June 2018

CLINKS RESPONSE

# Clinks' response to Advisory Council on the Misuse of Drugs' (ACMD) Custody-Community Transitions Working Group's call for evidence

Recommendations for improving the transitions between custody and community by people who use drugs

## About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our aim is to ensure the sector and those with whom it works are informed and engaged in order to transform the lives of people in the criminal justice system and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 500 members, working in prisons and community settings, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we have a network of over 15,000 contacts. These include individuals and agencies with an interest in the CJS and the role of the voluntary sector in rehabilitation and resettlement.

Clinks is a member of the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (HW Alliance), a national partnership between the voluntary sector and Department of Health, NHS England and Public Health England. The HW Alliance aims to bring the voluntary sector's voice and expertise into national policy making to improve health and care systems, address health inequalities, and help people, families and communities to achieve and maintain wellbeing. Through the HW Alliance, Clinks works to raise awareness of the health needs of people in the CJS, and the vital role the voluntary sector can play in addressing them.

For more information see www.clinks.org

## About this response

To inform this submission Clinks has drawn on evidence from our wide range of work supporting voluntary sector organisations working with people in contact with the criminal justice system, including:

- Reducing Reoffending Third Sector Advisory Group (RR3)

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special interest group on substance misuse and addiction[1]

- *The good prison: why voluntary sector coordination is essential*[2]
- Clinks' submission to the Justice Committee inquiry into the prison population.[3]

In particular, the RR3 special interest group brought together representatives from voluntary organisations providing a wide range of services and support to people with substance misuse needs in contact with the criminal justice system for a roundtable discussion in October 2017. The RR3, for which Clinks provides the chair and secretariat, exists with the purpose of building a strong and effective partnership between the voluntary sector, the Ministry of Justice, and Her Majesty's Prison and Probation Service to reduce re-offending.

The group explored the role and contribution of the voluntary sector in supporting people with substance misuse needs, and the challenges and barriers to effective service delivery. Members of the group have also contributed further evidence to this response.

# What are the most important harms and benefits associated with transitions between custody and community by people who use drugs?

## Risk of overdose

Public Health England and HM Inspectorate of Prisons both identify release from prison as being a point of risk of overdose because people's tolerances for substances may have been reduced while in prison.[4] Ensuring that people have continuity of care from prison, through the gate and into treatment services in the community is essential to mitigate this risk.[5]

Clinks members tell us that enabling people to retoxify* on their preferred substitute prescribed medication if they intend to use in the community - and supplying naloxone to people on release - are also effective in reducing the risk of death due to overdose.

## Substance use in custody

Current prison policy is focused on tackling the supply of illicit substances into prisons but there has been much less attention directed towards the demand for drugs. Individuals may begin, or continue, to use illicit substances while in custody. Long periods of lock-up, difficulties in accessing education and employment opportunities, lack of family contact and poor access to mental health services are all factors of the prison environment with potential to either cause or significantly entrench substance misuse or addiction issues. HM Inspectorate of Prisons' survey of adult men in prison found that 12% had developed a problem with drugs since being in prison in 2016-17 (an increase of 5% from 2013-14). This was a particular problem for white men, men with a disability and men who were under 50 years old. The only group of people for which it did not increase was men aged 50 or over.[6]

The availability and purity of drugs in custody will differ to the community, which affects patterns of usage. People who take drugs in custody do not necessarily take them in the community.



* Also known as re-induction. This is where a person re-stabilises onto substitute medication in order to prevent their death upon release from prison if they are unable to maintain a position of abstinence.

However, some people who change or increase their usage while in prison will continue this pattern in the community after release. For example one Clinks member has identified a serious and recurring risk associated with the misuse of Buscopan - an over-the-counter medicine which has hallucinogenic properties when smoked - in the women's estate. An increasing number of women continue to misuse Buscopan when released into the community.

## Long wait to access community substance misuse services

A lack of integration between prison and community substance misuse services results in long waits for appointments with community services on release from prison. In order to ensure continuity of treatment, people who are on substitute prescriptions need to be able to access timely appointments in the community after release. For those in recovery or seeking to maintain abstinence, access to immediate support in the community is equally important to help prevent relapse. Organisations attending the 2017 RR3 roundtable on substance misuse and addiction highlighted some instances of people deliberately seeking to be recalled to prison in order to access treatment.[7]

Clinks members tell us that the day and time a person is released is also an issue. Being released late on Friday is problematic because the person cannot access a substance misuse service until Monday morning. When this does occur, issuing bridging scripts (FP 10) is vital to enable people to obtain substitute prescribing medication upon release from a pharmacy if released outside of normal business hours.

Failure to attend an initial appointment can lead to considerable further delays. One member reported cases of women released from prison waiting six weeks to be able to access another appointment after missing the initial referral.

## Lack of accommodation and other support on release

Release from prison is a point of high stress which can act as a trigger for substance use or relapse. Clinks members tell us that it is now commonplace for people to be released with no fixed accommodation or employment and a wait of several weeks before receiving benefits. The additional stress and financial hardship this causes can act as a barrier to engagement with services and to abstaining from substance misuse.

Being accommodated in a hostel or shared accommodation that is full of people actively using illicit substances is a difficult environment for people with substance misuse needs who are trying to abstain. People can also be forced to return to old associates through financial hardship.[8]

More information on the accommodation needs of people in contact with criminal justice system, including those with substance misuse issues, can be found in the RR3 paper *Ensuring the accommodation needs of people in contact with the criminal justice system are met*[9], which provides seven principles to inform the Ministry of Justice's development of an accommodation strategy.

## Short sentences and prison recall

Short sentences, and recall on licence for short periods, also present barriers to people accessing services. People on remand or serving a short sentence may not be accepted on interventions where there would be insufficient time to make progress.

For individuals who have been released from prison, short-term recall to prison can interrupt treatment in the community and disrupt their progress in recovery. This has been

exacerbated by the extension of mandatory supervision on release from custody for people serving short sentences under Transforming Rehabilitation, leading to an increase in the number of recalls, sometimes for as little as 14 days.[10] These changes have disproportionately impacted women, with a 127% increase in the number of women recalled to custody since the new measures were introduced, compared to a 14% rise for men.[11] Implementation of procedures for breach of licence should be flexible enough to allow probation staff to appropriately balance risk to the public with risk of exacerbating substance misuse issues which could negatively impact an individual's journey to recovery and rehabilitation.
In addition, people who have accrued debts with other prisoners whilst in prison may be at increased risk of recall, as they may be pressured into engaging in activity which breaches their licence conditions in order to pay off their debts. Debt is a significant issue for many people who engage in drug use while in prison, as demonstrated by reports such as User Voice's investigation into the use of new psychoactive substances in prison.[12] Clinks members report examples of individuals being pressured to seek deliberate recall to prison (with substances secreted upon their person), or to engage in throwing packages into prison grounds, in order to repay debts accrued in prison through substance misuse.

## An ageing population

There will be a changing profile of drug use as the prison population ages. Clinks members specialising in working with older people (50+) report a lower incidence of substance misuse needs compared to the general prison population. In addition, the age demographic of people using drugs differs according to the type of drug. For example, in one prison substance misuse service 29% of people accessing the service for opiate use are over 40 years old, compared to 18% of people using non-opiates. Only 14% of those using opiates are under 30 years old. There will be an ongoing need to develop age-appropriate services which reflect these profiles of use.

Where older people are using drugs, particularly heroin, age-related physical problems can often be overshadowed by substance misuse issues or co-morbid mental health problems. People must be given the opportunity to address both mental and physical health needs as well as substance misuse issues.

# What are the most important existing recommendations in this area, and to what extent have they been implemented?

## Services for people with co-existing mental health and alcohol/drug use

Reports and guidance have repeatedly emphasised the need to provide joined-up care for people with co-existing mental health and substance misuse needs, also known as dual diagnosis. Co-existing conditions are the norm rather than an exception, with up to 80% of people using substance misuse services estimated to have additional mental health problems.

In 2017 Public Health England published updated guidance for commissioners and service providers on caring for people with co-occurring mental health and alcohol/drug use conditions. It sets out two main principles to support these aims:

- Firstly that it is "everyone's job"[13]. Commissioners and providers of mental health and alcohol and drug use services have a joint responsibility to meet the needs of individuals with co-occurring conditions by working together to reach shared solutions.

- Secondly, service providers should have a "no wrong door" policy[14], where service users can access treatment through any of the services rather than being turned away.

We welcome these principles, and also the inclusion of a requirement to ensure coordinated care for people with dual diagnosis, and operate a no-wrong-door policy, in the new NHS England service specifications for prison mental health[15] and substance[16] misuse services.

However, our members tell us this is still a significant barrier to people accessing mental health treatment.

**NHS England and the Care Quality Commission should continue to monitor access to co-ordinated care for people with co-occurring mental health and substance misuse conditions as the new prison mental health and substance misuse service specifications are implemented.**

## Naloxone for people at risk of heroin overdose

The provision of naloxone to people on release from prison has been recommended as a cost-effective means to reduce the risk of overdose from opiate use.

The Human Medicines (Amendment) (No. 3) Regulations 2015 enabled drug treatment services to supply naloxone directly to individuals without the need for a prescription.[17] The cross-government 2017 Drug Strategy says that all local areas should have appropriate naloxone provision in place, although this is not a statutory requirement.[18, 19] Public Health England's 2017 guidance for local authorities and local partners on naloxone notes that almost all local authorities now commission the provision of take-home naloxone to people who use drugs in the community, and those that do not are strongly encouraged to take action to widen its availability.[20] NHS England's *Service Specification: Integrated Substance Misuse Treatment Service in Prisons in England*, introduced in April 2018, recommends commissioners should agree with prison health and community providers how best to facilitate support for naloxone provision on release.[21]

**Further action to implement these recommendations is still needed, as Clinks members report that naloxone provision still varies widely between prisons.**

## Strengthening links between community and custody provision

NHS England's service specification for substance misuse services in prisons states that service providers must develop strong links and clear referral pathways to substance misuse services in the community, including voluntary organisations, to ensure continuity of care through transitions. It stresses that release planning must begin as soon as a person enters treatment, and should be discussed with the service user and community providers at the earliest opportunity as well as forming part of the resettlement plan developed by the Community Rehabilitation Company.[22]

The specification further recommends a care plan be drawn up which includes arrangements to ensure continuity of medication provision in the event of a planned or unplanned release from prison. For people leaving prison receiving opiate maintenance, contact should be established

with a community service at the earliest opportunity after reception in the prison to ensure they have an appointment scheduled for when they leave. The release plan must include details of the person's local treatment provider in case of unexpected or early release, and a single point of contact at the prison for the community substance misuse provider to contact.[23]

The National Institute for Health and Care Excellence has also issued clear guidance on conducting pre-release assessments and the provision of medication when a person is discharged or transferred from prison.[24]

Despite this, continuity of care remains a major challenge. According to data from the National Drug Treatment Monitoring System, only 65% of clients receiving treatment for opiate use in secure settings were referred into community treatment services on release; just 30.3% engaged with treatment services in the community in the first three weeks after release.[25] Our members report frequent breakdowns in communication and provision of care between prison and community services, including delays in people accessing medication on release, or unplanned changes to medication. For example, one organisation reported women being prescribed different medications on entry to custody than they were receiving in the community due to safety concerns, but with limited follow-up to check the efficacy of the new medication. This was followed by delays in approving the new prescription on their return to the community, leading to women reverting to illicit drug use.

**Links between treatment in custody and the community must be strengthened to provide continuity of care.**

## Information sharing

Effective information sharing is crucial in providing improved care and support to people entering and leaving custody. Clinks members tell us their service users often raise the issue of repeatedly being asked to tell their story to each new staff member or service encountered, which can be re-traumatising and can deter people from entering treatment.

Voluntary sector organisations and staff often report significant challenges in accessing full and timely information regarding the people they are working with. For example, staff delivering through-the-gate support for people using drugs may be unable to access prison system records such as OASys when working in the community; or conversely, may need to leave the prison in order to access records held by their organisation when working in the prison.

The National Institute for Health and Care Excellence guideline on the physical health of people in prison advises that medical records should be transferred from primary/secondary care to the prison healthcare team on entry to custody.[26] The new Health and Justice Information System, which NHS England are in the process of rolling out, should improve the process for linking medical records between prison and community healthcare services, but it is too early yet to see the full effect this may have.

## Investment in diversion from custody

The cross-government 2017 drug strategy states that, alongside punitive sanctions, responses to offending for people with substance misuse needs should be health-based to address the drivers behind the crime and help prevent further substance misuse and offending. It pledges to build on and expand existing mental health and substance misuse provision in the community to provide interventions for those who are subject to a criminal justice sanction,

particularly for out of court disposals, community orders and suspended sentences.[27] However, the pressure on services in the community, including widespread cuts in funding for substance misuse services, works against the likely fulfilment of this ambition.[28]

**Action is needed to ensure that the commitment to build on and expand existing provision in the community becomes a reality.**

# What are the main barriers and opportunities to improving community-custody transitions for people who use drugs?

## Involve the voluntary sector as a strategic partner

Voluntary organisations are a key partner in improving transitions between custody and the community for people who use drugs. The majority of Clinks members work with people in both custody and the community, and so are well placed to support continuity of care and assist people to engage with health services in the community on release.

Voluntary sector staff and volunteers can develop relationships with and provide support to individuals which criminal justice staff are not always able to do. The voluntary sector can bring professional expertise, energy, resource and creativity to bear. As well as delivering substance misuse treatment services, voluntary organisations can advocate on behalf of those with additional needs, support people to understand and manage their recovery, and adopt a flexible and holistic approach to support the health and wellbeing of people moving between community and custody.

For voluntary sector organisations to play a full role in supporting better transitions for people who use drugs, prisons must view the voluntary sector as an integral part of the prison system, and include it in strategic planning processes and training alongside other prison services. For example, prison healthcare services should establish information sharing arrangements with voluntary organisations working through-the-gate to involve them in supporting continuity of care. All voluntary sector staff and volunteers should be offered training on safer custody and Assessment, Care in Custody and Teamwork processes. Clinks' recent Good prison project, which piloted the employment of part-time voluntary sector co-ordinators in three prisons in the South West, demonstrated the positive impact of better engagement of the voluntary sector in creating a safe prison environment and delivering more effective rehabilitation and resettlement. [29]

## Increase use of community sentences

The most effective means of reducing the harms associated with community-custody transitions for people who use drugs is to divert people from entering custody through the increased use of community sentences.

As we noted in our response to the Justice Committee inquiry into the prison population [30] our members have told us that the current levels of overcrowding and staff shortages in prisons are having a negative impact on prisoners' ability to access the services they need. Lockdowns, limited time out of cell or simply having insufficient staff to escort prisoners can prevent people from accessing services.

As well as difficulty in accessing substance misuse services, lack of access to other services such as mental health, employment, housing, and family links services also impacts on people's recovery from substance misuse.[31] Lack of purposeful activity causes boredom and frustration which can lead to drug use, as well as violence and self-harm. This in turn leads to further lockdown and an exacerbation of the current difficulties. Lack of access to training and employment services can make finding a job more difficult on release, and the stress caused by lack of employment and financial difficulties can exacerbate substance misuse issues.[32]

Treatment in the community avoids these potential negative impacts of a custodial sentence, while allowing practitioners to provide flexible support, adapted to the individual's needs and circumstances.
We welcome the Department of Health and Social Care and Ministry of Justice's recent drive to increase the use of community sentence treatment requirements (CSTRs), including drug rehabilitation requirements for people who use drugs, in line with the 2017 Drug Strategy.[33] In a recent consultation with our members and with people with lived experience of community sentence treatment requirements, we heard that CSTRs can be highly effective in supporting people to access treatment in the community. The key elements of a successful CSTR identified were:

- Balancing structure/clear expectations with flexibility to adapt to individual's needs and recovery journeys
- Informed consent and individual involvement in care planning
- Holistic support, including trauma-informed therapeutic interventions for people with mental health needs
- Positive supportive relationships and trust between providers/key workers and service users
- Peer support
- Random drug testing, to avoid people using opiates (which clear a person's system more quickly than other drugs) to circumvent scheduled tests.

The number of people currently considered eligible for CSTRs is limited due to a presumption that they are only appropriate for certain conditions. Consultation participants discussed the need to develop CSTRs suitable for people with co-existing mental health and alcohol or drug conditions, primary care level mental health needs - such as social anxiety - and for people diagnosed with personality disorders. They also noted that homeless clients are often excluded from CSTRs due to the perceived difficulty in enforcing a community sentence. However, homeless people may be less likely to be engaged in treatment already and so could particularly benefit if this barrier were overcome.

The current pressure for courts to speed up the rate at which cases are dealt with was highlighted as a key barrier to increasing the use of CSTRs, as courts are reluctant to adjourn cases to allow time for an assessment to be made. In some cases voluntary sector staff were conducting telephone assessments with clients to allow their case to be processed more quickly which, while possible, does not allow for a thorough comprehensive assessment. In addition to this, service providers perceive a lack of trust in drug rehabilitation requirements among National Probation Service staff, making them reluctant to recommend these in their pre-sentence reports.[34]

## Reinvest in substance misuse services

Following a significant period of investment in treatment services for people using drugs and alcohol from 2001-2013, Collective Voice estimates there has been a 25% cut in overall funding for substance misuse services across the country since April 2013.[35] While some

of this cut has been absorbed through cost savings and greater efficiencies, it has also necessitated a reduction in provision, both in numbers of people accessing treatment and the types of treatment and support available.[36] This presents barriers to improving transitions between custody and community for people who use drugs, as both diversion from custody and continuity of care rely on the availability of high quality services to refer people into.

## Involve people with lived experience

Effective monitoring and regulation of services for people who use drugs must include listening to the voices of people using those services. People who use drugs, and their families, are a key source of intelligence on what is or is not working well and how services can be improved. To ensure people feel able to give honest feedback, it is vital that regulatory processes such as contract reviews and the Care Quality Commission inspections draw on independent service user voice, as well as that gathered via the service provider.

Examples of this in practice include the User Voice councils[37] for health and justice services in Kent, and the Patient Participation Project commissioned by NHS England Health and Justice in London. In the latter example, individuals with lived experience of the criminal justice system were trained to support improved service user participation across the region's health and justice services. This provided the voices of service users at strategic planning and contract review meetings, and advice to prison healthcare services to deliver improvements in patient participation.[38]

# Practices that reduce or increase harms related to community-custody transitions

In addition to the areas referred to above, we would highlight the following aspects of effective practice.

## Peer support

Support from people with lived experience can be a vital means of improving support for people transitioning between community and custody. Peers can provide a source of support and advocacy to help people navigate the transition and access treatment, as well as being able to instil hope and inspire others to the prospect of change. Respondents to our consultation on community sentence treatment requirements also felt that peer supporters would be more able than people without experience of substance misuse to identify where people are not truly engaging in the treatment process and help motive them to address this.

## Through-the-gate services

Offering through-the-gate support for people leaving prison provides a means to engage people in treatment and ensure continuity of care, rather than leaving it to the individual to arrange or attend appointments themselves at a time when they may be dealing with multiple services and areas of need.

Clinks members tell us that, to have the greatest chance of success, through-the-gate support must involve having met and built a relationship with the individual prior to them leaving prison. The same person can meet them at the gate upon release to escort them to key appointments such as probation, health, drug services and accommodation, and provide follow up during the early stages of resettlement in the community.

Both HM Inspectorate of Probation and HM Inspectorate of Prisons have raised concerns about the quality and consistency of through-the-gate support provided by Community Rehabilitation Companies since the introduction of Transforming Rehabilitation.[39] The voluntary sector was envisaged to play a key part in the Transforming Rehabilitation reforms including the provision of through-the-gate services. However, Clinks' research shows that the voluntary sector has not been engaged in the delivery of services, as opposed to the government's stated intention. Organisations that are involved are concerned about their ability to deliver a high quality service within the contract terms. Many report supplementing their service with reserves or other charitable funds.[40]

# Examples of commissioning and managing services which fulfil existing recommendations

## Integrated care: Turning Point in Leicester

In Leicester, Leicestershire and Rutland, substance misuse services are commissioned jointly for people in the community and within HMP Leicester, and delivered by a single service provider - Turning Point. This arrangement enables greatly improved continuity of care between custody and the community. Staff work both in prison and the community which means that service users are not being continually reassessed and can continue to be supported when entering or being released from custody. All service users are allocated a recovery worker and have a care plan developed, which may include continuation of work started in the community.

Every new reception in HMP Leicester is seen by a member of the substance misuse service team who assesses needs, offers engagement to everyone and explains the service available. All new receptions are given harm reduction advice, brief alcohol advice and are given information to refer to if they choose to decline support at that initial stage. Having a shared system for health records means that if Turning Point is aware the individual has engaged in services in the community or has received historical treatment, it can encourage engagement on that basis.

Having shared health records also enables continuity of prescriptions from the first night in custody. Turning Point has a nurse prescriber on duty six days per week, so that every new reception is assessed as needing pharmacological interventions has the opportunity to see a prescriber who can issue a prescription to ensure they are able to start taking medication if appropriate on the first night, or at the safest opportunity. This also means that service users can be reviewed on a regular basis which enables quick titration or changes to prescribed medications.

Turning Point's arrest referral team will see many of the service users prior to custody, so the team working in prison can access their assessments and any information provided, including drug screenings. They can also prepare the teams working in custody for anyone potentially coming into custody so that they can do some pre-arrival work, such as confirming their engagement with opioid substitution therapy in the community.

Turning Point work with a peer-led relapse prevention service called Dear Albert who deliver a group in prison as well as support in the community.

They also attend a monthly multi-agency meeting with the prison governor, probation,

and healthcare staff to look at upcoming releases, identify risk and look at what other support can be offered to not only reduce harm but reduce the risk of reoffending.

All service users working with the team at HMP Leicester are seen by their recovery worker for pre-release planning, which includes reiterating the harm reduction work, and providing them with community follow-up appointments and information on local services that may be of assistance. They will then be seen by a prescriber within seven to ten days following release. This is to ensure the prescription is still appropriate and make changes such as increasing opioid substitutes or reintroducing them. Turning Point also provide naloxone on release to all service users who want this.

## Women's Community Hubs: Changing Lives

Changing Lives operates Community Hubs for women which provide women with both immediate and ongoing comprehensive support following release from prison. The Community Hubs are based in community venues and build on existing community resources. For example, at their Northumbria Women's Community Hubs women can attend weekly sessions from a range of providers, including local authority housing teams, Shelter, Citizens Advice Bureau, colleges and training providers, Mind, the Community Rehabilitation Company Victim Awareness team, Nepacs family support service, and local domestic abuse and sexual exploitation services. By increasing co-operation and partnership working between services, these Hubs enhance existing community resources and service capacity, and prevent women from having to independently co-ordinate a range of services without any support.

## Departure Lounge: Lincolnshire Action Trust

Lincolnshire Action Trust run a well-established service for people being released from HMP Lincoln, known as the Departure Lounge. Staff from Lincolnshire Action Trust meet with people a week before they are due to be released, before gathering information from service providers on their ongoing treatment needs, referrals and any appointments booked with community services. This information is collated into a release pack so the person has all the information they need on hand in one place. On the day of release, people can visit the Departure Lounge immediately beside the prison gate, where they can access practical help such as a wash-bag, hot drinks and use of phone-chargers, as well as advice and support to deal with any concerns. The Departure Lounge also provides a space for family members or others who have arranged to meet them at the gate to wait and access support or advice.

# End notes

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Tavis House
1-6 Tavistock Square
London WC1H 9NA
020 7383 0966
info@clinks.org
@Clinks_Tweets
**www.clinks.org/policy**