funds to support stretched and struggling prison medical services. (BMA, 2007). Again the 2005-2006 HM Inspector of Prisons points to the lack of allocated funding as a factor in the uneven development of alcohol services in England and Wales prisons.

The Good Practice Guide does include a proviso that as there is no central funding available without additional resources the full range of interventions cannot be implemented. In effect the treatment framework is a "model framework which the prison service should move towards".

Support for prisoners in practice

Despite the shortcomings of the Prison Alcohol Strategy, many working within the Prison Service are aware of the difficulties experienced by prisoners with alcohol problems and are making strenuous efforts to affect change in the attitude and behaviour of prisoners. The Prison Strategy acknowledges that "the evidence base upon which prisons might spread good practice is comparatively limited. Prison based practice will need to grow alongside that in the community". (HM Prison Drug Strategy Unit, 2004). This final section will focus on what is happening on the ground in various prisons to develop good practice based upon face-to-face interviews and telephone interviews. It will also provide an update on developments to improve support at a national level.

Case studies

These three cases show the varying care pathways in place for prisoners with alcohol problems, some of the difficulties CARAT workers face, the benefits of the service they provide and what, in their judgment, could help to improve levels of support.

Pentonville Prison Background

CARAT services in Pentonville are run by the Rehabilitation for Addicted Prisoners Trust (RAPT). Proposals for the alcohol element of the service were submitted by the CARAT team to the Prison authorities in July 2006 under PSO 4350. The proposal gave full details of objectives, staffing and resources required, management and methods of evaluating the new service. The service started in August 2006. Pentonville is a category B security all-male prison. It is very busy with around 120 new arrivals each week of whom only 25% are first-time offenders. Support for prisoners with drug or alcohol problems are provided by the prison medical team and the CARAT team. The Drug Strategy Unit has given permission for the CARAT team to work with alcohol-only using prisoners.

Care pathways

- Prisoners will receive a medical on arrival and will be offered librium if they have clear symptoms of alcohol dependency.
- CARAT workers will meet with prisoners during the First Night Assessment and check whether new arrivals need help for alcohol problems. The CARAT team will also follow up with the medical team to find out about prisoners receiving librium and possibly in need of further help.
- As part of their initial assessment, CARAT workers will ask prisoners whether they think they have a problem with alcohol and require some assistance. Although the CARAT workers have full access to prisoner records and will know if alcohol is mentioned as contributory factor in the prisoner's offence, it is up to the prisoner themselves to volunteer information and elect to receive further help.

- Prisoners can choose to join the AA group that operates within the prison and referrals are organised by the CARAT Team. As a result of discussions with AA the CARAT team has ensured that the group is suited to the needs of prisoners.
- Prisoners are offered a two-week group work sessions by RAPT CARAT workers. Around 20 prisoners are invited to attend a group and about 15 people will turn up. The group focuses on raising awareness of the risks of alcohol misuse and harm minimisation.
- In preparation for release The Drug Intervention Programme will organise an assessment for drug users, including drug users with a secondary alcohol problem, and can arrange follow-up care and accommodation. However, through care is not automatically organised for alcohol only users. If they require further counselling on release, CARAT workers will contact local alcohol services and make arrangements for the prisoner to attend the service.

What works in the current system

- The prison is very supportive of the CARAT Team working with those that only misuse alcohol.
- Structured free-flow systems within the prison mean that prisoners can make their way to courses and return to their cells.
- The prisoners really appreciate the support they are given and are able to open up and discuss alcohol-related issues in a secure non-judgemental setting - possibly for the first time.
- Prisoners are able to develop a trusting relationship with CARAT workers both within the context of the group and general interaction around the prison.

Difficulties encountered

- Although the prison authorities are very supportive of alcohol interventions, no extra funding has been provided for this work.
- Group sessions can be cathartic but leave the prisoner feeling very emotional and they then have to be locked in their cells when the session is finished according to the prison regime. CARAT workers can stay with them for a limited period to provide support.
- Prisoners often have very busy schedules with numerous court appearances or they can be transferred or released in a relatively short period of time. This means they cannot complete longer courses - though many express a need for longer courses to enable them to explore alcohol-related issues.
- For prisoners who only misuse alcohol, there is little support on leaving prison to help them tackle their behaviour around alcohol. Most will have been abstinent in prison but are likely to return to a life where alcohol is readily available and

enjoyed by 90% of the population. Also, the through-care provided for drug-users on release is significantly better than that provided for those with alcohol problems.

Improvements for the future

- More resources so they can run longer more structured alcohol-related courses that prisoners can complete. More funding would enable the CARAT team to take on a specialist alcohol worker.
- Improved access to accredited training courses so CARAT workers can continue their professional development.
- The opportunity to provide more one-to-one counselling.
- Being able to provide a wider range of support - in particular RAPT CARAT team members would have liked to participate in the pilot Peer Support training programme about to start. They are keenly interested in the outcome of this project.
- Being able to develop closer links with local alcohol services so they can provide support for prisoners on release and much greater funding for alcohol services so they can work with ex-prisoners.

(Based on an interview held at Pentonville Prison with RAPT CARAT team workers, Stephan Dais and Marianne Huizinga, January 2007)

Winchester Community Prison Background

Winchester is an all-male category B remand prison with around 700 prisoners who are either on remand, awaiting sentence, serving short sentences or waiting to be transferred to another prison. The Winchester Drug Services Team consists of prison staff, clinical specialists and contracted services supplied by RAPT. Services include detoxification, voluntary drug testing and accredited drug treatment programmes. The CARAT team does not officially have the go-ahead to work with alcohol only prisoners.

Care pathways

- On arrival prisoners will undergo a medical screening. A prisoner with a clear dependency problem will be offered detoxification and will normally be located on the dedicated detoxification landing.
- CARAT staff see all prisoners during the induction process to inform them of the services available.
- If a prisoner volunteers that he has a problem with alcohol then he may be referred via the Drug Services Team to weekly AA meetings.
- Alcohol awareness sessions were provided when funding from the Portman Group trust was used to deliver the courses. Within the current Drug Awareness package there is only very limited scope to deliver alcohol awareness.
- A prisoner using illicit drugs and alcohol may undertake a range of interventions to address

this joint problem.

- Again there are stretching targets to be met by the team in relation to assessing and working with illicit drug users.
- Those with solely alcohol problems are not routinely provided with continuing support on release although the Drug Services Team will try to arrange appointments with appropriate local services and provide information for those that request it.

What works well in the current system

- Prisoners with more severe alcohol problems will receive dedicated medical support for withdrawal.
- Prisoners with combined drug and alcohol problems can access help and throughcare.
- Alcohol awareness sessions when it is possible to deliver them can help to alert prisoners to the dangers of excess drinking. Many are heavy drinkers but unaware of the related risks.

Difficulties encountered

- CARAT workers within HMP Winchester are not yet able to provide support to prisoners with alcohol problems alone.
- There is substantial anecdotal evidence of high levels of drinking and these have been confirmed by survey questionnaires but in the current situation, these cannot be addressed.
- Lack of funding makes it difficult to build up evidence on what services are required and whether interventions for prisoners are effective in preventing alcohol misuse and reducing re-offending.

Improvements for the future

- The survey of prisoner's alcohol misuse, undertaken with the Hampshire DAT in 2006 shows the prevalence of alcohol misuse among prisoners and the need expressed by prisoners for support with alcohol problems.
- New educational materials including the "Alcohol Information Pack for Prisoners" and the DVD "Alcohol misuse: a prisoner's perspective" will improve alcohol education for prisoners.
- The Drug Services Team is currently seeking joint funding with the local Community Safety Team to employ a dedicated alcohol worker who it is hoped would also develop research into the effectiveness of prison-based interventions.

(Based on a telephone interview with Steve Neville, Drug Services Manager, February 2007. See page 10 for an in depth article on alcohol misuse among prisoners in HMP Winchester)

Holloway Prison Background

Holloway is a women's prison with a wide variety of categories of prisoner including those on

remand and those on life sentences. Support for prisoners with substance misuse problems is supplied by RAPT. In addition Comic Relief provided RAPT with funding for an Alcohol Counsellor who started in October 2005.

Care pathways

- On arrival each prisoner receives a health assessment and will be referred for a detoxification.
- CARAT workers will interview prisoners on arrival and will refer individuals to the Alcohol Counsellor if they express a need for further support. Prison officers can also make referrals. It is up to the individual prisoner to ask to see an alcohol worker. Quite often the women will not express an immediate need, as they have to feel comfortable before they can open up about the subject.
- The Alcohol Counsellor can provide both group and one-to-one counselling. Sessions will focus on helping the prisoner to identify their level of drinking, looking at different types of drinking including binge-drinking and chronic heavy use. The client will be encouraged to explore their feelings around their alcohol use.
- Prisoners can also be referred to the AA group which meets in the prison.
- The Alcohol Counsellor has been able to offer group and one-to-one sessions to adults at Holloway, including those serving life sentences. The focus of her work has recently been shifted to the young offender population.
- Young offenders can opt for a programme of 6 sessions examining their drinking and offending behaviour, with a further option of one-to-one sessions.
- CARAT workers will refer inmates to the Alcohol Counsellor for group or one-to-one counselling where appropriate. On release, community resources for prisoners with alcohol only problems are very limited, but the CARAT worker will work to find places for them.

What works well in the current system

- The prison authorities are very supportive of the work undertaken with prisoners who misuse alcohol.
- Through group work or one-to-one counselling, prisoners are encouraged to challenge their beliefs and ideas around drinking and their subsequent behaviour.
- Women in prison, particularly those on long or life sentences, are very appreciative of the help they receive with their alcohol problems

Difficulties encountered

- Restrictions on CARAT workers supporting prisoners with a sole alcohol problem, means that the Alcohol Counsellor is the only one with in-depth involvement with this client group. It

would help to have another alcohol specialist.

- Many of the inmates are on remand so they move quickly in and out of the prison which gives limited time for the Alcohol Counsellor and client to explore alcohol-related issues.
- With a shift in focus to working with young offenders in Holloway, there is a gap in support available for older clients with long-term drinking problems.
- Many of the young offenders are at a stage in their "drinking careers" when they have yet to experience real harm as result of their drinking and believe themselves to be 'invincible'. Affecting a change in attitude can be difficult.

Improvements for the future

- It would be good to be able to introduce a longer structured programme to allow the inmates time to examine their behaviour in depth and make changes.
- Many of the women have a dual diagnosis of mental health problems and alcohol misuse. This needs to be taken into consideration when planning future alcohol services.

(Based on a telephone interview with Maureen Rich, Alcohol Counsellor February 2007)

In all the interviews the CARAT workers made their commitment and enthusiasm for working with this particular client group very clear. Where CARAT workers had been able to develop interventions, they all felt their support had made a real change in clients' attitudes and behaviour while they were in prison. They also had definite views on what needed to happen to help prisoners to sustain changes in behaviour when they returned to society.

Wandsworth Prison Background

The Prison sub contracts the CARAT service to RAPT and supports a range of different interventions for poly drug-users and prisoners who only misuse alcohol. RAPT counsellors have been working in Wandsworth since the late 1990s when they took part in evaluation studies by Martin and Player. (Ramsey (ed.), 2003) Wandsworth is an all male B category prison.

Care pathways

- On arrival a prisoner undergoes a screening by the prison healthcare team. The prisoner will be referred for detoxification if required.
- A CARAT Blue band prisoner receives list of new arrivals and will go to greet them and ask if they wish to be referred to the CARAT team. CARAT workers will also visit the First Night Centre/Induction to check if anyone requires support for drug or alcohol problems and to introduce the CARAT service. It is up to the prisoner to volunteer information and express a need for assistance.

- Prisoners can apply to attend AA groups, which are popular with long waiting lists.
- CARAT workers work with prisoners whose sole drug of choice is alcohol and provide a variety of different forms of group-based interventions including:

Relapse prevention

Harm minimisation programmes

- Previously the CARAT Team provided prisoner peer support groups for prisoners with alcohol and drug problems but this was withdrawn due to the problem of having to obtain accreditation for the peer group.
- The Prison Health Care Team runs an accredited course entitled Changing Minds, which includes modules on sexual health, mental health and alcohol-related harms.
- Some one-to-one work is available by the CARAT Team for more vulnerable cases, if resources permit. The Rapt 12 Step Programme which is a six month 12 step programme is for both drug and alcohol user's.
- If alcohol is a key factor in a prisoner's offending behaviour, they can be referred to the prison psychology unit to see if they fit the criteria for "Enhanced Thinking Skills" or "Anger and Alternatives" courses. The CARAT team has a close relationship with the local Equinox service and one particular worker in that service makes a point of coming to collect prisoners newly released from prison if they have an alcohol problem and feel the need for continuing support.

What works well in the current system

- Prison staff have a very supportive attitude towards CARAT staff working with prisoners with alcohol problems.
- Using a "Blue Band" (enhanced/trained) worker (prisoner) to make contact with new arrivals encourages prisoners to come forward and ask for help.
- Group work with prisoners provides a safe setting for prisoners to open up and examine their alcohol-related behaviour. Many of the prisoners feel that they have lost so much, that it is time to address their alcohol misuse.

Difficulties encountered

- Wandsworth is a busy prison and CARAT workers have high targets to meet on assessment and case management.
- Funding restraints mean that prisoners with alcohol problems are competing with prisoners with drug or combined drug and alcohol problems for services.
- Lack of structured through care for prisoners with alcohol problems when they leave prison.
- Assessments show that the numbers of prisoners with alcohol problems are rising.

Improvements for the future

- Increased funding to bring in a specialist alcohol worker
- Being able to take part in Peer Group support training pilot scheme and re-establishing prisoner peer groups
- Being able to provide the same level of through care for prisoners with alcohol problems as those prisoners with drug problems.
- More variety of interventions available to match the varying needs of prisoners

(Based on a interview held at Wandsworth Prison with Carolyn Gill, RAPT Carat Team Manager, January 2007)

Summary of key points

What works in prisons with alcohol intervention programmes:

- Having the support of the prison authorities for working with prisoners with alcohol problems.
- The prisoners express appreciation of the support they receive and are able to open up and discuss alcohol-related issues in a secure non-judgemental setting.
- Prisoners are able to develop a trusting relationship with CARAT workers both within the context of the group and general interaction around the prison.
- Alcohol awareness sessions can help to alert prisoners to the dangers of excess drinking. Many are heavy drinkers but unaware of the related risks.

Improvements for the future

- More resources so they can run longer, more structured alcohol-related courses that prisoners can complete. More funding would enable CARAT teams to take on a specialist alcohol worker.
- Improved access to accredited training courses so CARAT workers can continue their professional development.
- The opportunity to provide more one-to-one counselling.
- Being able to provide a wider range of support - in particular RAPT CARAT team members would have liked to participate in the pilot Peer Support training programme about to start. They are keenly interested in the outcome of this project.
- Being able to develop closer links with local alcohol services so they can provide support for prisoners on release and much greater funding for alcohol services so they can work with ex-prisoners.
- More variety of interventions available to match the varying needs of prisoners.
- Prison alcohol intervention strategies to take account of the fact that many inmates have a dual diagnosis of mental health problems and alcohol misuse.

New initiatives

In order to spread good practice within the Prison Service and improve options for prisoners with alcohol problems, the National Offender Manager Service (NOMS) has funded Alcohol Concern to pilot a Prisoner Peer Support Training Module for prisoners with alcohol problems. The training will be based on the SMART Recovery model, a cognitive-behavioural alternative to AA. (SMART stands for Self-Management And Recovery Training). SMART recovery has been used very effectively in Inverness Prison and there have been some very valuable lessons learnt from this model.

A Peer Support Pack has also been produced that will address alcohol issues. It is intended for use by prisoners, either independently or under the supervision of CARAT staff. Another educational tool produced by NOMS is a DVD entitled "Alcohol Misuse: A prisoner's perspective" which aims to raise awareness of the dangers of alcohol misuse and the damage it can cause. These tools can be used on an individual basis or in the context of the Pilot Peer Support programme.

Conclusion

Alcohol-related crime is a well-recognised problem in society and prison is an opportunity for prisoners to address both their offending behaviour in relation to alcohol and resolve health problems linked to their drinking. The introduction of the Prison Strategy does provide a framework in which to work with offenders and the HMCIP report comments on improvements in the provision of substance misuse services in prisons since the 2001-2002 Annual Report, particularly commending the introduction of the Prison Alcohol Strategy. (HMCIP, 2007) However, not enough has been made of this opportunity so far. Support for prisoners with alcohol problems still falls far short of what is available for prisoners with drug problems. Evidence on interventions for addressing substance misuse in prison indicates a number of essential prerequisites for affecting change. Unfortunately neither the framework of the strategy nor the level of funding available enable the Prison Service to meet these prerequisites. There are CARAT workers in individual prisons who are working to improve "the capacity and quality of alcohol treatment interventions available to prisoners" but much more needs to be done to develop the work they are doing on the ground.

Recommendations for further action:

- Funding for UK research into a range of prison based interventions that both meet the complex needs for prisoners with alcohol problems and provides an evidence base to show that treatment can reduce re-offending.
- Ring-fenced funding to kick start the development of alcohol interventions in prisons; mirroring the proportional level of funding put into interventions for drug users.

- The removal of barriers to CARAT workers developing support for prisoners with an alcohol-only problem.
- The establishment of structured through care for those with alcohol problems on the same lines as DIP management of drug users leaving prison.

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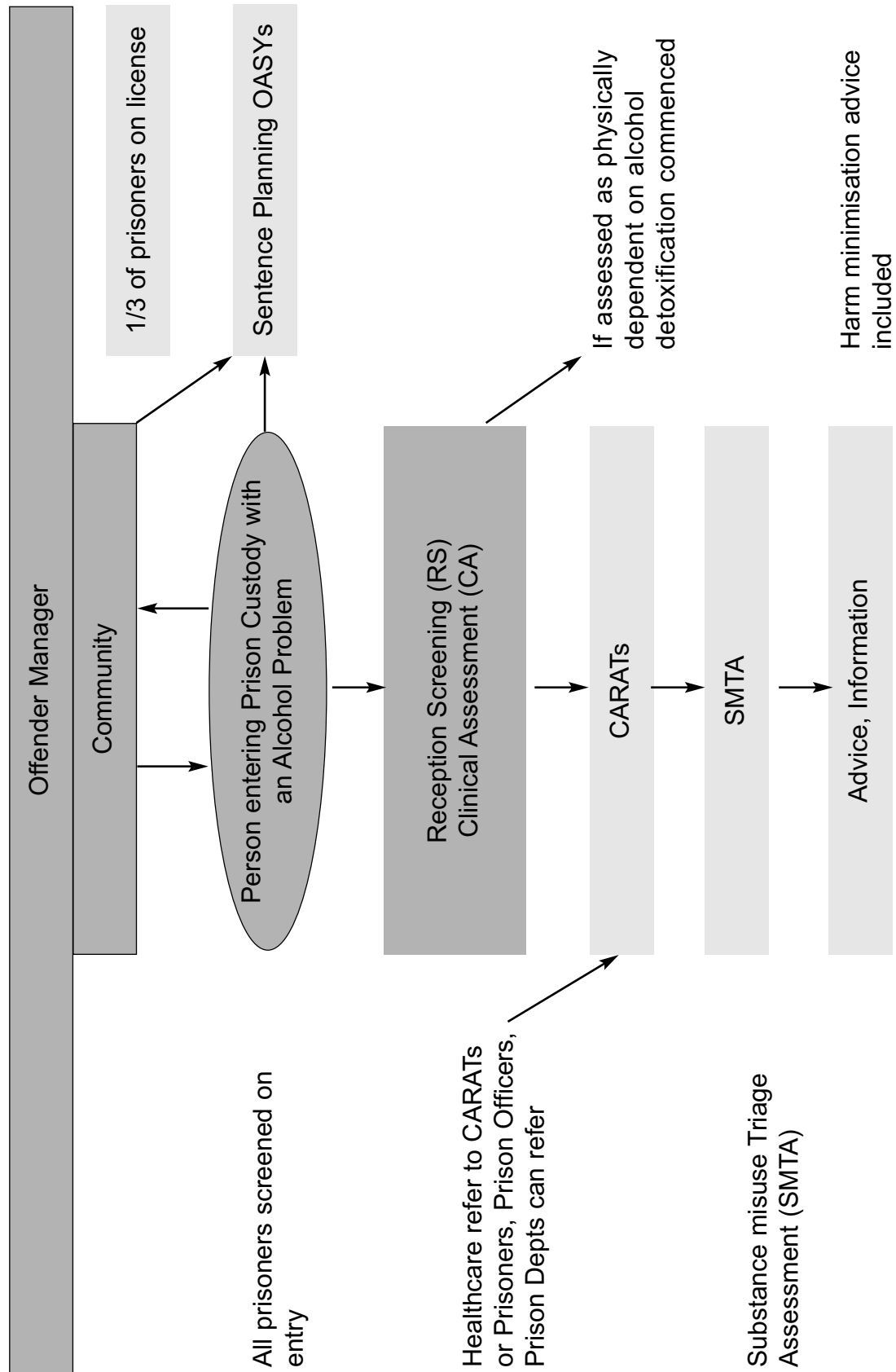
Carolyn Gill
HMP Wandsworth, Tel: 020 8588 4044

Steve Neville
HMP Winchester, Tel: 01962 723254

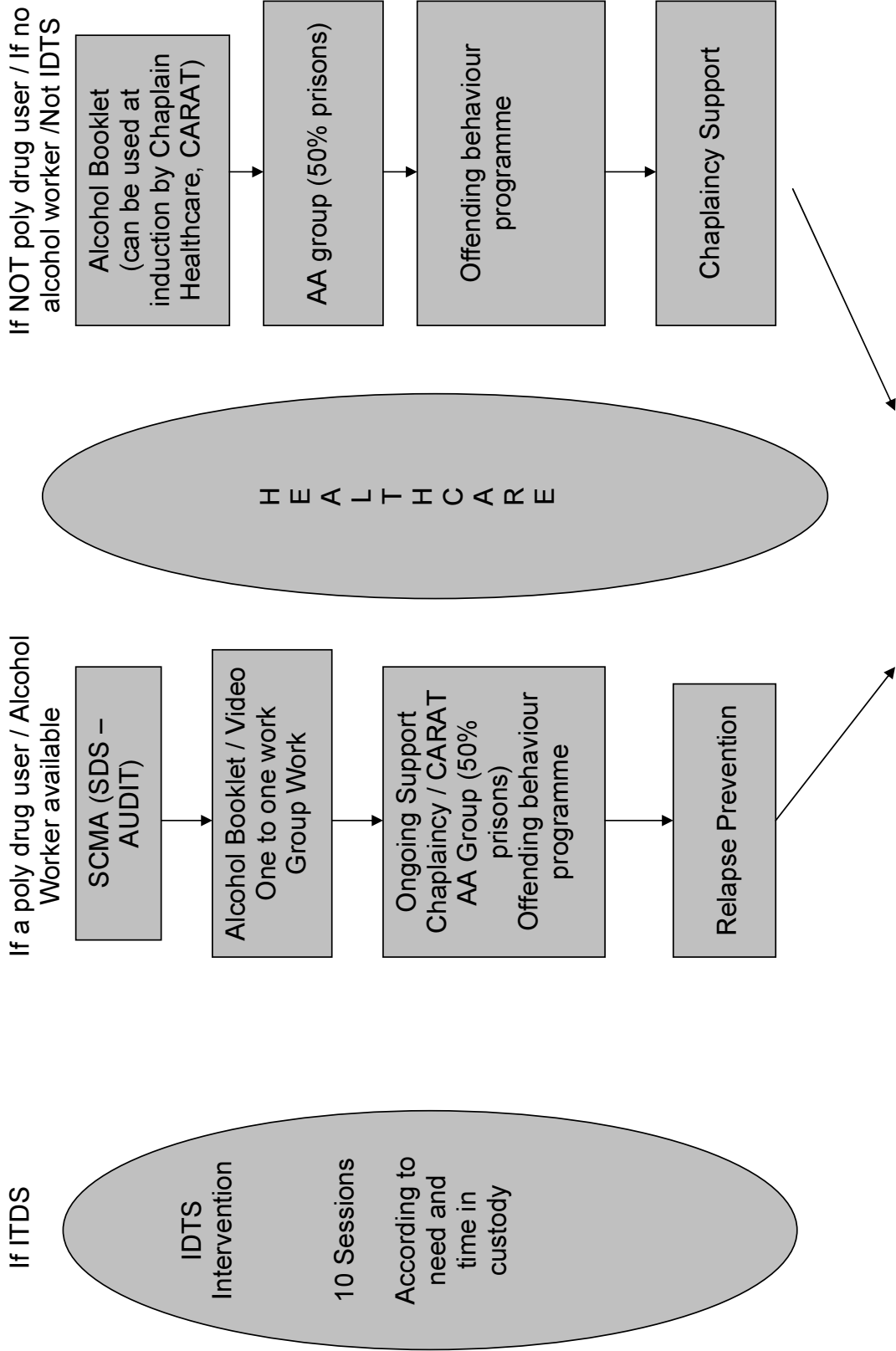
Maureen Rich
HMP Holloway, Tel: 020 7979 4484

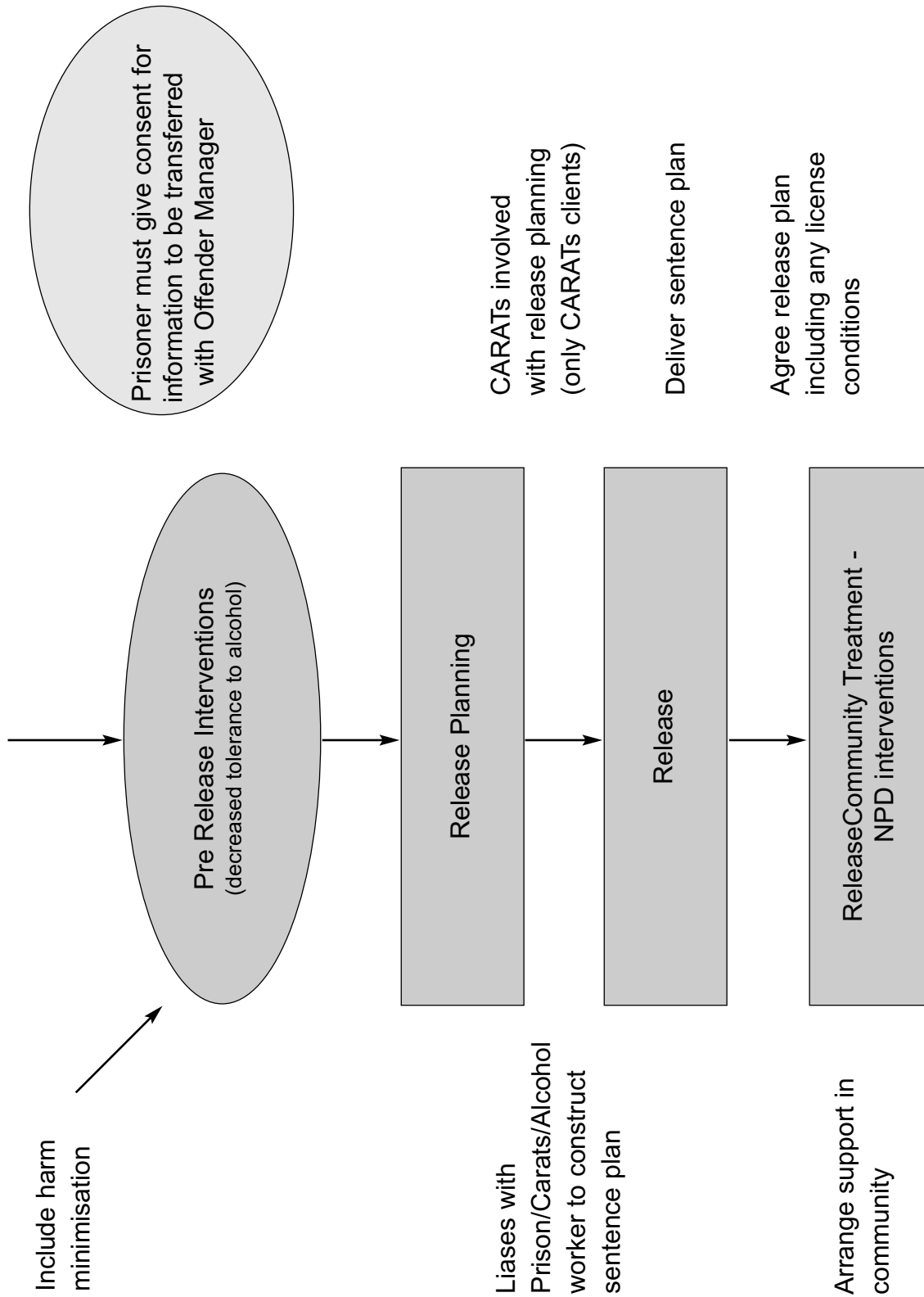
Each of the interviewees for this paper would be happy to respond to queries from readers.

Appendix 1: Care pathways for prisoners with alcohol and combined alcohol and drug problems



Care Plan Agreed and regularly reviewed (feeds into sentence plan)





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