

Executive summary

The throughcare and aftercare of drug dependent (ex-)prisoners. Key resettlement needs and UK service-level responses.

Ex-Prisoners Recovering From Addiction (EPRA)

Supporting Paper 3

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Introduction

This paper focuses on the resettlement needs of drug dependent ex-prisoners, reviewing the literature related to five core needs, and service-level responses to those needs.

The needs of women ex-prisoners are addressed in a sixth section.

i. Drugs and Alcohol

The majority of UK evidence focused on throughcare for prisoners with drug or alcohol problems has focused on opiates.

People with histories of opiate dependence have a greatly elevated risk of death in the weeks following release.

This risk is greatly reduced by Opioid substitution therapy (OST)

Recovery capital – the resources necessary to enact and sustain radical change – shapes individuals engagement with transformative interventions.

Heroin users tend to have particularly low levels of recovery capital; whilst people with histories of alcohol, cannabis, and cocaine dependence tend to have more resources.

Shorter interventions aimed at highly motivated prisoners and abstinence from substitute medications may disproportionately benefit those with higher levels of recovery capital.

Long-term interventions aimed at slowly building recovery capital whilst reducing social harm may be better suited to those with little recovery capital, including former heroin users.

Residential treatment appears to offer the most robustly evidenced throughcare model for supporting transformative change in ex-prisoners.

However, residential models can be restrictive. They prevent ex-prisoners from immediately returning to family homes, or to full-time employment.

Graduates of Illinois' Sheridan Correctional Centre could be referred to either residential and outpatient aftercare. This approach has the advantage of being responsive to individual needs; but requires a much broader partnership.

ii. Accommodation

Homeless ex-prisoners are up to 86% more likely to reoffend.

Secure housing is associated with a three- to four-fold increase in levels of employment, greatly improved mental and physical health, and greater access to benefits and primary care.

However, 15-33% of people enter prison homeless.

Of those who enter prison securely housed, over half become homeless whilst imprisoned.

Housing services have historically struggled to find housing for prisoners.

CRCs have done little to improve housing outcomes. Two Criminal Justice Joint Inspectorate reports have identified CRCs finding housing for just one (of 73) short-term prisoners; and just two individuals serving over twelve months.

The Pilot Drug Recovery Wings evaluation identified that none of 36 otherwise-homeless prisoners approaching release had been found housing by housing services.

Residential treatment offers one pathway into housing, with some residential treatment units willing to act as a Home Detention Curfew approved addresses.

iii. Education, training and employment

Drug using offenders are a highly marginalised population, with few qualifications and endemic problems in literacy and numeracy.

Education in prisons has historically struggled to effectively engage and support prisoners in making substantive gains.

We have been unable to identify any literature on educational throughcare and aftercare interventions for ex-prisoners with histories of drug dependence.

This noted, the wider literature identifies considerable potential for education to support employability; and build individuals' social capital and wellbeing.

Secure employment can reduce ex-prisoners reoffending by between one-third and one-half.

However, people with histories of drug use and offending can struggle to access the job market. A 2007 study identified that just 10% of heroin-using arrestees were in employment, compared with 49% of other arrestees.

Securing employment tends to be dependent on individuals' social networks and social capital: people who are employed when entering prison are up to 7 times more likely than other prisoners to have employment arranged at release.

Ex-prisoners' difficulties are further compounded by the need to declare unspent convictions when applying for posts and wary employers

There is a lack of jobcentre staff in prisons.

CRCs have not improved this picture. A Joint Inspectorates review identifying that none (of 62) short-term prisoners were found work by CRCs.

Release on Temporary Licence (RoTL) allows prisoners to begin working whilst still serving their sentence. However, RoTL has been used less frequently since 2013, following several serious security breaches.

iv. Family

Family support is essential to the resettlement of ex-prisoners, driving gains in housing and employment.

Families can also support ex-prisoners to undergo positive changes in their personal identity.

Sustained visits appear particularly important to enabling strong family ties. One recent study identified that continued visits were associated with reduced Class A drug use, and increases in post-release employment.

However, returning to family units can also be difficult. Family members have often suffered from the behaviour of drug-using offenders or may be actively involved in drug use and crime.

v. Mental and physical health

Mental health

71-83% of prisoners have two or more diagnosable mental health conditions, including drug and alcohol dependence.

Several studies have identified that drug use is by far the strongest predictor of violent offending among mentally disordered offenders

Dual diagnosis is associated with high rates of suicide, hospital presentations, violent victimisation, violent recidivism, hospitalisation, treatment non-compliance, treatment disengagement, and death.

Community services struggle to engage such individuals. Mental health services often refuse to work with drug users; drug services rarely have the specialist skills required to work with serious mental illness.

Prison mental health services are routinely overwhelmed, and unable to provide in-depth support for those with immediate needs.

We have found no literature on the mental health throughcare of ex-prisoners with histories of substance misuse.

Physical health

Substance misusing and offending populations are both attended by poor physical health, but routinely disengaged from primary care.

Some physical health conditions can hinder individuals' engagement with transformative interventions.

Problems such as dental problems and visible scarring can also be intimately tied to social integration, and recovery.

Whilst support for physical health should consequently play a part in any recovery pathway, the role of cosmetic interventions should also be considered – as they may have a disproportionate impact on transformative outcomes.

vi. Women

The needs of women ex-prisoners are different from those of men. In 2007, the Corston Report particularly highlighted the lack of support for women offenders who had been abused, raped, or experienced domestic abuse; and those with histories of sex work.

The lower number of women prisoners means that they are imprisoned further from home, more likely to be separated from their families, and to lose their family home.

Women are also served by far fewer resettlement services (including Supported Housing services and Approved Premises).

Women prisoners evidence greater levels of substance misuse than men.

Gender-aware therapeutic communities and cognitive behavioural drug treatment have been identified as particularly effective means of reducing women's offending. However, such services are rare.

There has been a 92% drop in the number of women accessing accredited programmes related to drug misuse between 2009-10 and 2014-15. (The figure for men is 76%).

17-18,000 children are separated from imprisoned mothers each year. Only five per cent of these children will remain in their family home.

On leaving prison, the first desire of many women is consequently to regain custody of their children.

However, many housing services will not see women without children as having a priority need; whilst local authorities are unlikely to return children to women's care until they have suitable housing.

Women are often additionally excluded from job markets.

The House of Commons Work and Pensions Committee notes that the skills women are taught are often of little practical use, and are unrelated to their desired professions.

The additional, complex needs of women ex-prisoners also means that they are unlikely to be 'job ready' until other needs (such as housing, drug use, custody of their children, and mental health) have been addressed.