# Health Needs Assessment for CARATS and accredited drug treatment programmes in Derbyshire prisons

## CONTENTS


| | Page |
|---|---|
| 1. Introduction | 2 |
| 2. Patel review of prison drug treatment | 2 |
| 3. Counselling, Assessment, Referral, Advice and Throughcare Services | 2 |
| 3.1. Current CARAT service provision in Derbyshire | 3 |
| 4. Evidence base | 4 |
| 4.1 Evidence for psychosocial interventions | 5 |
| 4.1.1 Brief interventions | 5 |
| 4.1.2 Self-help | 5 |
| 4.1.3 Formal psychosocial interventions | 5 |
| 4.1.4 Prison settings | 6 |
| 5. Drug and alcohol treatment need | 6 |
| 5.1 National estimates | 6 |
| 5.2 HMP Sudbury | 7 |
| 5.2.1 Information and data sources | 7 |
| 5.2.2 Current population of HMP Sudbury | 7 |
| 5.2.3 Substance misuse | 9 |
| 5.2.4 Analysis of Sudbury data from DIR | 13 |
| 5.3 HMP Foston Hall | 17 |
| 5.3.1 Information and data sources | 17 |
| 5.3.2 Overview of service need | 17 |
| 5.3.3 Current Population of Foston Hall | 17 |
| 5.3.4 Substance misuse | 21 |
| 5.3.5 Mental Health and Learning Disability | 21 |
| 5.3.6 Substance misuse work and services | 23 |
| 5.3.7 Analysis of Foston Hall data from DIR | 24 |
| 6. Summary and recommendations | 27 |
| Appendix 1. HMP Sudbury prisoner needs analysis (drug and alcohol section) | |

# Health Needs Assessment for CARATS and accredited drug treatment programmes in Derbyshire prisons

## 1. Introduction

This is a health needs assessment for CARAT services (Counselling, Assessment, Referral, Advice and Throughcare) and accredited drug treatment programmes in the two Derbyshire prisons Foston Hall and Sudbury. In March 2011 funding for CARATS and accredited drug treatment programmes in Derbyshire was transferred to the NHS (Derbyshire DAAT). This has prompted a review of service provision of which this health needs assessment is a part. Covered in this report is the general context for prison drug treatment services, describes current provision, summarises the evidence base for psychosocial interventions, and describes health care need in Foston Hall and Sudbury.

## 2. Patel review of prison drug treatment

The Patel review provides a useful synopsis of current services and gaps for prison drug treatment, including CARATS and accredited drug treatment programmes. Key issues raised in the report include the fact that many current services disadvantage those who need access to mental health or substance misuse services. Another issue is choice – 'supported self-change is vital in a recovery focused treatment system'.

The Patel report makes recommendations for a national framework that:

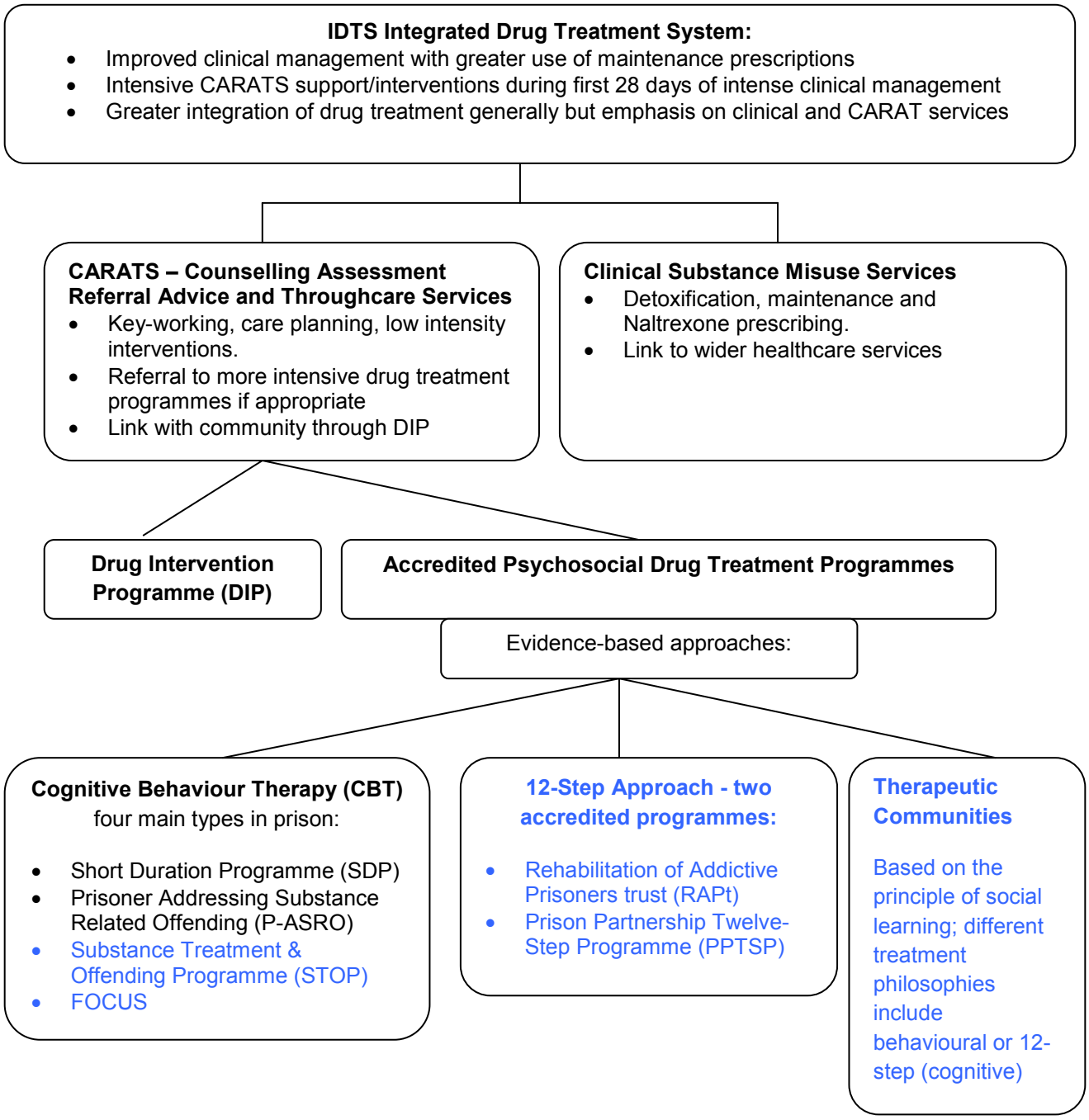
- Maximises drug users prospects for recovery (i.e. free of dependency)
- Spans drug treatment both in the community and in prison
- Outlines an appropriate menu of services, including medical treatment, psychosocial interventions, harm minimisation and broader social care that promotes resettlement and recovery
- Ensures services users/carers at the heart of commissioning and service delivery

'All offenders should have the same access to drug treatments services as the rest of the community.'

## 3. Counselling, Assessment, Referral, Advice and Throughcare Services (CARATs)

The role of CARATS is to provide psychosocial support and advice to drug users by assessing the nature of the drug misuse and then providing, or referring to, a range of psychosocial interventions. Figure one (page three) illustrates key aspects of national drug treatment provision in prison settings and how CARATS fits into the overall picture of service provision. Not all the services described are available in all prisons.

**Figure 1. Prison drug treatment services in England and Wales (service elements NOT currently provided in the two Derbyshire prisons are shown in blue)**




### 3.1. Current CARAT and drug treatment service provision in Derbyshire

Comparative activity data for the two prisons from March 2010 to February 2011 is summarised in the table on page four. For further detail please see sections 5.2 and 5.3.

**Table 1. CARATS/IDTS activity data March 2010 – February 2011**

| | **Foston Hall** | **Sudbury** |
|---|---|---|
| Number of new receptions | 944 | 783 |
| Number (%) of clients identified as needing treatment | 381 (40%) | 274 (35%) |
| No. (%) of identified entering treatment (CARAT caseload) | 311 (82%) | 165 (60%) |
| Number receiving first night prescribing | 249 | 0 |
| Number of opioid stabilisations commenced | 50 | 0 |
| Number of opioid detoxifications commenced | 14 | 0 |
| Number of opioid maintenance prescribing commenced | 213 | 24 |
| Number of treatment interventions ended (planned) | 269 | 10 |
| Number of treatment interventions ended (unplanned) | 2 | 7 |
| Of those released, number (%) referred to CJITS | 173 (91%) | 14 (52%) |
| Of those referred, number (%) picked up by CJITS | 89 (51%) | 9 (64%) |

Comparative drug use data for the two prisons from March 2010 to February 2011 is summarised in the table below. For further detail please see sections 5.2 and 5.3.

**Table 2. Drug use data March 2010 – February 2011**

| | **Foston Hall** | **Sudbury** |
|---|---|---|
| Heroin | 164 (53%) | 47 (28%) |
| Methadone | 4 (1%) | 0 |
| Cocaine | 9 (3%) | 16 (10%) |
| Crack | 63 (20%) | 8 (5%) |
| Benzodiazepines | 4 (1%) | 0 |
| Ecstasy | 0 | 0 |
| Cannabis | 21 (7%) | 22 (13%) |
| Amphetamines | 6 (2%) | 1 (1%) |
| Methamphetamines | 1 (0%) | 0 |
| Subutex | 5 (2%) | 4 (2%) |
| Other | 2 (1%) | 0 |
| Total clients taken onto CARATS caseload | 311 | 165 |

(NB This table only includes those drugs which are routinely tested for)

## 4. Evidence base

The following is a list of some key documents with details of the evidence base for effective treatment and interventions:

- Patel Report Prison Drug Treatment Strategy Review Group. Appendix B – the Evidence base Review Report 2009
- NICE Clinical Guideline 51: Drug Misuse: psychosocial interventions
- NICE Clinical Guideline 52: Drug misuse: opioid detoxification
- Drug misuse and dependence: UK guidelines on clinical management

In general drug treatment and interventions are effective in reducing re-offending and reducing mortality from accidental drugs overdose or chronic health problems such as blood borne viruses. Prison based drug treatment services must be linked to rehabilitation and resettlement. The gaps around the evidence-base are mainly around psychosocial interventions, which are considered in more detail here.

### 4.1 Evidence for psychosocial interventions

The NICE guidance covers psychosocial interventions for adults and young people who misuse opioids, cannabis or stimulants (such as cocaine or amphetamine). It is relevant for the NHS (inpatient and community-based treatment settings) and related organisations including prison services. It includes the following recommendations:

**4.1.1 Brief interventions** – opportunistic brief interventions focused on motivation should be offered to people in limited contact with drug services.

**4.1.2 Self-help** people misusing drugs should be given information about self-help groups (which should be based on evidence-based principles of good practice).

**4.1.3 Formal psychosocial interventions:**
A range of psychosocial interventions are effective in the treatment of drug misuse; these include contingency management and behavioural couples therapy for drug specific problems and a range of evidence-based psychological interventions such as cognitive behavioural therapy. Examples of what to include are:

- **Contingency management –** drug services should introduce contingency management programmes to reduce illicit drug use and/or promote engagement with services for people receiving methadone maintenance treatment.

- **Contingency management to improve physical healthcare –** should be considered for people at risk of physical health problems material incentives to encourage harm reduction (e.g. interventions such as hepatitis B/C and HIV testing, hepatitis B immunisation, tuberculosis testing).

- **Implementing contingency management –** staff should be trained and competent in appropriate near-patient testing methods and in the delivery of contingency management.

- **Behavioural couples therapy** – should be considered for people who are in close contact with a non-drug-misusing partner and who present for treatment of stimulant or opioid use.

- **Psychosocial interventions to improve concordance with naltrexone treatment**
  - contingency management
  - behavioural couples therapy

- **Cognitive behavioural therapy and psychodynamic therapy**
  - cognitive behavioural therapy and psychodynamic therapy focussed on the treatment of drug misuse should **not** be offered routinely to people presenting for treatment of cannabis or stimulant misuse or those receiving opioid maintenance treatment.
  - evidence-base psychological treatments (in particular cognitive behavioural therapy) should be considered to treat comorbid depression and anxiety disorders (in line with existing NICE guidance) for people who misuse cannabis or stimulants and for those who have achieved abstinence or are stabilised on opioid maintenance treatment.

### 4.1.4 Prison settings:

- For people in prison who misuse drugs, access to and choice of treatment should be the same whether they participate in treatment voluntarily or are legally required to do so.
- For people in prison who have drug misuse problems treatment options should be comparable to those available in the community. Specific issues relating to the prison setting to be taken into account are:
    - the length of sentence or remand period, and the possibility of unplanned release
    - risk of self-harm, death or post-release overdose
- People in prison who have significant drug misuse problems may be considered for a therapeutic community developed for the specific purpose of treating drug misuse within the prison environment
- For those who have made an informed decision to remain abstinent after release from prison, residential treatment should be considered as part of an overall care plan.

## 5. Drug and alcohol treatment need

### 5.1 National estimates

Central estimates from epidemiological surveys indicate that around 80% of prisoners report some drug misuse on arrival in prison. This includes around 55% prisoners who have a serious drug problem. Severe alcohol dependency is reported by 7% of prisoners. National estimates suggest that around 40% of women entering custody are hazardous drinkers.

The health needs of the population of the local prisons reflect health problems that would affect the general population in this age range, such as smoking, drugs and alcohol, but are compounded by the links between criminal activity and risk taking behaviour, and the impact of wider determinants of health, such as poor educational attainment and adverse social histories.

The health of prisoners nationally is worse than the general population in a number of areas:

- 80% of the prison population smoke, compared with 26% in the general population.
- Prior to detention about half of prisoners were dependent on drugs and half were heavy alcohol users.
- It is estimated that one in four adult prisoners have engaged in activities that put them at risk of blood-borne infections such as HIV, hepatitis B and hepatitis C.
- Mental health problems are common among offenders, in the adult and in the youth justice system.
- The high risk behaviours identified in the adult prison population are also reflected in the behaviours of young people in the criminal justice system. A high proportion of these young people report harmful smoking, drinking and illicit drug use.
- As well as the risks associated with lifestyles prior to imprisonment prisoners are particularly vulnerable on release from prison. Recently released prisoners have a greater risk of suicide than the general population. They are also at risk of accidental drug overdoses.
- 50% aren't registered with a GP however all drug treatment clients are registered with a GP.
- 25% have a borderline learning disability that is recorded, however steps are being made to clarify this number as it is estimated that this figure is not a true reflection.
- At least 7% are learning disabled.

Literature describing the needs of women offenders points out that they are distinctively different from those of the male offender population, and are more often multiple, complex and interrelated[i]. Women come to the prison system with a history of unmet need relating to safeguarding, emotional, physical and mental health, educational, housing, employment and income.
Substance misuse is one of the highest factors impacting upon women's health. Drug use is common in women prior to entering prison, and alcohol use is also increasing in women.

## 5.2 HMP Sudbury

### 5.2.1 Information and data sources

Data for HMP Sudbury is taken from the 2010 Health Needs Assessment (HNA) approved by the Prison Partnership Board this year, which was updated by Healthcare & CARATs in July 2011.

Information is also included from the prison's electronic client record system DIR. The DIR data analysed here includes all records with a reception date between 01/04/2010 and 31/03/2011**.** The data search was run on 6th July 2011 and returned 153 records.

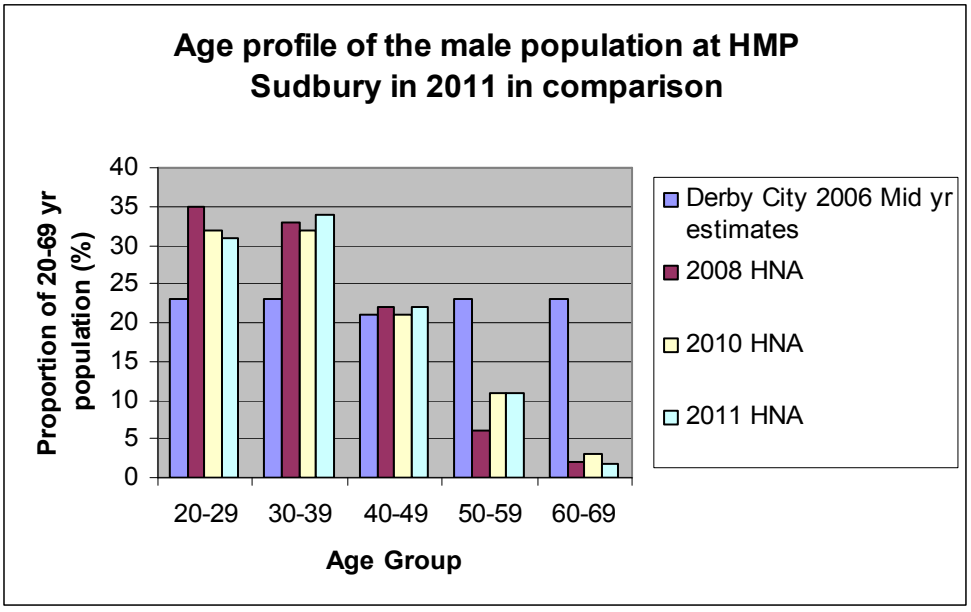
### 5.2.2 Current population of HMP Sudbury

Sudbury is an open prison (Category D) with a certified normal accommodation for 581 male prisoners. July 2011 figures show a population of 567**,** although this figure fluctuates on a daily basis. This is likely is increase in the near future to 600. The Lifer population is currently at 175, by the end of the calendar year it is predicted to be increasing to 200.

Every prisoner arriving at Sudbury has already spent time in at least one other prison establishment during their current sentence. The average length of stay is less than 2 years since prisoners only come to Sudbury when they have 2 years or less to serve. The average is thought to be around 6 months, excluding people who are in for a Life sentence.

***Age structure; June 2011 population***

Figure 2 shows the age profile of the prison population at Sudbury in June 2010 and 2011. Compared to the Derby City 2006 mid-year population estimates, it is over-represented by younger adults and under-represented by adults over the age of 49. **Figure 2:**



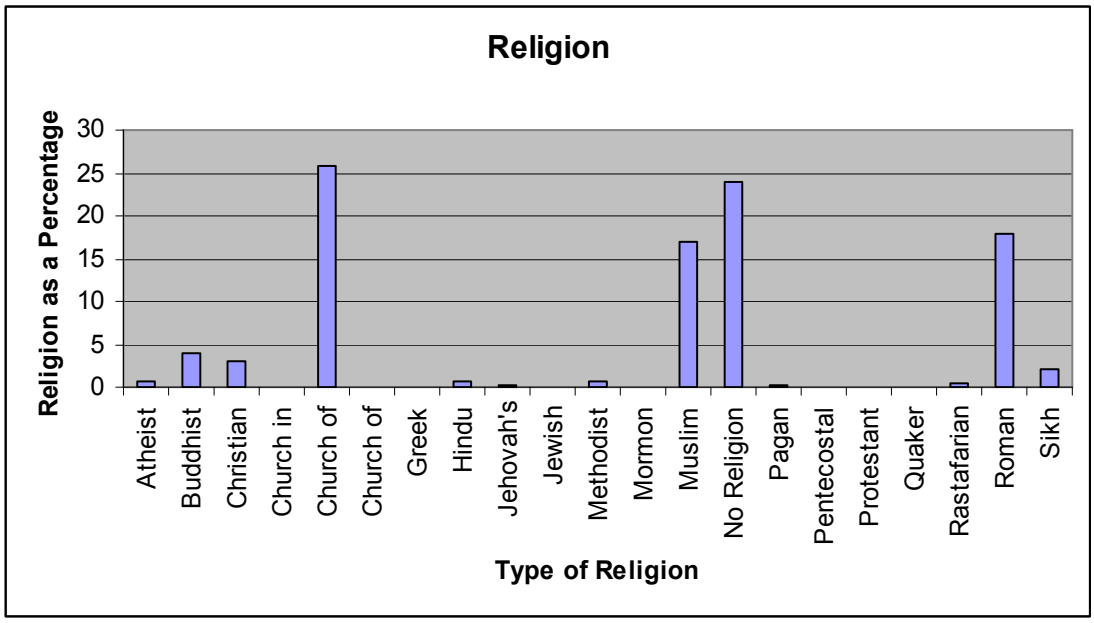
***Geographical Ties***
In June 2011 only 6% of prisoners were recorded as residents of Derbyshire County or Derby City. A further 42% were recorded as residents of the neighbouring counties Nottinghamshire, Leicestershire, Staffordshire, Cheshire and Yorkshire. The remaining prisoners were recorded as resident of other cities and counties including the West Midlands (15%), Lancashire (10%), Merseyside (8%) and Wales and Scotland (1%). A total of 4% of prisoners were recorded as having no fixed abode.

In June 2011 the monthly number of foreign nationals within the establishment was 14.

***Ethnicity; June 2011 population***
Compared to the UK as a whole and Derbyshire County, the proportion of population that consider themselves British is similar in Sudbury (97% vs 92% in the UK and 97% in Derbyshire)

***Religion; June 2011 population***
In June 2011 24% of prisoners said they had 'no religion' compared to 15% of the UK population (2001 census data; http://www.statistics.gov.uk/cci/nugget.asp?id=954) In addition, the proportion of people of Christian faith was under-represented compared to the UK and the proportion of people of Muslim faith was over-represented.

**Figure 3. Self-described Religious Faiths in HMP Sudbury June 2011**




***Duration of Sentence; June 2011 population***
For the prisoners in HMP Sudbury at the time of the needs assessment, the duration of their entire sentence (not just that spent at Sudbury) is documented below. It is difficult to determine how much of this time is spent at HMP Sudbury or how many establishments that individuals transit through during their sentence. However, continuity of health care is clearly an important consideration for this mobile population.

**Figure 4. Duration of sentence for prisoners at HMP Sudbury June 2011**

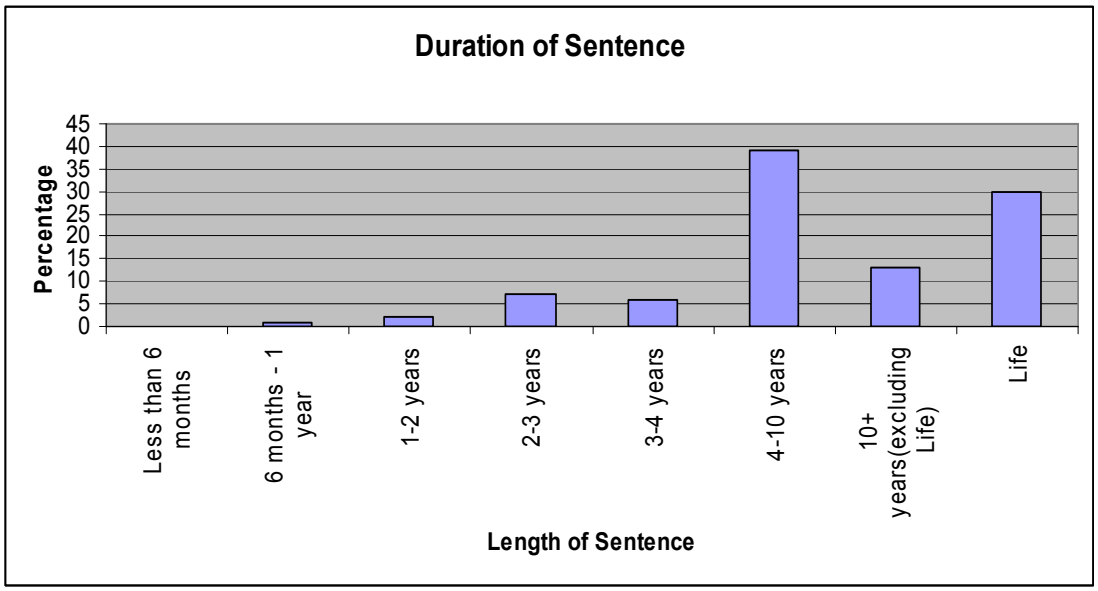
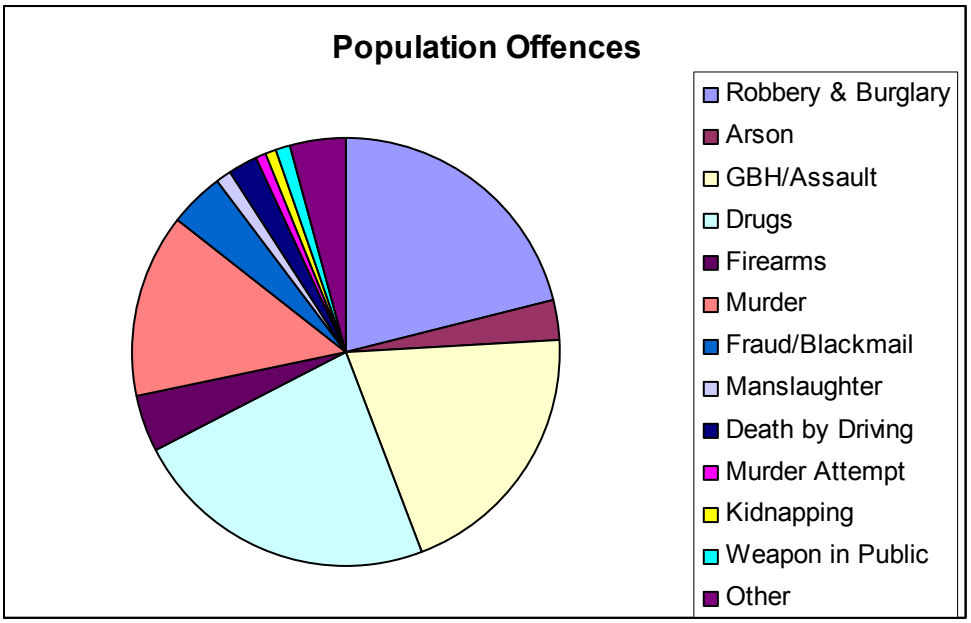



**Figure 5. Population Offences HMP Sudbury June 2011**




### 5.2.3 Substance misuse

Substance misuse includes alcohol, recreational drugs (class A-C) tobacco, legal highs and unauthorised prescribed medication. Both the previous needs assessment and the Prison Health Performance and Quality Indicators highlighted the significant impact that substance misuse can have on the health of individuals and the disproportionately high number of users in the prison compared to the general population. The need for effective preventative and treatment services to be in place in prison is therefore high.

Over the previous 2 years there has been significant progress at Sudbury in this area of healthcare. Daily clinical drug treatment prescribing is available & links to GP's/Pharmacies are now in place for all clinical substance misuse clients who are eligible for home leaves prior to and on final release from Sudbury.

Although the prison cannot be responsible for the substance misuse habits of prisoners that are received, Substance Misuse Services can provide high quality treatment and intervention procedures that are accessible to clients. This will promote recovery & assist in reducing harm to the individual.

***Drug misuse including steroids***

At the time of the needs assessment approximately 22% of convictions were for drug related offences. This is the largest category of offences for the whole prison population.

The prison healthcare service works with the CARATS team to produce a psycho-social package of care for drug users. Most clients have now completed the groupwork packages at their previous establishment. Courses should have an emphasis on release including preparation for sustained employment & accommodation and how linking into Drug Intervention Programmes (DIP) can provide community substance misuse services including access to family support.

Over the period April 10 to March 11, 17 prisoners took up the offer of DIP services.

Steroids are not routinely tested at present however, Leyhill open prison have recently introduced a scheme to provide Steroid testing & intervention. Physical Education works with the Substance misuse team to provide psychosocial interventions and Mandatory Drug Testing provide the testing service. Since the implementation there has been a reduction in bullying, steroid finds & adjudications.
A selection of staff from Sudbury Substance Misuse Team will be visiting to look at how the system can be implemented into Sudbury including cost/benefits.

***Results of Drug Testing***

Mandatory Drug Testing (MDT) -15% of the prison population are tested each month. This includes random testing (5%), reception testing, suspicion testing, a frequent testing programme for people previously found to be positive and risk assessment testing for people being considered for privilege and employment. Drugs tested for include cannabis, opiates, amphetamines, benzodiazepines, barbiturates, cocaine, LSD and Buprenorphine. The test sample is subject to the chain of custody procedures and appropriate laboratory standards. If the sample is provided is positive and is not consistent with prescribed medication, the prisoner will placed on an adjudication and an award will be given by the independent adjudicator. A referral will be forwarded to CARATs.

**Table 3. Mandatory Drug Test results for June 2011**

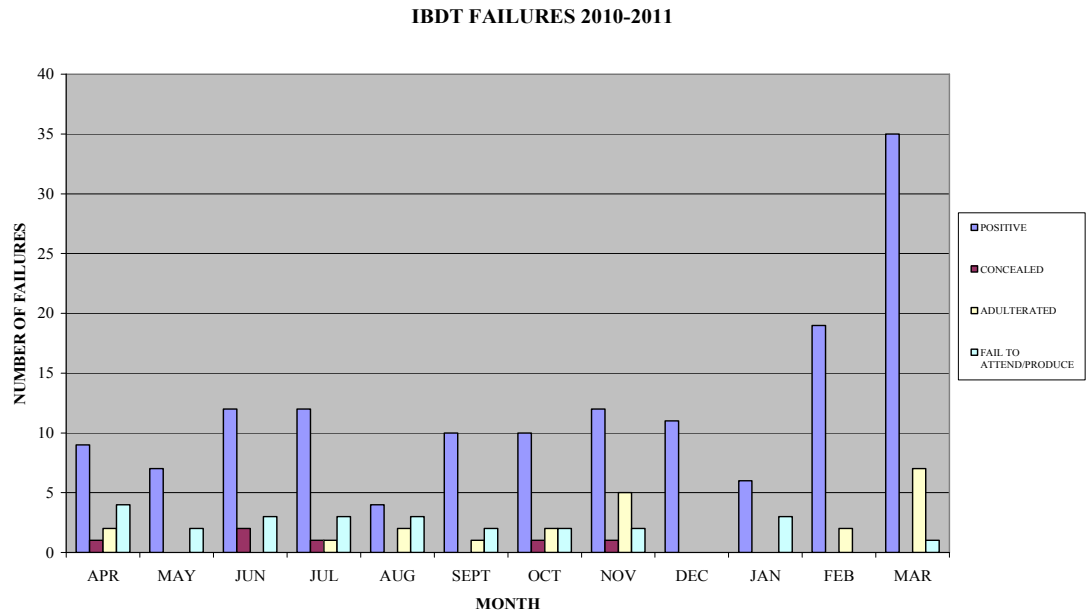
| Test Type | No of prisoners tested | Positive Results | % Positive |
|---|---|---|---|
| **Random** | 29 | 2 x cannabis | **6.8%** |
| **Frequent Testing** | 9 | 1 x buprenorphine | **11.9%** |
| **Suspicion** | 1 | 0 | **0%** |
| **Risk Assessment** | 34 | 4 x cannabis, 1 x opiates | **11.7%** |
| **Reception** | 16 | 1 x cannabis, 1 x benzodiazepines | **12.5%** |

***Incentive Based Drug Testing (IBDT)***

All of the prison population with the exception of new inductions are tested on average once per month using conceteno DIP & read urine test kits. The result is instant and administrative measures be followed. A referral will be forwarded to CARATs.

**Table 4 and Figure 6. IBDT failures 2010/11**

| **APR 2010 - MARCH 2011 TOTAL IBDT YEAR TO DATE FIGURES** | |
|---|---|
| Negative | **5682** |
| Positive | 24 MOP, 74 THC, 3 BZO, 31 BUP, 4 COC **Total =137** |
| Adulterated Tests | **60** |
| Concealed | **5** |
| Fail to Produce | **5** |
| Fail to Attend/Refused | 12 FTA 6 REFUSAL **18** |
| **Total Tests completed** | **5844** |
| | |




Please note the different ratios of number of failures between the graph for 2010 -2011 & 2011 – 2012.

During February & March 2011 there were 54 positive test results. Test results identified trends of drug use, Buprenorphine being a popular choice within Sudbury.

IBDT testers provided random testing rather than the prisoner calculating the estimated test date within a month after a previous test.

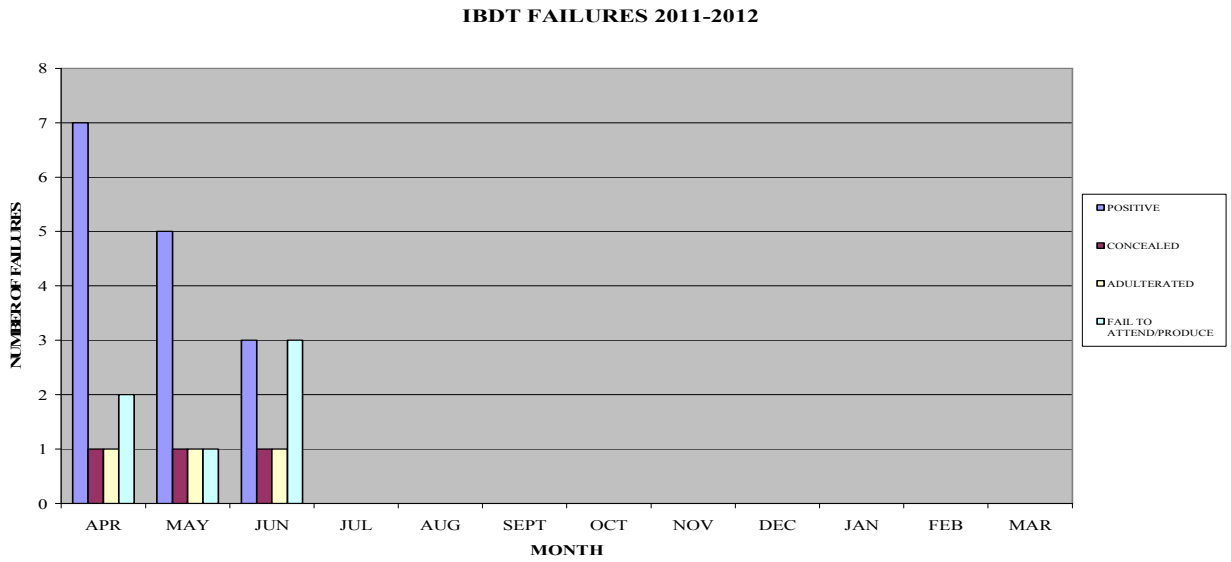
All prisoners were referred into CARATs and advice on reducing harm & intervention was provided.

Since April the usage of buphrenorphine has declined and evidence supplied through Security, Healthcare & CARATs have shown that some prisoners are using Black Mamba - A legal high which is not detected by drug tests at present.

There has also been an increase in prisoners accessing opiate based prescribed medication including tramadol. June 11 = 40 prisoners.

**Table 5 and Figure 7. IBDT failures Q1 2011**

| **APR 2011 - JUNE 2011 TOTAL IBDT YEAR TO DATE FIGURES** | |
|---|---|
| Negative | **1524** |
| Positive | 9 Buprenorphine, 1 cannabis, 3 cocaine, 2 benzodiazepines **Total = 15** |
| Adulterated Tests | **3 x Dilute** |
| Concealed | **3** |
| Fail to Produce | **4** |
| Fail to Attend | **2** |
| **Total Tests completed** | **1545** |
| | |




***Alcohol***

Because all prisoners in Sudbury have come from a previous prison establishment, it is unusual for new receptions to be alcohol dependent at the time of reception, although people may have a history of alcohol misuse. All new receptions are screened for alcohol consumption. Screening is based on at the time of initial conviction, rather than consumption 'in the previous week or month' which is usual for screening questionnaires.

Since the previous needs assessment, significant progress has been made regarding access to alcohol treatment services. All new receptions are asked if they have had alcohol problems in the past. Those who say yes then undergo a more detailed assessment through CARATs and may be referred to the Derbyshire Alcohol Advice (DAAS) or Alcohol Intervention Service groupwork (AIS). Both are tier 2 alcohol services.

**Table 6. DAAS covered a 12 month pilot group work during 2010 -2011**

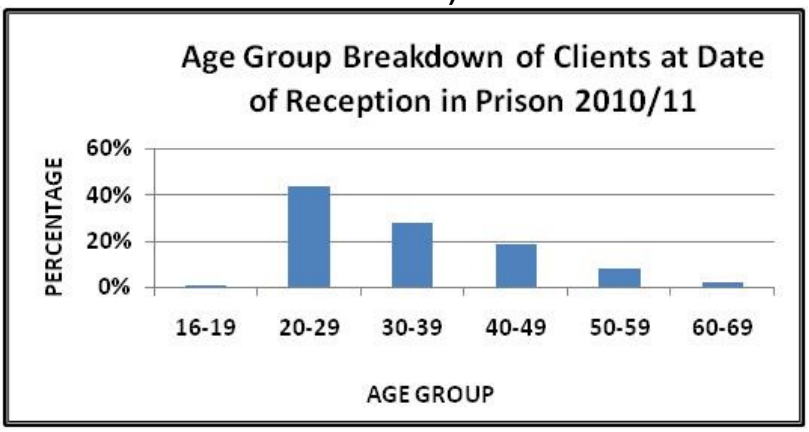
| Prison | Prisoners commencing DAAS programme | Prisoners completing programme | % completion |
|---|---|---|---|
| **Sudbury** | **70** | **55** | **78%** |

The six session programme proved to be a success however the AIS groupwork service was replaced by a 3 week programme delivered via phoenix cluster team which is delivered every 3 months within Sudbury. AIS have run one course since May 2011 which had 12 starting and 5 successful completions.

DAAS now cover the one to one tier 2 alcohol intervention service and has 14 clients on the caseload. This is likely to rise due to expected increase of life sentenced prisoners population. Many prisoners will have had limited alcohol intervention at their previous establishments and will require relapse prevention intervention in preparation for risk assessment. Alcohol testing is carried out on a targeted basis, usually initiated by suspicious behaviour and again, those with a positive screen are referred to CARATs for assessment. At the time of this needs assessment there were no prisoners going through alcohol detoxification.

### 5.2.4 Analysis of Sudbury data from DIR

**Figure 8 - Age Profile of Clients (DIRweb 2010/11 - Reception in Prison Date search criteria)**




When compared to the age profile of the population of HMP Sudbury (taken from the Health Needs Assessment with June 2010 population) the younger age group 20-29yrs is over represented, as the above graph shows this is the age group of 44% of clients, compared to the June 2010 general Prison population figures that show this to be around 32%. Due to this the subsequent older age groups make up a lower percentage of all clients, when again compared to the general Prison population.

***Disability***
Ninety-five percent of clients are noted as having a disability, however further information as to type of disability is not available within the dataset.

***Ethnicity***
The table below gives an overview of the ethnicity of clients. What is immediately apparent is that whilst in the Health Needs Assessment (data from June 2010) it shows White – British as accounting for 71% of the general population in Sudbury, the below table of clients from the DIRweb search of 2010/11 shows 83.01% of clients are White – British.

**Table 7. Breakdown of Client Ethnicity**

| Ethnic Group | Percentage |
|---|---|
| Asian or Asian British - Indian | 1.31% |
| Asian or Asian British - Other background | 0.65% |
| Asian or Asian British - Pakistani | 4.58% |
| Black or Black British - African | 0.65% |
| Black or Black British - Caribbean | 3.27% |
| Mixed - Other background | 0.65% |
| Mixed - White and Black Caribbean | 3.92% |
| White - British | 83.01% |
| White - Irish | 1.96% |
| **Grand Total** | **100.00%** |

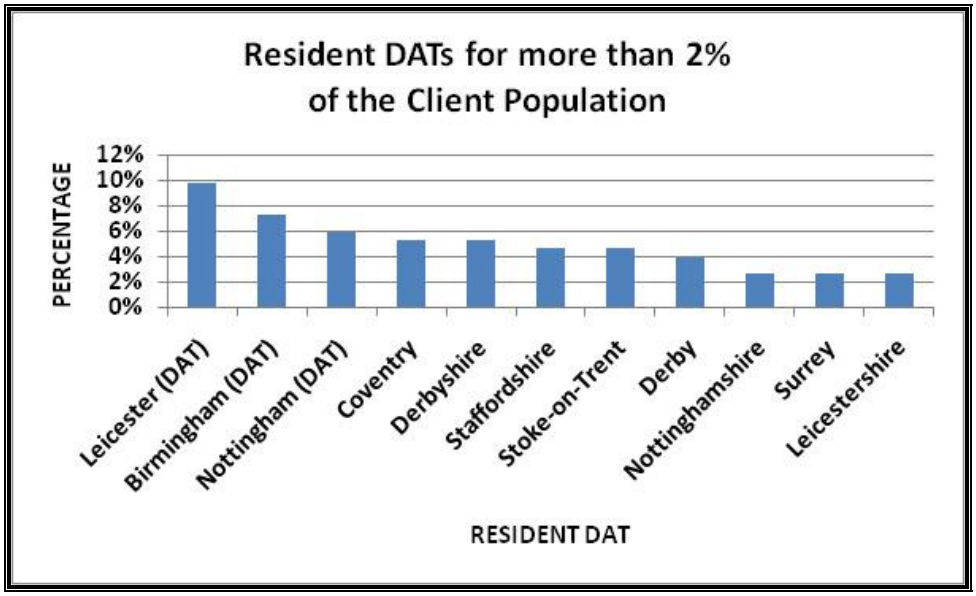
***Religion***
The religion of clients was also recorded, showing that just over 35% had no religion, and a further third were Christian. When looking at this information for the general Prison population (from information provided within the Health Needs Assessment June 2010), percentages of Christian and Muslim clients are particularly lower, as they are recorded at 55.5% & 12.2% respectively for prisoners within the Health Needs Assessment

**Table 8. Religious Group of Clients**

| Religion Group | Percentage |
|---|---|
| No religion | 35.3% |
| Christian | 33.3% |
| Not stated | 17.0% |
| Any other religion | 5.9% |
| Muslim | 5.2% |
| Buddhist | 2.0% |
| Sikh | 0.7% |
| Jewish | 0.7% |
| **Grand Total** | **100.0%** |

***DAAT of residence***
In total there were 53 DAATs listed for the 153 clients looked at within this piece of analysis, and the below graph shows those that were the DAAT of residence for more than 2% of this client population (11 in total).

**Figure 9. DAAT of Residence**

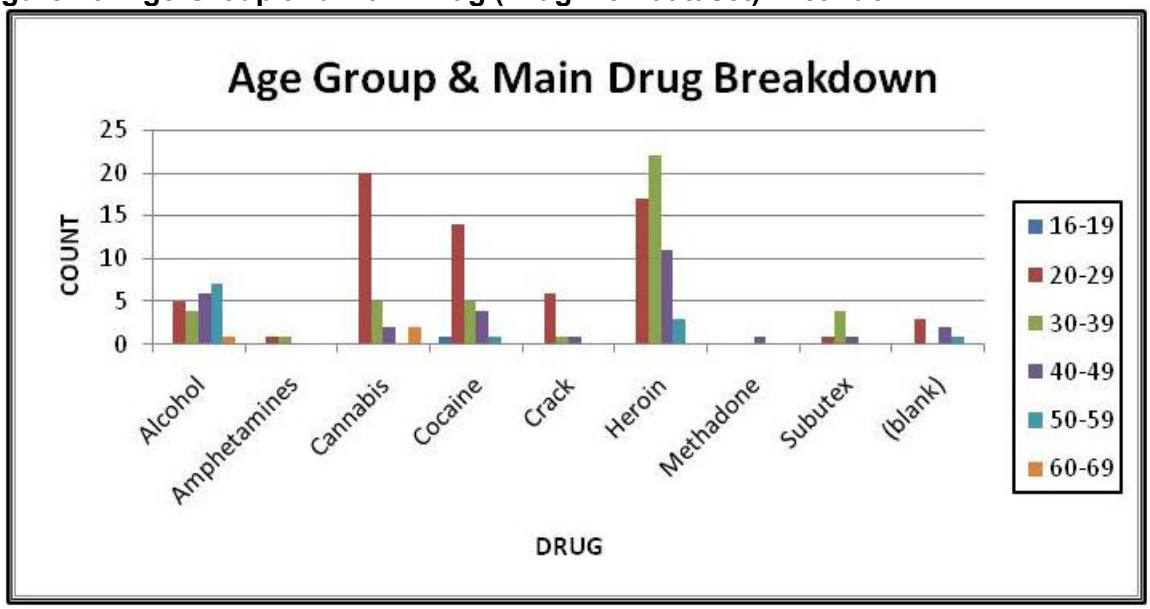



**Graph 1 – DAAT of Residence for more than 2% of the Client Population**

Whilst Leicester has the highest percentage of clients having this as their DAAT of residence at 9.8%, Derbyshire is the DAAT of residence for 5.2% of clients, and Derby a further 3.9%.

### *Drug Use*

**Figure 10. Age Group and Main Drug (Drug 1 on dataset) Breakdown**




Heroin (35%), followed by cannabis (19%), cocaine (16%) and alcohol (15%) are the most reported main drug (noted as Drug 1 for a client within the dataset) for clients.[1]
When looking at how these drugs were administered by clients (Drug 1), for the majority of clients that have heroin recorded as their main drug, information is not available/entered.

[1] **4% of clients did not have information recorded as to their main drug (Drug 1 within the dataset).**

However for the small number that have this information available it is smoked, with none stating that it is injected.
The table below gives an overview of drug types, and whether they were listed as the main drug of use (Drug 1) or as another drug used as well as the main drug/Drug 1 (up to three drugs can be listed for each client).

**Table 9. Drugs recorded for Clients**

| DRUG TYPE | Drug 1 | Drug 2 | Drug 3 |
|---|---|---|---|
| Alcohol | 23 | 9 | 9 |
| Amphetamines | 2 | 3 | 5 |
| Benzodiazepines | | 5 | 2 |
| Cannabis | 29 | 21 | 14 |
| Cocaine | 25 | 12 | 3 |
| Crack | 8 | 29 | 3 |
| Ecstasy | | 4 | 9 |
| Heroin | 53 | 10 | 2 |
| Methadone | 1 | 3 | 4 |
| Subutex | 6 | 5 | |
| (blank) | 6 | 52 | 102 |
| **Grand Total** | **153** | **153** | **153** |

For Drug 2 crack has the highest count, and where this was the case the vast majority of clients main drug was heroin. Cannabis had the second highest count, and where this was the case heroin and cocaine were noted more often than others as the main drug/Drug 1. Where clients had a third drug recorded, the most common was again cannabis, followed by ecstasy and alcohol.
Information was also captured within the data set on the injecting status of clients, particularly pertinent when looking at harm reduction and blood borne viruses (BBV). However, this information was not captured for 60% of clients, and where it was captured none were currently injecting, a very small percentage had previously injected, with the majority (where the information was recorded) having never injected.
Information was also provided for "How many units of alcohol do you drink on a day." This information was completed on all but two client records, and the below table gives an overview of these findings, along with listing the main drug/Drug 1 recorded for the client.

**Table 10. Breakdown of Alcohol Use, along with Main Drug (Drug 1)**

| Main Drug (Drug 1) | 0 units | 1-5 units | 6-10 units | 11-15 units | 16-24 units | 25 or more units | (blank) | Grand Total |
|---|---|---|---|---|---|---|---|---|
| Alcohol | 8 | | 4 | 4 | 2 | 5 | | **23** |
| Amphetamines | 1 | | | | | 1 | | **2** |
| Cannabis | 17 | 2 | 2 | 1 | 6 | 1 | | **29** |
| Cocaine | 16 | | | 3 | 4 | 2 | | **25** |
| Crack | 4 | | 1 | | 1 | 2 | | **8** |
| Heroin | 45 | 1 | 2 | 1 | 2 | 1 | 1 | **53** |
| Methadone | | | 1 | | | | | **1** |
| Subutex | 3 | | 1 | | 1 | 1 | | **6** |
| (blank) | 3 | | 1 | | | 1 | 1 | **6** |
| **Grand Total** | **97** | **3** | **12** | **9** | **16** | **14** | **2** | **153** |

Table 3 shows that 9% of clients were recorded as drinking 25 or more units of alcohol, and a further 10% were drinking 16-24 units.

## 5.3 HMP Foston Hall

### 5.3.1 Information and data sources

Data for HMP Foston is taken from the 2010 Health Needs Assessment (HNA) approved by the Prison Partnership Board this year.

Information is also included from the prison's electronic client record system DIR. The DIR data analysed here includes all records with a reception date between 01/04/2010 and 31/03/2011**.** The data search was run on 6th July 2011 and returned 363 records.

### 5.3.2 Overview of service need

Over 40% of women entering HMP Foston Hall last year required detoxification for drug or alcohol problems. Packages of care are currently provided by the CARATs team and IDTS for women with drug problems. Until now there has been no formal pathway to provide programmes for women with hazardous or harmful alcohol use either with or without detoxification. This has been a partially met need. Work is now underway to develop packages of care, and consideration needs to be given as to how best to develop pathways for women with a history of alcohol misuse.

### 5.3.3 Current Population of Foston Hall

HMP Foston Hall is a closed female prison that holds a mixture of sentenced and remand prisoners. HMP Foston Hall makes up one of the now thirteen women's prisons in the UK, since the re-categorisation of HMP Morton Hall.
There is some evidence to suggest that the population has become more ethnically diverse and may continue to do so. Many of the women at HMP Foston Hall did not reside in Derbyshire prior to arriving at the prison.

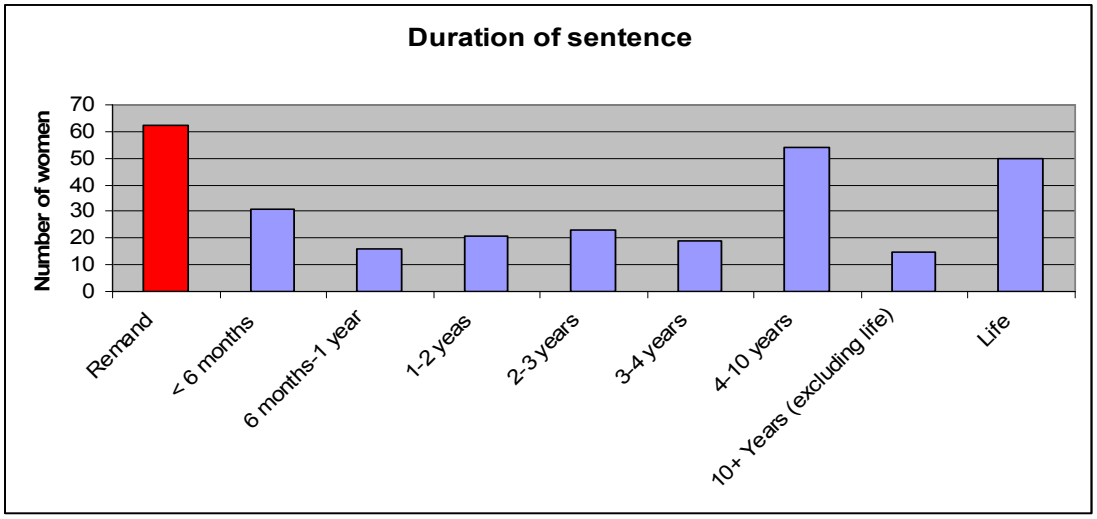
***Size***

The capacity is 290, with an operational capacity of 310. The average daily population for Foston in 2010 was 292.

***Length of sentence and turnover***

There appears to have been a major shift in sentence length of women coming to HMP Foston Hall. This has resulted in many women's stay at Foston being only on remand, whilst those who are sentenced stay for longer. This means that whilst some of the sentenced population are more settled, the remand side results in an even more rapid population turnover.
The chart below shows the pattern of sentence length for all women at HMP Foston Hall.

**Figure 11. Length of sentence for women at HMP Foston Hall**



Sentencing practices have changed since the last health needs assessment (2007); women entering prison are often now on longer sentences. Women who have been given shorter sentences may have served the minimum required whilst on remand, and therefore never actually enter the sentenced prison population. This would explain the following changes since the last HNA:

- The number of short sentences (< 12 months) at Foston has decreased dramatically.
- The number of sentences over four years has dramatically increased, with 54% of women now sentenced for four years or longer compared to 6% in 2002.

As shown in the table below, compared to the national picture women at Foston represent a much higher proportion of women serving sentences longer than four years. This may be due to the time lag between published national data, and the more up to date Foston data however.

**Table 11. Length of sentences at Foston**

| | **Percentage of women from total prison population** | |
|---|---|---|
| **Length of sentence** | **Foston** | **National (2009)** |
| < 6 months | 13.5 | 62.5 |
| 6 months -1year | 7 | 11 |
| 1-4 years | 28 | 21.5 |
| ≥4 years (excluding life) | 29.5 | 4.5 |
| Indeterminate / life | 22 | 0.5 |

The proportion of women on remand at HMP Foston Hall (21% of the total prison population) is comparable to national figures; currently approximately 18% of the female prison population nationally.

The implications for HMP Foston Hall are that:

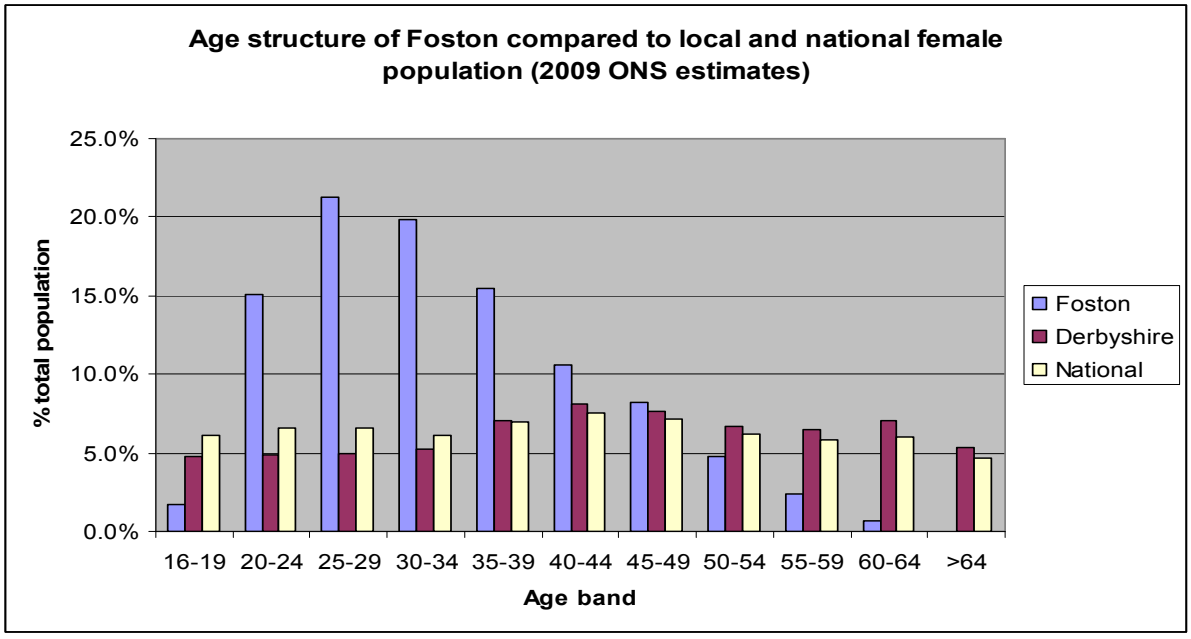
- Turnover is likely to remain very high in the remand population, with fewer of these women remaining at HMP Foston Hall to complete courses of treatment or programmes of care.
- The longer term needs of women serving longer sentences will need to be addressed perhaps in different ways from other parts of the female prison estate.
- HMP Foston Hall may have an increasingly ageing population, possibly different from that of other areas of the prison estate.

Total turnover at HMP Foston Hall was 780 women in the past year. The highest turnover was in the 20-29 age group. **The implications of this are that the health needs of this group are likely to be high in relation to pregnancy, drugs, and alcohol.**

***Age structure***

The population of HMP Foston Hall is younger than that of the general population, as is the case for most prisons. The population pattern has not changed considerably since the last HNA in 2007.

**Figure 12. Age structure**




***Geographical Ties***

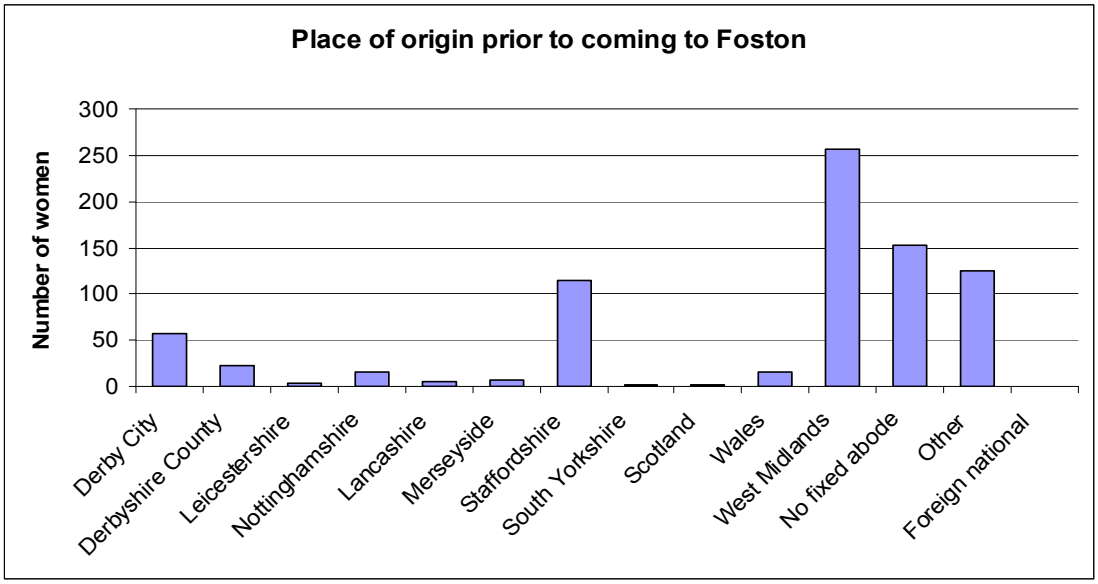
The chart below shows the place of origin prior to entering prison. Only 2.4% of women in Foston come from Derbyshire County, with a further 7.4% coming from Derby City. A high proportion (33%) comes from the West Midlands. This means that the population of Foston is not very representative of the local population. Also, women may be far away from their families.

No women were recorded as Foreign National (any person who does not have British citizenship) although the overall women prison population is reported as 21% (HMPS website). This may be due to recording differences or other factors. This may change as Foston takes more women who may previously have been held at Moreton Hall.

19.5% of women are registered as no fixed abode. This has increased since 2007, when the recorded figure was 15% (although the change may be temporary, and not represent a trend).

Because of the small number of women's prisons, women tend to serve their sentences further from their homes than male prisoners. This places additional stress on the woman and makes it very difficult to maintain important links with family. For the 55% of women who are mothers of children under 16, this makes visiting very difficult with school commitments etc.

**Figure 13. Place of origin**




***Ethnicity***

As women generally come from further afield than Derbyshire (where ethnic minority groups are underrepresented) it is appropriate to compare to national figures. The majority of women at Foston were classified as white British (72.5%). The ethnic minority population accounts for 18.6% of the whole population, which is disproportionate compared to the national picture where this group make up 7.6% of the population in total[ii]. This has increased considerably since 2007, when 12.1% of the Foston population were from ethnic minority backgrounds.

Figures from the Prison Reform Trust[iii] state that in 2007, 22% of women prisoners are classed as foreign national. Therefore it is possible that whilst Foston remains lower than the national average, the proportion is likely to increase further.

**Table 12. Ethnicity of Foston population**

| **Ethnicity** | | **Establishment** | **% of total population** |
|---|---|---|---|
| **White** | British | 211 | 72.5% |
| | Irish | 2 | 0.7% |
| | Other | 17 | 5.8% |
| | **Total** | **230** | **79.0%** |
| **Black** | Caribbean | 17 | 5.8% |
| | African | 5 | 1.7% |
| | Other | 5 | 1.7% |
| | **Total** | **27** | **9.3%** |
| **Asian** | Indian | 2 | 0.7% |
| | Pakistani | 3 | 1.0% |
| | Other | 6 | 2.1% |
| | **Total** | **11** | **3.8%** |
| **Mixed** | White and Black Caribbean | 10 | 3.4% |
| | Other | 6 | 2.1% |
| | **Total** | **16** | **5.5%** |
| **Chinese** | Chinese | **0** | 0.0% |
| **Any other group/ not stated** | | **7** | **2.4%** |
| **Total** | | **291** | **100%** |

***Religion***
Compared to the 2007 HNA, there is more diversity in the religions that are represented at HMP Foston Hall. Foston Hall provides Chaplains from the major religions that visit all areas of the Prison on most days, but this may pose challenges in meeting the spiritual needs of the less common religions.

### 5.3.4 Substance misuse

***Drug misuse***
Current or history of drug misuse is high among women entering HMP Foston Hall. The table below shows that 41% of all new receptions to the remand unit last year required some type of detoxification. This compares with 57% in 2007.

**Table 13. Detoxification statistics - Remand unit**

| | Number | % of all new receptions |
|---|---|---|
| **Total number of new receptions** | **888** | 100 |
| **Receptions requiring detoxification** | 356 | 41 |
| **Pregnant detoxification** | 11 | 1 |
| **Methadone** | 264 | 31 |
| **Alcohol** | 94 | 11 |
| **Subutex** | 8 | 0.9 |
| **Combined (including benzodiazepines)** | 41 | 5 |

For information on blood born viruses (Hep B and Hep C) refer to Health needs Assessment 2011

***Alcohol***
Alcohol use forms part of the high prevalence of substance misuse amongst offenders. Some women are at high risk of alcohol withdrawal with the associated increased risk of seizures and sudden death, and require medical detoxification.
There is also another group who may not require detoxification on entering custody, but who have a history of hazardous drinking which will impact significantly upon their health and risk of resuming harmful levels of drinking on release from prison. Previous surveys have estimated that around 40% of women entering custody are hazardous drinkers, which could mean up to 300 women per year with recent alcohol problems for HMP Foston Hall. Anecdotally, staff report an increase in the number of women who enter HMP Foston Hall with alcohol problems. This is also supported by responses in the staff survey, which cited alcohol and substance misuse as the second most common health problem for women at HMP Foston Hall.
There is currently work underway to develop packages for women with alcohol issues, including brief interventions and one to one provision in remand centre.

### 5.3.5 Mental Health and Learning Disability

***Learning Disability***
For Derbyshire, approximately 0.3% of the population have a learning disability (QOF data). A literature review undertaken the Prison Reform Trust[iv] showed that in the UK 20-30% of prisoners have learning disabilities or difficulties that interfere with their ability to cope within the criminal justice system
Women with learning disabilities are likely to have difficulties accessing health care and maximising health literacy. It will also impact on making the use of other services that are offered. Efforts to ensure that the reading age of information materials, is aimed lower than average for the population. This would also make these more accessible with those of low educational attainment and whose first language is not English.

Recent attention has been given to the higher than national number of women in prison with a learning disability. Staff at HMP Foston Hall are to Implement an assessment tool for use routinely within 72 hours of reception to identify individual needs in relation to learning disabilities.

***Mental Health***

**Table 14. Estimated prevalence of mental health conditions**

| **Mental disorder** | **Prevalence (%)** | | **Expected in Foston** | |
|---|---|---|---|---|
| Personality disorders | Probably more in remand prisoners | | Overall prevalence | |
| | 50% | | 146 | |
| Functional psychoses | Probably more in remand prisoners | | Overall prevalence | |
| (In the past year) | 14% | | 41 | |
| Common neurotic symptoms | Remand | Sentenced | Remand | Sentenced |
| Sleep disorders<br>Somatic symptoms<br>Worry about physical health | 81%<br>40%<br>25% | 62%<br>30%<br>23% | 50<br>25<br>16 | 142<br>69<br>53 |
| Neurotic disorders (in the past week) | Remand | Sentenced | Remand | Sentenced |
| Post-traumatic stress disorder<br>Mixed anxiety & depression<br>Generalised Anxiety Disorder<br>Depressive episode<br>Phobias<br>Obsessive-Compulsive Disorder<br>Panic Disorder<br>Any neurotic disorder | 6%<br>36%<br>11%<br>21%<br>18%<br>12%<br><br>5%<br>76% | 5%<br>31%<br>11%<br>15%<br>11%<br>7%<br><br>4%<br>63% | 4<br>22<br>7<br>13<br>11<br>7<br><br>3<br>47 | 11<br>71<br>25<br>34<br>25<br>16<br><br>9<br>144 |

The prevalence of mental health conditions are very high within women prisoners and may be under diagnosed in prison, particularly when women are in for very short periods of time. Qualitative data from staff survey and conversations with staff at Foston showed that mental health was ranked the highest problem facing women at Foston. Lower ranked, but also mentioned specifically were depression, sleep disorders and anxiety.

***Self harm***

Of all women who are sent to prison, 37% say that they have attempted suicide at some time during their life. Overall, more than one-third of female prisoners (37%) self-harmed in 2009, compared with 7% of male prisoners[9].

Data were not available for Foston, therefore the expected numbers have been calculated using the Birmingham Toolkit[6] prevalence figures. It should be noted that this figure is an estimate only as prevalence data may have changed markedly since the publication of the toolkit, also that the population of Foston may differ from that on which it was based.

**Table 15. Estimated prevalence of self harm at Foston**

| | Prevalence (%) | | Expected number for Foston | |
|---|---|---|---|---|
| Self-harm and suicide | Remand | Sentenced | Remand | Sentenced |
| Suicide attempts (past week) Suicidal thoughts (past week) Non-suicidal self-harm | 2%<br>23%<br>9% | 1%<br>8%<br>10% | 1<br>14<br>6 | 2<br>18<br>23 |
| Total | - | - | 21 | 43 |

Self harm was also cited as one of the three most important issues facing women at Foston by staff responding to the survey, thus is perceived as an important health need by care providers.

Eating disorders is another form of self harm commonly expressed in women. Up to 5% of women less than 25 years old have eating habits which give cause for concern in the general population. Although the prevalence in the prison population is unknown, it is likely to be higher. Based on these figures, at least 10 women per year entering Foston are likely to suffer eating disorders.
As in the community, eating disorders are not assessed specifically and services are generally available for severe, diagnosed problems only. However, there may be an increased prevalence in the prison population. Therefore consideration needs to be given to a mechanism to refer women for mental health assessment where appropriate.

### 5.3.6 Substance misuse work and services currently undertaken at HMP Foston Hall

***Reception***

Prisoners are asked about recent and past drug use and urine drug screening is performed.
Prisoners are asked about alcohol use and those potentially dependent are referred for immediate assessment.
HIV and Hepatitis C risks are explained and screening offered and encouraged.

***Assessment and treatment***

Repeat Hepatitis C and HIV screening is offered at 3 months and the offer of Hepatitis B vaccination is maintained in order to increase uptake

All prisoners with positive tests for Hepatitis C/B or HIV are referred to specialist services. If the prisoner has been moved on or released the result is passed on to the healthcare professional in contact with the prisoner.

Prisoners continue to be asked about drug use and offered/ encouraged to have onward referral if still using.

***Health information and education***

Prisoners are offered information on safe injecting practices, including information on Blood Borne Viruses; how to protect themselves and others and the consequences of infection.

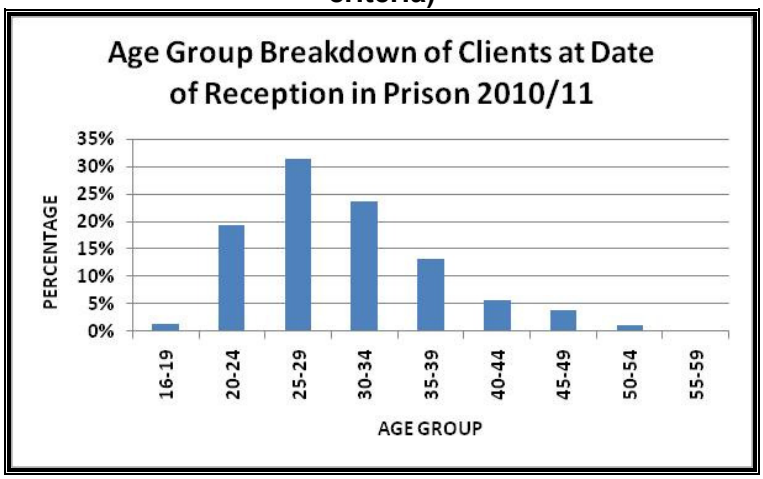
***Alcohol***

Consideration needs to be given on how best to develop a pathway for women who have been supported through medical alcohol detoxification, and require further follow up to address dependent drinking patterns.

Consideration needs to be given on how best to develop a pathway for women with hazardous or dependent drinking patterns, but no immediate need for detoxification to receive appropriate support to deal with their drinking behaviour.

### 5.3.7 Analysis of Foston Hall data from DIR

**Figure 14. Age Profile of Clients (DIRweb 2010/11 - Reception in Prison Date search criteria)**




When compared to the age profile of the general population of HMP Foston (taken from the 2011 Health Needs Assessment) the younger age groups are over represented (20-34yrs); in particular the 25-29yrs age group that represents approximately 31% of the client population, but only represents approximately 21.5% of the general prison population.

***Disability***

Ninety percent of clients are noted as having a disability, however further information as to type of disability is not available within the dataset.

***Ethnicity***

The below table gives an overview of the ethnicity of clients. What is immediately apparent is that whilst in the 2011 Health Needs Assessment it shows White – British as accounting for 72.5% of the general population in Foston, the below table of clients from the DIRweb search of 2010/11 shows 87.33% of clients as White – British. This in turn means that there is an under representation of Asian or Black clients within this group, however the percentages for white & black Caribbean are almost identical (3.4% in general population and 3.3% in the below table).

**Table 16. Breakdown of Client Ethnicity**

| Ethnic Group | Percentage |
|---|---|
| Asian or Asian British - Indian | 0.83% |
| Asian or Asian British - Other background | 0.28% |
| Black or Black British - Caribbean | 2.20% |
| Black or Black British - Other background | 0.55% |
| Mixed - Other background | 0.55% |
| Mixed - White and Asian | 0.28% |
| Mixed - White and Black Caribbean | 3.31% |
| Not stated | 0.55% |
| White - British | 87.33% |
| White - Irish | 1.93% |
| White - Other background | 2.20% |
| **Grand Total** | **100.00%** |

### *Religion*

Table 2 gives an overview of the religion of clients, with half recording that they have no religion, and just under 40% as Christian.

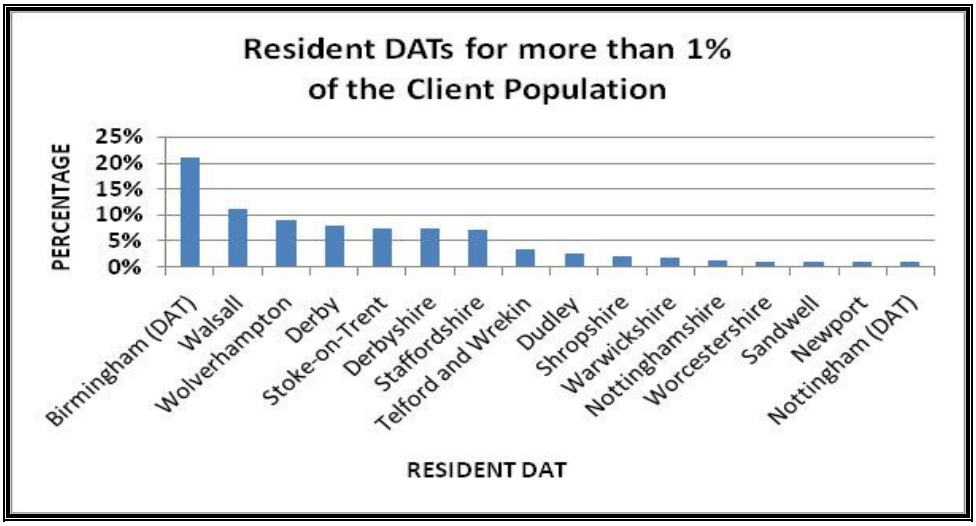
**Table 17. Religious Group of Clients**

| Religion Group | Percentage |
|---|---|
| No religion | 50.69% |
| Christian | 39.39% |
| Any other religion | 4.13% |
| Not stated | 3.86% |
| Muslim | 1.38% |
| Sikh | 0.28% |
| Buddhist | 0.28% |
| **Grand Total** | **100.00%** |

### *DAAT of Residence*

In total there were 46 DAAT's listed for the 363 clients looked at within this piece of analysis, and the below graph shows those that were the DAAT of residence for more than 1% of this client population (16 in total).

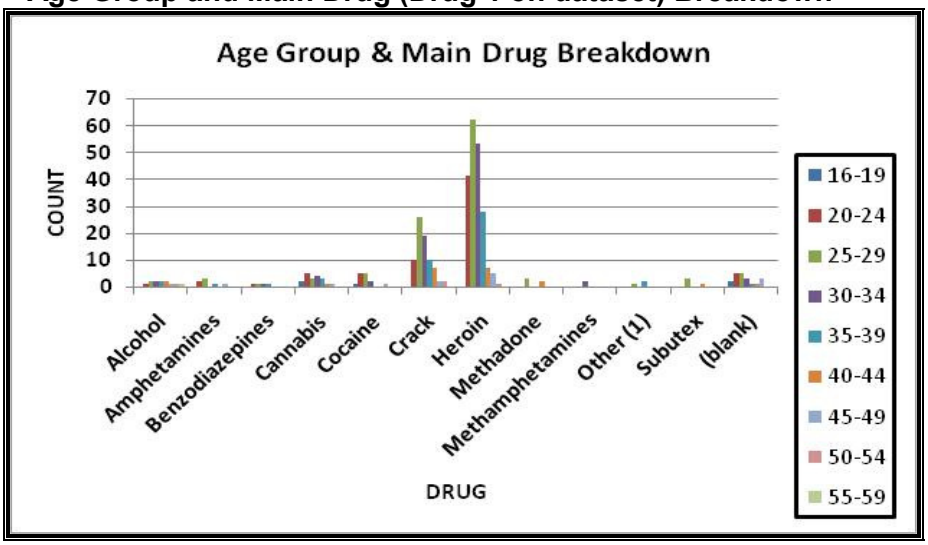
**Figure 15. DAAT of Residence for more than 1% of the Client Population**




As is to be expected given the place of origin recorded for the general prison population within the 2011 Health Needs Assessment, DAATs within the West Midlands feature heavily in the above graph, with Derbyshire being the DAAT of residence for 7.4% of Clients, and Derby a further 8%.

***Drug Use***

**Figure 16. - Age Group and Main Drug (Drug 1 on dataset) Breakdown**




Heroin , followed by crack are the most reported main drug (Drug 1), with heroin being the main drug for 54% of clients, and crack the main drug for a further 21% of clients, making up in total three quarters of the client base.

When looking at how these drugs are administered (main drug), of the 197 clients whose main drug is heroin, there is information on how the drug is administered for 151 of these. This shows that two thirds of the 151 smoked heroin, and a third injected. When looking at how crack is administered the vast majority (where the information was available) of clients smoked it with only a very small number (<5) injecting. From information on frequency of use, where the information is available the majority noted the frequency as daily.

The below table gives an overview of drug types, and whether they were listed as the main drug of use (Drug 1) or as another drug used as well as the main drug/Drug 1 (up to three drugs can be listed for each client).

**Table 18. Drugs recorded for Clients**

| DRUG TYPE | Drug 1 | Drug 2 | Drug 3 |
|---|---|---|---|
| Alcohol | 12 | 4 | 9 |
| Amphetamines | 7 | 4 | 6 |
| Benzodiazepines | 4 | 14 | 50 |
| Cannabis | 19 | 19 | 27 |
| Cocaine | 14 | 9 | 1 |
| Crack | 76 | 132 | 8 |
| Ecstasy | | 1 | 5 |
| Heroin | 197 | 64 | 3 |
| Methadone | 5 | 6 | 8 |
| Methamphetamines | 2 | 1 | 1 |
| Other | 3 | 6 | 5 |
| Subutex | 4 | 3 | 3 |
| (blank) | 20 | 100 | 237 |
| **Grand Total** | **363** | **363** | **363** |

crack has the highest count (and where this was the case the clients main drug/Drug 1 was heroin in all instances), with heroin having the second highest count (in most cases the main drug/Drug 1 for the client was crack). Where clients had a third drug recorded, the most common was benzodiazepines, followed by cannabis.

Information was also captured within the data set on the injecting status of clients, particularly pertinent when looking at harm reduction and blood borne viruses (BBV). Of the

363 clients within this dataset, there was information on injecting status for just over three quarters. When looking at percentages for those clients where this question was answered, approximately a quarter were recorded as currently injecting (within the last 28 days), 27% as previously injected (but not recently) and 47% as never injected.
Information was also provided for "How many units of alcohol do you drink on a day." This information was completed on all but one client record, and the below table gives an overview of these findings, along with listing the main drug/Drug1 recorded for the client.

**Table 19. Breakdown of Alcohol Use, along with Main Drug (Drug 1)**

| Main Drug (Drug 1) | 0 units | 1-5 units | 6-10 units | 11-15 units | 16-24 units | 25 or more units | (blank) | Grand Total |
|---|---|---|---|---|---|---|---|---|
| Alcohol | 3 | | | | 1 | 8 | | 12 |
| Amphetamines | 4 | | 2 | | 1 | | | 7 |
| Benzodiazepines | 1 | | | 1 | 1 | 1 | | 4 |
| Cannabis | 4 | 3 | 1 | 1 | 2 | 8 | | 19 |
| Cocaine | 4 | 1 | 1 | 2 | 3 | 3 | | 14 |
| Crack | 46 | 2 | 6 | 3 | 4 | 15 | | 76 |
| Heroin | 103 | 24 | 13 | 11 | 12 | 34 | | 197 |
| Methadone | 4 | | | | | 1 | | 5 |
| Methamphetamines | | | | | | 2 | | 2 |
| Other (1) | 1 | | | 1 | | 1 | | 3 |
| Subutex | 3 | | | | | 1 | | 4 |
| (blank) | 11 | | | | 1 | 7 | 1 | 20 |
| **Grand Total** | **184** | **30** | **23** | **19** | **25** | **81** | **1** | **363** |

Table 3 shows that 22% of clients were drinking 25 or more units of alcohol, and a further 7% were drinking 16-24 units.
Information is also available on drugs prescribed to clients. The main drug prescribed is methadone, and this is noted for approximately 44% of all clients.

## 6. Recommendations

Future services development should take into account the very different client profiles, and different health needs, of the two Derbyshire prisons.

There should be prompt access to appropriate substance misuse treatment and related services, including mental health services; access to services should be on the basis of client need rather than on organisational needs.

Ensure robust links and continuity of care between prison and community services.

The recovery agenda should become fully incorporated into future service delivery, with appropriate outcome measures (including outcome measures for the effective delivery of psychosocial aspects of care).

Available services should include medical treatment, psychosocial interventions, harm minimisation and broader social care that promotes resettlement and recovery; as such service delivery should ensure an appropriate balance between drug testing regimes and other aspects of care.

Ensure mechanisms are in place for regular feedback from service users to commissioners in order to inform ongoing reviews of service provision.

**Alison Pritchard, Vicki Price, Rachel Cox**
**August 2011**

**Appendix 1. HMP Sudbury prisoner needs analysis (drug and alcohol section)**

HMP Sudbury

Prisoner Needs Analysis

Resettlement Questionnaire 2010

(Drug & Alcohol Section)

Author: Ms Grace Thorley

Trainee Psychology student

University of Durham

Date: September 2010

# DRUGS

- For those that answered, *"Do you feel that drugs may be an issue for you in the future?"*

**18.2%** answered **'Yes'**

**81.8%** answered **'No'**

- For those that felt drugs **MAY** be an issue for them in the future and answered, *"Would you like support from HMP Sudbury with you Drug problems?"*

**58.5%** answered **'Yes'**

**41.5%** answered **'No'**

- For those that answered*, "Have you received an assessment for your substance misuse issues?"*

**55.9%** answered **'Yes'**

**44.1%** answered **'No'**

- For those that felt drugs **MAY** be an issue for them in the future and answered*, "Have you received an assessment for your substance misuse issues?"*

**65.9%** answered **'Yes'**

**34.1%** answered **'No'**

- For those that felt drugs **MAY** be an issue for them in the future and answered, *"Are you currently getting help for your substance misuse?"*

**46.3%** answered **'Yes'**

**53.7%** answered **'No'**

- For those that answered, "*Have you undertaken any treatment for your substance misuse whilst at HMP Sudbury?"*

**29.9%** answered **'Yes'**

**70.1%** answered **'No'**

- For those that felt drugs **MAY** be an issue for them in the future and answered, *"Have you undertaken any treatment for your substance misuse whilst at HMP Sudbury?"*

**48.8%** answered **'Yes'**

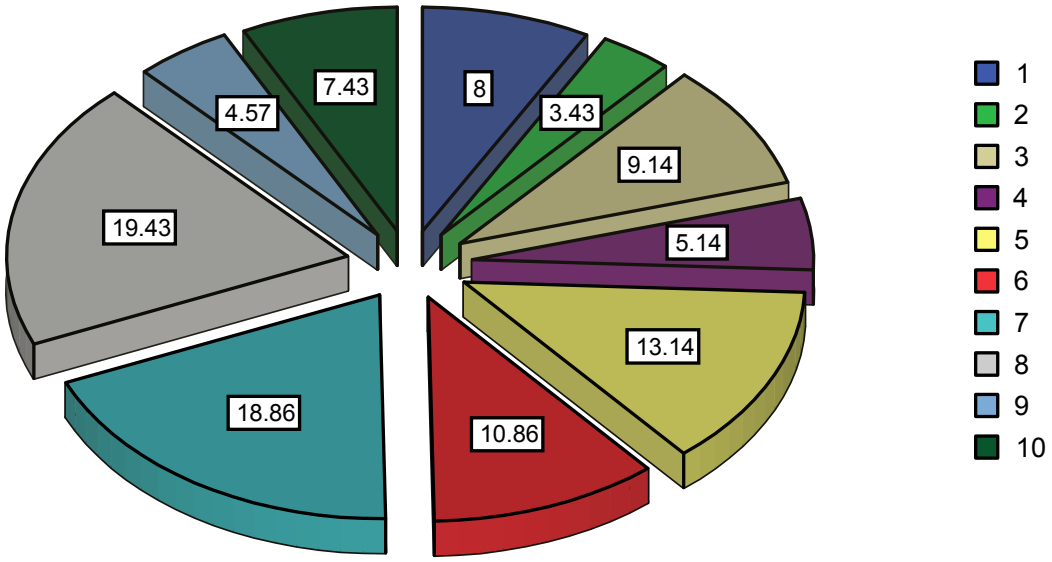
**51.2%** answered **'No'**

- For those who answered, *"In your opinion is HMP Sudbury helping to meet your needs in avoiding future drug taking in preparation for release?"*

**52.7%** answered **'Yes'**

**47.3%** answered **'No'**

- For those who answered, *"Overall, how would you rate the CARATs service offered at HMP Sudbury? (Please circle 1-Being Poor up to 10-Being Excellent)";* **74.29%** rated **5 or above**.



- For those who answered, *"Did drug use play any part in your reasons for committing an offence?"*

**40.4%** answered **'Yes'**

**59.6%** answered **'No'**

For those who felt drugs **MAY** be an issue in the future and answered, *"Did drug use play any part in your reasons for committing an offence?"*

**79.1%** answered **'Yes' 20.9%** answered **'No'**

**DRUGS SECTION**

An extremely high percentage of prisoners felt that drugs will not be an issue for them in the future (81.8%). For that 18.2% who felt that drugs may be an issue, 58.5% would like support from HMP Sudbury with their drugs problems. This is a relatively small amount, but important all the same in ensuring that the prisoners are receiving the support they want in regards to their drugs problems and issues.

A total of 55.9% stated that they have received an assessment for their substance misuse problem.

For those that felt drugs may be an issue for them in the future, 65.9% have received an assessment for their substance misuse issues. This is a high percentage, but it still leaves 34.1% having not received an assessment. It is important to ensure that as many people as possible who feel drugs will be an issue for them can receive an assessment. Even if it turns out that the issue will be due to peer pressure on release rather than continuation of their substance misuse.

For those who felt that drugs may be a problem for them in the future, 79.1% stated that drugs played a part in their reasons for committing an offence. This is a very high percentage and shows that if drugs did play a part in their reasons for committing an offence, it is relatively hard to move away from this and there is a risk of drugs remaining a problem from them in the future, and on release.

A total of 70.1% stated that they had not undertaken any treatment for their substance misuse whilst at HMP Sudbury. This may due to the fact that they previously had a substance misuse problem or issue and felt that they no longer needed to undertake any treatment for this.

A total of 52.7% felt that in their opinion, HMP Sudbury was helping to meet their needs in avoiding future drug taking in preparation for release. It appears that it would be the ideal to increase this percentage to ensure that majority feel the prison is helping them to avoid future drug taking.

A high percentage (74.29%) of prisoners rated the CARATs service as 5 or above with 18.86% and 19.43% giving ratings of 7 and 8. This is extremely positive.

Overall, there appears to be no problems with the services that HMP Sudbury provides in relation to substance misuse. What might need to be looked at, is those prisoners who feel that drugs may be an issue for them in the future and the support and advice they need to ensure that they avoid future drug taking; especially with those stated that drugs played a part in their reasons for committing an offence.

## ALCOHOL SECTION

- For those that answered, *"Do you feel you may have a problem with alcohol on release?*

**19.6% answered 'Yes'**

**80.4% answered 'No'**

- For those that felt that they **MAY** have a problem with alcohol on release and answered, "*Would you like some additional support schemes for your alcohol problems whilst at HMP Sudbury?"*

**66% answered 'Yes'**

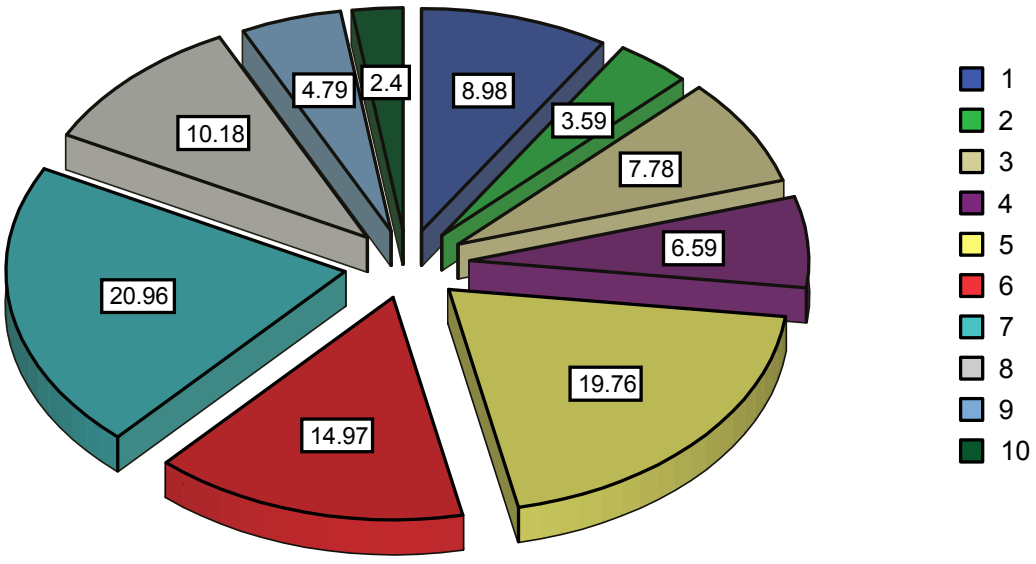
**34% answered 'No'**

- For those that felt that they **MAY** have a problem with alcohol on release and answered, "*Is HMP Sudbury helping to meet your needs in avoiding alcohol misuse in preparation for release?*"

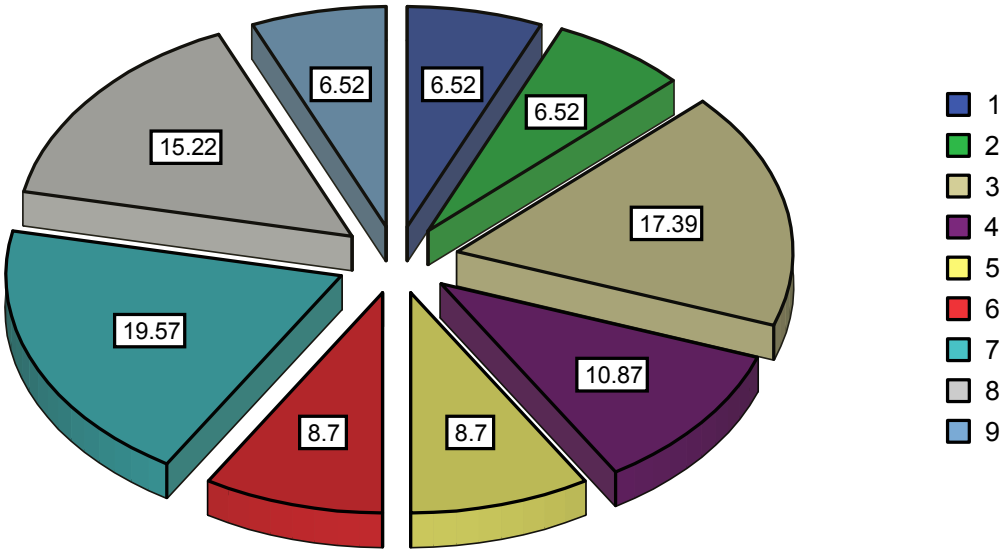
**59.6% answered 'Yes'**

**40.4% answered 'No'**

- For those that answered, *"Overall, how would you rate the services on offer for alcohol related problems at HMP Sudbury? (Please circle 1 – Being Poor up to 10 – Being Excellent)";* **73.06%** rated **5 or above**.



- For those that felt they **may** have a problem with alcohol on release and answered, *"Overall, how would you rate the services on offer for alcohol related problems at HMP Sudbury? (Please circle 1 – Being Poor up to 10 – Being Excellent)*"; **58.71%** rated **5 or above**.



## ALCOHOL SECTION

A total of 80.4% stated that they would not have a problem with alcohol on release.

For those that felt alcohol would be a problem for them on release, 66% would like some additional support scheme for their alcohol problems whilst at HMP Sudbury. Even though on the surface this percentage is quite large, only 19.6% of the total felt that alcohol would be a problem for them on release. It is still important to note that there are prisoners who want additional support for their alcohol problems.

59.6% of those who felt that alcohol may be a problem for them on release felt that HMP Sudbury was helping to meet their needs in avoiding alcohol misuse in preparation for release.

A total of 73.06% gave a rating of 5 or above in regards to how they would rate the services on offer for alcohol related problems at HMP Sudbury.

Overall, there appears to be no problems in terms of the service that HMP Sudbury provides in regards to alcohol related problems, these have been given excellent ratings by the population of the prison. There are a large percentage of prisoners that feel that alcohol will not be a problem for them on release, so in a general manner, there appears not to be a huge need for alcohol related support schemes. But it is important to also consider those that do feel alcohol will be a problem for them on release and 66% of these would like additional support.

**Mental Health and LD**

**Learning Disability**

Compared to the general population it is expected that a higher proportion of men in prison will have learning disabilities. Estimates suggest that this could be as high as 20-30%. Because people with learning disability often have poorer health outcomes, it is important that learning disability is identified at reception. The feasibility of a learning disability screen, not based on educational attainment, is being investigated therefore. In addition, the accessibility of information materials, particularly 'in-house' leaflets, is being reviewed, involving prisoners in this process, in order to ensure that all prisoners understand the services available and the harm reduction messages that are communicated in writing.

**Mental Health**

All prisoners are asked about previous mental health problems at reception. Those who indicate that they do have a history of mental health problems, or those where there is

reference to this in the transferred in medical notes are offered a more detailed mental health screen, the PHQ9.

If a prisoner is deemed at risk of suicide then an ACCT document is raised and surveillance processes are put in place. All prisoners have access to counselling and psychology services upon request.. The in-reach CPN is provided from a team in the Mental Health Trust and so, unlike in 2008, there are no critical issues relating to a lack of cover at times of leave.

Mental health awareness training is offered to all prison staff.

**Mental Health data for 2011**

Eleven men (1.9%) had a diagnosis of personality disorder compared to 1% in 2008. This figure is dramatically lower than the expected prevalence of 64% as predicted in the national prisoners' psychiatric morbidity survey, 1998. Around 2.6% had a probable diagnosis of a psychotic disorder compared to 1% in 2008 and 7% nationally and 21.5% had a diagnosis of depression compared to 21% in 2008 and 40% nationally. These data are also comparable to that found in the previous needs assessment.

| Personality disorder number | Prescription of antipsychotic drugs at Sudbury | Depression | Anxiety | Self harm |
|---|---|---|---|---|
| 11 | 15 | 122 | 69 | 165 |

Overall therefore the prevalence of personality disorder and psychotic illness is lower than expected but other mental health diagnoses are comparable to that found elsewhere. This may indicate a genuine lower prevalence, may be due to under diagnosis or may be due to inconsistent coding of information on the IT system.

The computer cognitive behavioural therapy package "Beating the Blues" is available in the library for prisoners to use, 4 prisoners are currently attending this e-learning course, which is attended over a period of 7 weekly sessions.

Mental health awareness training needs to continue to be offered to all staff at the prison and the potential under-diagnosis of people with personality disorder needs to be considered when reviewing mainstream NHS services for people with personality disorder.