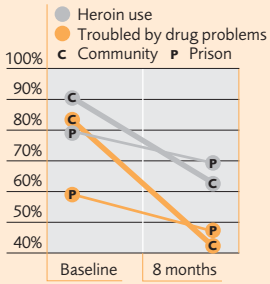
11.5 Prison treatment in Scotland fails to impress

Findings The first published findings from the national Scottish drug treatment evaluation have highlighted the relative ineffectiveness of treatment inside as opposed to outside prison.

The Drug Outcome Research in Scotland (DORIS) study is tracking 1033 clients who started treatment in 2001–2002 at 33 agencies, five based in prisons. At the first eight-month follow-up, 878 were re-interviewed including 391 from prison services. Excluding those still in custody left 229 former prisoners and 487 from community services. Over the three months before starting treatment, most had injected and used heroin and benzodiazepines and large minorities had committed various revenue-raising crimes.

From their accounts, there was a gulf between treatment inside and outside prison. Nearly two-thirds of the community sample had received methadone but just 24% of prisoners, even though 80% had recently used heroin. Instead, prisons relied on drugs such as lofexidine to ease withdrawal. Counselling and advice/information were the mainstays of community psychosocial help (77% and 65%) but under half as common in prison (both 31%); similarly with group work (43% v. 18%). Only where, in either setting, few clients received a service were the proportions comparable. For example, inside or outside prison, only 1 in 6 recalled vocational/educational help, though nearly all were unemployed. Asked how they felt about the service, around 60% of the community sample rated it at least "good" and felt it had motivated them to sort out their problems, but just a quarter of the former prisoners.

The adequacy of the services seemed reflected in the eight-month follow-up. On all but two of 24 measures of drug use, drug problems, health, and crime, the community sample had improved more, generally ending up better than the prisoners despite starting from a worse position. For example, 30% had stopped using heroin but only 10% from prison, typical of other forms of drug use. The upshot was that compared to before treatment, 40% fewer of the community sample were seriously troubled by drug problems but just 12% fewer of the ex-prisoners.



In context Typically addicts (especially remand and female prisoners) serve short terms during which organising and completing treatment and arranging continuing care is difficult. The study's short follow-up period would have confined it to very short-term prisoners, potentially giving a slightly jaundiced impression of prison services. Also, the researchers asked about drug use and crime in the last 90 days; for the prison sample, these periods could have included time in custody, when the extent of pre-treatment problems and the impact of treatment would have been obscured. The study confirms that UK prisons continue to avoid methadone maintenance, despite now strong evidence of effectiveness in this setting.

Interim reports on a Scottish initiative to link released problem drug users to community services (▸ www.drugmisuse.isdscotland.org/eiu/eiu.htm) suggest that this too has run into implementation difficulties, especially in respect of remand prisoners. Despite signing up to the service, just 28 out of 79 prisoners followed through on release and just 14 kept all their (up to three) appointments.

Practice implications Service shortcomings are being addressed. In England the Criminal Justice Interventions Programme aims to improve coordination of treatment for offenders and a special programme is being trialed to provide treatment for short-term prisoners. In England and Wales, transfer of responsibility for prison health services to NHS bodies may help close the gap between services inside and outside prison. In Scotland, steps have recently been taken to improve methadone and therapeutic services, there are plans to expand the range of treatment provision, and the new initiative may yet improve throughcare. But as long as the main community-based pharmacotherapy (methadone maintenance) is denied most prisoners, and psychosocial approaches differ widely, it is hard to see how continuity and equity of provision inside and outside prison can be achieved. Official guidance approves methadone maintenance where it continues the pre-prison treatment of short-term prisoners but prison is also an opportunity to introduce many dependent opiate users to this treatment with a view to continuing it on release.

LINKS Nuggets 10.8 4.12 3.13

Featured studies Neale J. *et al*. "Comparing community and prison-based drug treatments." *Drugs: Education, Prevention & Policy*: 2004, 11(3), p. 213–228. DS

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