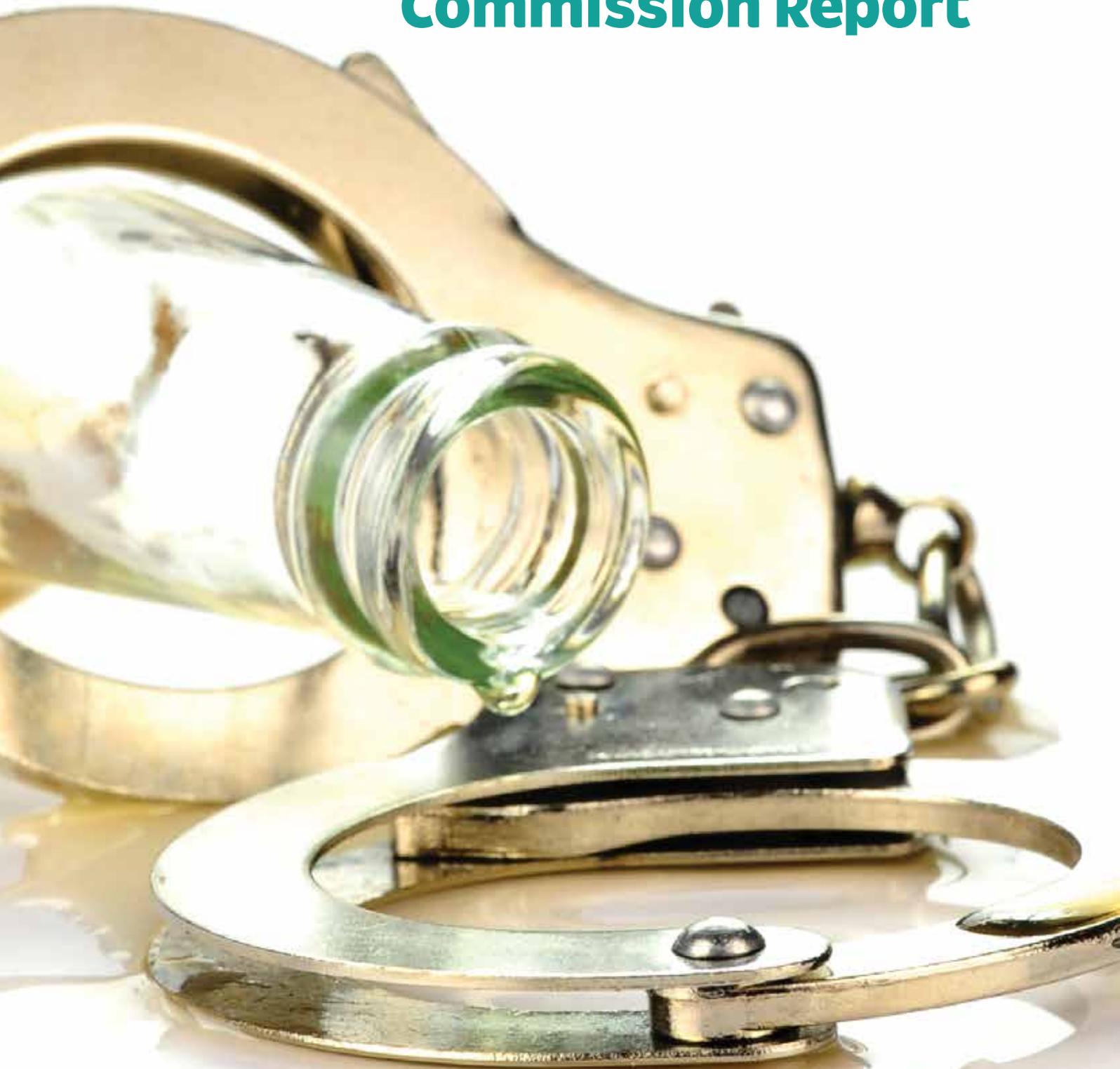


addaction

The Alcohol and Crime Commission Report



**ALCOHOL & CRIME
COMMISSION**

‘What we have is a booze-fuelled revolving door and a system that doesn’t understand the complexities of alcohol-related crime.’

John Podmore, a professor at the University of Durham and ex-governor of Belmarsh, Swaleside and Brixton prisons.

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**PRISONER
WAITING
AREA**

This report is dedicated to the memory of Paul Goggins MP. As a former prisons minister and MP of enormous experience and dedication it was with great pleasure that we received Paul's acceptance to be a member of the Commission. His input, guidance and all-round support were invaluable. He gave huge amounts of his time, opened doors and shared his insight into wider but highly relevant issues. He was also a warm, engaging and generous man who epitomised all there should be in a parliamentarian. He will be greatly missed by many, especially by those working in criminal justice and social welfare.

ACKNOWLEDGEMENTS

The completion of this report would not have been possible without the help, support and advice of many different individuals and organisations.

Firstly, we would like to thank all members of the Alcohol and Crime Commission for their time, guidance and words of wisdom that were so generously given throughout the research and writing for this report.

We would also like to acknowledge the ongoing support from Heineken UK. Without them, the Manchester Resettlement Project would not have been able to resettle ex-offenders back into the community and the establishment of the Alcohol and Crime Commission would not have been possible.

Finally, we must extend our utmost gratitude to individuals and organisations including: Barrow Cadbury Trust, Department of Health, DrugScope, Criminal Justice Alliance, Nacro, Prison Reform Trust, Partners of Prisoners (POPs), Public Health England, Revolving Doors, Women MATTA, Claire Russell (independent research consultant) and David Badcock (head of research and development at Addaction) for their time in inputting and analysing the data from the Inside Time questionnaire.

Thank you.

CHAIR'S FOREWORD

Of all the drugs consumed within society, our approach to alcohol stands out as the most problematic. Alcohol is, above all, a legal drug; widely available, regulated, taxed, promoted and enjoyed. Unlike tobacco, it has not been stigmatised – it remains not just socially acceptable, but celebrated and revered as part of our culture.

Despite this we do know something of its harms. It causes cancer as well as liver and brain disease. We know, but are reluctant to acknowledge, that it is responsible for more problems than cocaine or ecstasy. It is a drain on the resources of the NHS like no other.

Such human and financial costs are not lost on government but its reluctance to tamper with something of such wide social acceptance is manifest. Tackling the problem has been restricted to debates on licensing hours, unit pricing and sensible drinking levels. These are important matters but not ones for this commission.

This report examines the particular relationship between alcohol and crime and our failure to address such issues both in prison and on release.

Alcohol is a drug of many victims: 40% of domestic violence cases and 50% of child protection cases involve alcohol. Such data, however, only scratches the surface. This is partly to do with our difficulties in defining problem drinking. The primary focus has been on units of consumption. We are told that drinking under 21 units is 'sensible'. Is this true if those units are consumed in one hit to augment a fix of crack cocaine? Is it true if you are seven stone or twenty-seven stone in weight? If it costs 5% or 50% of your weekly income? The relationship between alcohol consumption and behaviours is complex but the one place where we should expect those behaviours to be explored and understood is in prison as part of any commitment to rehabilitation.

This commission accepts that substantial resources have been committed to traditional drug treatment involving such things as heroin and cocaine. Alcohol, however, can only be described as the 'Cinderella' service, underlined by the frequently used term 'drugs and alcohol'. Alcohol treatment has not been integral to any drug strategy and services have been largely restricted to detoxification. Addressing alcohol use as an underlying factor in offending has been little researched, understood or addressed.

This report is not a plea for more resources. It is an attempt to place the problems of alcohol crime and offending higher up the national and local government agenda. The problem needs to be better understood and a proper evidence base established if existing resources are to be targeted more effectively. A first step would be a comprehensive needs analysis. Our prisoner survey with Inside Time is an illustration of the gaps in our existing approach. Addaction's Manchester project illustrates what can be done.

This report comes at an opportune time. The commissioning of services both in prison, through-the-gate and in the community is undergoing fundamental change as part of wider NHS reforms and government's Transforming Rehabilitation strategy. It is vital that opportunities are not missed to properly address alcohol issues in prison and on release. Failure to do so will harm any attempts to create safer and stronger communities.

I would like to take the opportunity to thank all those involved in the creation of the commission and publication of the report. The partnership of Addaction and Heineken should be a model for future co-operation across the sector and it has been a privilege to be part of it. The members of the commission who represent all aspects of society have been stalwart in their support, commitment and advice. Finally, without the organisation and dedication of Addaction staff none of this report would have been possible.

COMMISSION MEMBERSHIP

The commission was chaired by former prison governor **Professor John Podmore** and other members including:

- **Eric Allison**, Guardian journalist and former prisoner
- **Jeremy Beadles**, corporate relations director for Heineken UK
- **Paul Goggins MP**, former prisons minister
- **John Harding**, former chief probation officer Inner London and Addaction trustee
- **Roz Hamilton**, chief executive of Greater Manchester Probation Trust
- **John Hewitson**, governor of HMP Styal
- **Alan Hopley**, director of fundraising and communications for Addaction.
- **Kevin McGrath**, chair of McGrath Charitable Trust
- **Claire Matthews**, corporate responsibility manager for Heineken UK
- **Steve Rossell**, chief executive of Cranstoun

We are told that drinking under 21 units is 'sensible'. Is this true if those units are consumed in one hit to augment a fix of crack cocaine? Is it true if you are seven stone or twenty-seven stone in weight? If it costs 5% or 50% of your weekly income?

Professor John Podmore, Chair



Executive summary

In early 2011, Addaction noticed a significant gap in service provision for prisoners suffering from alcohol abuse – in particular through-the-gate services. In an attempt to tackle some of these problems at a local level, and with funding from Heineken UK, Addaction set up a resettlement service in Manchester.

The project works with men from HMP Manchester and women from HMP Styal before they are released from prison, at the point of release and as they settle back into their community. Early evaluation has been extremely encouraging and there is a strong case for rolling out the programme more widely.

In view of the project's success, Addaction and Heineken UK believe these results should be disseminated to a wider audience in order to demonstrate the importance of this form of service provision, and for the issue of alcohol misuse among the prison population to be investigated further.

This report lays out the commission's findings and demonstrates why they create a cause for concern. With the introduction of the Offender Rehabilitation Bill in early 2013 there is some recognition of the problem and the focus on rehabilitation is welcomed. However, as is often the case, alcohol is once again sidelined despite the known size of the problem and the correlation between alcohol use and offending. The government must address this issue if it wants to reduce reoffending, by supporting those people who suffer from an alcohol problem through their prison sentence and most crucially from the prison gate and back into the community. The government needs to set out commissioning structures that demand proper and consistent through-the-gate services that specifically address alcohol use.

The key findings of the commission come from a questionnaire which was published in the pages of Inside Time, the national newspaper for prisoners. The questionnaire asked prisoners whether they saw themselves as having an alcohol problem and if alcohol played a part in the crime for which they had been convicted. It also looked into different forms of treatment available to prisoners and whether they had been informed about any support available while inside prison and also of any 'continuity of support' available upon and after release to help them resettle back in the community.

The main findings from this questionnaire create cause for concern.

- 67% of respondents said this was NOT their first time in prison. This indicates that people are getting stuck in the revolving door of prison.
- 38% of prisoners that responded believe that their drinking is a big problem, with 70% saying that they had been drinking when they committed the offence for which they were incarcerated.
- 76% knew about support available IN PRISON for those with alcohol problems.
- 58% of prisoners stated that they had been offered support for their alcohol problems INSIDE prison.
- However, despite the majority being aware of the support in place only 22% found this support 'very helpful'.

- Only 42% of respondents said they knew of support available OUTSIDE prison and only 40% were informed about help available for their drinking problems upon release.
- 46% of female respondents compared to 37% of men stated that they perceived their drinking to be a big problem, with 58% of women (compared to 72% of men) saying that drinking contributed to their offending behaviour.
- In general a lower percentage of female prisoners were aware of support for their alcohol problems: 27% of women had no knowledge of support available compared to 23% of men.
- Only 24% of female prisoners are aware of support available OUTSIDE of prison compared to 45% of men.
- Only 42% of women had been offered help while in prison compared to more than half of men (60%).

To further inform the report, Addaction met with a variety of different organisations with expertise in the area of rehabilitating offenders. These included:

- Barrow Cadbury Trust
- Department of Health
- DrugScope
- Criminal Justice Alliance
- Nacro
- Prison Reform Trust
- Partners of Prisoners (POPs)
- Public Health England
- Revolving Doors
- Women MATTA

In line with the main findings from the questionnaire, there was a strong consensus that the provision of alcohol treatment to the prison population was inadequate. Furthermore, while many changes are underway across the sector, we found no evidence that the problem of alcohol abuse is being adequately addressed.

The commission makes the following key recommendations:

- New commissioning arrangements should make specific reference to dedicated alcohol treatment services for prisoners, including those who are ‘through the gate’ and who have been released. Interventions more specifically tailored towards alcohol misuse should be developed and alcohol referral schemes should be set up as part of all resettlement programmes.
- More research needs to be conducted into the nature and delivery of prison resettlement services and the impact of not specifically addressing a person’s alcohol use in this process.
- Alcohol awareness training should be provided for offender managers, peer support workers and mentors. This will ensure that offenders are being asked about alcohol and whether or not it is a problem. Support workers are able to signpost further services.
- The prison system should engage more positively and proactively with problematic and harmful/hazardous drinkers who find themselves in prison, and not just those who are dependent on alcohol.
- Specialist through-the-gate services for women prisoners which deal specifically with alcohol problems must be available to all female prisoners, including those on short sentences. They must take into account the symptomatic nature of alcohol use among women and its wider consequences.
- A thorough and alcohol-specific needs analysis should be carried out into alcohol misuse among the prison population. This would reveal the true extent of the problem and inform the targeting of resources.
- All through-the-gate services should prioritise community-based treatment to help people recover fully in their community, reduce stigma and put service users in charge of their lives and at the heart of their own recovery.



The commission concludes

The alcohol and crime commission concludes that dedicated alcohol treatment services within prison and through-the-gate are of clear social and financial benefit. Although this is not a new concept, with some prisons already having alcohol support in place, this is not consistent across the prison estate and there is still a long way to go to provide a universal form of provision for those prisoners with alcohol problems.

Key prison facts

- As of 31 March 2013 the prison population of the UK is 83,769. This is a slight decrease of 4% (3,762) from March 2012 (MoJ, 2013c).
- The average annual cost of a prison place for 2010-11 in England and Wales was £39,573 (MoJ, 2011a).
- In 2008-09 the cost of looking after short-term sentenced prisoners (less than 12 months) was £286 million, not including education and healthcare costs (National Audit Office, 2012, cited in Prison Reform Trust, 2012).
- HM Treasury states that around £4.1 billion was spent on prisons in England and Wales in 2010-11 (Berman et al, 2012).
- Substance dependence is known to be up to 10 times more prevalent among prisoners than it is in the general population (Fazel et al., 2006).

Key resettlement facts

- 58% of adult offenders who are discharged from prison serving a short sentence (less than 12 months in custody) reoffend within 12 months (MoJ, 2013b).
- 630,000 people are cautioned, convicted or released from custody every year, with around 170,000 of these committing a proven reoffence with a year (MOJ, 2013a).
- Around 190,000 adult offenders are discharged from prison or commence a court order, with around 69,000 of these reoffending within a year. This gives a proven reoffending rate of 36% (MoJ, 2013a).
- In 2007-08 reoffending by all recent ex-prisoners cost the economy between £9.5 and £13 billion (Prison Reform Trust, 2012).
- Court-ordered community sentences are seven percentage points more effective at reducing reoffending (with a matched sample of offenders) than a short-term prison sentence (MoJ, 2011b).

Key alcohol facts

- Alcohol-related harm is estimated to cost society £21 billion annually (HM Government, 2012).
- The estimated social cost of alcohol to the NHS alone in England is estimated at £2.7 billion (Health and Social Care Information Centre, 2012).
- In 2010 it was found that around 7% of prisoners had a severe alcohol dependency (Patel Report, 2010).
- 22% of prisoners surveyed by the HM Inspectorate of Prisoners reported having an alcohol problem when they entered. This was recognised to be an underestimate as many will fail to recognise they have a problem (Prison Reform Trust, 2012).
- In 2010, the Prisons Inspectorate found that 60% of those entering prison with an alcohol problem would also leave with an ongoing problem (HMIP, 2010).
- In 44% of violent crimes the victim believed the offender(s) to be under the influence of alcohol (Home Office, 2011).
- Over half of prisoners reporting an alcohol problem also reported a drugs problem, with an extra 44% stating they also had an emotional or mental health issue (HMIP, 2010).

Transforming rehabilitation

There have been recent developments in the justice landscape which will impact hugely on the way in which our prisons are run and delivered. 'Transforming Rehabilitation: a Strategy for Reform' laid out the coalition government's plans to reform probation in England and Wales by opening up to competitive tender the provision of services for low- to medium-risk offenders.

The design stage of the competition to provide services under the new arrangements is not yet complete and a fuller picture of what certain proposals will mean in practice should emerge in the near future.

Key proposals in the strategy set out:

- That the existing individual probation trusts will be reorganised into a single national public sector probation service. This was put into motion on 17 January 2014 with the official Termination of Probation Trust Service Contract.
- The government's aim is for every offender released from custody to receive statutory supervision and rehabilitation in the community. The Offender Rehabilitation Bill, which is in its final stages of debate in the House of Lords, will extend statutory supervision to around 50,000 short sentenced offenders who will serve their whole sentence in a resettlement prison and come out to a tailored package of supervision and support.
- This tailored package of support will be in the form of a through-the-prison-gate resettlement service. It will ensure most offenders will receive at least 12 months' statutory supervision in the community. To support this, the vast majority of offenders are released from prisons in, or close to, the area in which they will live. It is anticipated that short-sentenced prisoners will serve most or all of their sentences in these prisons, and longer sentenced prisoners will spend a minimum of three months there prior to release.
- The government will open up the market for rehabilitation services to a host of new providers from the public, voluntary and private sectors, at both local and national levels.

New payment incentives will be created which will be dependent on achieved reductions in reoffending. To receive the full success payment, providers will need to achieve an agreed reduction both in the number of offenders who go on to commit further offences, and a reduction in the number of further offences committed by the cohort for which they are responsible (MoJ, 2014). The Offender Rehabilitation Bill which sets out many of the policies to reform the way offenders are rehabilitated, is yet to be formally confirmed and put in place.

As a result of the termination of individual probation trusts, a single public sector probation service and 21 new government-run bodies known as 'Community Rehabilitation Companies' (CRCs) will take over. The main job of the CRCs will be to provide work for the probation trusts. Once the business has been contracted out, the CRCs will be transferred over to the winning bidders.

With particular focus on drugs and alcohol policy, following the abolition of the National Treatment Agency, budgets and commissioning responsibilities for drug and alcohol services has now been shifted to directors of public health based in the local authority. When prisoners are released and resettled back into the community they will be under their

care. This creates a real concern that there will be potential for disinvestment in this area, unless there is particular advocacy at the local level. Therefore, a lack of specialist provision of these services may result in some people being required to attend services that do not meet their needs. It is vital that on release from prison individuals suffering from an alcohol problem need to be given the opportunity to work with people who are specifically trained to look after their needs.

NOMS, the executive agency responsible for commissioning adult offender services in custody and the community, issued a set of new commissioning intentions in line with government policy and the new transforming rehabilitation plans. These priorities help define the services that will be provided in the end. Their intentions are to:

1. Enhance public protection and ensure a safe, decent environment and rehabilitative culture.
2. Strengthen integration of service delivery between directly funded, co-commissioned providers and wider partners.
3. Deliver an efficient, quality service.
4. Ensure delivery is matched to population, purpose and NOMS outcomes.
5. Ensure that delivery of services is responsive to individual needs.
6. Deliver priority national or specialist services (NOMS, 2013, 9-11).

All our recommendations fit with government policy, the new commissioning landscape and the main overarching commissioning intentions as set out by NOMS above.





Commission Findings

As part of the commission, a survey was conducted with prisoners through the prison newspaper, Inside Time. This was carried out to get a picture of what alcohol services were being offered to prisoners in prison and on release, to try to understand whether the needs of prisoners with a problematic relationship with alcohol was being met.

The key aims of the survey were to identify whether:

1. Alcohol use was associated with people's experiences that led them to being in prison.
2. People have been offered support either in prison or whilst resettling into the community after discharge.

A survey was designed, taking into account the need for succinctness, anonymity, the ability to quantify the results and to enable people to enter detail that authentically reflected their own experiences.

The survey structure included:

1. Basic demographic details (gender and age). Ethnicity was not included in an attempt to reassure people of anonymity.
2. Basic questions about time in prison and knowledge about release dates.
3. Questions about problematic drinking and the level of relationship (if any) between alcohol consumption and the offense that led to a custodial sentence.
4. Questions about available support for alcohol misuse in prison.
5. Questions about available support for alcohol misuse upon discharge. A mixture of Likert scales and spaces for open-ended responses.

Face validity for the survey was established through circulation, feedback and discussion over a three-month period with the resettlement commission team, Professor Graham Towl and an independent research consultant.

In relation to the sampling strategy, the survey was published and prisoners were able to complete the survey and send it back. A freepost address was provided. Surveys were gathered and entered by a research team, comprising volunteers. The limitation of this approach was the assumption that prisoners would have access to and read Inside Time. Although the publication has a wide readership, there was no way to establish if the survey issue reached all prisoners and whether they had time and the opportunity to complete and submit the survey. Again to protect anonymity, the survey did not ask for details concerning prisons or prison wings from the participants. This means that information about the scope of distribution could not be gathered.

A total of 267 surveys were returned. The quality of completion was high with 99% total completion of all questions.

The survey data were entered into a statistical package. Descriptive analyses of quantitative data and thematic analyses of written responses, to identify the key themes, were conducted.

The key quantitative findings from the survey are listed below (see the appendix for full results and tables):

- 67% of respondents said this was NOT their first time in prison. This indicates that people are getting stuck in the revolving door of prison.
- 38% of prisoners that responded believe that their drinking is a big problem, with 70% saying that they had been drinking when they committed the offence for which they were incarcerated.
- 76% knew about support available IN PRISON for those with alcohol problems.
- 58% of prisoners stated that they had been offered support for their alcohol problems INSIDE prison.
- However, despite the majority being aware of the support in place only 22% found this support 'very helpful'.
- Only 42% of respondents said they knew of support available OUTSIDE prison and only 40% were informed about help available for their drinking problems upon release.

It is clear from these results that drinking is a significant problem in contributing to offending behaviour and that prisoners are not being offered, or are aware of, the support that is available to them when inside and in particular upon leaving prison and resettling back into the community.

Due to the differing needs that women in prison have, the key results relating in particular to women are listed below:

- 46% of female respondents compared to 37% of men stated that they perceived their drinking to be a big problem, with 58% of women (compared to 72% of men) saying that drinking contributed to their offending behaviour.
- In general a lower percentage of female prisoners are aware of support for their alcohol problems: 27% of women had no knowledge of support available compared to 23% of men.
- Only 24% of female prisoners are aware of support available OUTSIDE of prison compared to 45% of men.
- Only 42% of women had been offered help while in prison compared to more than half of men (60%).

These gender comparisons indicate that more support is needed for women with alcohol problems inside prison and upon release. More female respondents thought their drinking was a big problem yet fewer women were receiving appropriate help and support for this.

A thematic analysis was conducted with the responses that prisoners offered to a question in the survey about their experiences of alcohol treatment service provision. Thematic analysis is a method used for identifying, analysing and reporting patterns or 'themes' in spoken and written words. In the context of the Inside Time survey, this type of analysis provided rigour by enabling the consistent interpretation of the large quantities of lengthy written responses. To reduce bias, the thematic analysis was conducted by an independent researcher who was not familiar with the Alcohol and Crime Commission aims and objectives, nor the quantitative data also collected by the Inside Times survey.

The findings from the thematic analysis are summarised below.

'The impact on police of alcohol-related incidents is huge. For people coming out of prison there is a great window of opportunity for those with alcohol problems; there might not be another chance to catch them sober and offer them the help and support they need. Traditionally we have spent more money on drugs, but dealing with alcohol-related problems needs to be top of the agenda to deal with the impact on society of irresponsible drinking, and to reduce the financial burden on policing and health services.'

– Adrian Lee, Chief Constable, Northamptonshire





The Offender Rehabilitation Bill Impact Assessment devotes little attention to alcohol, focusing mainly on the treatment of 'traditional' drug-using prisoners. Such an approach is difficult to understand, given that the same impact assessment states the number of prisoners requesting help for drug problems is only 4% higher than those requesting support for alcohol problems. Such figures also rely on prisoners recognising that they have a problem, something which is much less common with alcohol misuse.

It is generally accepted that a large majority of crimes are committed while the person is under the influence of alcohol (something which is reflected in the views of victims and from offenders themselves). According to results in the British Crime Survey, in 44% of violent crimes the victim believed the offender(s) to be under the influence of alcohol (HMIP, 2010).

'The links between alcohol and crime are well documented. In practice, they mean that a lot of people who have problems with alcohol are ending up in police stations, courts and prisons.'

– Marcus Roberts, DrugScope

Moreover, a lack of education, patchy work history, no formal address and the stigma of being both a 'criminal' and a substance abuser means that many in this group face even greater challenges and are regularly passed over by both landlords and employers. It follows that, without secure income and accommodation, many are also more likely to sleep rough. In turn, they are not able to fully reintegrate back into society, which then increases their chances of returning to problematic drinking, and consequently criminal activity. Without support on release people are quickly reverting to previous habits and finding themselves back in the vicious cycle of offending.

“Often alcohol misuse is only one part of a more complex picture, with links, for example, to family and relationship breakdown, abuse and violence, homelessness and mental health issues. This means that a 'joined up' and integrated approach to resettlement is vital to preventing reoffending and giving people a real chance to get their lives back on track.”

– Marcus Roberts, DrugScope

Prison should be seen as an opportunity for people to address their problems with alcohol. But if positive progress is not maintained upon release, there is a significant risk that government resources committed to rehabilitating people will be wasted. Transforming Rehabilitation is a step in a positive direction but there are concerns that the new commissioning arrangements for prison health care and probation services will cause further confusion. There are real fears that as the government opens up the market to private companies the supervision of ex-offenders and prisoners could be left to untrained, unqualified personnel who are cheaper and will have less impact on profit margins. This will be particularly noticeable when ex-prisoners have specific needs such as an alcohol problem.

‘For many who commit less serious offences, they should be kept out of the prison system altogether where possible and dealt with through robust community sentencing that addresses the causes along with the crime. Short prison sentences can add to the mess and disruption that is often linked to alcohol problems, for example, impacting on access to housing, benefit entitlements or employment, wrenching people from families and communities and disrupting ongoing treatment or support in the community.’

– Marcus Roberts, DrugScope

If the Ministry of Justice is serious about reducing reoffending and implementing a rehabilitation revolution it must take responsibility for ensuring that alcohol resettlement services are efficiently and effectively delivered to those who need them.





Women in prison

‘Alcohol is definitely a problem for women in prison, with alcohol-related arrests for women overtaking those of drugs. There are always complicated underlying issues for women for which alcohol is just a symptom. You are only seen as worth the time if you pose a substantial risk, but women commit low level, petty offences which result in short term sentences, keeping them trapped in the revolving door as they don’t get any resources dedicated to them. As a result of these underlying issues women have a deep mistrust of statutory services and most are therefore reluctant to give away much information to prison officers when they first step into prison.’

‘The prison system is mostly designed for men by men and just tweaked for women – so it doesn’t work for women as it doesn’t cater to their needs which are entirely different from those of men. Through-the-gate support is key. Many of these women need someone to hold their hand and take them around on their first day after release – success on the first day is vital in continuing success as it helps build up their confidence so they are able to carry this on.’

‘When women are released from prison they need something to go out to, something safe. Otherwise for some, prison is quite an attractive option and provides a safe place for many women and resettlement with alcohol problems must address these underlying issues in order for them to reintegrate back into society.’

– Katie Fraser, Women MATTA

‘Still far too many women enter prison with an alcohol problem only to leave with the issue untreated and no support in place to help them overcome dependency. This is particularly concerning given the strong association between vulnerability, being the victim of abuse and alcohol misuse.’

‘Often the answers lie outside prison, within communities. There is an indisputable need to ensure alcohol services are properly resourced and truly available for people leaving prison. We should also focus on prevention, supporting women and girls at risk before difficulties escalate.’

– Vicki Helyar-Cardwell, director, Criminal Justice Alliance

A recent probation inspection found that in a sample of 107 women, 59% had problems with alcohol, with alcohol being more prominent in the sample than ‘traditional’ drugs. This is a cause for concern as treatment programmes are limited for those serving short sentences and treatment programmes specifically aimed at female offenders are particularly underdeveloped (McMurrin et al, 2011).

‘Despite these barriers and issues faced in regards to alcohol treatment within the criminal justice system it seems that there is still a lack of a concerted strategy. This is particularly lacking when it comes to the needs of women with alcohol dependencies. Women have a particular set of needs and vulnerabilities that must be addressed separately from those of men. For example, there is a clear correlation between substance misuse and domestic violence, with women experiencing domestic violence up to 15 times more likely to misuse alcohol and nine times more likely to misuse drugs than women generally.’

– Women’s Aid, 2011

Two core themes

Interestingly, there was indeed a pattern that emerged from the rich source of informative detail collected from the written survey responses.

The two major themes that emerged when prisoners were given an opportunity to openly express their perspectives about alcohol treatment services included dissatisfaction at the gaps in service provision and identified opportunities to bridge the gaps in service provision, especially in relation to an urgent need for resettlement services. These themes were organised in the following way:

- Dissatisfaction with the experience of service provision that is meant to support a reduction in alcohol misuse amongst offenders in prison and in the community.
- Articulate suggestions about the numerous opportunities identified to bridge the gap in the provision of treatment that tackles alcohol misuse in general, and amongst offenders in prison, in the community and through resettlement opportunities.



Thematic map

The diagram provides verbatim quotations that evidenced the clear emergence of the two core themes upon which prisoner responses tended to focus.

Theme One: Dissatisfaction at the gap in alcohol treatment service provision

In prison:

- “Even though I asked to see CARATS, they weren’t supportive when it came to alcohol.”
- “I completed everything that CARATS gave me, in a cell pack there was nothing for alcohol problems.”
- “The prison offered me nothing for being an alcoholic, but if you are a drug addict, the possibilities are endless.”
- “I had to say I took drugs, not alcohol, to get on the prison treatment programme.”

In the community:

- “It was hard even to get a GP to understand my problem. I feel as if I’m being set up to fail.”
- “There is not much support for people after release who are chronic alcoholics like myself.”
- “Probation focuses on retribution too much, not on rehabilitation. They don’t do what they’re supposed to do in getting people help for alcohol problems.”

Theme Two: Opportunities to bridge the gaps in alcohol treatment service provision

In prison:

- “Prisons need alcohol support, more facilitators and coordinators to increase provision for all.”
- “Accessible alcoholics anonymous, peer groups and life skills training would be really helpful in prisons.”

In the community:

- “Housing, hostels, rehab and dry houses are badly needed in most communities.”
- “Peer support by ex-offenders who have been released and have experienced the pitfalls and gains once released would be useful.”

Specific resettlement opportunities:

- “More information should be given to offenders to provide rehabs, hostels, rehabilitation centres and independent support groups in the local area.”
- “A joined-up approach before, during and after resettlement is needed, including a confidential service that will be entirely separate from probation.”
- “Awareness about resettlement needs to be delivered and coordinated from inside the Wall.”
- “Alcohol recovery involves finding work and proper accommodation. Not Accommodation in hostels where there are plenty of junkies and trouble makers.”
- “Initially just being picked up at the gate by a mentor or sponsor or somebody from the alcohol field who then helps you to settle into your community could help.”

For prisoners, peer support (mentors), rehabilitation and recovery support, accommodation, finding work and the coordination of services prior to release were consistently identified and important components to foster effective resettlement.

This evidence demonstrates that the answers to cutting crime and reducing reoffending rates do not always lie within the criminal justice system. Many of the solutions lie outside the justice system within housing, employment, mental health care, family services and drug and alcohol treatment services. This means that a package of support from government and voluntary agencies is vital to ensure that people can effectively resettle back into their communities again. With the new commissioning arrangements now in place it is vital to align these with the priorities of the key local decision makers and budget holders, such as police and crime commissioners and health and wellbeing boards.

Addaction’s Manchester Resettlement Service

It is widely accepted that many people get involved with criminal activity while under the influence of alcohol, or to fuel an untreated drug habit. The survey with Inside Time helps to prove that link. Alcohol is a serious issue for many offenders; one that needs to be addressed while in prison and crucially, maintained through-the-gate so that they can fully integrate back into the community, avoiding the revolving door of reoffending.

Graham’s* story

Graham was serving time at HMP Manchester for a drug-related offence. Although he had stopped using drugs while in custody, there was concern that alcohol could be a problem on release. In consultation with his probation officer, he was referred to Addaction’s Resettlement Alcohol Service.

Following release, Graham managed to stay largely alcohol-free with the service’s support. Despite going through a difficult time in the aftermath of his sister’s murder, he drank small amounts on only two occasions. Graham has now been discharged from treatment and is starting to undertake volunteer work in the local community.

**Name has been changed for anonymity*

Aware of this and aware of the gap in services, Addaction set up a resettlement service within the grounds of HMP Manchester. Each year the project works with more than 300 men at HMP Strangeways and women at HMP Styal before they are released from prison, and supports them in reintegrating with their community upon release.

The project aims to:

- Increase knowledge and awareness about the harms associated with alcohol misuse.
- Reduce individuals' involvement with risky behaviour, including criminal activity and harm to others.
- Reduce and stop individuals from problematic alcohol use.
- Build individuals' confidence, and prepare them to engage in education, training, employment and social relationships.

By equipping individuals with these skills, the project helps ex-offenders to settle back into the community and also to repair relationships with family and friends. Such work helps to 'break the cycle' of the kind of reoffending behaviour that is associated with an untreated alcohol problem.

The project has had great success in helping individuals and families to rebuild their lives. Among those supported, alcohol use was reduced and housing problems were addressed.

Andy's* story

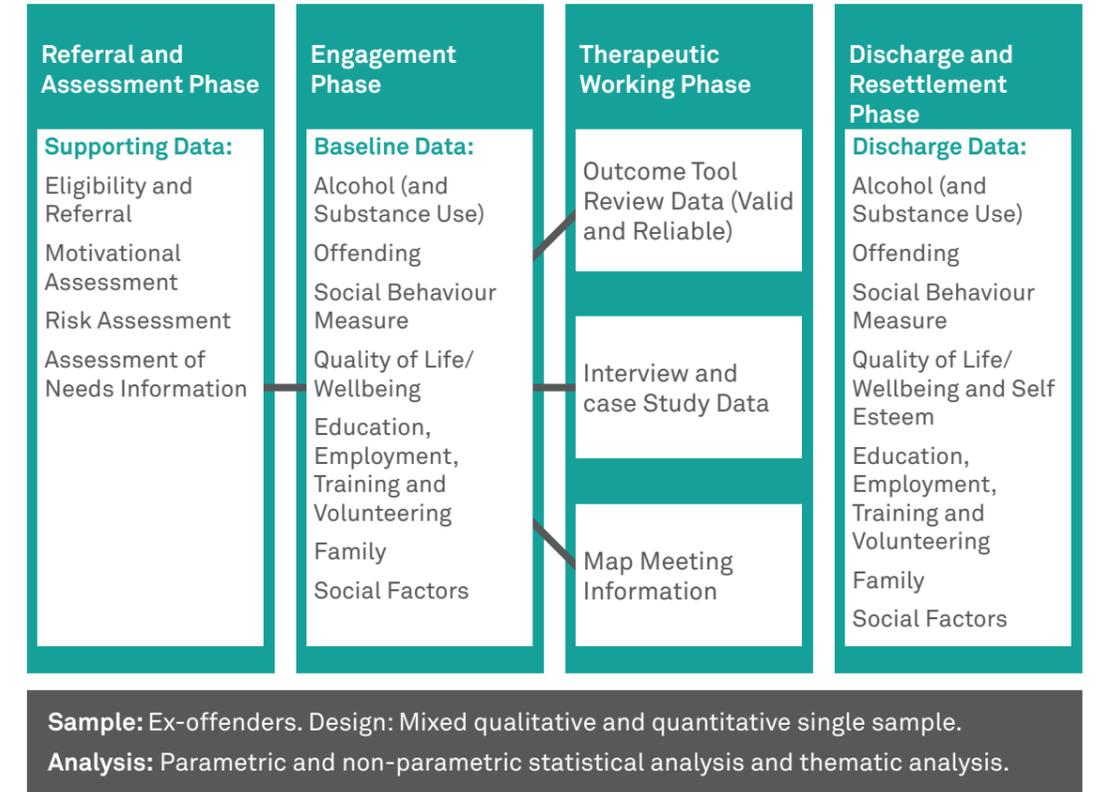
Andy was drinking daily and suffering from depression. Fearing his life was falling apart, he called in a bomb threat as a cry for help. This led to time in custody and upon release he began working with the Resettlement Alcohol Service who referred him to a clinical psychologist.

Andy has been engaging well in both one-to-one sessions and group work. He is now managing to control his drinking and counts his units on a night out. He is also managing his money better and maintaining stable relationships with his parents and girlfriend. Andy states that he is feeling a lot happier as a result of his treatment.

**Name has been changed for anonymity*

Evaluation Framework:

The diagram below summarises the evaluation methodology that was utilised to assess the aims and outcomes of the project.



Early findings:

- On average, problematic alcohol-use reduced:
- On assessment: 40% were consuming more than three times daily guideline limit.
- On discharge: 20% were consuming more than three times daily guideline limit.
- On discharge: 65% were consuming less than daily guideline limit.
- Paid employment represents a significant challenge. However, 70% of service users were engaged in education, training and volunteering, and this group demonstrated an increased readiness to address their use of time.
- On assessment, 50% of service users experienced severe housing problems. By discharge, this had reduced to 30% of service users.

William's* story

William had been issued with a restraining order which instructed him not to make contact with his ex-partner, but he would telephone her when intoxicated. After this behaviour led to his recall to custody, he was referred to the Resettlement Alcohol Service.

William is a clear example of successful partnership work as he received support from Through the Gate and Housing Links, as well as the Resettlement Alcohol Service. This joint approach ensured that William, who was homeless, had somewhere to live on the day he was released, with a food parcel and new clothes.

**Name has been changed for anonymity*

Recognising the link between alcohol and offending is paramount. This kind of project needs to be available to all prisoners who are, or may be suffering from, an alcohol problem. Unfortunately, all too often successful projects are funded for a finite period of time and at the end of funding the project ceases to exist, and individuals who need this kind of service are left vulnerable to potential relapses. If this provision was made compulsory in commissioning structures for the resettlement of all prisoners who show signs of an alcohol problem, reoffending could reduce and the lives of ex-offenders and the communities could be improved.

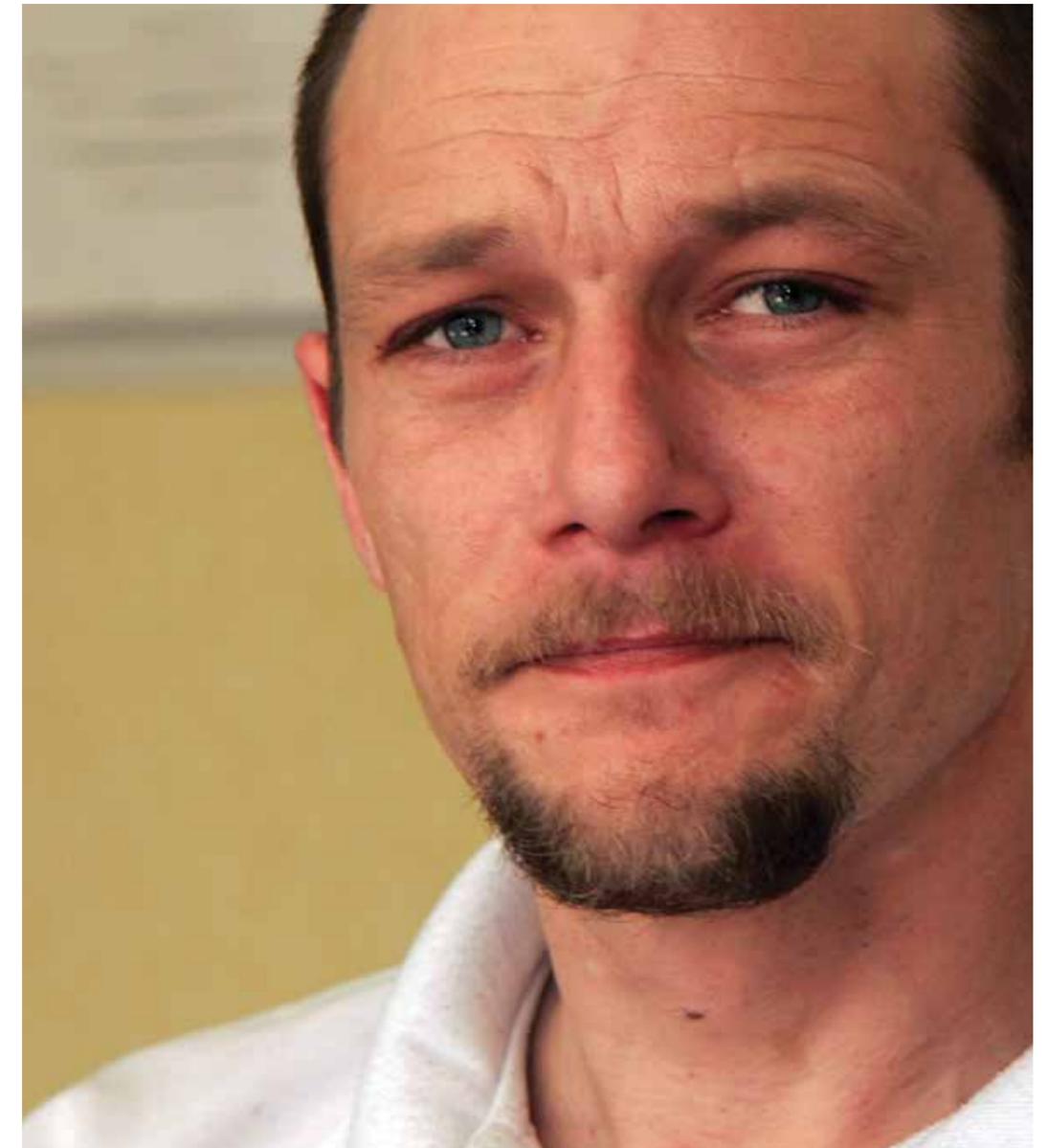
Dean's* story

Dean began drinking at 13 years old and by the time he was 16 it had become a problem. Before entering custody for possession of firearms, he was drinking 4.5 litres of cider or strong alcohol every day.

Having engaged positively with Addaction while in custody, he was referred to a residential facility. There was a noticeable increase in his confidence and self-image as a result, and his improved scores in the alcohol star test over this period are a clear indication of progress.

Dean has a volatile relationship with his girlfriend and suffers from mood swings, which can in turn lead to occasional setbacks in his recovery. Nevertheless, Dean has shown a willingness to engage and to address his problems, and has a keen interest in returning to volunteer work.

**Name has been changed for anonymity*



Domestic Violence – Ben and Andrea’s* story

Andrea was a single mum with a three year old daughter when she first met Ben. He was a fun and interesting person to be with but he also had a problem with alcohol. Even in the earliest stages of his relationship with Andrea, he had started to drink during the day. Andrea was soon doing the same and within their first year together, Social Services had become involved with the couple.

It wasn’t long before Andrea found out she was pregnant. The news immediately convinced her to find help to stop drinking but Ben was scared that social services would take the baby away if they looked for support. As such, he refused to look for support and stopped Andrea from doing the same.

In the following months and before their daughter was born, Ben was frequently arrested for being drunk and disorderly in public. He was often violent, too, and after attacking someone in his local pub he was sentenced to 26 weeks in prison for GBH. Released from prison after serving half of his sentence, he was put onto probation for two years and took part in a community detox programme. It went well and all signs were good. And then – when Ben finally completed his probation and was fully ‘released’ from his sentence – he went straight to the local pub.

Ben was frequently arrested for being drunk and disorderly in public. He was often violent, too, and after attacking someone in his local pub he was sentenced to 26 weeks in prison for GBH.

Soon, his drinking meant that Social Services had escalated Andrea and Ben’s case, and their two children were placed on a child protection plan. Things worsened, and Ben became both physically and verbally abusive towards Andrea. At one point, she called 999 and Ben was asked to leave the property and cautioned by the police. It wasn’t long until their children were removed from the family and placed into foster care. Things were at rock bottom, and to cope with losing their children Ben and Andrea drank.

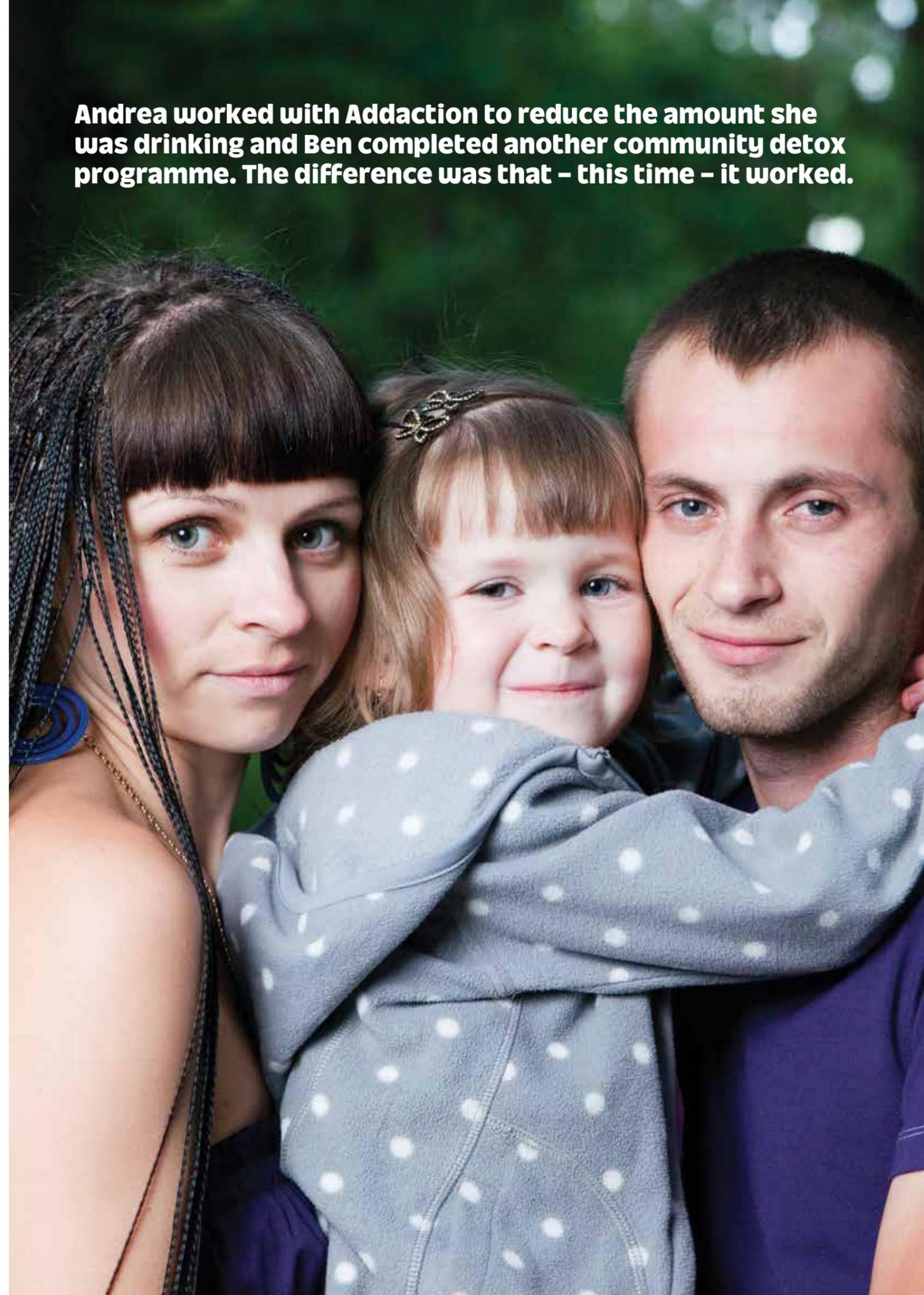
Luckily for Ben and Andrea, a new Social Worker referred them to Addaction. Again, Ben wasn’t keen and initially refused to attend counselling meetings so Addaction and his social worker arranged for a worker to visit him at home. Slowly, a relationship was built between Ben and his worker and he agreed to engage fully with the service. More and more, Ben felt like he could tell his worker about how he was feeling, and what he was struggling with, without being judged. It was where things began to change for the couple.

Andrea worked with Addaction to reduce the amount she was drinking and Ben completed another community detox programme. The difference was that – this time – it worked. And the two of them attended group support meetings which helped them to address both their drinking and their abusive home relationship. Ben worked hard to identify and tackle the issues that triggered his violent moods, and to understand what effect his drinking was having on Andrea and the children.

Today, Ben and Andrea maintain a much more stable relationship and both have remained ‘alcohol free’ for a significant period of time. So much progress has been made, in fact, that Social Services are already looking at ways of returning Ben and Andrea’s two children to the family home.

*Names have been changed for anonymity

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Conclusion and Recommendations

Recently announced changes within prisons, probation and the NHS, together with the government's commitment towards transforming rehabilitation services, provide significant opportunity to address the problems that currently exist with alcohol treatment services in prison and through-the-gate on release.

In order to address these problems and gaps in provision that currently exist, the commission has provided a series of recommendations for government. It is hoped that the recommendations outlined below will lead to new tools being put in place to make sure that alcohol treatment for prisoners (inside and on release) is no longer seen as the 'poor relation' to drugs. It is an issue that simply cannot be sidelined any longer as the findings from this report have demonstrated.

To ensure that our recommendations are relevant we have made sure that they are in line with government policy, the new commissioning landscape and the main overarching commissioning intentions as set out by NOMS (see above section 'Transforming rehabilitation'). They are as follows:

- New commissioning arrangements should make specific reference to dedicated alcohol treatment services for prisoners, including those who are 'through the gate' and who have been released. Interventions more specifically tailored towards alcohol misuse should be developed and alcohol referral schemes should be set up as part of all resettlement programmes.
- More research needs to be conducted into the nature and delivery of prison resettlement services and the impact of not specifically addressing a person's alcohol use in this process.
- Alcohol awareness training should be provided for offender managers, peer support workers and mentors. This will ensure that offenders are being asked about alcohol and whether or not it is a problem. Support workers are able to signpost further services.
- Specialist through-the-gate services for women prisoners, which deal specifically with alcohol problems, must be available to all female prisoners, including those on short sentences. They must take into account the symptomatic nature of alcohol use among women and this issue's wider consequences.
- A thorough and alcohol-specific needs analysis should be carried out into alcohol misuse among the prison population. This would reveal the true extent of the problem and inform the targeting of resources
- All through-the-gate services should prioritise community-based treatment to help people recover fully in their community, reduce stigma and put service users in charge of their lives and at the heart of their own recovery.

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All through-the-gate services should prioritise community-based treatment to help people recover fully in their community, reduce stigma and put service users in charge of their lives and at the heart of their own recovery.

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**ALCOHOL & CRIME
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The Alcohol and Crime Commission Report

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