

Drug Treatment: the importance of aftercare

Paul Turnbull argues that providing comprehensive aftercare services for drug using offenders will increase the effectiveness of prison-based drug treatment.

This article provides a brief overview of aftercare issues as they affect drug using offenders. It draws on the international literature on drug treatment for prisoners, highlighting the key elements that have an impact on effectiveness. The terms throughcare and aftercare are used interchangeably.

There has been a dramatic increase in the number of problematic drug users imprisoned over the last decade. In some local prisons it is estimated that over 60 per cent of inmates were dependent on drugs before entering prison. This is likely to be a consequence of a number of factors including increased levels of drug use among the population generally and among offenders in particular (Ramsay et al. 2001, Bennett and Holloway, 2004). Many dependent drug users commit crimes to fund their use of drugs (Hough 1995). The types of crime drug-using offenders are likely to commit often result in

stop/start system is often cited by prisoners as a reason for continuing their use of drugs while incarcerated.

This lack of appropriate and consistent care goes some way to sustaining drug supply and drug use within prisons. CARAT teams are well placed to support drug-using prisoners in making changes throughout their sentences and on release but have limited opportunity to make an impact. Most teams struggle to meet the basic requirements of assessment and referral as well as the more complex needs of support through different stages of their sentences. This has meant that the throughcare and aftercare aspect of their work has particularly suffered. Most CARAT teams have had limited success at arranging help for prisoners on release.

A report by the Social Exclusion Unit in 2002 noted that the chances of drug using offenders receiving treatment and support on release in the UK are slim. Levels of drug use on release are high and

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frequent short-term sentences. UK drugs policy and criminal policy are increasingly aligned, with a particular focus on drug-related crime. This may also have had the effect of increasing the numbers of drug using offenders being imprisoned.

The quality and capacity of drug treatment provided in prisons has increased considerably since the early 1990s. The pace of change was accelerated by the Prison Service's Drug Strategy formulated as a response to the first National Drug Strategy, and published in 1998 (HM Prison Service 1998). In the early days of 'improved' treatment, many prisoners were reluctant to take up the services offered. This has gradually changed and in 2003 45,695 prisoners underwent detoxification from drugs; 30,771 were on drug-free wings and 46,261 underwent an initial assessment by Counselling, Assessment, Referral, Advice and Throughcare services (CARATs).

Despite these considerable advances in the provision of treatment for prisoners, major difficulties still exist. Unfortunately a 'one size fits all' approach prevails in many institutions where little, if any, choice of treatment exists. The type and quality of care received can vary. At best most prisons offer intermittent care for drug-using offenders. This

can often result in fatal consequences. The mortality rate for prisoners under post-custodial supervision was found to be three and a half times that of the general population, and accidents, most often involving drugs and alcohol, account for the largest proportion of deaths (Social Exclusion Unit 2002).

This lack of aftercare is unfortunate, particularly in the light of the international literature on prison-based treatment effectiveness. It indicates that the impact of prison-based drug treatment is reduced if it is not followed by follow-up care on release from custody. Many studies report on how aftercare can have a dramatic impact upon post-prison drug use and re-offending rates (Turnbull 2000). The most consistent observation in the international literature is the need for adequate throughcare – both within prison and following release (Bullock 2003).

To date most of the studies of throughcare for drug-using offenders have been conducted in the United States. Although individual schemes differ in detail, they usually have in common a long-term form of aftercare which includes considerable drug treatment input alongside full-time employment or training initiatives, with compliance often enforced

by drug testing. All, however, are designed to provide follow-up support to a comprehensive in-prison treatment package, normally based on a therapeutic community model. Both prison-based therapeutic communities and residential care on release are rare in the UK.

There are a number of key elements that emerge from the evaluations of effective aftercare work. Firstly, the importance of tailoring aftercare packages to the needs of individual prisoners (Francis 2002, Coughy 1998). Secondly, the importance of easily accessible services in the community and a focus on strengthening ex-prisoners' engagement with services (Farabee 1999, Borzycki 2003). Some commentators suggest that in order to improve engagement, staff working in aftercare services need to be available 24 hours a day providing referrals, crisis counselling and relapse prevention (Barthwell 1995). Thirdly, the need for intensive and extensive services in addition to drug treatment, including those dealing with accommodation, employment and training. Finally, many commentators discuss the importance of supervision as well as support. Some suggest monitoring by the probation service including random urine screening for drugs. Farabee (1999) recommends making release conditional on post-release treatment as perhaps the most effective incentive for participation.

Prison drug treatment services have come a long way since the early 1990's. However they have some way to go before becoming an effective treatment service. Those programmes described in the literature as effective tend to be abstinence-based therapeutic community approaches which are not common in the UK. Other treatment approaches, such as drug substitution therapy, have yet to be thoroughly evaluated and may be more appropriate in the UK context. Throughcare and aftercare have even further to go but would seem to be fundamental to increasing the effectiveness of prison-based interventions. Aftercare is vital to sustaining and promoting changes in drug use on release. It may also help to reduce the number of drug-related deaths among recently released prisoners.

The Government has recently invested heavily in Criminal Justice Intervention Teams (CJITs), which have as their core a case management approach to supporting and managing the care of drug-using offenders as they go through different stages of the criminal justice process. As part of their work the teams are expected to make contact with appropriate prisoners before release, enable access to services and manage care when they return to the community. One of the key difficulties in aftercare in the past has been effective partnership work between criminal justice and treatment agencies. A carefully designed case management system is perhaps the best way to overcome such difficulties. It will be some time before we are able to assess the ability of CJITs to deliver such a system and offer an effective aftercare service. Given the limited availability of help for

recently released prisoners with drug problems any improvement should be welcomed. ■

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