Thematic report by HM Inspectorate of Prisons

Alcohol services in prisons: an unmet need

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Thank you to the establishment drug coordinators who took the time to complete and return our survey.

Introduction

For some time, prison inspections have been describing the gap between the needs of prisoners with alcohol problems and the services that exist to support them. This short thematic report reveals the dimensions and the consequences of that gap.

The report draws on inspection surveys of 13,000 prisoners between 2004 and 2009, 72 inspection reports between 2006 and 2009, and surveys of drug coordinators in 68 prisons in 2009. The data cover all kinds of prisons holding those over 18.

The survey results, particularly for the most recent year, are startling. Within the whole sample, 13% of prisoners surveyed reported having an alcohol problem when they entered their prison. In the most recent year, 2008-09, this rose to 19%, nearly one in five. It was even higher among young adults (30%) and women (29%). These figures almost certainly underestimate the scale of the problem, as many of those with alcohol problems will fail to recognise or acknowledge them.

While most alcohol users, particularly women, reported concurrent use of illegal drugs, there was a significant proportion of male substance misusers for whom alcohol was the only problematic substance. This was true for half of the men in local prisons who reported having an alcohol problem. Among young adults, only a minority reported having drug problems, but no alcohol problem.

Prisoners with alcohol problems are likely to be more problematic in general and to need greater support. More are high risk offenders and more had been in prison before. They were more likely than other prisoners to come into prison with pre-existing difficulties, such as housing needs and health, particularly mental health, issues. Alcohol use is accepted as a key risk factor in predicting violent reoffending.

Yet this report shows that at every stage in prison, their needs are less likely to be either assessed or met than those with illicit drug problems. On entry to prison, alcohol problems are not consistently or reliably identified, nor is the severity of alcohol withdrawal symptoms. Some establishment drug coordinators' estimates of the extent of the problem in their prison appeared to be considerably at odds with our survey findings. Few prisons had an alcohol strategy based on a current needs analysis, and even where analyses had been carried out, some were likely to underestimate need.

Services for alcohol users were very limited, particularly for those who did not also use illicit drugs. There was a shortage of healthcare staff with training in alcohol misuse, or dual diagnosis (mental health and substance use). Interventions so far have largely consisted of Alcoholics Anonymous, an abstinence-based self-help approach which is not suitable for all those with alcohol problems. CARATs (counselling, assessment, referral, advice and throughcare service) teams are not resourced to work with those who have only an alcohol problem. Most drug coordinators identified the lack of specific funding as a major barrier to providing adequate services, even when new interventions became available – whereas there has been ring-fenced funding for illicit drug users.

It is therefore scarcely surprising that alcohol users expected to have more problems on release than other prisoners – for example, with accommodation, employment, and relationships. Worryingly, over a quarter of those who came into prison with only an alcohol problem said that they were likely to leave with a drug problem, suggesting that in the absence of either alcohol or treatment, a new dependency had been created. Since community alcohol provision suffers from the same deficits as provision in prisons, it was hard to put alcohol users in contact with supportive community services on release – there is no equivalent of the drug intervention projects that support those using illicit drugs.

This is a depressing picture. It is clear that alcohol misuse is a growing problem, fuelling violent crime, particularly among young people. Yet, as this report shows, prisons have not grappled effectively with this problem and are not resourced to do so. Such provision as there is has depended on local initiatives and locally sourced funding – a fragile and patchy basis for an essential service. What is needed is a national strategy, based on need and backed by sufficient resources, training and support. The consequences of inaction are much more costly.

Anne Owers **February 2010**
HM Chief Inspector of Prisons

1. Background

1.1 During inspections HM Inspectorate of Prisons consistently identifies deficits in provision for prisoners with alcohol problems, especially for those who do not also have a drug problem. The alcohol services provided in prisons frequently fall short of the Inspectorate's expectations for addressing the needs of these prisoners. This report examines the extent of the provision available, as well as the impact an alcohol problem can have on a prisoner's experience of prison life, and the treatment, resettlement and rehabilitative interventions he or she receives.

1.2 Since the mid-1990s the issue of problematic alcohol use among offenders has been sidelined by a nationwide focus on illegal drugs, which has led to an influx of targeted funding into the prison estate and a significant growth in drug treatment and support services. In contrast, the legality, cultural pervasiveness, and social acceptability of alcohol have meant that problems are less likely to be targeted or identified. The diagnosis of an alcohol problem is also complicated by the fact that many of those with a problem are poly-substance users, with alcohol being just one issue within a complex network of needs.

1.3 The prevalence of problematic alcohol use in the prison population was highlighted by a study in 2003, which found that nearly two-thirds of sentenced male prisoners, and four-fifths of female sentenced prisoners, admitted to hazardous drinking before going into prison.[1] A Howard League study of 68 young men in prison found that over half attributed their offending behaviour to alcohol. From a national analysis of Offender Assessment System (OASys) prisoner assessments[2] for 2008–09, the OASys Data, Evaluation and Analysis Team (O-DEAT) found that in 43% of all assessments, the index offence had been disinhibited by alcohol and/or that offending behaviour was considered to be linked to alcohol issues. Over half (56%) of these cases were also assessed as having involved drug use, but the remainder were not – so that 19% of all OASys assessments identified alcohol, but not drug misuse, as a contributory factor to the offence.

1.4 Violent offences and heightened risk are disproportionally likely to be associated with alcohol. The British Crime Survey (2008-09)[3] estimated that in 47% of violent incidents the victim considered the perpetrator to be under the influence of alcohol. O-DEAT found offenders whose offending was linked to alcohol use more likely to be assessed as medium (73%), high (18%) or very high risk (0.9%) of harm to others than all other offenders and also than those with offences involving only drug use. Those whose offence involved only the use of alcohol were over twice as likely to have been assessed as high risk (17%) than those with an offence involving only drug use (8%).

Prison Service Order for clinical services

1.5 The Prison Service has been slow to develop services for those with alcohol problems. Before 2004, alcohol treatment provision was directed by a Prison Service Order entitled *Clinical*

[1] Singleton, N, Farrell, M, Meltzer, H. (1999) *Substance misuse among prisoners in England and Wales*. London.
[2] OASys assessments are carried out on all over-21 year olds serving sentences of 12 months or more, and all 18-21 year olds with sentences of one month or more.
[3] Home Office (2009). *The 2008-09 British Crime Survey* (England and Wales).

services for substance misusers[4] (PSO 3550) which mandated only one action in relation to addressing alcohol misuse on entering custody: that: 'each prison will have a service for management of alcohol misusers using an evidence-based detoxification regime'.

1.6 PSO 3550 stated that all prisons should have protocols in place for identifying in reception anyone who was alcohol-dependent or at risk of developing alcohol withdrawal symptoms and for those exhibiting signs of alcohol withdrawal to be given an immediate dose of medication. It also included guidelines for admission to healthcare and for immediate referral to the NHS for those experiencing alcohol withdrawal symptoms. This was then to be supplemented by referral to relapse prevention abstinence-based programmes, such as Alcoholics Anonymous (AA).

National strategy for alcohol misuse

1.7 The government's national *Alcohol harm reduction strategy for England* (2004)[5] preceded the creation of a strategy in the Prison Service. Its four main aims were:

- better education and communication
- improving health and treatment services
- combating alcohol-related crime and disorder
- working with the alcohol industry to tackle misuse of alcohol.

1.8 Under 'improving health and treatment services', the national strategy stipulated:

- improved training of staff to increase awareness of likely signs of alcohol misuse
- piloting schemes to find out whether early identification of those with alcohol problems could improve health and lead to longer-term savings
- carrying out a national audit of the demand for and provision of alcohol treatment services, to identify any gaps in provision
- better help for the most vulnerable – such as homeless people, drug addicts, the mentally ill and young people. They often have multiple problems and need clear pathways for treatment from a variety of services.

Prison Service strategy for alcohol treatment and intervention

1.9 In response to the publication of the *Alcohol harm reduction strategy,* the Prison Service produced a strategy in 2004 to support the new emphasis on tackling alcohol misuse, particularly in relation to its connection with offending behaviour. *Addressing alcohol misuse: A Prison Service alcohol strategy for prisoners*[6] laid down the following aims for service development:

- to improve education and communication
- to improve the identification of prisoners who may have a drinking problem

[4] HM Prison Service (2000). PSO 3550. *Clinical services for substance misusers.*
[5] Prime Minister's Strategy Unit (2004). *Alcohol harm reduction strategy for England.*
[6] HM Prison Service (2004). *Addressing alcohol misuse: A prison service alcohol strategy for prisoners.*

- to improve both the capacity and quality of alcohol treatment interventions available to prisoners
- to spread good practice and ensure greater consistency across the prison estate
- to reduce the supply and use of alcohol by prisoners, both into and within establishments.

1.10 The strategy stated an intention to adopt the National Treatment Agency's (NTA) model of care framework for alcohol treatment: a pathway model determined by individual need. [7] A comprehensive strategic approach as defined by the NTA incorporates:

- targeted screening with brief intervention for hazardous and harmful drinkers
- comprehensive assessment for those with identified alcohol problems
- individualised care planning with 'treatment goals, the treatment interventions and services to be provided, and the responsibilities of professionals, the individuals, their carers and others in the coordination and delivery and treatment'
- provision of a range of alcohol treatment interventions to meet local need
- post-treatment support with information, advice and help to maintain 'improvements in health and social wellbeing and reductions in alcohol consumption'
- managing alcohol treatment by means of, for example, ensuring staff competence or reviewing performance by utilising service user monitoring data.

1.11 The Prison Service alcohol strategy was supplemented by the *Alcohol treatment/interventions good practice guide.*[8] In the absence of dedicated resources for the implementation of improvements in alcohol services, this document offers guidelines for service development where this is possible through locally sourced funding. The guide describes treatment for alcohol misuse that starts on arrival to prison and continues through to release, and that is flexible enough to meet individual needs. In sequential order the interventions outlined are:

- dependency assessment
- alcohol detoxification
- screening assessment
- substance misuse triage assessment
- substance misuse comprehensive assessment and care planning
- general awareness raising
- one-to-one motivation sessions
- group work
- Alcoholics Anonymous
- structured treatment programmes
- pre-release intervention
- post-release access to community services.

1.12 The Prison Service alcohol strategy states that it will expand existing treatment provision where resources are available. It acknowledges a requirement for tailoring treatments to individual need and motivation levels. However, the scope for doing so is inherently constrained by a scarcity of resources to expand on current provision, particularly in the current climate. Unlike the provision of drug-related treatment, there is a conspicuous absence

[7] National Treatment Agency for Substance Misuse (2006). *Models of care for alcohol misusers* (MoCAM).
[8] HM Prison Service (2004). *Alcohol treatment/interventions good practice guide.*

of centrally allocated funding to enhance alcohol services, and the strategy has been criticised for being no more than 'an illusion of action to tackle alcohol'.[9]

1.13 Many strategies produced locally by establishments for enhancing services for alcohol users have lacked conviction, and this is likely to be a consequence of insufficient resources. Despite the publication of the national and Prison Service alcohol strategies, funding for and access to substance use services in prisons has continued to be primarily ring-fenced for those with a problem with illegal drugs, with alcohol often only addressed as part of a poly-substance misuse issue. These topics will be discussed further in the main body of the report.

[9] Duke, K. (2005). *Déjà vu? Opportunities and obstacles in developing alcohol policy in English prisons.*

2. The scope of the report

2.1 HM Inspectorate of Prisons has published criteria, called *Expectations*, for the treatment and conditions of prisoners, covering all aspects of prison life. Prisons are then assessed under four key tests: safety, respect, purposeful activity and resettlement.

2.2 The *Expectations* for substance use services, including alcohol service provision, at an establishment include:

- a multi-disciplinary strategy team implements and monitors a written substance use strategy which is informed by regular population needs assessments
- the treatment programmes provided are appropriate to the requirements of the population served, taking account of patterns of substance use
- all prisoners with substance use problems are identified at reception and given information about the services available
- after clinical intervention for substance dependency, treatment is integrated with psychosocial interventions
- there are specialist dual diagnosis services provided for those with both a mental health and substance-related problem
- those with substance use problems have prompt access to a range of psychosocial treatment and support, which meet their identified needs. Prisoners are also actively involved in the care planning and reviewing process
- work related to substance use is integrated and coordinated, and linked to custody and sentence planning. Resettlement needs are addressed by linking prisoners with community service providers so they can access appropriate support and continued treatment on release.

2.3 The findings in this report focus solely on provision in young adult and adult prisons, for both men and women aged 18 and over, and come from three sources.

Prisoner surveys

This is a dataset of a representative sample of prisoners surveyed, in the course of inspections, at 144 prisons[10] between May 2004 and March 2009. It consists of responses from 13,093 prisoners, of whom 1,682 (13%) stated that they had an alcohol problem (either alone or together with drugs) when they arrived at the prison where they were surveyed.[11] Analyses have been completed for the overall sample and for each functional prison type, except for dispersal and open prisons, where numbers were too small for statistical comparison, but responses from these prisons were incorporated into the overall analysis.

Comparisons are made between those reporting that they had an alcohol problem (whether alcohol only or alcohol and drugs) on arrival and those who did not; for ease the former are referred to simply as those with an alcohol problem throughout the text. At some points, however, there is a comparison between those with alcohol-only (i.e. no coincident drug use) problems and those with drug, or drug and alcohol, problems, and this is clearly marked in the text.

[10] This incorporates split-site prisons with different functional types surveyed separately.
[11] But see paragraph 4.4 for most recent percentages.

2.4 In the tables showing survey data, highlighting is used to indicate statistically significant differences (see Appendix III for further detail), in line with the way in which survey data are presented in inspection reports. Percentages highlighted in green are significantly better than the comparison group, and those highlighted in blue are significantly worse. If there is no highlighting, any differences are not statistically significant.

Inspection reports

This is data from 72 reports of full inspections conducted between April 2006 and March 2009, of 24 training prisons, three dispersal prisons, 19 local prisons, seven women's prisons and 14 young offender (18–21) institutions.

Establishment drug coordinators survey

This derives from surveys of establishment drug coordinators about services available in their prisons. Sixty-eight surveys were returned out of 129 sent out in June 2009, a response rate of 53%.

2.5 The areas most relevant to a person entering a prison with an alcohol problem are ordered sequentially in this report to reflect a prisoner's journey from initial reception to release from custody.

Definitions of alcohol problems

2.6 Defining alcohol use as 'problematic' can be a subjective exercise for both prisoners and staff. There is no single definition of problematic alcohol consumption, and different levels of consumption can affect people's psychological, behavioural and physical wellbeing in different ways. In the NTA's *Models of care for alcohol misusers,* the definition adopted is that of the World Health Organisation (WHO), which was designed to aid the diagnosis of individual alcohol problems. While acknowledging a range of behaviours and circumstances, alcohol misuse is categorised under three main headings.

Hazardous drinkers

This denotes a pattern of use which raises the risk of harmful consequences for the user. Hazardous use may not relate to an individual with a current disorder, but regular or binge drinking which is in excess of recommended limits, with significant impact on public health services.

Harmful drinkers

A pattern of consumption evidenced as already causing damage to either an individual's physical or psychological health, in the absence of actual alcohol dependence. Drinking levels exceed recommended limits and are often greater than those of hazardous drinkers. There may be limited understanding of the links between problems they experience and drinking patterns.

Dependent drinkers

Dependent drinkers are split into two categories:

- Moderately dependent drinkers: those in this category may not yet experience discomfort from withdrawal symptoms as they have a dependency that is more psychological than physical, and the individual may be aware of the problem.

- Severely dependent drinkers: those with serious and long-standing problems who will typically have developed the habit of drinking to avoid withdrawal symptoms. Patterns of drinking may involve significant daily alcohol use, heavy use over a sustained period of time or bouts of drinking. Drinkers in this category are more likely to present with complex problems such as mental health, poly-drug misuse and welfare issues, such as homelessness.

In 2008, the Department of Health, after consultation with experts, agreed new categories based on units of consumption and the attendant health risks.

3. Key findings

3.1 Overall, in the 2004–09 period, in surveys carried out by HM Inspectorate of Prisons, 13% of prisoners said that they had arrived at prison with an alcohol problem. The number reporting alcohol problems rose considerably, to 19%, for prisons in the 2008–09 inspection year, reaching 30% in young offender institutions and 29% in women's prisons. The high prevalence of problematic alcohol use in the prison population is supported by O-DEAT data.

3.2 Over half (54%) of prisoners with alcohol problems also reported a problem with drugs, and 44% said they had emotional or mental health issues in addition to their alcohol problems. The correlation with emotional or mental health issues was especially pronounced among the women surveyed.

3.3 The analysis of inspection reports and the surveys sent to establishment drug coordinators (EDCs) revealed that a considerable number of establishments had no alcohol strategy. Where strategies existed, inspections often found them inadequate. Few were based on accurate population needs analysis, and a number prioritised the detection of alcohol consumption in the prison, or lacked detail.

3.4 In local prisons, the onus for screening prisoners for alcohol problems rested primarily on reception processes, and training prisons relied heavily on this process being completed at local prisons. However, two EDCs from local prisons said that they did not use a standardised screening tool for identifying alcohol problems, and in total nearly half of all prisons reported that no screening tool was used.

Arrival in custody

3.5 EDCs at all local prisons said that they offered alcohol detoxification for prisoners with physical withdrawal symptoms, and all except one were able to locate those undergoing clinical treatment on either a substance misuse or healthcare inpatient unit.

3.6 A large majority of those entering prison receptions with an alcohol problem reported problems in other areas of welfare: in areas such as housing, emotional wellbeing and physical health.

Life in prison

3.7 In all prison types, those reporting alcohol problems said that they felt less safe than the rest of the population: nearly half (45%) had felt unsafe at some time in the prison, and for those in local prisons just under a quarter (24%) felt unsafe at the time they were surveyed. Adults with alcohol problems were less likely to report respectful treatment by staff, or that they had a member of staff to turn to if they had a problem.

3.8 Those with alcohol problems were twice as likely as other prisoners to report an emotional wellbeing or mental health issue. Some prisons still did not have mental health staff with dual diagnosis expertise, and the two services – alcohol and mental health – were usually separate.

Treatment and interventions for alcohol problems

3.9 There is considerable unmet need for ongoing treatment and support. Links with Alcoholics Anonymous (AA) appeared reasonably well established, but were the sole specific provision for those with alcohol problems at a number of prisons. Responses from EDCs showed that those with alcohol-only problems were much less likely to have access to interventions than those who had both drug and alcohol problems. This was supported in prisoner surveys, especially for those in local prisons.

3.10 Counselling, assessment, referral, advice and throughcare services (CARATs) were not funded to provide ongoing support for those with alcohol-only problems. Fewer than half (42%) of inspection reports described a CARAT team able to provide even a minimal level of support for alcohol-only users.

3.11 Very few treatment or offending behaviour programmes have been developed or accredited specifically for alcohol misusers, although none were yet available in any prison inspected except for a non-specific programme in dispersal prisons and a pilot alcohol dependency programme at one prison. This had not yet been rolled out to other prisons. During 2009, a recently accredited alcohol and violence programme was being piloted in four prisons. Enhanced services for alcohol were dependent on staff initiatives and locally sourced funding, which could be difficult to obtain or sustain.

Resettlement

3.12 In every area of resettlement, and in all prison types, prisoners reporting alcohol problems were more likely to feel that they would have problems on release from prison. Their knowledge of the services available in custody to help them prepare for release was also considerably worse than those without alcohol problems. They were over twice as likely as other prisoners to say that they thought they would leave prison with a drug problem, and 60% said that they would leave with an ongoing alcohol problem.

3.13 Those with an alcohol problem who said that they would still have this problem on release reported considerable deficits in substance use treatment received in prison, access to purposeful activity and resettlement.

4. Profile of prisoners with alcohol problems

4.1 As part of all full inspections, the Prisons Inspectorate conducts a survey of a representative sample of prisoners (see Appendix I for detail about the methodology). Between May 2004 and March 2009, 13,093 prisoners were surveyed. Overall during this period, 1,682 (13%) reported that they arrived at their current prison with an alcohol problem.

4.2 Table 1 shows the percentages of prisoners surveyed (2004–09) who reported problematic substance use when they arrived at each functional type of prison and overall; and within that the percentages of prisoners reporting an alcohol problem. Overall, just under half of those reporting alcohol problems reported no concurrent drug problem. This was particularly the case for men entering local prisons, where one in 10 reported having alcohol-only problems. In young offender institutions, there were many more young adults (14%) who said they had alcohol problems than those (8%) who said they had only a drug problem

Table 1: Patterns of problematic substance use on arrival 2004–09

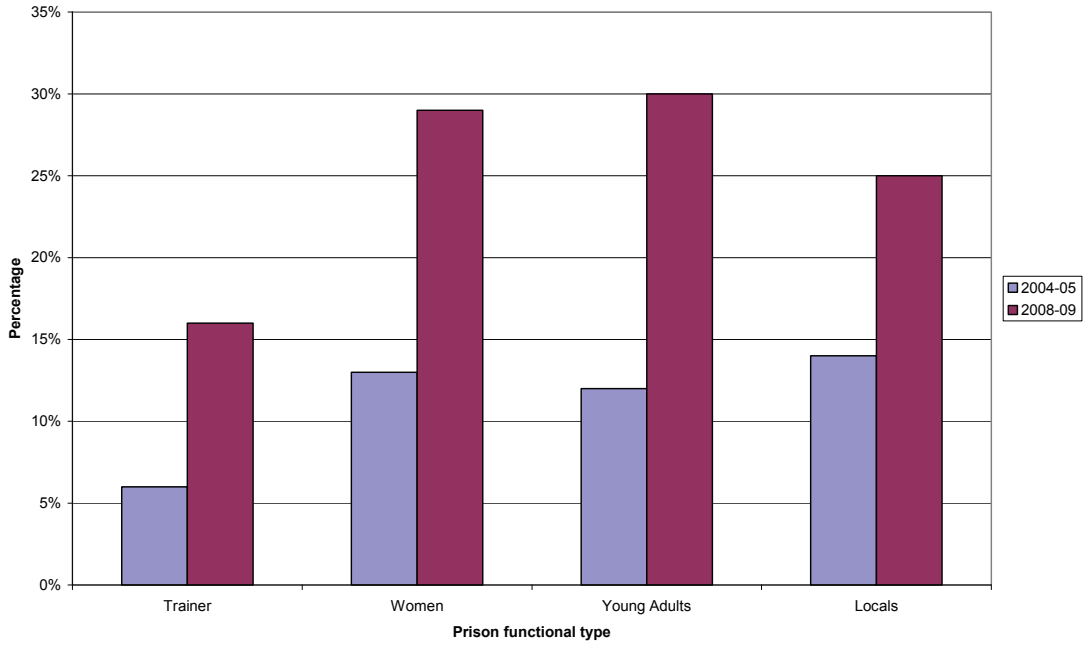
Substance use issue	Local prisons	Training prisons	Young offender institutions	Women's prisons	Dispersal prisons	Open prisons	Overall
Alcohol-only problems	10%	4%	6%	6%	3%	2%	**804 (6%)**
Drug and alcohol problems	9%	4%	8%	10%	3%	2%	**878 (7%)**
Total with alcohol problems	**749 (19%)**	**391 (9%)**	**274 (14%)**	**196 (17%)**	**32 (6%)**	**40 (4%)**	**1, 682 (13%)**
Drug-only problems	19%	11%	8%	17%	6%	2%	**1,445 (11%)**
No problem	63%	81%	78%	66%	87%	94%	**9,966 76%**
Total with no alcohol problems	**3,136 (81%)**	**4,156 (91%)**	**1, 643 (86%)**	**942 (83%)**	**468 (94%)**	**1,066 (96%)**	**11, 411 (87%)**

4.3 As prisoners are asked to complete the survey anonymously and in confidence, these findings are dependent on individuals either being aware of or willing to declare an alcohol problem. A study of younger prisoners at HMP Winchester (2007)[12] highlighted the caveats: it found that 20% of respondents claiming not to have a drinking problem were consuming over 50 units a week, over double the government's recommended 21 units. The data included in this report are therefore likely to underestimate the scale of the problem, and will focus on those who are at least aware of it.

[12] Webb, M. (2007) 'Over one third of prisoners "have a drink problem"', *Alcohol Alert*, issue 2, Institute of Alcohol Studies.

4.4 There is also a significant chronological factor. Survey responses from the most recent inspection year (September 2008 to August 2009) show a considerable increase in reported alcohol problems. In total, 19% of prisoners surveyed in that year said they had an alcohol problem on arrival at their prison. This was even higher for young adults (30%), women (29%) and men in local prisons (25%). This may reflect the fact that the question is more prominent in the survey; or else it may indicate a considerable recent rise in alcohol use, or a cultural shift that enables prisoners to admit to such problems. Either way, it is likely to be a more accurate reflection of the true extent of the problem.

Figure 1: Comparison between percentages of prisoners reporting an alcohol problem during inspection years 2004–05 and 2008–09



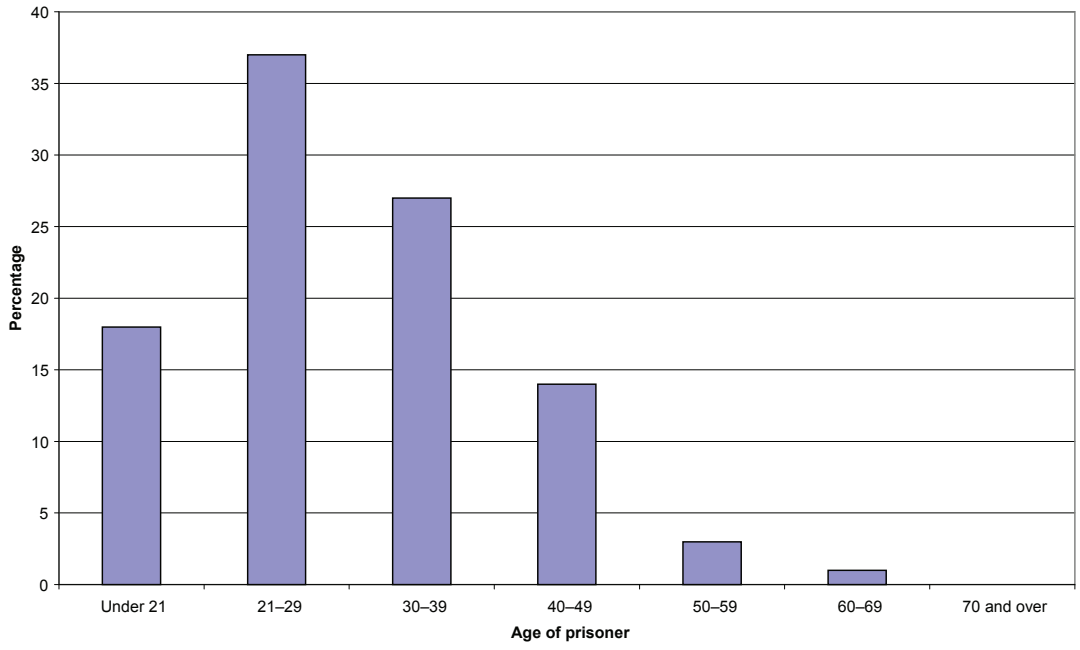
There is considerable overlap between those reporting an alcohol problem and those reporting a drug problem on arrival in prison. This is also evident when the sample of those with drug problems is analysed. Over half (54%) of those prisoners reporting an alcohol problem on arrival also reported a drug problem – significantly higher than the rest of the population, where only 14% reported a drug problem. Of the women reporting an alcohol problem, nearly three-quarters (74%) reported a co-existing drug problem. However, among men with alcohol problems entering local prisons, just over half (52%) did not also report a concurrent drug problem. For many prisoners, therefore, especially women, alcohol is part of a poly-substance misuse habit; but equally there is a high proportion of men for whom alcohol is the only problematic substance.

Table 2: **Prisoners reporting a drug problem on arrival by functional type**

Functional type	Those with an alcohol problem	Those without an alcohol problem
Local prisons	48%	19%
Training prisons	58%	10%
Young offender institutions	63%	9%
Women's prisons	74%	19%
Dispersal prisons	60%	7%
Open prisons	55%	2%
Overall	**54%**	**14%**

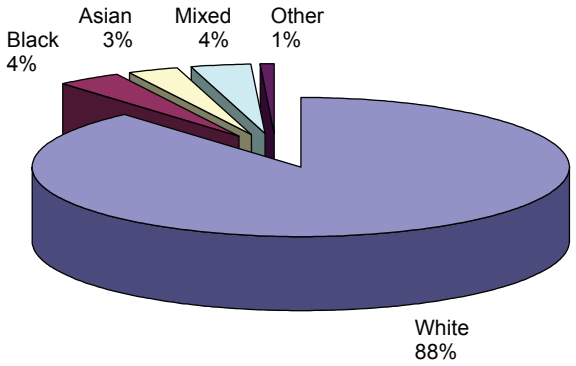
4.5 The prevalence of alcohol use among younger prisoners in the 2008-09 survey responses was also reflected in the overall 2004–09 survey sample. Across the sample, a higher proportion of younger prisoners reported an alcohol problem, with the highest percentage being in the 21–29 age group (37%), and the lowest in prisoners over 70 (0.2%). The proportion of prisoners with alcohol problems displays consistent decline as the prisoner age group rises. Figure 2 shows the age distribution of the survey sample.

Figure 2: Prisoners of each age group reporting an alcohol problem



4.6 White respondents made up 75% of the total survey sample, but were over-represented in those reporting an alcohol problem, at 88%. A significantly smaller proportion (12%) of black and minority ethnic prisoners reported having alcohol problems. An ethnic breakdown is displayed in Figure 3 below.

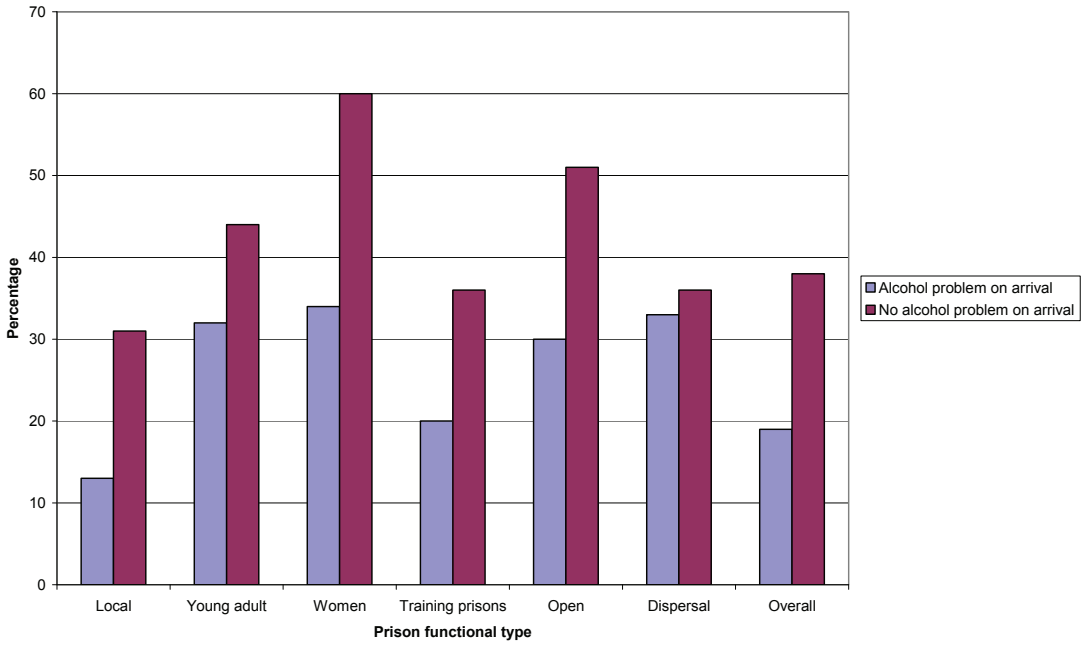
Figure 3: Ethnicity of individuals reporting arriving with an alcohol problem



4.7 Only 8% of those with an alcohol problem were foreign nationals, despite the fact that they comprised 12% of the total sample. The majority of those with alcohol problems, therefore, were white and/or British nationals. Those with alcohol problems were also more likely to report having a disability (20%) or that they were gay or bisexual (9%) than those without alcohol problems.

4.8 Overall, only 21% of prisoners reporting an alcohol problem said that it was their first time in prison, compared with 39% of prisoners without an alcohol problem. This pattern was evident for all functional types as shown in Figure 4 below, indicating that those with alcohol problems were more likely to have previously spent time in prison.

Figure 4: Prisoners stating it was their first time in prison, by functional type

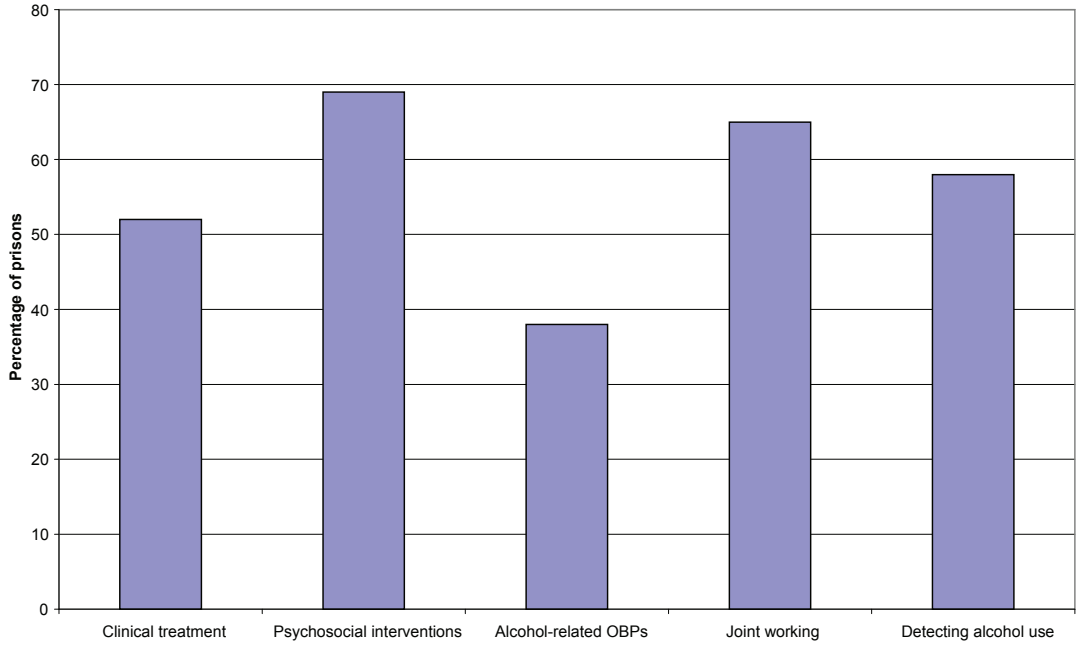


5. Management of alcohol services in prisons

5.1 In total, 52 (76%) establishment drug coordinators (EDCs) said that their establishments had an alcohol strategy, which was higher than the figure from inspection reports (61%, n=44). Inspection reports showed that where there were strategies, they varied in quality and detail. Inspections found that in four strategies the focus was primarily on testing for illicit alcohol consumption rather than treatment, and that detail was lacking in another nine. For example, at Erlestoke (2008), inspectors noted that a 'drug strategy document included alcohol but lacked detailed action plans and performance indicators, and was out of date'. However, the alcohol strategy at Portland Young Offender Institution (2007) was commended as it incorporated a drug and alcohol resettlement pathway development plan, and joint working protocols for departments working with prisoners with substance use issues.

5.2 Of those EDCs who reported having an alcohol strategy, the areas most commonly covered by the strategy were provision of psychosocial interventions (69%, n=36), joint working arrangements and protocols between service providers (65%, n=34) and detection of alcohol consumption in the prison (58%, n=30). The area least likely to be covered was offending behaviour programmes used specifically to address alcohol-related offending (38%, n=20). Some establishments used existing offending behaviour programmes (OBPs) to address underlying behavioural or psychological issues which connected alcohol consumption with offending.

Figure 5: **Service areas covered in alcohol strategies**



5.3 Other strategic elements reported by EDCs included disciplinary measures for illicit alcohol intake and support on release for those with alcohol problems. Two EDCs reported that, although some service areas were incorporated, the strategies in place did not go far enough to address the needs of prisoners with alcohol problems. One stated that certain areas were

'referenced but not detailed' and another that they had a 'very basic strategy' because they were 'not funded for alcohol work'.

5.4 The inspectorate expects that a multidisciplinary substance use strategy is informed by regular population needs assessment, to ensure the best allocation of resources. Intelligence-led allocation of funding to alcohol services was highlighted as good practice in one inspection report:

> *'The establishment provided a dedicated alcohol service, and we strongly approved of its development in line with identified need.'* (Portland, 2007)

5.5 Inspections found that 33 (46%) establishments had conducted a needs analysis for alcohol use, though nearly a quarter (n=8) of these still had no alcohol strategy, irrespective of the findings. For example, the inspection of a training prison found that a needs analysis had been conducted, and that 35% of prisoners had reported alcohol problems (Dovegate, 2008), but the prison had not implemented an alcohol strategy. This lack of response from prisons to an identified need in their population was explained by one EDC as being due to a shortage of funding:

> *'Our last needs analysis did highlight the need for an alcohol programme or intervention [but] with no funding this isn't possible.'*

5.6 Of the establishments inspected that had an alcohol strategy, nearly half (n=16) had no up-to-date needs analysis. A similar proportion was reported in the EDC survey, with a quarter (n=16) of prisons having an alcohol strategy that was not informed by a needs analysis of the population. Of the 38 (56%) EDCs who said that a needs analysis had been conducted (three of which had no alcohol strategy), 30 (44%) reported that this had been carried out in the last 12 months.

5.7 Where population needs assessments had been conducted 68% (n=26) of EDCs reported that these had included the number of drug users with alcohol issues and 61% (n=23) had taken into account the number of alcohol-only users in the prison. Forty-two per cent (n=16) of EDCs reported that the number of prisoners undergoing alcohol detoxification had been incorporated into the needs analysis and only seven (18%) that the availability of alcohol in the prison had been included.

5.8 Of the prisons that had conducted a needs analysis, the majority of EDCs (82%, n=31) reported that data collected from the CARAT team had been used, and slightly fewer (74%, n=28) reported that data had been collected from prisoners using a questionnaire. In half, (n=19) information from the offender management unit had been taken into account, while reception screening data had been used least often (42%, n=16). To be effective a needs analysis should incorporate data from a range of sources, yet three EDCs said that their needs analysis had relied solely on the use of prisoner questionnaires, and another only used information from CARATs. In many instances the CARAT team were only funded to work with prisoners with illicit drug problems, so that they might only have collected information about poly-substance users with alcohol problems. If used as the only source for a needs analysis, this would underestimate the prevalence of alcohol problems.

6. Arrival in custody

6.1 Local prisons are the point of entry into custody and can hold prisoners who are either sentenced or remanded (awaiting trial or sentence). Difficulties from the community will be most apparent at this early stage of custody, and problems with alcohol use are likely to be experienced more acutely than at any of the later stages of a custodial sentence. It is clear from the survey data that those with prior alcohol problems are more likely also to have other problems when they enter prison. Young adults entering custody with an alcohol problem were over twice as likely to report problems with housing (32%) as those without an alcohol problem (14%), and a similar pattern is evident also in the adult estate. In each functional type there was a heightened prominence of general health problems, and feelings of depression or being suicidal.

Table 3: Prisoners reporting problems on arrival into adult local male and women's prisons and local YOIs*

	Local male		Women (local function)		YOI (local function)	
	Did you have a problem with alcohol when you came into this prison?					
	Yes	No	Yes	No	Yes	No
Did you have any housing problems?	36%	20%	37%	22%	32%	14%
Did you have any problems contacting family?	33%	31%	34%	27%	31%	23%
Did you have any problems ensuring dependants were looked after?	10%	7%	9%	9%	6%	4%
Did you have any money worries?	37%	23%	21%	23%	33%	20%
Did you have any problems feeling depressed or suicidal?	35%	21%	48%	35%	25%	18%
Did you have any health problems?	40%	21%	43%	30%	20%	10%
Did you have any problems with needing protection from other prisoners?	14%	8%	11%	4%	6%	6%

* Percentages highlighted in green are significantly better than those without an alcohol problem, and percentages highlighted in blue are significantly worse. Those not highlighted are not significantly different.

6.2 Table 4 shows that, in general, prisoners with alcohol problems were more likely to be offered support than those without such problems. This was particularly the case, across all functional types, in relation to help with housing problems in the first 24 hours in custody. This may mean that support was diverted to those with a greater need. However, this was less true in local adult male prisons, and in particular the level of help to address health problems or to support those needing protection from other prisoners was reported to be less than that offered to those without alcohol problems.

Table 4: **Prisoners reporting help offered with problems on arrival into adult local and women's prisons and local YOIs***

	Local male		**Women (local function)**		**YOI (local function)**	
	Did you have a problem with alcohol when you came into this prison?					
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
Were you offered help with housing problems?	43%	36%	39%	31%	30%	27%
Were you offered help with contacting family?	51%	55%	66%	61%	70%	70%
Were you offered help with ensuring dependants were looked after?	18%	16%	35%	28%	15%	6%
Were you offered help with money worries?	24%	23%	18%	18%	18%	15%
Were you offered help with feeling depressed or suicidal?	60%	61%	66%	59%	52%	51%
Were you offered help with health problems?	57%	68%	66%	59%	60%	66%
Were you offered help with needing protection from other prisoners?	20%	28%	17%	16%	19%	17%

* Percentages highlighted in green are significantly better than those without an alcohol problem, and percentages highlighted in blue are significantly worse. Those not highlighted are not significantly different.

6.3 Fewer prisoners with an alcohol problem said that they had been on an induction course (80% compared with 85% of those without an alcohol problem), and those who had were less likely to feel it had covered all they needed to know about the prison. However, this pattern was apparent only in local and women's prisons. When prisoners arrive and are placed on a

detoxification unit or in healthcare, they are sometimes unable to take part in an induction programme.

6.4 Overall 28% of prisoners with alcohol problems felt unsafe on their first night in prison, which was significantly more than those without alcohol problems (21%). This pattern was true in each functional type, with a considerable proportion of those in training (25%) and women's (33%) prisons reporting that they had felt unsafe on their first night.

6.5 In the survey, establishment drug coordinators (EDCs) were asked to provide an approximate number of prisoners who arrived at their reception with an alcohol problem. Table 5 shows that a high proportion (30%, n=14) of respondents felt that only 5% or fewer of new arrivals had an alcohol problem. This is likely to be a significant underestimate in prisons receiving prisoners directly from court. However, eight (17%) EDCs said that over half of arriving prisoners had problems with alcohol. This included a local prison, a women's prison, four YOIs, and, perhaps surprisingly, two category C training prisons. This suggests that identification of problematic alcohol use is inconsistent across the estate, but it does indicate the extent of a perceived prevalence of alcohol problems, particularly among young offenders, and also a need for treatment services to be made available from the point of entry to release from custody.

Table 5: Estimated number of prisoners arriving with an alcohol problem*

Functional type	5% or under	6–20%	21–35%	36–50%	Over 50%
Training	6	3	2	1	2
Open	1	0	0	0	0
Local	2	4	3	4	1
Dispersal	3	0	0	0	0
YOI	2	1	1	1	4
Women	0	2	1	1	1
Overall	**14 (30%)**	**10 (21%)**	**8 (17%)**	**7 (15%)**	**8 (17%)**

* There are 21 cases of missing data from EDCs for this question.

6.6 In total, 30 (44%) establishments said that they offered alcohol detoxification for prisoners with dependency issues on their first night in prison. This included all local prisons, seven YOIs (78%), four women's prisons (50%), one dispersal prison (25%) and two training prisons (8%). At one local prison the EDC reported that the only space available for those undertaking alcohol detoxification was on general location; however a newly constructed substance misuse unit was to be opened in 2009. Nearly half (n=7) local prisons reported having access to a specialist substance misuse unit for stabilisation and 11 used the inpatient unit in the healthcare centre. From the prisoner survey, those with an alcohol problem were as likely to report access to health services on arrival as those without, with 85% of both groups saying that they were seen by a member of healthcare staff in reception.

6.7 Eleven EDCs (16%) reported the use in reception of the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar), a standardised assessment tool for gauging the severity of

identified withdrawal symptoms. Worryingly, only six of the 16 local prisons in the sample reported using the CIWA-Ar. At the local prisons where the CIWA-Ar was not used, two EDCs said they used the Grubin reception screening tool, three a local tool or clinician, and one establishment did not specify an alternative method. Grubin is a healthcare tool, and not all prisons understand that this information may be appropriately shared with other relevant staff, provided that information sharing protocols are in place. This can impede the delivery of interventions to those identified with support needs for alcohol. In response to the same question, EDCs at four local prisons said that they used the Alcohol Use Disorders Identification Test (AUDIT), a tool designed for detecting an alcohol problem rather than measuring the severity of alcohol withdrawal symptoms, and therefore not a viable alternative to the CIWA-Ar. This may reflect a gap in the understanding of alcohol screening and intervention processes by EDCs.

6.8 Eleven (17%) EDCs reported that the full AUDIT was used in reception at their prisons. In establishments where it was not completed in reception, it often fell to CARAT workers to complete the assessment. At one local establishment, screening formed part of the substance misuse triage assessment. At a women's establishment, an EDC described using AUDIT only if a prisoner was 'symptomatic when seeing [the] GP'. Five EDCs said that they used alternative screening tools which included the Fast Alcohol Screening Test (FAST), the Five Shot Questionnaire Alcohol Screening Test (a shortened AUDIT test), or an Alcohol and Drug Service (ADS) screening tool.

6.9 One open and two category C training prisons did not use alcohol screens at all. One EDC from a category C training prison stated that the referring local establishment should have screened all prisoners on entry, and another said that 'anyone [previously] identified with a history of alcohol abuse is automatically referred to CARATs'. Such a stance was not untypical of training prisons, which were assuming that prisoners were all being effectively screened on entering custody. However, nearly half (48%) of EDCs reported to not have in place either AUDIT or an equivalent screening tool to identify problematic alcohol use. Two were from local prisons, with one stating that an AUDIT was not 'completed at present but plans are in process to implement this when staff resources allow'.

6.10 In the absence of withdrawal symptoms or concurrent use of illegal substances, new arrivals with an alcohol problem may therefore easily go unidentified. Prisons may be failing to accurately capture the numbers of prisoners arriving with alcohol problems, particularly if screening tools are not in use. If alcohol problems are not identified on entry to custody, there may be little opportunity for them to be addressed during a sentence.

6.11 Nearly half (45%) of EDCs reported that the number of alcohol units consumed in the week before a prisoner's arrival was not calculated during the reception process. Two of these were from local prisons. Our 2007 thematic *The mental health of prisoners*[13] highlighted the unreliability of screening processes for alcohol problems at reception, with prison staff not consistently quantifying consumption in many cases, relying instead on vague, generic labels such as 'social' or 'binge' drinking. This poor recording will obscure the number arriving at prison with an alcohol problem as defined by the National Treatment Agency for Substance Misuse (NTA), and the scale and type of resource required to tackle the issue.

[13] HM Inspectorate of Prisons (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs.*

6.12 It will, in many instances, be the responsibility of healthcare professionals to assess new arrivals for alcohol problems. The level of alcohol-specific expertise appears variable, with just under a third (32%, n=22) of EDCs mentioning that their establishments provided specialist alcohol training for their nurses. One nurse at a women's prison had come from an alcohol services background, and a training prison said that it included a brief intervention for alcohol misuse course as part of mental health nurse training.

6.13 If alcohol problems are identified, prisoners should be referred to the relevant agencies. This does not always happen. During the Lancaster Farms (YOI) inspection (2008) it was noted that information on alcohol use was collected during the reception health screening but was not used to inform subsequent interventions for alcohol.

7. Safety in custody

7.1 Safety was a particular concern for prisoners with alcohol problems. Nearly half (45%) reported that they had felt unsafe at some point during their time in the prison, compared with 34% of those without alcohol problems. Those with alcohol problems were more likely to report having experienced victimisation from both prisoners and staff, though there was no difference for women in relation to victimisation by prisoners.

7.2 **Table 6: Prisoners reporting safety issues in custody by functional type***

	Training male		Local male		Women		YOI	
	Did you have a problem with alcohol when you came into this prison?							
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Have you ever felt unsafe in this prison?	43%	31%	46%	38%	44%	37%	41%	30%
Do you feel unsafe in this prison at the moment?	20%	15%	24%	19%	14%	15%	17%	16%
Have you been victimised by another prisoner?	28%	21%	29%	22%	28%	28%	26%	23%
Have you been victimised by a member of staff?	27%	21%	31%	26%	29%	18%	27%	23%
Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	37%	23%	32%	23%	33%	32%	29%	25%
Have you ever felt threatened or intimidated by a member of staff in here?	26%	18%	28%	25%	29%	20%	23%	18%

* Percentages highlighted in green are significantly better responses and those highlighted in blue are significantly worse. Those not highlighted are not significantly different.

8. Staff-prisoner relationships

8.1 In the overall sample, prisoners with alcohol problems were less likely to say they had a member of staff to turn to if they had a problem, or that most staff treated them with respect. The only functional type where this was not the case was YOIs, with more young offenders with alcohol problems reporting that they had a member of staff to turn to, and no differentiation in perceptions of being treated respectfully.

Table 7: Prisoners reporting on relationships with prison staff members by functional type*

	Training male		Local male		Women		YOI	
	Did you have a problem with alcohol when you came into this prison?							
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Is there a member of staff that you can turn to if you have a problem?	70%	73%	61%	65%	74%	82%	72%	68%
Do most staff, in this prison, treat you with respect?	66%	76%	63%	68%	62%	75%	63%	66%

* Percentages highlighted in green are significantly better than those without an alcohol problem, and percentages highlighted in blue are significantly worse. Those not highlighted are not significantly different.

8.2 Overall, prisoners with an alcohol problem were less likely to report having a personal officer, or, for those who had one, to view them as helpful. However, this was true of only training and women's prisons, with those in YOIs and local prisons more likely to state they had personal officers than the rest of their respective populations.

Table 8: Prisoners reporting having a personal officer by functional type*

	Training male		Local male		Women		YOI	
	Did you have a problem with alcohol when you came into this prison?							
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Do you have a personal officer?	72%	74%	41%	37%	64%	73%	71%	66%
For those with a personal officer:								
Do you think your personal officer is helpful/very helpful?	61%	65%	62%	65%	65%	71%	61%	61%

* Percentages highlighted in green are significantly better responses and those highlighted in blue are significantly worse. Those not highlighted are not significantly different.

8.3 Of the sentenced population, a greater proportion of those with alcohol problems than those without said that a member of staff had helped them to address their offending behaviour. However, this was not the case for women's prisons or YOIs.

8.4 Establishment drug coordinators at 28% (n=19) of prisons reported that their establishments provided specific alcohol training for all staff members. However, seven said that a lack of specific training was a gap in provision, and one expressed frustration at being unable to provide it:

> *'There needs to be further education for prison-wide staff on the needs of alcohol dependent prisoners and a greater commitment to alcohol-related offending behaviour work.'*

9. Health services

9.1 Those with alcohol problems in the overall prisoner sample reported similar levels of access to all areas of healthcare as those without, with the exception of access to the doctor, who they said was more difficult to see. Prisoners with an alcohol problem however, thought the quality of healthcare provided by the doctor, nurse, dentist and optician was worse than the rest of the population. This pattern was not consistent among functional types: only those in local prisons reported less access to the doctor, and there was no consensus across functional types on the quality of the various strands of healthcare provided.

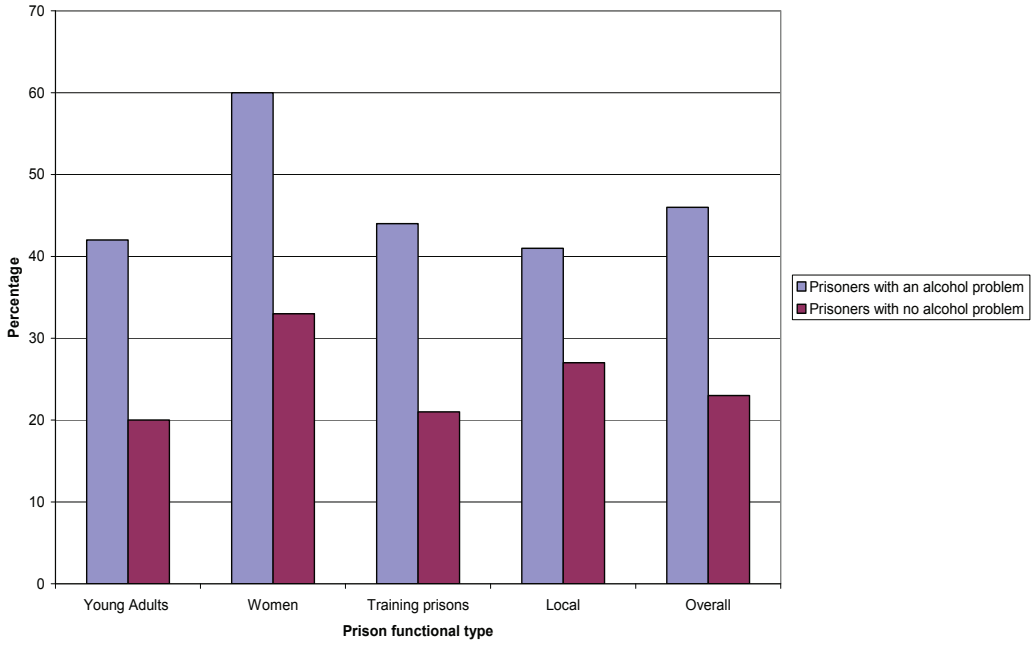
Mental health services

9.2 Mental health problems are highly prevalent among offenders with alcohol problems: the Office for National Statistics found that of those classed as hazardous drinkers, 59% of sentenced men and 77% of sentenced women had two or more mental health or behavioural disorders.[14] The co-existence of alcohol and mental health problems can make diagnosis difficult, as alcohol can be both a cause and a consequence of these disorders. Most of those seeking help with alcohol problems report symptoms of anxiety and depression and alcohol problems can 'accelerate or uncover a predisposition to psychiatric disorder'.[15]

9.3 Figure 6 (over) demonstrates the connection between alcohol problems and mental health problems among prisoners in the survey sample. The proportion of those with alcohol problems who also reported an emotional wellbeing or mental health issue was twice that in the rest of the prison population, a trend apparent in all prison functional types.

[14] Office for National Statistics (1997). *Substance misuse among prisoners in England and Wales.*
[15] Alcohol Concern (2007). *Alcohol and mental health.* Factsheet 17.

Figure 6: Prisoners reporting an emotional wellbeing or mental health issue



9.4 Prisoners with alcohol problems and mental health issues reported proportionately more access than those without to doctors (34% compared with 29%), psychiatrists (27% compared with 19%) and counsellors (20% compared with 11%) for treatment of their mental health issues. This suggests that those with alcohol problems were more likely to be linked into healthcare services. However, among women with mental health problems, those with alcohol problems were less likely than those without to say that they had access to a doctor or nurse, although more reported access to a counsellor.

9.5 In the inspection reports analysed there was occasional mention of prisoners' access to mental health staff with expertise in substance use (dual diagnosis expertise). An establishment was open to criticism in the absence of such access. As in the community, alcohol services are often distinct and separate entities from mental health services, despite a heightened likelihood of those with alcohol problems experiencing concurrent mental health problems.[16]

[16] Alcohol Concern (2007). Factsheet 17: Alcohol and mental health.

10. Treatment and interventions for alcohol

10.1 Overall, 82% of prisoners with alcohol problems reported that they knew who to contact in prison for help, although only 69% reported having received any help or intervention for their drug or alcohol problem while at the prison. A particular concern in inspection reports is the lack of provision for those in custody presenting with an alcohol-only problem. CARAT services are not contracted to work with those who do not have a concurrent drug problem. Fewer prisoners with alcohol-only problems (60%) reported that they had received any help or intervention than prisoners with either a drug and alcohol problem (75%) or drug-only problem (84%). These findings indicate that those entering custody with alcohol as their only substance use problem have fewer treatment options available to them than those with drug or drug and alcohol problems, and this is likely to greatly affect the rehabilitative impact of prison for this group. Overall, prisoners with an alcohol problem (alcohol-only or drug and alcohol) who had received help or intervention were more likely to report finding it useful than prisoners with a drug-only problem.

Table 9: Prisoners reporting interventions received in prison by type of substance use problem

	Alcohol-only problem	Drug and alcohol problem	Drug-only problem
Do you know who to contact in this prison for help?	78%	85%	88%
Have you received any help or intervention whilst in this prison?	60%	75%	84%
For those who have received help or intervention with their drug or alcohol problem:			
Was this intervention or help useful?	82%	77%	75%

10.2 The availability of psychosocial support is integral to the holistic treatment of people with alcohol problems. HM Inspectorate of Prisons expects that prisoners 'have prompt access to a range of psychosocial treatment and support, which meets their identified [drug and alcohol] needs'.[17] Psychosocial treatments include a range of interventions, from lower level awareness courses in an educational context, to higher level structured therapy for those who have entrenched physical dependencies and wish to seek long-term abstinence from alcohol. The Prison Service has been criticised for the paucity of treatment options available: the Prison Reform Trust described the quality of provision as 'extremely varied and limited'[18] and there was acceptance from the National Offender Management Service (NOMS) Drug Strategy Unit that 'appropriate referral to treatment [was] not always readily available'.[19]

[17] HM Inspectorate of Prisons (2006). *Expectations: Criteria for assessing the conditions in prisons and the treatment of prisoners.*

[18] The Prison Reform Trust (2004). *PRT briefing: Alcohol and re-offending – who cares?*

[19] Bonds, C., National Offender Management Service Drug Strategy Unit (2005). *Tackling alcohol misuse: The problem and the Prison Service strategy.*

10.3 Analysis of inspection reports shows that the support most widely available in the prison estate is the 12-step Alcoholics Anonymous (AA) self-help group. AA groups are an ongoing support mechanism best suited to individuals who are dependent on alcohol and wish to remain abstinent. Forty-eight inspection reports (67%) stated that AA groups were provided at the prisons. A similar proportion of establishment drug coordinators (EDCs) said that their prison had AA provision (71%, n=48) and, when asked to identify the strengths of their alcohol service, EDCs most commonly mentioned the AA groups (19%, n=13). In nine establishments (13%) the AA groups were the only provision listed by EDCs as available for those with an alcohol-only problem. AA may not always be the most suitable form of help, and the provision of abstinence-based self-help groups is not adequate for supporting everyone with an alcohol problem.

10.4 Prisons also run programmes or modules on alcohol awareness. Forty-nine inspection reports (68%) described the provision of alcohol awareness programmes at establishments. Of those, nearly a third (n=15) were run by education departments, a quarter (n=12) were run by CARATs and nine were implemented as part of the Integrated Drug Treatment Service (IDTS). At one prison the programmes were run by wing-based drug liaison officers (Wakefield, 2008) and at two prisons by the mental health services (High Down, 2006 and Chelmsford, 2007). The programmes varied in structure and detail, as well as the expertise of the facilitator.

10.5 Inspectors have often noted that there is little or no communication between education departments and CARATs, so alcohol problems which manifest themselves during awareness sessions run by education departments may not get referred to CARATs. This means that opportunities to work with prisoners with a heightened awareness of or motivation to tackle an alcohol problem can be lost.

10.6 A report by the Howard League for Penal Reform[20] found that many young offenders did not consider themselves dependent on alcohol, but wanted distraction or diversion from a lifestyle connected with drinking behaviour. In YOIs many young male offenders have been found to have alcohol problems which often relate to binge drinking.[21] In our inspection reports a third of YOIs had no established alcohol awareness programme at the time of the inspection. One EDC from a YOI explained:

> *'There are currently huge gaps in alcohol services, particularly within the young offender population, as this constitutes the drug of choice for many and is associated with offending behaviour, particularly violence. [Considering] the age of the prisoners, education and awareness surrounding the effects and dangers of alcohol would be beneficial prior to work in the cognitive field.'*

10.7 Across all prisons, EDCs reported that more interventions were available for those with alcohol and drug problems than those with alcohol-only problems. The most widely available treatments for those with alcohol-only problems was the AA service, with peer support schemes and accredited programmes least likely to be provided for this group in prisons. It is apparent that those support services which require supplemented funding are less widely available, and AA, which comes at a minimal cost, is most prevalent.

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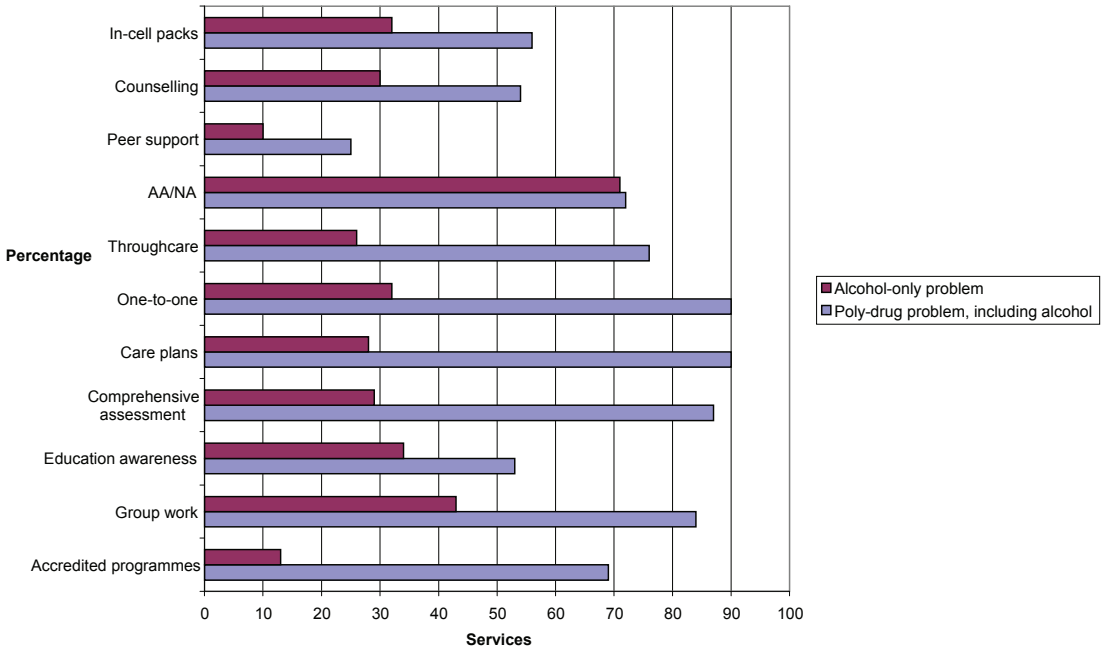
[20] The Howard League for Penal Reform (2004). *A sobering thought: Young men in prison.*

[21] Alcohol Concern (2007). *Alcohol and crime*. Factsheet 10: Summary.

Figure 7: Availability of treatment services as cited by EDCs



10.8 Findings from inspection reports and the EDC survey suggest that, due to restricted funding, even programmes directed at addressing alcohol problems may only be provided for those with concurrent drug problems. Very few CARAT teams were able to offer ongoing support for alcohol-only users as they were not resourced to work specifically with alcohol problems. Thirty (42%) of the inspection reports described a CARAT team able to work on some level with alcohol-only users, but this was usually limited to one-off sessions. For example, one EDC from a training prison stated:

> *'All alcohol awareness is currently supplied by CARATs who are not funded to work with alcohol only.'*

10.9 Staff providing the services found the lack of resources for alcohol-only users frustrating. The inspection report for Feltham (2007) noted that, despite the contract with CARATs excluding work with alcohol, in practice ongoing support was made available to alcohol-only users. Inspectors frequently identified instances, especially in YOIs, when drug problems for alcohol-only users were exaggerated, so that they could meet the poly-substance use eligibility criteria to receive treatment.

10.10 Constraints on alcohol services stemmed largely from a lack of targeted funding, despite a clear need in prisons, and the links between alcohol and offending behaviour. One EDC at a YOI said:

> *'The number of young offenders with alcohol related offending is steadily increasing and these issues need to be addressed to reduce re-offending behaviour. Locally there are many good initiatives with dedicated staff stretched to capacity due to underfunding. Readdressing the balance of funding between drugs and alcohol would go some way to alleviating this.'*

This was reinforced by another EDC, from a local prison:

> *'Alcohol is under-resourced, staff have to be inventive.'*

10.11 Provision often relied on in-house initiatives or external funding. For example, the inspection of Ranby (2007) revealed that the local probation service was able to provide a two-day alcohol awareness course and a two-week pre-release awareness module, and the Reading inspection (2007) found that funding had been procured for a dedicated alcohol worker from the primary care trust due to high demand. A needs assessment could help to highlight the demand in a prison when it was seeking additional funding. In inspections of Standford Hill (2006) and Elmley (2006) the procurement of additional funding to provide dedicated alcohol services was highlighted as good practice.

10.12 However, if external funding was obtained, this might only have been for a limited period, threatening the continuity of services. For example, the inspection of Holloway (2008) found that:

> *'Charity funding for a dedicated alcohol counsellor had come to an end and the drug strategy coordinator was trying to find alternative funding for this post.'*

Additionally, the inspection report for Dorchester (2008) noted that:

> *'The education department had recently piloted an alcohol awareness programme developed by an external provider, but there was no funding to continue this.'*

10.13 There was also a lack of nationally accredited programmes, particularly for addressing alcohol use within the context of offending behaviour. However, Bullingdon was praised by inspectors for resourcing the Rehabilitation of Addicted Prisoners Trust's (RAPt) pilot of a structured treatment programme for alcohol. A shortage of structured programmes was the provision gap most frequently mentioned by EDCs (38%, n=26). One EDC from a YOI said:

> *'Further offending behaviour-related programmes would be beneficial, especially for those with alcohol related crimes*.'

10.14 There are currently three accredited or provisionally accredited programmes[22] available to prisons with the resources to implement them.

- An alcohol dependency treatment programme developed by RAPt, and awarded full accreditation status in March 2008. As a relatively recent development, the extent to which it will extend across the prison estate is unclear. However it is claimed to substantially reduce the risk of reoffending for those with an alcohol dependency.

- The Control of Violence for Angry and Impulsive Drinkers (COVAID) programme, a cognitive behavioural treatment programme which targets younger men who binge drink and display aggression when intoxicated. This was awarded provisional accreditation in May 2008, although the accreditation panel expressed reservations about its use within a custodial setting and its lack of an offence-specific approach.

[22] Correctional Services Accreditation Panel (2008). *The Correctional Services Accreditation Panel Report, 2007/2008*

- The Alcohol Related Violence (ARV) programme is the most recent addition, and was piloted during 2009. It is an offending behaviour programme, targeted at younger adult males (under 30) who are hazardous drinkers and have committed crimes of violence while under the influence of alcohol.

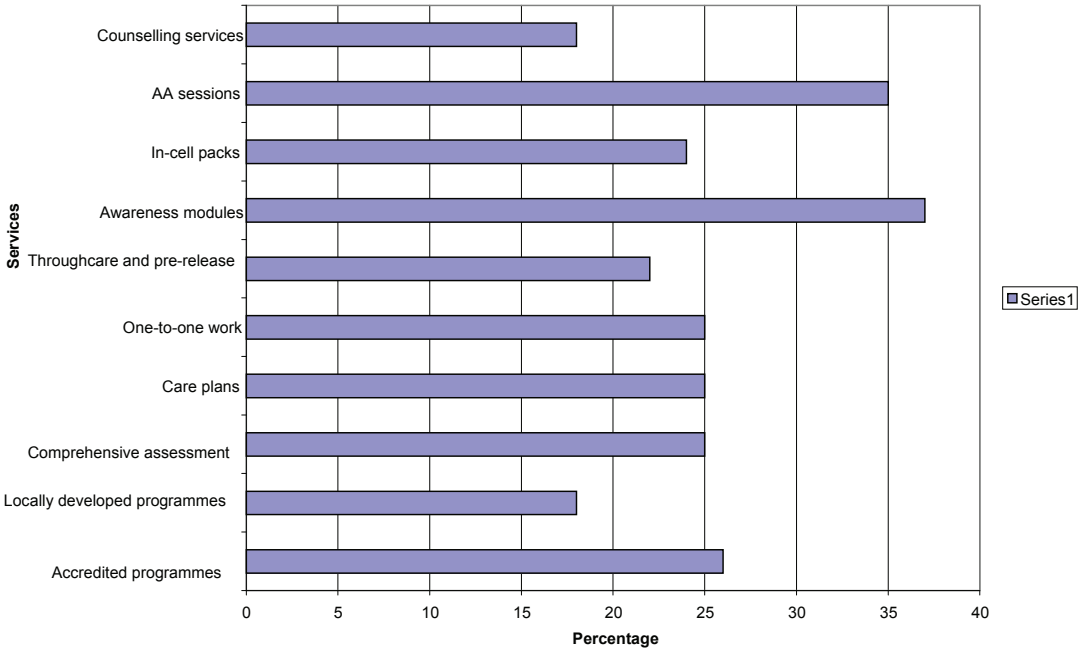
10.15 None of the EDC respondents said that they delivered the RAPt programme and no inspection reports have mentioned its implementation since it received accreditation at HMP Bullingdon (which continues to provide this programme). RAPt reports that there has been interest from several prisons, but as yet there has been no success in obtaining the funding needed to introduce the programme. Although the Focus programme is not specifically designed for alcohol problems, half the participants in the programme at Wakefield (2008) were reported to have been alcohol-only users. An EDC from a local prison said it delivered COVAID and another intended to provide it from September 2009. However, no inspection reports stated that it had been introduced, although four prisons (Woodhill in 2007, Belmarsh in 2007, Forest Bank in 2007 and Parc in 2008) had expressed their intention to do so. The recent development of COVAID and the interest shown by establishments shows the perceived need for such structured programmes.

10.16 Six inspected prisons (8%) had resourced services for those with alcohol problems: four provided counselling or therapeutic services and two employed alcohol workers. Two prisons had procured funding to introduce specialist alcohol workers to work alongside CARAT staff. A large number of EDCs (31%) said that counselling services for alcohol-only users were offered at their prison, although this may be due to a broad interpretation of counselling services. However, inspection reports suggest that the amount of contact and support provided by these services was varied. At Whatton (2007) a counselling psychologist was employed to offer services to those with drug or alcohol problems but had only one client at the time of inspection. In contrast, at Reading (2007), the counselling psychologist delivered one-to-one and group work and had received 300 referrals from CARATs in nine months, which suggested that the service was seriously under-resourced. At Wymott (2008) there was a dedicated wing which provided a therapeutic community for prisoners who wanted to address long-term drug and alcohol problems.

10.17 Over a third of EDCs (37%, n= 25) said that members of their CARATs team had received specialist training. For example, one YOI provided a one-day course to raise staff awareness about alcohol. Fifteen EDCs (22%) mentioned the lack of specialist alcohol staff (nurses, alcohol workers or counsellors) as a primary gap in provision for those with alcohol problems at their prisons.

10.18 Some EDCs said that their establishments were developing a range of potential alcohol services. These were mostly awareness modules and AA sessions, and were least likely to be counselling services or locally developed programmes. EDCs in 19 prisons (28%) said that there were no plans to develop any area of their existing services for alcohol treatment and support, and a number deferred to the impending arrival of funding from the Integrated Drug Treatment Service (IDTS). One EDC at a training prison said that they intended to undertake a needs analysis on receiving IDTS funding, and to divert money into alcohol services only if the analysis highlighted a demand. This is not an approach that would be endorsed by NOMS.

Figure 8: Plans for expanding alcohol service provision in the future, as reported by EDCs



10.19 The same pattern of limited provision was discernable in the O-DEAT analysis of OASys assessments. Though there is evident overlap of drug and alcohol issues,[23] it was found that in 43% of cases where offenders were assessed as disinhibited by alcohol or where alcohol was linked to offending, no intervention for alcohol use was prescribed. This compared with only 28% in cases involving drug use. The two interventions most likely to have been selected were Alcohol Advocacy (26%), a referral to services provided by a third party, and CARATs (13%). In contrast, 27% of those whose offences involved drug use were prescribed CARATs interventions. 13% were recommended to go on a structured psychosocial programme (Addressing Substance Related Offending), an option selected for only 5% of those involving alcohol use.

[23] See paragraph 1.3 for description.

11. Resettlement

11.1 When prisoners were asked if staff had helped them to prepare for release, there was no significant difference in response between those reporting an alcohol problem and those who did not. However, only around a fifth of both groups felt that staff had helped them. In adult local male prisons, those with alcohol problems were less likely than other prisoners to say that something had happened to them at the prison to make them less likely to offend in the future, though in training and women's prisons this pattern was reversed.

Table 10: The impact of help received in prison on offending behaviour on release*

	Training male		Local male		Women		YOI	
	Did you have a problem with alcohol when you came into this prison?							
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Do you feel that any member of staff has helped you to prepare for release?	20%	16%	13%	15%	20%	28%	17%	14%
For those who are sentenced:								
Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	63%	58%	44%	50%	65%	56%	64%	62%

* Percentages highlighted in green are significantly better responses and those in blue are significantly worse. Those not highlighted are not significantly different.

11.2 Overall, prisoners with alcohol problems reported more potential problems on release than those without an alcohol problem – such as finding accommodation, accessing health services, arranging finances or continuing education. This disparity in response was evident in all types of prison, with a significantly higher number believing that they would have problems avoiding bad relationships, finding accommodation and claiming benefits. In training, local and women's prisons those with alcohol problems were twice as likely to think that they would have a problem with maintaining good relationships on release.

Table 11: Prisoners reporting resettlement problems on release from prison*

	Training male		Local male		Women		YOI	
	Did you have a problem with alcohol when you came into this prison?							
	Yes	No	Yes	No	Yes	No	Yes	No
Problems with maintaining good relationships	27%	12%	22%	11%	24%	12%	12%	10%
Problems with avoiding bad relationships	26%	11%	16%	10%	29%	19%	24%	13%
Problems with finding a job on release	61%	43%	65%	55%	58%	55%	61%	55%
Problems with finding accommodation on release	53%	39%	64%	47%	52%	41%	48%	37%
Problems with money/finances on release	46%	41%	69%	55%	41%	46%	52%	47%
Problems with claiming benefits on release	41%	29%	48%	38%	45%	37%	37%	32%
Problems with arranging a place at college/continuing education on release	32%	25%	48%	35%	31%	34%	46%	41%
Problems with accessing health services on release	36%	19%	35%	23%	32%	22%	17%	17%
Problems with opening a bank account on release	44%	35%	52%	42%	38%	37%	29%	27%

* Percentages highlighted in green are significantly better responses and those in blue are significantly worse. Those not highlighted are not significantly different.

11.3 Sixty per cent of those who entered prison with an alcohol problem (alcohol-only or drug and alcohol problem) said that they thought they would leave with an ongoing alcohol problem and 48% that they would potentially have a drug problem on release from prison. Those with alcohol problems in all functional types of prison were more likely than the rest of their respective populations to predict they would leave custody with a drug or alcohol problem.

Table 12: Prisoners reporting substance use problems on release from prison*

	Training male		Local male		Women		YOI	
	Did you have a problem with alcohol when you came into this prison?							
	Yes	No	Yes	No	Yes	No	Yes	No
Do you think you will have a problem with drugs when you leave this prison? (yes/don't know)	35%	19%	53%	27%	51%	24%	48%	23%
Do you think you will have a problem with alcohol when you leave this prison? (yes/don't know)	53%	11%	63%	17%	63%	13%	63%	19%

* Percentages highlighted in green are significantly better responses and those in blue are significantly worse. Those not highlighted are not significantly different.

Across all functional types, those who arrived into custody with either a drug-only or drug and alcohol problem were most likely to say they would leave the prison with an illicit drug problem. Interestingly, those who arrived with an alcohol-only problem were over twice as likely (29%) as those with no substance use problems on arrival (14%) to say that they might leave custody with a drug problem. This pattern was reflected in responses from all functional types, and was especially evident in local adult male prisons (33% compared with 15%) and young offender institutions (33% compared with 19%).

11.4 Overall just over half (54%) of those with alcohol problems who said they would have a drug or alcohol problem on release said they knew who to speak to in the prison for help in contacting drug or alcohol agencies in the community. This was fewer than those with a drug-only problem.

11.5 Among those who said they would have ongoing problems on release, prisoners with alcohol-only problems were less likely than those with drug or drug and alcohol problems to know who to approach in the prison for help in contacting services in the community: 50%, 57% and 68% respectively.

11.6 Analysis of the cohort of prisoners with alcohol problems demonstrated considerable variation in their experiences and the services they received. Those who said that they might have an ongoing alcohol problem on release were considerably less likely to feel that anything had happened to them in custody to make them less likely to offend (44%) than those who stated they would no longer have an alcohol problem on release (70%). This is a strong indication of the relationship between ongoing alcohol problems and offending behaviour. They were also more likely to have had a poorer experience of healthcare and substance use treatment in custody, to state that they would have a drug problem on release, and to have problems in all resettlement areas.

11.7 Local prisons held more alcohol-only users than any other functional type. In this group, there were some stark differences between those who thought they might leave prison with an ongoing alcohol problem and those who thought they would not. Prisoners who thought they might leave with an ongoing alcohol problem were more likely to have had problems on arrival

with housing, contacting family, money, feeling depressed or suicidal and general health, and to have problems on release in every resettlement area. At the time of the survey, or at some point in their sentence, they had felt unsafe in the prison, and a quarter said they had experienced victimisation from staff or prisoners. Eight per cent of those who thought they would have issues with alcohol on release said they had developed a drug problem while in prison, compared with none of the prisoners who said they would not have an alcohol problem on release. Considerably fewer of those who said they would leave prison with an alcohol problem knew who to contact for help with their substance use issues in prison (48% compared with 88%).

11.8 In OASys assessments conducted in 2008–09, O-DEAT found that those whose offending behaviour involved both drugs and alcohol were overall more likely to be identified as needing support to address risk factors as all other offenders. Those offenders with alcohol-only issues were more likely to be assessed as having support needs in the areas of 'emotional well-being' and 'thinking and behaviour' than those with drug-only issues. There were, however, notably fewer identified support needs for 'financial management and income', 'lifestyle and associates' and 'education, training and employability'. Recent research into patterns of reoffending shows that alcohol misuse is the most important of the OASys dynamic risk factors in predicting violent, but not non-violent, reoffending.[24]

11.9 Staff delivering substance use services in prisons often face barriers to arranging post-release support for those with alcohol problems, as community services funding, like prison funding, is focused on drug users. Three establishment drug coordinators (EDCs) specified the lack of throughcare options for prisoners with alcohol problems as a gap in provision. One EDC at a women's prison highlighted a 'gap in referral [options] for alcohol-only women and appropriate community agencies', and inspection reports noted that there were often problems in linking prisoners to community alcohol services despite the best efforts of staff. For example, at Camp Hill (2009):

> *'The identification of community services for problem alcohol users was particularly difficult [and the drug services manager] linked in well with community planning groups and was trying to secure funding for the development of alcohol services.'*

At Stoke Heath (2007):

> *'The CARAT team made considerable efforts to access post-release support but this remained a perennial problem.'*

11.10 There were examples of resettlement provision in the community for some of those with alcohol problems, but this was dependent on local initiatives:

> *'The resettlement department had forged links with specialist accommodation providers [and] had found specialist accommodation for prisoners with alcohol dependency.' (*Leicester inspection, 2008)

[24] http://www.justice.gov.uk/publications/docs/oasys-research-summary-02-09.pdf

'West Yorkshire Community Chaplaincy [provided] a range of support in the community for men on release. This included links to … alcohol and drug support.'(Leeds inspection, 2007)

11.11 Drug intervention programmes (DIPs) provide post-release support for offenders with ongoing needs; however, as in the custodial environment, priority is given to illicit drug use. If DIPs offer anything at all to those with alcohol problems it is merely a signposting service to other agencies in the community. There is no national equivalent to DIPs for those with alcohol problems.

Appendix I

Methodology

Inspection report analysis

An inspection report analysis was completed drawing upon 72 full inspections completed between April 2006 and March 2009. Below are listed the establishments and inspection dates for those reports incorporated.

Establishment	Type of inspection	Date of inspection (w/c)
Albany	Full announced	12 November 2007
Askham Grange	Full announced	29 September 2008
Belmarsh	Full announced	8 October 2007
Birmingham	Full announced	19 February 2007
Brinsford	Full follow-up	5 February 2007
Buckley Hall	Full announced	30 April 2007
Bullingdon	Full announced	14 January 2008
Bulwood Hall	Full announced	3 December 2007
Camp Hill	Full follow-up	9 February 2009
Cardiff	Full announced	7 January 2008
Castington	Full announced	19 Jan 2009
Channings Wood	Full announced	2 July 2007
Chelmsford	Full announced	9 July 2007
Deerbolt	Full announced	24 April 2006
Doncaster	Full follow-up	11 February 2008
Dorchester	Full announced	30 March 2009
Dovegate	Full announced	29 September 2008
Downview	Full announced	12 May 2008
East Sutton Park	Full announced	13 November 2006
Elmley	Full announced	11 December 2006
Erlestoke	Full announced	28 April 2008
Featherstone	Full announced	20 October 2008
Feltham	Full follow-up	4 June 2007
Forest Bank	Full unannounced	10 September 2007
Frankland	Full announced	4 February 2008
Garth	Full announced	30 March 2009
Gloucester	Full announced	16 April 2007
Haverigg	Full announced	2 February 2009
High Down	Full announced	15 May 2006
Hewell	Full announced	3 April 2006
Hindley	Full unannounced	26 July 2006
Hollesley Bay	Full announced	9 February 2009
Holloway	Full follow-up	5 March 2008
Kennet	Full announced	1 September 2008

Lancaster Castle	Full announced	1 October 2007
Lancaster Farms	Full announced	8 September 2008
Latchmere House	Full announced	15 January 2007
Leeds	Full unannounced	5 December 2007
Leicester	Full announced	2 June 2008
Lewes	Full announced	20 August 2007
Leyhill	Full announced	5 March 2007
Lincoln	Full announced	3 December 2007
Lindholme	Full announced	29 October 2007
Littlehey	Full announced	2 July 2007
Liverpool	Full follow-up	12 February 2007
Long Lartin	Full announced	14 July 2008
Low Newton	Full announced	3 April 2006
Maidstone	Full announced	19 February 2007
Morton Hall	Full announced	19 November 2007
Norwich	Full follow-up	15 November 2006
Parc	Full follow-up	7 July 2008
Parkhurst	Full follow-up	8 December 2008
Portland	Full follow-up	3 January 2007
Ranby	Full announced	12 March 2007
Reading	Full follow-up	21 May 2007
Shrewsbury	Full announced	19 June 2006
Spring Hill	Full announced	11 August 2008
Standford Hill	Full announced	4 December 2006
Stoke Heath	Full follow-up	19 March 2007
Styal	Full announced	1 September 2008
Swaleside	Full announced	31 March 2008
The Mount	Full follow-up	18 September 2006
Wakefield	Full announced	1 December 2008
Wandsworth	Full follow-up	10 July 2006
Wayland	Full announced	5 June 2006
Wealstun	Full announced	1 December 2008
Wellingborough	Full announced	4 August 2008
Whatton	Full announced	22 January 2007
Winchester	Full announced	16 April 2007
Wood Hill	Full announced	3 September 2007
Wormwood Scrubs	Full unannounced	9 June 2008
Wymott	Full announced	20 October 2008

Prisoner survey data

As part of the evidence base for all full inspections a survey is distributed to a randomly selected and representative sample of the prison population. The analyses for this report incorporated survey data from 144 inspections undertaken between May 2004 and March 2009, which includes those completed at split-site establishments wherein distinct populations were sampled separately. Broken down by functional type this included 48 training prisons (including two therapeutic prisons), five dispersal prisons, 38 local prisons, 14 women's prisons, 15 open prisons and 24 young offender institutions.

Data from each establishment is weighted so that it more accurately reflects the size of the population within each individual prison. The only exception is data incorporated into section 4: Profile of prisoners with alcohol problems, wherein the actual demographic numbers are cited. Survey responses from prisoners who reported an alcohol problem in the overall sample from the 144 inspections, were compared with those who stated they did not have an alcohol problem (see appendix III). In total, responses from 13, 093 prisoners were analysed, of which 1, 682 (13%) reported having an alcohol problem. Where there were adequate numbers for comparison, analyses were conducted also within functional types; these included training, local, women's and young offender institutions.

A comparison was made between the responses of those reporting alcohol-only problems (with no concurrent drug problem), to those with a drug-only or drug and alcohol problem (section 4, 10 and 11), and also with those reporting no substance use problem on arrival (section 4 and 11). Where these comparisons have been made it has been clearly marked in the report.

Across the sample, analysis was conducted within the cohort of prisoners who arrived into custody with an alcohol problem, comparing the responses of those who reported they would leave with an ongoing problem, to those who stated they would not leave with an alcohol problem. The same analysis was also conducted within the alcohol-only cohort of prisoners from the local sample. Where this comparison is included it has been clearly marked in the report (section 13).

Establishment drug coordinator questionnaire

A survey (see appendix II) was sent to establishment drug coordinators in all adult and young adult establishments to collect more information on the processes and support in place for prisoners arriving into their prisons with an alcohol problem. In total 129 surveys were sent out in June 2009, and 68 were returned, a response rate of 53%.

Additional information

The OASys Data, Evaluation and Analysis Team (O-DEAT) provided accumulated data through 2008 up until August 2009 surmising the total number of offender assessments in which the index offence was considered to have been disinhibited by alcohol or drugs and/or offending behaviour considered to be linked to alcohol or drug use. In addition, data pertaining to dynamic risk factors, risk of harm scores and prescribed interventions for those offences/offenders involving alcohol or drug use were provided.

Appendix II

Establishment drugs coordinator questionnaire

	Prison functional type	
	Category B training prison	
	Category C training prison	
	Category D open prison	
	Local prison	
	Dispersal prison	
	Young offender institution	
	Women's prison	

Section one: Prison alcohol strategy

1.1 Does the prison currently have an alcohol strategy?

Yes	
No	

1.2 If yes, what does this alcohol strategy cover? Please tick all options which apply.

Details of clinical treatment delivery	
Details of psychosocial interventions (e.g. group work, structured one-to-one work)	
The offending behaviour programmes to be used to address alcohol-related offending	
Joint working arrangements and protocols between service providers (e.g. CARATs/health services)	
Measures for detecting and stemming the availability of alcohol in prisons ('hooch' or imported from outside)	

Other issues covered:

1.3 Is the current strategy and provision for alcohol derived from a needs analysis of your prison population?

Yes	
No	

If yes, was the needs analysis conducted within the past 12 months?

Yes	
No	

1.4 What does the needs analysis incorporate? Please tick all options which apply.

Number of prisoners undergoing alcohol detoxification (last 12 months)	
Number of primary alcohol users	
Number of drug users with alcohol issues	
Number with alcohol-related offences	
Information on the availability of alcohol within the prison	
If other please give details:	

1.5 What are the sources used to inform the needs analysis? Please tick all options which apply.

Prisoner questionnaire	
Substance misuse data from reception screening	

Information from CARATs	
Information from offender management unit	
If other please give details:	

Section two: Screening for alcohol misuse in reception

2.1 In reception is the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) in use for assessing the severity of withdrawal symptoms?

Yes	
No	

If no, any other tool used:

2.2 Is the number of alcohol units consumed, calculated over a week/month for each new arrival with alcohol issues?

Yes	
No	

2.3 Approximately in the past month, what proportion of prisoners entered reception with an alcohol problem?

5 per cent or under	
6–20 per cent	
21–35 per cent	
36–50 per cent	
Over 50 per cent	

2.4 In reception is the full Alcohol Use Disorders Identification Test (AUDIT) in use?

Yes	
No	

If no, when is it completed?

If not AUDIT, other alcohol assessment tools used:

2.5 Is clinical detoxification for alcohol available for prisoners on their first night at your prison?

Yes	
No	

2.6 For alcohol detoxification are prisoners admitted to:

Specialist substance misuse unit	
Inpatient unit in health services	
General location	
If other please give details:	

Section three: Provision of services for substance misuse

3.1 What treatment/services are there currently available at the prison for:

Those with BOTH drug and alcohol problems? Please tick all options which apply.

Accredited programmes		Throughcare and pre-release work	
Group work modules (e.g. IDTS)		AA/NA meetings	
Awareness sessions through education		Peer support scheme	
Comprehensive assessments		Counselling services	

Care plans		In-cell packs	
Structured one-to-one work			
If other please give details:			

3.2 Those with SOLELY alcohol problems? Please tick all options which apply.

Accredited programmes		Throughcare and pre-release work	
Group work modules (e.g. IDTS)		AA/NA meetings	
Awareness sessions through education		Peer support scheme	
Comprehensive assessments		Counselling services	
Care plans		In-cell packs	
Structured one-to-one work			
If other please give details:			

3.3 What programmes are there currently in place for those with alcohol problems?

Programme name	Nationally accredited	Locally developed

3.4 Have any of the following staff members had specialist training in the management of problem alcohol use?

Healthcare nurse	
CARATs workers	
Other staff members	
Please give details:	

Section four: Future developments for provision of services

4.1 Are there currently any plans for expanding current services available to those with alcohol problems? Please tick all options which apply.

Accredited psychosocial programmes	
Locally developed psychosocial programmes	

Comprehensive assessment	
Care plans	
Structured one-to-one work	
Throughcare and pre-release work	
Awareness modules	
In-cell packs	
AA sessions	
Counselling services	
Please give details:	

4.2 What, in your view, are the gaps in provision and what would you like the prison to provide for those with alcohol problems, resources permitting?

4.3 What, in your view, are the strengths of the service currently provided for prisoners with alcohol problems at your prison?

Appendix III: Overall comparison

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Reported an alcohol problem on arrival into the prison	Did not report an alcohol problem on arrival into the prison
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		1682	11411
SECTION 1: General information			
2	Are you under 21 years of age?	**12%**	**11%**
3a	Are you sentenced?	**78%**	**84%**
3b	Are you on recall?	**10%**	**7%**
4a	Is your sentence less than 12 months?	**17%**	**12%**
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	**6%**	**4%**
5	Do you have six months or less to serve?	**36%**	**33%**
6	Have you been in this prison less than a month?	**13%**	**10%**
7	Are you a foreign national?	**7%**	**13%**
8	Is English your first language?	**95%**	**90%**
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	**13%**	**28%**
10	Are you Muslim?	**5%**	**13%**
11	Are you homosexual/gay or bisexual?	**7%**	**4%**
12	Do you consider yourself to have a disability?	**21%**	**15%**
13	Is this your first time in prison?	**19%**	**37%**
14	Have you been in more than 5 prisons this time?	**10%**	**11%**
15	Do you have any children under the age of 18?	**54%**	**51%**
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	**45%**	**50%**
1b	Was your personal safety during the journey good/very good?	**55%**	**60%**
1c	Was the comfort of the van good/very good?	**12%**	**15%**
1d	Was the attention paid to your health needs good/very good?	**29%**	**31%**
1e	Was the frequency of toilet breaks good/very good?	**9%**	**13%**
2	Did you spend more than four hours in the van?	**6%**	**8%**
3	Were you treated well/very well by the escort staff?	**64%**	**68%**
4a	Did you know where you were going when you left court or when transferred from another prison?	**78%**	**78%**
4b	Before you arrived here did you receive any written information about what would happen to you?	**16%**	**16%**
4c	When you first arrived here did your property arrive at the same time as you?	**84%**	**85%**

Key to tables

		Reported an alcohol problem on arrival into the prison	Did not report an alcohol problem on arrival into the prison
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	**15%**	**13%**
1c	Housing problems?	**29%**	**20%**
1d	Problems contacting employers?	**11%**	**12%**
1e	Problems contacting family?	**56%**	**49%**
1f	Problems ensuring dependants were looked after?	**19%**	**13%**
1g	Money problems?	**19%**	**15%**
1h	Problems of feeling depressed/suicidal?	**58%**	**46%**
1i	Health problems?	**61%**	**58%**
1j	Problems in needing protection from other prisoners?	**19%**	**19%**
1k	Problems accessing phone numbers?	**45%**	**37%**
2	When you first arrived:		
2a	Did you have any problems?	**92%**	**62%**
2b	Did you have any problems with loss of property?	**14%**	**12%**
2c	Did you have any housing problems?	**34%**	**15%**
2d	Did you have any problems contacting employers?	**8%**	**4%**
2e	Did you have any problems contacting family?	**31%**	**24%**
2f	Did you have any problems ensuring dependants were being looked after?	**9%**	**6%**
2g	Did you have any money worries?	**33%**	**19%**
2h	Did you have any problems with feeling depressed or suicidal?	**33%**	**16%**
2i	Did you have any health problems?	**37%**	**17%**
2j	Did you have any problems with needing protection from other prisoners?	**12%**	**6%**
2k	Did you have problems accessing phone numbers?	**23%**	**22%**
3a	Were you seen by a member of health services in reception?	**85%**	**85%**
3b	When you were searched in reception, was this carried out in a respectful way?	**69%**	**71%**
4	Were you treated well/very well in reception?	**60%**	**66%**
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	**49%**	**47%**
5b	Information about what support was available for people feeling depressed or suicidal?	**49%**	**44%**
5c	Information about how to make routine requests?	**36%**	**36%**
5d	Information about your entitlement to visits?	**45%**	**44%**
5e	Information about health services?	**59%**	**56%**
5f	Information about the chaplaincy?	**49%**	**50%**

Key to tables

	Any percentage highlighted in green is significantly better	Reported an alcohol problem on arrival into the prison	Did not report an alcohol problem on arrival into the prison
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smoker's/non-smoker's pack?	**80%**	**75%**
6b	The opportunity to have a shower?	**38%**	**40%**
6c	The opportunity to make a free telephone call?	**59%**	**52%**
6d	Something to eat?	**80%**	**78%**
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	**46%**	**48%**
7b	Someone from health services?	**74%**	**70%**
7c	A Listener/Samaritans?	**27%**	**30%**
8	Did you have access to the prison shop/canteen within the first 24 hours?	**21%**	**23%**
9	Did you feel safe on your first night here?	**72%**	**79%**
10	Have you been on an induction course?	**80%**	**85%**
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	**57%**	**62%**
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	**47%**	**50%**
1b	Attend legal visits?	**62%**	**60%**
1c	Obtain bail information?	**26%**	**23%**
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	**46%**	**41%**
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	**47%**	**57%**
3b	Are you normally able to have a shower every day?	**79%**	**85%**
3c	Do you normally receive clean sheets every week?	**81%**	**82%**
3d	Do you normally get cell cleaning materials every week?	**64%**	**70%**
3e	Is your cell call bell normally answered within five minutes?	**36%**	**40%**
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	**58%**	**67%**
3g	Can you normally get your stored property, if you need to?	**30%**	**32%**
4	Is the food in this prison good/very good?	**26%**	**30%**
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	**49%**	**46%**
6a	Is it easy/very easy to get a complaints form?	**81%**	**83%**
6b	Is it easy/very easy to get an application form?	**85%**	**88%**
7	Have you made an application?	**87%**	**83%**

Key to tables

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	**55%**	**58%**
8b	Do you feel applications are dealt with promptly? (within 7 days)	**50%**	**53%**
9	Have you made a complaint?	**53%**	**53%**
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	**34%**	**35%**
10b	Do you feel complaints are dealt with promptly? (within 7 days)	**36%**	**38%**
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	**30%**	**26%**
10c	Were you given information about how to make an appeal?	**28%**	**30%**
12	Is it easy/very easy to see the Independent Monitoring Board?	**31%**	**35%**
13a	Do you feel your religious beliefs are respected?	**52%**	**54%**
13b	Are you able to speak to a religious leader of your faith in private if you want to?	**57%**	**59%**
14	Are you able to speak to a Listener at any time, if you want to?	**61%**	**63%**
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	**65%**	**70%**
15b	Do most staff, in this prison, treat you with respect?	**64%**	**72%**
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	**45%**	**34%**
2	Do you feel unsafe in this prison at the moment?	**21%**	**17%**
4	Have you been victimised by another prisoner?	**28%**	**21%**
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	**16%**	**11%**
5b	Hit, kicked or assaulted you?	**11%**	**6%**
5c	Sexually abused you?	**3%**	**1%**
5d	Victimised you because of your race or ethnic origin?	**4%**	**4%**
5e	Victimised you because of drugs?	**6%**	**2%**
5f	Taken your canteen/property?	**7%**	**4%**
5g	Victimised you because you were new here?	**7%**	**4%**
5h	Victimised you because of your sexuality?	**2%**	**1%**
5i	Victimised you because you have a disability?	**4%**	**2%**
5j	Victimised you because of your religion/religious beliefs?	**3%**	**3%**
5k	Victimised you because you were from a different part of the country?	**6%**	**5%**
5l	Victimised you because of your offence/crime?	**6%**	**6%**

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	**30%**	**23%**
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	**16%**	**12%**
7b	Hit, kicked or assaulted you?	**6%**	**4%**
7c	Sexually abused you?	**2%**	**1%**
7d	Victimised you because of your race or ethnic origin?	**5%**	**5%**
7e	Victimised you because of drugs?	**6%**	**3%**
7f	Victimised you because you were new here?	**7%**	**5%**
7g	Victimised you because of your sexuality?	**1%**	**1%**
7h	Victimised you because you have a disability?	**4%**	**2%**
7i	Victimised you because of your religion/religious beliefs?	**3%**	**4%**
7j	Victimised you because you were from a different part of the country?	**5%**	**4%**
7k	Victimised you because of your offence/crime?	**6%**	**6%**
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	**33%**	**36%**
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	**33%**	**24%**
10	Have you ever felt threatened or intimidated by a member of staff in here?	**27%**	**22%**
11	Is it easy/very easy to get illegal drugs in this prison?	**39%**	**31%**
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	**36%**	**38%**
1b	Is it easy/very easy to see the nurse?	**61%**	**62%**
1c	Is it easy/very easy to see the dentist?	**15%**	**16%**
1d	Is it easy/very easy to see the optician?	**18%**	**17%**
2	Are you able to see a pharmacist?	**48%**	**50%**
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	**49%**	**52%**
3b	The nurse?	**62%**	**64%**
3c	The dentist?	**40%**	**43%**
3d	The optician?	**39%**	**47%**
4	The overall quality of health services?	**45%**	**46%**

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Healthcare continued			
5	Are you currently taking medication?	**55%**	**42%**
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	**64%**	**78%**
7	Do you feel you have any emotional well being/mental health issues?	**44%**	**23%**
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	**28%**	**34%**
8b	A doctor?	**34%**	**29%**
8c	A nurse?	**19%**	**20%**
8d	A psychiatrist?	**27%**	**19%**
8e	The mental health in-reach team?	**36%**	**33%**
8f	A counsellor?	**20%**	**11%**
9a	Did you have a drug problem when you came into this prison?	**54%**	**14%**
9b	Did you have an alcohol problem when you came into this prison?	**100%**	**0%**
10a	Have you developed a drug problem since you have been in this prison?	**14%**	**6%**
10b	Have you developed an alcohol problem since you have been in this prison?	**9%**	**1%**
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	**82%**	**83%**
12	Have you received any help or intervention whilst in this prison?	**69%**	**79%**
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	**79%**	**72%**
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	**48%**	**21%**
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	**60%**	**14%**
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	**54%**	**55%**
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	**60%**	**61%**
1b	Vocational or skills training?	**17%**	**18%**
1c	Education (including basic skills)?	**31%**	**35%**
1d	Offending behaviour programmes?	**22%**	**16%**

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Purposeful activity continued			
2ai	Have you had a job whilst in prison?	**72%**	**76%**
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	**46%**	**43%**
2bi	Have you been involved in vocational or skills training whilst in prison?	**59%**	**65%**
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	**51%**	**56%**
2ci	Have you been involved in education whilst in prison?	**69%**	**74%**
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	**61%**	**63%**
2di	Have you been involved in offending behaviour programmes whilst in prison?	**59%**	**62%**
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	**54%**	**54%**
3	Do you go to the library at least once a week?	**38%**	**42%**
4	On average, do you go to the gym at least twice a week?	**41%**	**49%**
5	On average, do you go outside for exercise three or more times a week?	**41%**	**45%**
6	On average, do you spend ten or more hours out of your cell on a weekday?	**12%**	**17%**
7	On average, do you go on association more than five times each week?	**56%**	**62%**
8	Do staff normally speak to you most of the time/all of the time during association?	**19%**	**20%**
SECTION 8: Resettlement			
1	Do you have a personal officer?	**54%**	**60%**
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	**62%**	**65%**
For those who are sentenced:			
3	Do you have a sentence plan?	**52%**	**56%**
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	**61%**	**63%**
5	Can you achieve some/all of your sentence plan targets in this prison?	**67%**	**67%**
6	Are there plans for you to achieve some/all your targets in another prison?	**48%**	**41%**
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	**38%**	**31%**
8	Do you feel that any member of staff has helped you to prepare for release?	**17%**	**16%**
9	Have you had any problems with sending or receiving mail?	**44%**	**39%**
10	Have you had any problems getting access to the telephones?	**30%**	**25%**
11	Did you have a visit in the first week that you were here?	**29%**	**33%**
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	**65%**	**68%**

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Resettlement continued			
13	Did you receive one or more visits in the last week?	**34%**	**35%**
14	Have you been helped to maintain contact with family/friends whilst in this prison?	**44%**	**40%**
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	**23%**	**16%**
15c	Avoiding bad relationships?	**17%**	**13%**
15d	Finding a job on release?	**40%**	**43%**
15e	Finding accommodation on release?	**44%**	**45%**
15f	With money/finances on release?	**29%**	**32%**
15g	Claiming benefits on release?	**49%**	**44%**
15h	Arranging a place at college/continuing education on release?	**29%**	**34%**
15i	Accessing health services on release?	**36%**	**37%**
15j	Opening a bank account on release?	**29%**	**30%**
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	**24%**	**12%**
16c	Avoiding bad relationships?	**24%**	**11%**
16d	Finding a job?	**63%**	**48%**
16e	Finding accommodation?	**58%**	**41%**
16f	Money/finances?	**57%**	**46%**
16g	Claiming benefits?	**44%**	**33%**
16h	Arranging a place at college/continuing education?	**41%**	**30%**
16i	Accessing health services?	**33%**	**20%**
16j	Opening a bank account?	**46%**	**36%**
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	**55%**	**57%**