

4.12 Throughcare fails to build on prison treatment

Findings Effective organisation of post-release care following drug treatment in prison is rare. Reductions in drug use and crime could be greater if organisational barriers were overcome.

179 offenders treated in British prisons and released in 1998/1999 were surveyed in prison. 112 were re-surveyed four months after release. Two-thirds had used heroin daily before sentence and a third had taken crack. Though in prison half had been helped to find post-release treatment, effecting this was usually left to the prisoner: just 11% had an appointment and only 6% were referred to an identified programme. After release 14% had stopped using drugs and the proportion using heroin daily had fallen 21%. Half were still committing crimes to fund drug purchases, but probably far fewer as the average drug spend had fallen from £550 to £236 a week.

Focus groups and interviews with prisoners and staff suggested that despite urine testing, drug dependence is usually identified by the prisoner. Many are reluctant to own up for fear of being targeted for searches and tests. Identification was further hampered by medical confidentiality. Treatment in prison was patchy and not geared to the prisoner's needs. Referral to more suitable programmes in other prisons was blocked by bottlenecks. Particularly lacking were programmes for prisoners (especially young and remand) for whom harm reduction was a more realistic goal than abstinence. Post-release arrangements were impeded by fragile funding and by disputes over professional boundaries and service responsibilities, and cannot have been helped by unemployment (84%) and poor housing.

In context Throughcare is pivotal to the rehabilitation of drug dependents. Each year nearly 30,000 experience prison. Many were in treatment before a sentence which is too short to complete a rehabilitation programme. US evidence for the impact on recidivism and drug use of post-release aftercare and continuing supervision is much stronger than for prison treatment itself.

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But throughcare can only occur if prison staff identify drug problems; usually they do not. Ideally it would build on pre-sentence treatment but, whatever this was, prison treatment and post-release plans emphasise detoxification and drug-free therapy. Nevertheless, significant reductions were made in rates of drug use and crime, of the same order of magnitude as after residential or arrest referral treatment outside prison. Outcomes for the third of prisoners not re-surveyed would probably have reduced but not overturned the gains from prison and post-release care.

Practice implications The researchers stressed the need to overcome organisational barriers to throughcare, suggesting that prison or probation should take lead responsibility and that designated funding would help overcome community care referral delays and failures. Concrete arrangements should be made in prison and proactively followed through on release. Take-up is still likely to be disappointing unless the transition occurs while the offender remains under legal supervision. Lack of a legal obligation on probation to provide throughcare for prisoners serving under a year could be a serious impediment; most addicts fall in this category. Integrated programmes are required which address personal development, housing and substance misuse as well as training and employment.

Prison throughcare in Britain is developing rapidly. Some of the identified shortcomings have been or are being addressed. In Scotland prison drug workers are likely to take the lead role in throughcare. In England and Wales early identification and throughcare are the responsibility of drug help teams (CARATs) now available in every prison, and also intended to provide post-release support. Experience so far is that CARAT teams can rarely provide satisfactory transitional care and that community services cannot be accessed in the quantity and at the speed needed for continuity. New post-release hostels for short-term prisoners with serious drug and housing problems will help, and the expansion of prison treatment should reduce the need for post-release residential rehabilitation.

Featured studies Burrows J., et al. *The nature and effectiveness of drugs throughcare for released prisoners*. Research Findings No. 109. Home Office, 2000. Copies: RDS Communications Development Unit, Room 201, 50 Queen Anne's Gate, London SW1H 9AT, e-mail publications.rds@homeoffice.gsi.gov.uk.

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