

The substance misuse treatment needs of minority prisoner groups: women, young offenders and ethnic minorities

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The substance misuse treatment needs of minority prisoner groups: women, young offenders and ethnic minorities

Summary

The Prison Service commissioned research in 2001 to assess the treatment needs of three treatment groups: women, male young offenders and ethnic minorities. The results and recommendations for practice and service development are summarised.

Women

- The study found high levels of drug dependence among the female sample and links between dependence and mental health problems. White women were more likely to be dependent on opiates than any other drug, whereas black/mixed race women were more likely to be dependent on crack.
- One of the main factors impacting on women with drug problems was the level of unmet demand for treatment services, especially the need for ongoing support after initial assessment and detoxification.
- The study also highlighted the need for longer-lasting and more consistent detoxification services in training prisons as well as local prisons, and emphasised the combined effects of poly-drug and alcohol misuse.

Male young offenders

- The study found that young male prisoners, aged 18-21, were using a range of drugs, and three-quarters were dependent on at least one of them. Harmful levels of alcohol use also featured prominently among this group.
- Many had psychological and emotional problems that need to be addressed in conjunction with their substance misuse.

- The researchers recommend an educational and harm minimisation approach in combating the young males' substance misuse problems, combined with an emphasis on throughcare while in prison and on release.

Men from ethnic minority groups

- Crack was the drug most frequently used by the sample of men from ethnic minority groups (80 per cent of whom were black and 20 per cent Asian or mixed race). The use of this drug was often combined with harmful levels of alcohol consumption, and associated with psychotic or manic experiences.
- The researchers' observations concerning services for ethnic minority men mirror those made for women. They highlight a general requirement to address the unmet demand for treatment services. There is in addition a need to implement a more consistent detoxification practice; there is also a need to increase the focus on poly-drug and alcohol use; and to ensure greater liaison between the CARAT (Counselling, Assessment, Referral, Advice and Throughcare) and psychiatric services.
- It was noted that rehabilitation services were not necessarily attracting ethnic minority men into treatment. Practitioners interviewed felt this may in part be due to a lack of ethnic minority practitioners and a perceived lack of cultural understanding from white staff.

Home Office Development and Practice Reports draw out from research the messages for practice development, implementation and operation. They are intended as guidance for practitioners in specific fields. The recommendations explain how and why changes could be made, based on the findings from research, which would lead to better practice.

Introduction

Problematic substance users frequently share a number of similar characteristics and treatment needs, such as poor physical and mental health, employment problems and poor support networks. However, much of the literature in this field suggests that members of certain offender groups – such as women prisoners and young offenders – often also have quite distinct needs. Women, for example, are more likely to have histories of sexual abuse. Young people generally have less entrenched drug problems and are more likely to take drugs for social reasons. Peer influence and youth culture can play a significant role in their substance use.

The Prison Service wishes to ensure that their drug interventions are properly tailored to meet the specific needs of all inmate groups. Consequently, a study was commissioned to assess the treatment needs of women, young offenders and prisoners from ethnic minority groups and make recommendations about how current services might be improved. This practice report summarises the key findings of the study. After a brief outline of the methodology, each of the three groups is addressed in turn, starting with the women and then moving on to the male young offenders and the men from ethnic minority groups. Each section is structured in the same way: observations about substance use and mental health are followed by a summary of the researchers' conclusions and recommendations about each group's treatment needs and the services currently available.

Methodology

The study had three main parts:

- The first was an interview survey of 301 women prisoners. The survey used a random sample of 190 white and 111 black/mixed race respondents and was designed to estimate the level and nature of substance use among these groups (foreign nationals and women from other ethnic groups were excluded). The results of this survey are only briefly reported here but are available on the internet (see page 7).
- The second part involved an assessment of the treatment needs of the three groups. Women with treatment needs were identified by the survey, while 80 male young offenders (aged 18-21) and 40 male inmates from ethnic minority groups with treatment needs were selected by drugs workers. Each prisoner was interviewed and various assessments, including

measures of drug and alcohol dependency and mental health problems, were conducted.

- The third arm of the study comprised in-depth qualitative interviews with 32 people involved in the provision of substance misuse services (28 practitioners and four young men acting as peer supporters/educators) focusing on their views on prisoners' treatment needs and the services currently provided.

Women prisoners

Findings: substance use and dependence

The rates of drug use outside prison reported by women in the survey were very high. Almost half the sample were dependent on at least one drug, with significantly higher rates of dependence among white women than black/mixed race women. White women were more likely to be dependent on heroin, and more likely to inject, whereas the proportion of women with crack dependence was similar in the two groups studied.

Over a third of women had harmful or hazardous patterns of drinking alcohol, including 49 (16%) who were found to be drinking at harmful levels and dependent on at least one other illicit drug. A small number of crack users referred to using alcohol as a sedative, to soothe the 'come down' effects of the drug.

Over a quarter of the women interviewed said they were still using heroin while in prison, albeit mainly on an occasional basis. Six women (2%) reported injecting in prison.

Findings: mental health

The study supported other work which has suggested that women's drug taking is associated with exposure to abuse and violence, low self-esteem and mental health problems. A considerable proportion (43%) of those who had sought help in prison for anxiety or depression had been prescribed medication, but few reported receiving other kinds of intervention. The importance of offering women psychological support alongside or instead of pharmacological interventions is recognised. However, the need for great care in delivering potentially distressing psychological interventions to women is also emphasised.

Black/mixed-race women were less likely to seek help for emotional problems despite the fact that their anxiety and depression whilst in prison were at levels similar to those of white women. Drug dependence was associated with deliberate self-harm in black/mixed race women but

not in white women. This highlights the importance of improving the treatment of emotional problems in black/mixed race women.

Regardless of ethnicity, a significant proportion of the women self-reported manic or psychotic experiences, particularly those who used heroin or crack. These symptoms need more urgent investigation and assessment to establish whether a psychiatric disorder is present and requires specific intervention.

Conclusions

Women with drug problems were generally very aware of their need for help and/or treatment. The white women mainly had problems with opiates, whereas black/mixed-race mainly had problems with crack. This is the most important finding of the study, in terms of ethnic differences. The problem is deeper than the technical issues posed by the two classes of drug and their associated problems. Different subcultures surround the use of heroin and crack and so any attempt to address the specific needs of black/mixed-race women must consider their specific social and cultural context.

One of the main factors impacting on women with drug problems is the unmet demand for treatment services after the initial assessment and detoxification. While acknowledging the important role of services such as in-house psychology and voluntary agencies, drug services in women's prisons would benefit from more extensive primary care services; this would allow the drugs services to concentrate on their primary task.

Needs assessments

While many of the sample of women had received a CARAT assessment, gaps remained in the service delivery. It is necessary to ensure that remand and short-sentence prisoners are prioritised for rapid assessment and referral to community-based services. There is a general requirement for better identification of alcohol problems in women and to educate women about the harmful effects of excessive alcohol use.

Detoxification and therapeutic interventions

One major concern of prisoners was that detoxification for drug users was not long enough. However, several women who had been in Holloway saw their detoxification and post-detoxification provision as an example of good practice that should be replicated in other prisons. Despite the availability of good alcohol detoxification services in some local prisons, this service is thinly spread.

A further point concerns approaches to the detoxification and treatment of crack users. Practitioners saw the

management of crack misuse as less straightforward than the treatment of opiate dependence. Unlike cases involving opiates, no substitute medication is available to manage the symptoms of withdrawal from crack. Crack users are less likely to access services because of this and also because they are less likely than opiate users to perceive their substance use as warranting treatment. Further, effective treatment for primary crack users requires a different approach from that effective with opiate users. Given this, in conjunction with the high prevalence of crack use among the female prison population, it is vital to employ drug workers specialising in the treatment of crack misuse.

Only a minority of dependent women had received any form of therapy in custody; there is clearly a degree of unmet demand for treatment services after the initial assessment and detoxification. There was also a strong message from the women about wanting 'someone to talk to' about problems that may not in all cases be directly related to their substance misuse. CARAT workers reported that women frequently approach them with issues beyond their remit and in some instances their expertise. The resources available to CARAT workers to provide any kind of proactive work are finite. Where it can be established that issues are not drug-related, it is recommended that alternative sources of support be considered. Clearly, some issues will require action and professional support. However, where this is not necessary, effective support may be offered by peer educators/supporters. Many women who participated in the study were assessed as having mental health problems, and practitioners reported co-morbidity as a key area for service development.

There is a need to educate women about the harmful effects of excessive alcohol consumption. It is inevitable that treatment interventions will have a low take-up if women do not see their drinking as harmful. Treatment services should be taking a lead in focusing on those women who have poly-drug and alcohol problems. Our concern is that a service directed at drug problems alone is wasted on those women who also have alcohol problems, and there is a need to remove the artificial barriers that exist between services for different substances.

The study also highlighted the fundamental importance of the provision of throughcare while in custody and following release. Ideally, post-release services should involve multi-agency and multi-disciplinary working to co-ordinate substance misuse interventions in conjunction with services for housing, education, employment and other related needs.

Recommendations

- **Treatment for heroin users** is vital for the female population. The exceptionally high rates of heroin dependence (particularly for white women) must be taken into account when planning gender-appropriate services.
- There is also a need for services, including specialist workers, targeted specifically at **treatment for users of crack cocaine**. These services should be culturally appropriate for black/mixed-race women, for whom crack appears to be the most common drug of choice.
- **Identification** and referral of inmates with drug problems could be promoted by ensuring prison staff are able to access CARAT referral forms and other information about available services.
- **Assessment** of women's treatment needs for alcohol should be based on objective assessments, such as the Alcohol Use Disorders Identification Test (AUDIT), since few women subjectively identify harmful drinking as problematic.
- **Detoxification** regimes for crack and other non-opiates, and appropriate post-detoxification care, are key areas for future development.
- There appears to be unmet need for **detoxification in training prisons**, and we recommend that such prisons work towards providing appropriate levels of residential detoxification service for both drugs and alcohol.
- There should be further development of the **peer support** schemes that are already in operation, as these appear to be working well.
- Strategies for better supporting **CARAT workers** need to be identified as they are experiencing pressure (similar to that faced by colleagues working in other areas of service provision) to perform tasks beyond the service's remit and, in some instances, beyond the practitioners' areas of expertise. Similarly, it is essential that operational managers ensure that CARAT workers are fully aware of other available services in custody, and the limits to what is achievable when trying to solve all inmates' problems.
- **Health education** ought to be a priority. Apart from emphasising the limits to safe drinking, health education should have a specific focus on the dangers of combining alcohol with drugs, and there should be an attempt to promote alternative methods of managing stress and coping with negative emotions. The researchers recommend that the latter task should be part of primary care rather than drug treatment services.
- Treatment services need to develop a co-ordinated programme for women who have **poly-drug and alcohol misuse** problems. Many such women attribute their substance misuse to emotional problems, so there should be close liaison with primary care and psychiatric services.
- **Therapeutic programmes for women** should continue to take into account the links between substance misuse and experiences of being a victim of violence. The guiding principle is to acknowledge past traumas, whilst learning ways of coping with present distress. It is important to identify ways, and stress the need, for women to avoid returning to violent situations (whether domestic or otherwise).
- **Psychological therapies** which help women manage anxiety and depression without recourse to alcohol or drugs (prescribed or illicit) are required for the successful treatment of substance misuse problems in many women. This requires assistance from primary care and mental health services.
- Consideration should be given to the use of guided **self-help programmes**, which have been found effective in managing mild to moderate anxiety and depression in other settings.
- Improvements in the **prison regime** (including better access to purposeful activity and exercise) would also be obvious strategies for decreasing the prevalence of anxiety and depression.
- **Support for women in maintaining relationships** with their children is recommended. Practitioners often linked anxiety and depression to loss of contact with, and feelings of guilt towards, children.
- Drug treatment programmes should maintain **close liaison with mental health services**. There should be more awareness among drug workers of the mental health risks associated with dependence on specific drugs. A significant minority of drug-using women will require specific help for psychotic symptoms.
- **Healthcare assessments** should continue to pay particular attention to women who inject drugs, including providing information on safer practice, due to the higher risk of epilepsy, diabetes and hepatitis in this group.
- The importance of effective multi-agency **post-release support** both in terms of substance misuse problems and related social factors cannot be over-emphasised.

Male young offenders in prison

Findings: substance use and dependence

Eighty male young offenders with substance misuse treatment needs were interviewed and assessed. Of these young men (aged 18-21), 76 per cent were assessed as dependent on one or more drugs, which they had used in the twelve months before their imprisonment. The highest rates of dependency were for heroin and crack (both 28%), with 42 per cent dependent on one or both. Use of cannabis was reported most frequently, by 94 per cent, though only 10 per cent were dependent on it. Twenty per cent of the sample had already injected drugs, with 5 per cent having shared needles or syringes outside prison.

Findings: mental health

A third of the young offenders had had contact with mental health services outside prison and a similar proportion received help inside. Almost a quarter had self-harmed at some time in their lives and one in five had attempted suicide, although they tended not to relate this to their substance misuse. However, about a third of the young men recognised a relationship between their substance misuse and psychotic experiences. Many young offenders had been victims of physical assault, including high rates of violence within the family. In general, these young men had a range of psychological and emotional problems needing to be addressed in parallel with attempts to manage their substance misuse.

Conclusions

Young offenders are typically at a critical stage, having already tried a range of drugs without yet becoming dependent on most of them. They have not yet experienced most of the negative consequences of substance misuse; they may not, for example, see themselves as having any problem with alcohol, and are likely to be unclear about what help they need. Although some young offenders were resistant to the idea of treatment, others wanted help but did not know what to ask for.

The findings portray an experimental, 'pick and mix' approach to drugs, with little awareness of the long-term consequences, suggesting an urgent need for health education on safe practice. One would expect young drug users not to be receptive to calls for abstinence but, on the whole, they were receptive to the possibility of further help. They asked for more courses, support and counselling.

Many of the young offenders selected for interview were drinking heavily and frequently. In comparison with the women and older men, more young men reported

drinking for social reasons, particularly to keep up with friends and to conform to social and cultural expectations. Many of them did not recognise the need for help with alcohol problems, and were less likely to identify anxiety or depression as reasons for drinking. Over half of the young men said that most or all of their family or friends outside prison had problems related to alcohol use. This implies that interventions focusing on abstinence will have little relevance for young men who return to an environment where drinking is a social necessity. Health education and programmes directed towards alcohol management and controlled drinking are more realistic.

The post-release needs of young offenders are the same as those identified for women prisoners. The provision of throughcare while in custody and following release is of fundamental importance. Again, this would ideally involve post-release multi-agency and multi-disciplinary services working to co-ordinate substance misuse interventions in conjunction with services for housing, education, employment and other related needs.

Recommendations

- **Educational programmes** for young offenders need to adopt a broad educational approach to cover the wide range of substances used. At the same time, it should be acknowledged that much of their recreational drug use is determined by social settings and drug-using peer groups, and may only be successfully addressed by changes in lifestyle or environment. A concentration on drug use in isolation is unlikely to be successful. Programmes focusing on positive alternatives to drug taking would be welcomed. (A harm minimisation approach is likely to be most effective, given that abstinence is unlikely to be a realistic goal.)
- The one in five young offenders in our selective survey sample who are already injecting drugs need urgent education about **health risks and harm minimisation strategies**.
- **Peer educators** were a valued intervention and appeared to merit wider extension. They were seen as helping the engagement of young offenders both with CARAT and with rehabilitation service interventions.
- Young offenders require **age-appropriate and challenging interventions** delivered within a structured programme and supportive environment.
- **Health assessments** of young offenders should include objective measures of level and frequency of drinking, such as the AUDIT scale, since these young men are unlikely to report their drinking as problematic.

- **Alcohol health education** is a necessary precursor to offering treatment programmes for alcohol. Take-up of alcohol treatment is likely to be low unless young offenders understand the health consequences of excessive drinking, and are able to confront the social and cultural pressures on them to misuse alcohol.
- **Alcohol misuse programmes** for young offenders should incorporate a range of alternative treatment goals, including controlled drinking programmes for the majority, for whom abstinence is not a realistic option.
- Young offenders with substance misuse problems also have high rates of **psychological and emotional problems**. They require help in recognising and understanding the links between these factors.
- The importance of effective multi-agency **post-release support** for young offenders both in terms of substance misuse problems and related social factors cannot be over-emphasised.

Men from ethnic minority groups in prison

Findings: substance use and dependence

Forty men from ethnic minority groups with substance misuse treatment needs were interviewed and assessed (80% were black and 20% Asian or mixed-race). In most studies of (predominantly white) male prisoners, heroin is the drug of greatest concern. However, patterns of drug use in our sample of men from ethnic minority groups were quite different, with 85 per cent reporting use of crack in the year before prison, including 68 per cent who were dependent on it, but only 35 per cent using heroin. A significant number of men identified as heavy users outside, reported a reduction in their crack use inside prison, whereas heroin use tended to be maintained.

Half of the sample was assessed as having harmful or hazardous levels of drinking alcohol; with just over a third classified as both harmful drinkers and dependent on drugs. Of particular importance in this group was the apparent association between alcohol and crack use, with many men commenting that their crack use determined their patterns and level of alcohol consumption (alcohol being used as a sedative to soothe the 'come down' effects of crack).

Findings: mental health

About a quarter of the men were experiencing moderate to severe levels of depression and anxiety, although few had asked for help (seeing depression as a normal part of the crack experience) and even fewer reported receiving help. The very high rates of reported sub-clinical psychotic and manic experiences (48% and 35% respectively) are of concern and were frequently associated with alcohol and drug use (especially crack).

Conclusions

The majority of men had received some help for drugs in prison, including counselling, Narcotics Anonymous groups and rehabilitation programmes. These interventions were well received and appreciated by the men who received them. However, rehabilitation services were not attracting ethnic minority men and that was at least in part due to a lack of ethnic minority practitioners and a perceived lack of cultural understanding from white staff. There was also a demand for further courses inside prison and for continuing support outside. As with the women, the successes have been in the areas of initial assessment and treatment, with the service yet to address fully the questions of ongoing therapy and rehabilitation. The need for practical help with employment, and housing away from drug contacts, was mentioned spontaneously by one in six men. It is important to bear in mind the findings from American studies, suggesting that the crucial factor in maintaining abstinence is support after leaving prison, more or less irrespective of treatment within the custodial setting.

Recommendations

- **Treatment programmes for crack cocaine** should be a primary focus for ethnic minority men.
- **Detoxification** practice needs to be implemented consistently across the prison estate. Inconsistencies between local and training prisons in the range of interventions and quality of care available need to be addressed. It is essential to ensure appropriate management of medication regimes on transfer, and to provide residential provision within training prisons.
- Further developments in **CARAT teams** should concentrate on (i) increasing the number of places on therapeutic programmes and (ii) pre-release planning to address employment and housing needs, and to establish ongoing contact with services outside prison.

- Treatment interventions for ethnic minority men need to pay particular attention to *the relationship between crack and alcohol use*. For example, crack users may not identify their alcohol use as problematic, viewing it instead as an appropriate way of managing their crack use. This should be addressed as part of the overall treatment package for crack users, and there is a strong case against the separation of drug and alcohol services for this group.
- Drug treatment programmes should maintain close *liaison with mental health services*. The high rate of psychotic symptoms in this sample suggests a need for close co-operation between CARAT teams and psychiatric services. CARAT workers should have a low threshold for requesting a full psychiatric assessment in this high risk population. The promotion of culturally-sensitive, practical anxiety management and reduction strategies that individuals can use both in prison and on release is also recommended.

The study was conducted by Jo Borrill, Anthony Maden, Anthea Martin, Tim Weaver, Gerry Stimson, Tom Barnes, Rachel Burnett, Sarah Miller and Daniel Briggs from Imperial College, London, and Michael Farrell from the National Addiction Centre, King's College, London. The main report, *Differential Substance Misuse Treatment Needs of Women, Ethnic Minorities and Young Offenders in Prison: prevalence of substance misuse and treatment needs*, is published on the internet at: <http://www.homeoffice.gov.uk/rds/pubsintro1.html> as an On-Line Publication. For further discussion of substance misuse among white and black/mixed race female prisoners, as part of this Differential Needs research, see also Home Office Research Study 267 and a shorter summary, Findings 186. These are also on the RDS website.

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