

## Summary of EATA response to the Ministry of Justice's consultation on the NOMS Drugs Strategy (November 2008)

The European Association for the Treatment of Addiction (UK) is the main representative body for the voluntary and independent drug and alcohol treatment and aftercare sectors, working to ensure that people affected by substance dependencies get the treatment they need.

The Association contributes to the debate on policy that relate to drug and alcohol treatment. In this role we respond to consultations and reports from government departments and agencies and other bodies. In this official submission, EATA is representing both the views of our members and the organisation as a whole.

### Introduction

EATA's members provide almost all of the UK's prison-based programmes as well as other services such as arrest referral, court referral, drug rehabilitation requirements, employment and housing. As a result, we believe that the voluntary and independent sectors, drug rehabilitative treatment providers, currently play (and will continue to play) a vital role in helping offenders break the cycle of problematic drug use and offending. Our ambition is the delivery of effective, high quality services which provide an individualised, person-centred approach to treatment within prisons. But to do that these sectors needs adequate support and resources.

It is positive that the NOMS strategy proposes the development of "better ways" to identify and address the needs of problematic drug users (PDUs) when in prison or custody, with a view to reducing re-offending and harm. However, the strategy fails to recognise the crucial importance of aftercare and reintegration in tackling relapses and re-offending. We will expand on this point later on in this response but in brief, integrated aftercare support for people, particularly with complex needs, should be built into their treatment plan while in prison and implemented on release, so as to sustain and build upon the treatment gains that have already been made. This will require (as explained below) improved communications and better sharing of information between all the agencies that will come into contact with the individual – the police, the probation service, social care agencies, treatment providers, etc.

### Standard of treatment

EATA also believes that NOMS need to be more ambitious in the level of treatment it provides within prisons. The strategy proposes only to "ensure that all prisoners have access to minimum standards of clinical drug treatment". Greater clarification is needed on what exactly is meant by "minimum standards". At present, the provision of treatment within prisons is not always to the same standard as treatment in the community and it is important that as a minimum prison treatment matches that in the community. In practical terms, this is essential for continuity of care when the prisoner is released into the community at their end of their custodial sentence. In social terms, it will show that the government is serious about ensuring that people in prison who are dependent on drugs have access to the treatment and support they need, so that they are less likely to revert to drug use and offending on release.

There are reports that despite the efforts of the many individuals working in prison drug treatment services, prison drug services “frequently fall short of even minimum standards and do not adhere to established best practice” [UKDPC: April 2008]. A review of prison-based drug treatment funding conducted by Pricewaterhouse Coopers concluded that a minimum standard of care in all prisons is not likely to be possible within existing funding.

### **Individual person-focus approach**

Another concern that EATA has regarding the concept of “minimum standards” is about how flexible and substantial this will be so that it adequately accommodate the needs of individuals. “One size fits all” will not work in this respect. Care plans need to be based on providing treatment that suits individual needs and providing access to wraparound services such as employment, housing, social exclusion, education and health (including dual diagnosis). Addressing these needs for different client groups requires a multi-disciplinary process, which begins at admission and should continue after release.

### **Continuity of care**

EATA is particularly concerned about the continuity of care in prison based treatment. There are several points at which treatment plans can be disrupted during custodial sentences, including when young people with drug problems transfer from Youth Offenders Institutions to prisons, when prisoners transfer from one prison to another or when they are released into the community at the end of their sentence. Another example is the early release scheme where prisoners are released before the end of their sentence and are not referred to agencies following their release. As our members have pointed out, if prisoners detoxify in prison before suddenly being released early and no onward referrals have been made, then this can lead to a higher risk of relapse and overdose among PDUs. Continuity of care is essential to ensure that problem drug users have access to the services and support they need, whether they are in prison or in the community.

It is positive that the strategy contains several proposals to strengthen the continuity of case management of drug misusing offenders when being transferred between community and custody, and emphasising the resettlement of offenders following release. However for this to be implemented consistently there needs to be greater communication between all the agencies involved. EATA members have commented on several occasions that communication between agencies is a fundamental problem. Joined up thinking, effective partnerships and initiatives rolled out at a sensible pace are essential to deliver a service that supports problem drug users from the minute they enter the criminal justice system until they are released *and* reintegrated into the community.

### **Dual diagnosis and complex needs**

EATA is also concerned about the issue of dual diagnosis which does not seem to be specifically included as one of the strategy’s objectives. This is disappointing as the lack of dedicated dual diagnosis services can result in misunderstanding or ignoring prisoners’ problems. EATA members have commented that there is a large crossover section among prisoners. Many of whom misuse substances to cope with mental health problems, while many drug misusers can often go on to develop mental health problems.

Collaborative working between the relevant treatment and mental health agencies is required here. For example, it is important that information is shared about prisoners’ mental health diagnosis and treatment and that this information follows the person wherever they are sent within the prison system (or on release) so that they receive appropriate and continuous care. Collaborative working, particularly with regards to prisoners with dual diagnosis, helps to reduce

duplication within the system (i.e. assessments, treatment services) and makes effective use of available resources.

### **Alcohol**

Many of those who present to treatment with drug problems also present with alcohol problems as well. Alcohol related crime and disorder is a significant social problem and alcohol misuse is considered by EATA members to be a much worse problem than drugs, because alcohol is much easier to obtain. Alcohol misuse also causes significant health harms – the Alcohol Harm Reduction Strategy concluded that £1.6bn is spent by the government each year while the economic cost is an estimated £6.4bn a year.

As an EATA member commented, “Alcohol affects not only the individual but everyone around them, leading to destruction in every aspect of life. We need to focus on an individual level to break this cycle so it doesn’t continue to the next generation.”

We believe that NOMS should treat alcohol misuse as seriously as the misuse of illegal drugs. We recommend that NOMS integrates its drug and alcohol strategies so that alcohol is recognised as big a priority as drugs and the funding allocated to reflect this.

### **Needs of young people, female and ethnic minorities with drug problems**

More research is needed into the most effective interventions for young people, female and ethnic minorities in the criminal justice system. The voluntary and independent sectors have vast experience in working with people with complex needs from a wide range of communities and backgrounds. By working in partnership with different providers, more prisoners can benefit from the increased access to appropriate treatment.

NOMS also needs to look at issues surrounding treatment and aftercare that young people, female and ethnic minorities with drug problems face at different times of their sentence. For example, CARAT currently focuses on issues faced by older prisoners, but they need to understand those unique to young people with drug problems when they transfer from Young Offenders Institutions to prisons. CARAT not only needs to ensure continuity of treatment for this particular client base but also to be aware that young people transferring from YOI may be under tremendous pressure and anxious about their move, which may make them vulnerable to drug use.

### **Duration of treatment programmes**

Serious attempts have been made by NOMS to roll out initiatives and programmes that provide effective drug treatment within prisons. In particular EATA recognises the Drugs Intervention Programme as an innovative endeavour to help drug-misusing adult offenders out of crime and into treatment. But we have some concerns about treatment programmes which are aimed at prisoners in custody (sentenced or on remand) for a short period. For example, the short duration programme lasts for four weeks and the Prisoner – Addressing Substance Related Offending (P-ARSO) lasts five to six weeks. However, in the community, the measure used by the NTA as an indicator of success is retention in treatment for twelve weeks. EATA recommends that good practice guidelines are established by prison services to refer prisoners on these shorter programmes to community services on release in order to maximise their recovery.

### **Support and workload**

The prison population is continuing to rise. In November 2008, it totalled over 83,000 [NOMS Prisons and Population Briefing]. Providing individualised, person-focus treatment and aftercare for the increasing prison population will place more pressure on caseworkers who are already

coping with a heavy workload. Time and resources are increasingly limited for staff, who as a result may only be able to work with PDUs for briefer periods of time. The NOMS strategy needs to support treatment providers and front-line staff who are not only coping with changes in the prison services but also with stretching financial and treatment resources in what is now a more difficult economic climate. The way forward is to encourage more partnership working with the independent and voluntary sectors, which have far-ranging experience in working with people with complex needs, and should be viewed as a valuable resource.

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A full list of open consultations can be seen at [www.eata.org.uk/policy](http://www.eata.org.uk/policy). On the same webpage you can find our responses to previous consultations.

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