DRUG & ALCOHOL FINDINGS *Research analysis*

This entry is our analysis of a study added to the Effectiveness Bank. The original study was not published by Findings; click Title to order a copy. Free reprints may be available from the authors – click prepared e-mail. Links to other documents. Hover over for notes. Click to highlight passage referred to. Unfold extra text The Summary conveys the findings and views expressed in the study. Below is a commentary from Drug and Alcohol Findings.

Establishing a 'Corstonian' continuous care pathway for drug using female prisoners: Linking drug recovery wings and women's community services.

Grace S., Page G., Lloyd C., et al.

Criminology and Criminal Justice: 2016, 16(5), p. 602–621.

How do drug recovery wings in women's prisons compare with best practice in Baroness Corston's 2007 report to the Home Office?

SUMMARY Globally, more women are incarcerated for drug offences than for any other crime. The reasons for women's drug use tend to be more complex than that of men, particularly in terms of why they start using drugs, which is often to cope with physical and emotional pain caused by abuse or other childhood and adult trauma.

In 2007 Baroness Jean Corston delivered a review of women with particular vulnerabilities in the criminal justice system, highlighting the key role drug use plays in women's offending. The report identified the need for radical changes in the way the criminal justice system 'manages' such offenders – a move towards a holistic, woman-centred approach that is sensitive to the complex needs of most female offenders, an emphasis on appropriate punishment in the community for low risk, non-violent female offenders, and the abolition of large prisons in favour of small geographically dispersed custodial units.

In 2010, the UK Government's Drug Strategy established an intention to bring "wing-based, abstinence focused, drug recovery services" to English and Welsh prisons. Pilot drug recovery wings were subsequently established for prisoners to enter on a voluntary basis with the goal of being drug free.

Key points
From summary and commentary

A study compared drug recovery wings in two English women's prisons with the approach commended by Baroness Corston in her 2007 report to the Home Office.

One drug recovery wing was deemed more 'Corstonian' than the other. However, neither had established a clear exit strategy, causing considerable anxiety among women about the lack of support they might face on release.

Continuity of care between prison and the community is important, including support in accessing the complex range of agencies who can help, and maintaining the peer and key worker support women had while in prison.

The featured paper outlined the findings of a rapid assessment of drug recovery wings in two women's prisons in 2013 and compared these with the approach undertaken in women's community services commended by the Corston Report.

In total, 16 women serving relatively long sentences were interviewed. Only two were serving less than 12 months, in comparison to the average custodial sentence for women of 11.6 months in 2011. In addition, researchers examined the results of a survey measuring quality of life in both women's prisons, including comparisons between drug recovery wings and the wider prison population. [The final evaluation report indicated that in HMP Styal, 127 women were surveyed about their quality of life (12 women in a drug recovery wing and 115 residing elsewhere in the prison), and in HMP New Hall, 130 women were surveyed (seven from the drug recovery wing and 123 from other locations).]

Main findings

On the first drug recovery wing (referred to as DRW 1 in the paper) the women's days were divided into mornings dedicated to their recovery programme and afternoons involving education and/or employment and sessions with their key workers. In addition, there were compulsory community activities two nights per week and two gym sessions. The holistic approach taken in DRW 1 was clear from the programme, and while drug-focused work was evident, a variety of aspects of a woman's life were worked on to support her recovery from drug use.

On the second drug recovery wing (DRW 2) the women were totally isolated from the rest of the prison and did not work, meaning all their time was spent on the wing. There was a morning meeting at 9.00am and three mornings per week the women attended group work sessions which at the time of the research were all focused on mindfulness. Other than for two gym sessions, most afternoons were free.

DRW 2 insisted on withdrawal from drugs on admission, while DRW 1 was more flexible enabling women to participate in the other programmes available on the drug recovery wing whatever stage they were at. Six of the 10 women in DRW 1 were already drug-free or in the process of withdrawal; three were stabilised on methadone with a plan for withdrawal prepared for release or if sentenced, and the remaining woman's dependence was on alcohol.

The women ranged in age from 19 to 62 years and shared very similar profiles in terms of their drug use and associated problems. All but two had a long history of drug use ranging from eight to 46 years, with an average of 17 years' use. For most their main problem was with heroin and/or crack cocaine. Over half of the women described violent, dysfunctional relationships with men – who were often drug users and drug dealers – and several had relapsed back into drug use when these men had come back into their lives on release from prison. Half the women had also suffered the loss of a significant loved one (a parent, child or partner) which had (re)started their drug use.

The findings indicated that DRW 1 more successfully provided a 'Corstonian' approach than DRW 2 as it was able to:
• provide safe, non-judgemental, supportive environments, where women's self-esteem, confidence and independence were built up through a variety of interventions;
• offer an emotionally (as well as a physically) safe place, where women felt more able to open up about their issues and concerns;
• emphasise and value women's *progress* towards their goals, rather than simply focusing on final outcomes.

However, neither drug recovery wing had established a clear exit strategy, which caused considerable anxiety for prisoners who were worried about the lack of support they might face when they had completed the programme. Most women were also very anxious about any move back into the main prison population, even if this was to a drug-free wing.

The authors' conclusions

While pockets of good practice exist, without a continuous care pathway modelled on Corston's ideas for working with vulnerable female offenders such work will be limited in its effectiveness. Upon leaving prison women should have support in accessing the complex range of agencies who can offer them help, while maintaining the peer and key worker support they had in prison.

FINDINGS COMMENTARY The barometer of good practice for the featured study was Baroness Corston' recommendations for vulnerable women in the criminal justice system. In her 2007 report she called for a "distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach" for women in the criminal justice system:

• **Distinct:** Equality does not mean treating everyone the same, in fact treating men and women the same can result in *in*equality of outcomes. Fundamental differences between male and female offenders and those at risk of offending indicate the need for a different and distinct approach for women.
• **Radically different:** For women who pose no threat to society, prison may not always be the right place. Where prison is necessary, female prisoners would benefit from being in smaller units closer to home or more easily accessible for visitors, such as in city centres. It is also important for prisons to recognise practices that may disproportionately harm women. For example, regular and repetitive strip-searching in women's prisons is not only humiliating, degrading, undignified, and an invasion of privacy, but for the many women who have suffered past abuse, can be re-traumatising. This should be avoided where possible, and other security measures used instead.
• **Visibly-led and strategic:** No single person or body is responsible or accountable for the provision of health care (including mental health services) for women coming into contact with the criminal justice system. Effective partnership working cannot exist without top-level direction bringing together diverse interests into a cohesive strategy for women in the criminal justice system.
• **Proportionate:** Custodial sentences for women should be reserved for serious and violent offenders who pose a threat to the public. Community solutions for non-violent female offenders should be the norm, and should be designed to take into account women's particular vulnerabilities, as well as their and domestic and childcare commitments.
• **Holistic and woman-centred:** Women's community centres which pioneer women-centred approaches treat each woman as an individual with her own set of needs and problems and to increase their capacity to take responsibility for their lives; they recognise the impact that victimisation and isolation by disadvantage can have on a woman's circumstances and behaviour; and they recognise that perceptions of being judged as a failure serve to reinforce disadvantage, isolation and social exclusion.
• **Integrated:** The parallel agendas of the health service and criminal justice system to provide community solutions should be integrated into a coherent cross-departmental strategy for women

who offend or are at risk of offending.

The drug recovery wing that came closest to offering a 'Corstonian' approach was able to provide a safe, non-judgemental, supportive environment, where women's self-esteem, confidence and independence were raised, offer an emotionally (as well as a physically) safe place, and emphasise women's progress towards their goals. However, it did not establish a clear exit strategy and therefore fell short of the goal of a continuous care pathway.

The first wave of drug recovery wing pilots was rolled out in June 2011 for prisoners with short-term sentences in eight English men's prisons. Launched in April 2012, a second wave focused on prisoners serving a longer sentence and included two women's prisons and a young offender institution. The final evaluation, examined in the Effectiveness Bank, found that prisoners followed-up after six months living back in the community showed considerable reductions in drinking, drug use, and self-reported offending. Despite evidence that some drug recovery wings offered excellent support delivered by highly motivated and committed staff, these efforts could not make substantial changes to people's lives without being accompanied by help on release. As feared by women in the featured study, many prisoners experienced a 'cliff-face' – their level of professional support dropping off to little or nothing after they left prison.

The drug use problems of men and women in drug recovery wings differed with a notably larger proportion of women than men dependent on opioids (23% of women sentenced and 42% of women on remand; 18% of men sentenced and 26% of men on remand). Women's experiences were under-represented in the final evaluation: only one women's drug recovery wing was included in the process evaluation; and no women's drug recovery wings were included in the impact or economic evaluation.

Published in 2019, the *Prison Drugs Strategy* for England and Wales sought to create a pathway for real and positive change across the prison estate – reducing or eliminating activities that cause serious harm, enabling prisoners to live law-abiding lives, and supporting them to overcome addiction. This includes working with Public Health England to promote their audit toolkit and guidance on continuity of care, and encouraging prisons to reflect on their current arrangements and how liaison with community healthcare providers and GPs could be improved.

The transition between custody and the community is associated with considerable harms, especially for people who have problems with drugs. The Advisory Council on the Misuse of Drugs published the findings of their inquiry into this subject in June 2019, addressing the following questions: what are the drug-related harms and benefits associated with transitions between custody and the community; what are the most important existing recommendations in this area, and to what extent have they been implemented; and is there a need for new or adapted recommendations?

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