Drug use and perceived treatment need among newly sentenced prisoners in England and Wales

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ABSTRACT

Aims To investigate pre-custody levels of drug use among newly sentenced prisoners and factors associated with perceived drug treatment need. Design, setting and participants A sample of 1457 prisoners was recruited to a general purpose longitudinal survey of convicted prisoners starting a new sentence. Measurements Data were collected by structured interviews on reception to prison. Measures were taken of illicit drug use, drug treatment history, current treatment needs, psychological health and a range of social problems. Findings Life-time use of heroin, crack cocaine, cocaine powder, amphetamines or cannabis was reported by 79% of prisoners. Cannabis was the drug reported most commonly, but approximately a third had used heroin or crack cocaine during the year before custody. Nearly half of recent drug users reported wanting help or support with a drug problem during their sentence. Dependence on heroin and cocaine, previous drug treatment, employment, accommodation and psychological health problems were all associated positively with perceived treatment need. Conclusions The prevalence of pre-custody drug use among this sample of newly sentenced prisoners was high. Because treatment need was associated with a range of drug, health and social factors, assessment and referral to appropriate interventions should occur as soon as possible on reception. Treatment should be coordinated with other services and support.

Keywords Amphetamine, cannabis, cocaine, dependence, heroin, prison, treatment.

INTRODUCTION

Studies of offender, community and clinical populations have noted strong associations between drug use, particularly heroin and cocaine, and offending behaviour [1–4]. It is not surprising, therefore, that many drug users become involved with the criminal justice system (CJS) [5] and the prevalence of drug use among prisoners is considerably higher than in the general adult population [3,6]. It has been estimated that problematic drug users comprise over half the annual throughput of prisoners in England and Wales and that about 40 000 are in custody at any given time [7].

With such large numbers of drug involved offenders, the CJS has inevitably become more directly concerned with the treatment of drug problems. Prisons in England and Wales provide a range of drug interventions. Counselling, assessment, referral, advice and throughcare (CARAT) services are available in all prisons, and assess prisoners for drug-related needs and refer to appropriate drug services or offer individual counselling and group work. Clinical services comprise mainly detoxification, but maintenance prescribing for opiate-dependent prisoners is to be expanded. Drug rehabilitation programmes are also delivered in prisons. These adopt a variety of approaches and include cognitive–behavioural therapy programmes, 12-Step programmes and therapeutic communities. More recently, a 4-week programme for prisoners serving less than 6 months in custody has been introduced which combines cognitive–behavioural therapy and harm minimization approaches.

Despite expansion of treatment opportunities for prisoners in recent years, concern has been expressed that the scale and types of drug treatment are not adequate to meet the needs of drug-using offenders [8–10]. The present paper investigates pre-custody drug use among a sample of 1457 newly convicted prisoners recruited to a general purpose longitudinal survey. Consistent with
of the most prevalent drugs used by prisoners: heroin, crack cocaine, cocaine powder, amphetamines and cannabis. Because reception into custody is a critical period of assessment and sentence planning, the study also examines prisoners’ own perceptions of treatment need.

METHOD

The sample was recruited between November 2005 and November 2006, at 49 prisons holding newly sentenced receptions. Prisoners were eligible if they were adults (18+) and sentenced between 1 month and 4 years. Longer-term prisoners were excluded, because many would be in custody beyond the 4 years planned for the study. Interviews were conducted between 2 and 4 weeks after reception, so it was not possible to include prisoners sentenced to less than 1 month (most prisoners serve half their sentence in custody). All interviews with prisoners were conducted by fully trained interviewers from an independent survey company, Ipsos MORI, contracted by the Ministry of Justice to undertake the fieldwork.

Sampling was undertaken at each prison using a census approach: all eligible new receptions at the time the sample was drawn were included. In practice, the fieldwork timetable was dictated by the capacity of prisons to accommodate interviewers. Rapid movement of prisoners between establishments during the early part of their sentence meant that sampled prisoners had frequently moved to another prison before an interview could be arranged. More than one round of sampling was needed at most prisons. Interviews were achieved with 60% of sampled prisoners who were in custody during the interviewing period (up to 2 weeks). The achieved sample profile was compared to the overall sentenced reception population during the fieldwork period and non-response weighting was applied in terms of age, gender, ethnicity, sentence length and offence profile.

Data were collected by means of structured face-to-face interviews. The Maudsley Addiction Profile (MAP) [13] was used to measure self-reported drug use and psychological health symptoms (scored 0–40; median = 12). Frequency of drug use was recorded for the 4 weeks before custody. Drug dependence was measured using the Severity of Dependence Scale (SDS; scored 0–15) [14] for prisoners who had used heroin and cocaine (crack or cocaine powder) during this period.

RESULTS

The average age of the sample was 30.2 years [95% confidence interval (CI): 29.7–30.8] and 91% (CI: 89–92) were male. The majority (79%; CI: 77–82) of prisoners were white and a third (32%; CI: 29–34) were married or living with a partner at the time of reception into custody. Most (85%; CI: 83–87) had stable accommodation before custody, defined as living in their own or a rented property. Half (52%; CI: 50–55) had been in paid employment at some point during the previous 12 months. Sixty-eight per cent (CI: 65–70) were serving a sentence of less than 1 year and the same percentage had served a previous custodial sentence (CI: 65–70).

Drug use before custody

The majority (79%; CI: 77–81) of prisoners had used heroin, crack cocaine, cocaine powder, amphetamines or cannabis at some point during their life, and 69% (CI: 67–71) had used them during the year before custody. Half the sample (47%; CI: 44–49) had used two or more drugs during the previous year.

Cannabis was the most prevalent drug used: more than half (54%) the sample reported using cannabis during the year before custody (Table 1). About a third had used heroin and crack cocaine during this period and a quarter (25%) had used cocaine powder. Amphetamines were the least frequently reported drug used (14% in the year before custody). Sixty-two per cent (CI: 60–65) of the sample had used at least one target drug during the 4 weeks before custody and 37% (CI: 34–39)

Table 1 Drug use among newly sentenced prisoners \( (n = 1457) \).

<table>
<thead>
<tr>
<th></th>
<th>Ever used</th>
<th>Used year before custody</th>
<th>Used 4 weeks before custody</th>
<th>Daily use</th>
<th>Injected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>95% CI</td>
<td>% 95% CI</td>
<td>% 95% CI</td>
<td>% 95% CI</td>
</tr>
<tr>
<td>Heroin</td>
<td>37</td>
<td>35–40</td>
<td>31 29–33</td>
<td>28 26–30</td>
<td>81 77–85</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>41</td>
<td>38–43</td>
<td>32 29–34</td>
<td>25 23–28</td>
<td>59 54–64</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>37</td>
<td>35–40</td>
<td>14 12–16</td>
<td>8  7–10</td>
<td>29 21–37</td>
</tr>
<tr>
<td>Cannabis</td>
<td>70</td>
<td>68–72</td>
<td>54 51–56</td>
<td>46 43–48</td>
<td>51 47–55</td>
</tr>
</tbody>
</table>

CI = confidence interval; NA = not applicable. Estimates are weighted for non-response. *Among prisoners who used during 4 weeks before custody.
had used two or more. The majority of heroin and crack cocaine users, and half of cannabis users, had used on a daily basis.

Among prisoners who had used heroin or crack cocaine during the 4 weeks before custody, 68% (CI: 64–72) had used both. Frequency of heroin and crack use were correlated significantly ($r = 0.66$, $P < 0.001$). Injecting drugs was reported by 25% (CI: 22–30) of users in the 4 weeks before custody. Half (51%) of heroin users and a fifth (21%) of crack users had injected (Table 1). Approximately a third (30%) of amphetamine users had injected the drug during this period, but relatively few cocaine powder users injected. The mean SDS score for heroin users was 11.5 [standard deviation (SD) = 3.8] and 5.3 (SD = 5.1) for cocaine users.

**Previous treatment and perceived treatment need**

Among prisoners who had used at least one of the five target drugs during the 4 weeks before custody, 51% (CI: 48–54) reported previous drug treatment in the community and 17% (CI: 14–19) had been treated during a previous prison term. Forty-five per cent (CI: 43–49) reported needing help or support with a drug problem during their sentence, most of whom had used heroin (73%, CI: 69–78) and crack cocaine (65%, CI: 60–69) in the 4 weeks before custody. A logistic regression analysis found significantly increased odds of needing treatment for prisoners with higher SDS scores for heroin [odds ratio (OR) = 1.14, CI: 1.10–1.19] and cocaine (OR = 1.12, CI: 1.06–1.17); previous drug treatment (OR = 1.91, CI: 1.32–2.75); above median psychological health score (OR = 1.70, CI: 1.18–2.47); unstable accommodation (OR = 2.18, CI: 1.27–3.74); and unemployed (OR = 1.54, CI: 1.06–2.24). Non-significant variables were: age, sex, ethnicity, relationship status, previous prison sentence, index offence, sentence length, use of amphetamines and cannabis and injecting status.

**DISCUSSION**

Consistent with cross-sectional studies of prisoners in England and Wales [8,11–12], the prevalence of self-reported pre-custody drug use was high among this sample of newly sentenced receptions. Cannabis was the most commonly reported drug, but a third of prisoners had used heroin and crack cocaine during the year before custody. Most drug users had used multiple substances before they came into prison. High levels of dependent drug use among new receptions present the Prison Service with the challenging task of treating withdrawal symptoms for large numbers of prisoners, and it unsurprising that detoxification is the main clinical interven-

tion provided in prisons. Although drug use reduces sharply during custody [15], recent heroin, cocaine and amphetamine use has been associated with the continued use of these drugs by prisoners [12]. A previous prisons study found that over 60% of heroin users had used the drug during a prison term, and that previous experience of prison was predictive of both heroin and cocaine use in custody [11]. It is therefore essential that assessment of drug use problems and referral to appropriate support and interventions should be conducted as soon as possible after reception to reduce the chances of drug use continuing in prison.

There was a strong correlation between the use of heroin and crack cocaine, and levels of dependence for these drugs were comparable to those reported in clinical samples [14,16]. National evaluations of community-based treatment have found positive outcomes for primary and codependent cocaine users [17,18], but less is known about treatment of these groups in custodial settings. There is evidence to suggest that cocaine-dependent offenders are more likely to drop out of treatment early [19]. Drug misuse, and crack cocaine use in particular, has been associated with an increased risk of disciplinary problems requiring segregation [20].

Despite the high prevalence of drug use among the sample, many users were not seeking treatment. Greater dependence on heroin and crack cocaine was predictive of treatment need, but a third of prisoners who used these drugs did not express a need for treatment. Other studies have found associations between the severity of presenting drug problems, pre-treatment motivation and levels of engagement during treatment [21,22]. Drug users who approach treatment with a previous history of treatment involvement have more entrenched drug use problems and are more criminally involved [23–25]. This may explain the finding that previous treatment was predictive of treatment need in custody. Increasing participation in treatment might be achieved by adopting motivational techniques at assessment [26], rather than relying on self-referral. Further research is required to evaluate how brief motivational interventions might work in the context of prisoners in England and Wales.

Prisoners who wanted drug treatment had a number of other health and social deficits. Unemployment, unstable accommodation and higher levels of anxiety and depression were predictive of treatment need. Others have commented that drug problems among prisoners are a marker for broader social exclusion and vulnerability and that a range of interventions are required to address this [27]. The present findings support this conclusion and suggest that drug treatment provision should be coordinated with other services to tackle these interlocking problems.
The results presented in this report are subject to some limitations. Data were derived from prisoners’ self-reports, which were not validated by biological measures. Self-reported substance use is generally reliable and valid [28,29], but the validity of self-reported pre-custody drug use among prisoners has not been tested adequately. The study sample is limited to sentenced prisoners, serving sentences of up to a maximum of 4 years, so the results cannot be generalized to other sections of the prison population, such as those sentenced to longer terms or remand prisoners. Nevertheless, the findings support the continued expansion of drug treatment provision in prisons in England and Wales. Assessment on reception continued expansion of drug treatment provision in remand prisoners. Nevertheless, the findings support the continued expansion of drug treatment provision in prisons in England and Wales. Assessment on reception should consider a broad range of health and social factors which could impact on post-treatment drug use and recidivism.

Declarations of interest
None.

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References
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