



Substance misuse, mental health and diversion from prison

Background Briefing

For DrugScope Members and Stakeholders Meeting with the Lord Keith Bradley on 15 October 2008

1. Introduction and background

In December 2007, the Secretary of State for Justice, Jack Straw, announced a review of diversion of offenders away from prison. Lord Keith Bradley, former Home Office Minister, was appointed to Chair the review.

The Bradley Review terms of reference are:

“To examine the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases:

- be diverted from prison to other services; and
- the barriers to such diversion.

It will make recommendations to government, in particular on the organisation of effective court liaison and diversion arrangements and the services needed to support them. Lord Bradley is keen to ensure that the remit of the review is as broad as possible, incorporates the range of severity of mental health problems, and considers diversion from the criminal justice system as well as diversion from prison. Drug and alcohol problems are recognised as a core issue for the review.

2. Mental health and substance misuse

Substance misuse problems are usual, not exceptional, among people with mental health problems and vice versa.

Many people with 'dual diagnosis' have multiple needs - including isolation, exclusion and marginalisation, experience of trauma and abuse, homelessness and a history of offending and contact with the criminal justice system.

Background facts and statistics

- In 2002 the Co-Morbidity of Substance Misuse and Mental Illness Collaborative Study (COSMIC) reported that 74.5 per cent of drug service users and 85.5 per cent of alcohol service users experienced co-occurring mental health problems¹;

¹ Weaver et al (2002), *Co-morbidity of substance misuse and mental illness collaborative study (COSMIC)*, Department of Health/National Treatment Agency. The figures break down as follows: 7.9 per cent of drug service users and 19.4 per cent of alcohol service users were

- COSMIC found that around 30 per cent of drug service users and 50 per cent of alcohol service users had 'multiple morbidity' (i.e. complex needs);
- Some 38.5 per cent of drug users with a psychiatric disorder were receiving no treatment for their mental health problem;
- A 2002 study of dual diagnosis in the London Borough of Bromley suggested that dual diagnosis was present in 20 per cent of community mental health clients; 43 per cent of psychiatric in-patients; 56 per cent of forensic patients; 83 per cent of substance misuse clients and 8 per cent of patients recruited through primary care.²

Offenders, prisons and dual diagnosis

1. Co-morbidity of mental health and substance misuse problems is normal not exceptional in prison populations - most prisoners with mental health problems also have drug and/or alcohol problems:

- Around three quarters of male and female prisoners have two or more mental disorders and over half (55 per cent) of those received into custody are problem drug users - this is an annual throughput of 70,000 per year, or 39,000 at any one time (Smart Justice/Prison Reform Trust);
- In December 2007 a little under 4,500 offenders entered drug treatment via the Drug Intervention Programme (DIP), meeting a government target of getting 1,000 drug misusing offenders into treatment each week³;
- Baroness Corston's 2007 report on women prisoners described how the women she met routinely had mental health problems and were either alcoholics or drug users ('it was not uncommon to have £200 a day crack habits disclosed')⁴.

2. Provision for dual diagnosis within prisons is patchy, prison environments can exacerbate mental health problems and prison drug services struggle to cope with the level of need:

- A recent review of mental health care in prisons from the Sainsbury Centre for Mental Health (SCMH) found a 'big gap' in dual diagnosis services in prison and a 'lack of co-ordinated care in prison and on release for those with a "dual diagnosis" of mental health problems and substance misuse'⁵;
- A SCMH review of mental health services in London prisons found that there was poor service development in the area of dual diagnosis and called for a pan-London strategy for dual diagnosis⁶;
- Only sixty two per cent of respondents to a survey of Mental Health In-Reach Team leads said that they had some links with substance misuse teams either in prison or in the community. Eight prisons (11 per cent) claimed they had a dual diagnosis nurse in their team - the overwhelming majority did not.⁷

identified as having psychotic disorders, 37 per cent of DSUs and 53.2 per cent of ASUs had personality disorders and 67.6 per cent of DSUs and 80.6 per cent of ASUs had depression and/or anxiety problems.

² Stratthdee et al (2002), *Dual diagnosis in a primary care group* (PCG), Department of Health/National Treatment Agency.

³ Figures provided in *Drugs: Protecting families and communities - the 2008 Drug Strategy*.

⁴ *The Corston Report: A review of women with particular vulnerabilities in the criminal justice system*, Home Office 2007.

⁵ Sainsbury Centre for Mental Health (2007), *Mental healthcare in prisons - Briefing 32 5*.

⁶ Sainsbury Centre for Mental Health (2006), *London's Prison Mental Health Services: A Review - Policy Paper*.

⁷ Cited in HMIP Thematic Review, *The Mental Health of Prisoners* (October 2007).

3. Existing provision to divert offenders out of prison does not deal effectively with people with co-occurring mental health and substance misuse problems:

- Nacro's research on court diversion and criminal justice mental health liaison schemes found that a majority of people being seen by these services had substance misuse and mental health issues, but its 2004 research found that only 17 per cent of schemes had a protocol/policy for dual diagnosis and only 3 schemes had a dedicated drug and alcohol worker⁸;
- A 2004 National Audit Office review of the use of Drug Treatment and Testing Orders (DTTOs) found that many probation areas considered drug misusing offenders with mental health problems to be unsuitable for a DTTO⁹;
- A 2003 report from Revolving Doors found that offenders on community sentences who had mental health problems had been slipping through the net of services with their needs unidentified¹⁰;
- A 2004 Turning Point report concluded that offenders on community orders with mental health and drug problems faced acute problems in accessing appropriate services ('support is not offered for mental health needs until after drug treatment has ended or may not be offered in cases in which mental health needs are only identified after treatment has started')¹¹;
- A 2008 review by SCMH found that the courts only issued 725 Mental Health Requirements in 2006 under the new generic community sentence provisions. 11,361 Drug Rehabilitation Requirements were issued. By implication, comparatively few offenders with co-occurring mental health and substance problems are being placed on combined DRRs and MHRs¹²;
- The 2008 Matrix review of Drug Court Pilots in London and Leeds makes no direct reference to 'dual diagnosis', and only a few references to mental health¹³.

3. Learning difficulties and substance misuse

It is likely that there is a smaller, but significant, population of offenders and prisoners with learning difficulties who also have substance misuse problems. Far less is known about this group, and there is very little policy addressed specifically to this issue (for example, there is not a single reference to learning difficulties or disabilities in the 2008 Drug Strategy or the Action Plan for 2008-2011). There will also be a small population of offenders who have mental health problems, learning disabilities and drug/alcohol problems.

Drugs and learning difficulties - Some key points

- The Prison Reform Trusts No-One Knows (NOK) programme of work on prisoner with learning difficulties estimates that 20 to 30 per cent of offenders may have learning difficulties or learning disabilities that interfere with their ability to cope with the criminal justice system¹⁴;
- NOK notes that offenders with learning difficulties can have particular problems complying with community orders and can be excluded from

⁸ Nacro (March 2005), *Findings of the 2004 survey of court diversion/criminal justice mental health liaison schemes for mentally disordered offenders in England and Wales*. Nacro (May 2008)

⁹ NAO (2004), *Drug Treatment and Testing Orders - Early Lessons*.

¹⁰ O'Shea N (2003), *Snakes and Ladders: Findings from the RDA Linked Worker Scheme*, RDA

¹¹ Turning Point (2004), *Contributions on Alcohol and Drugs to the Big Conversation*.

¹² Linda Seymour and Max Rutherford (2008), *The Community Order - The Mental Health Treatment Requirement*, SCMH.

¹³ Matrix (April 2008), *Dedicated Drug Court Pilots - A Process Report*, Ministry of Justice.

¹⁴ <http://www.theworkcontinues.org/case.asp?id=120>

support services in prison, including drug rehabilitation (or have particular problems accessing them);

- A recent article on drug misusers with learning difficulties concluded that entry to drug and alcohol treatment services 'can be fraught with obstacles for people with learning difficulties'¹⁵;
- It has been estimated that between 0.5 per cent and 2 per cent of people with learning disabilities have drug or alcohol problems, but that they are more likely to develop problems with alcohol and drugs like cannabis than heroin or crack/cocaine;
- Learning difficulty services often fail to detect substance misuse problems and staff in drug services may assume that cognitive impairments are due to substance misuse and not consider the possibility of a prior learning disability issue;
- Review and analysis of diversion services, community orders, etc have not generally considered learning difficulty as an issue at all - we don't know much at all about the experience of or provision for this group of offenders.

4. Conclusion

A strategy for diversion of offenders with mental health problems and learning difficulties will only be effective if it recognises the high proportion of this group with substance misuse problems. Court liaison, diversion and other services need to work effectively with offenders with 'dual diagnosis' and 'complex need'. Doing this properly may require a fairly radical reconceptualisation of the issues and reconfiguration of policy development and service provision.

Most prisoners with mental health problems have drug and/or alcohol problems. Co-morbidity is a barrier to diversion, when it should be the core business for diversion services (for example, where people with mental health problems are not accepted for DTTOs or Drug Rehabilitation Requirements and people with drug problems are not taken on by court diversion services). What is needed is a gestalt switch in our approach to diversion that clearly and explicitly recognises co-morbidity as the norm not the exception, and structures services and designs law and policy accordingly.

DrugScope, October 2008

¹⁵ Dr Adam Huxley and Dr Alex Copella, 'Tuning into Learning Disabilities', *Drug and Drug News*, 3 July 2006.