Alcohol and Re-offending – Who Cares?

This briefing paper focuses on the high level of alcohol misuse and dependence within the prison population. In recent years a great deal of time and money has been spent developing drug policies and treatment. In comparison alcohol has been overlooked and largely forgotten about. The Prison Service does not even have an alcohol harm reduction strategy. It has been left to individual prisons to try and patch together services with the help of the voluntary sector. This is despite the fact that alcohol related crime is a key issue for the government and that nearly two thirds of the 74,000 people in prison are hazardous drinkers. If prisons are to make any progress in reducing re-offending then the Prison Service, supported by the NHS, needs to develop and implement a well resourced alcohol strategy.

Key Facts and Figures

- On 19th December 2003 the prison population in England stood at 73,735. This is made up of nearly 61,000 sentenced prisoners and just under 13,000 remand prisoners.
- Nearly two-thirds of sentenced male prisoners (63 per cent) and two-fifths of female sentenced prisoners (39 per cent) admit to hazardous drinking prior to imprisonment which carries the risk of physical or mental harm. Of these, about half have a severe alcohol dependency.
- It is common for prisoners who have alcohol problems also to have drug problems. Just over a quarter of male prisoners and about a fifth of female prisoners who are hazardous drinkers are dependent on at least one type of illicit drug.
- In 2002/2003 an estimated 6,400 prisoners undertook alcohol detoxification programmes, and an estimated 7,000 more prisoners undertook detoxification for combined alcohol and drug misuse.
- There are no specific ring-fenced accredited alcohol treatment programmes in prisons in England and Wales.
- A recent Prison Service survey identified only one prison that had a dedicated alcohol strategy.
- According to the Prime Minister’s Strategy Unit the annual estimated cost of alcohol-related crime and public disorder is up to £7.3 billion.
Alcohol, Crime and Disorder

It would be simplistic and misleading to say that alcohol causes crime. Alcohol consumption does not inevitably result in crime and disorder. However, alcohol and crime are certainly linked. People do things under the influence of alcohol that would not happen ordinarily.

While it is impossible to be precise about the nature or extent of the relationship we can confidently say that a significant amount of crime is alcohol-related. In particular it is associated with:

Anti-social behaviour and public disorder one in four people in the latest British Crime Survey (BCS) say drunk and rowdy behaviour is a problem in their neighbourhood and government research has found that nearly seven in ten people say drinking in public places or on the street is a problem in their area (Strategy Unit, 2003).

Violence, injury and victimisation, both in and around pubs and night-clubs, and also domestic violence and sexual assault – the latest BCS survey found that almost half of victims of violent crime say the perpetrator was under the influence of alcohol at the time. Just over a third of incidents were between strangers and a further third between acquaintances. A quarter were assaults between partners, relatives or household members and five per cent were muggings. Over half of alcohol-related violence occurs in and around pubs, clubs and discos, mostly at the weekend. Despite increasing public concern the BCS suggests that the level of alcohol-related crime has remained stable in recent years.

Deaths and casualties through road traffic accidents involving alcohol – In 2000, driving over the legal limit accounted for five per cent of all road accidents and 17 per cent of all road deaths – some 530 deaths in total. In 2001, this dropped to 480. More recently however although fatal and serious casualties have remained low, the level of minor casualties has increased. Between 1993 and 2001 the total number of casualties from road accidents involving alcohol rose by one fifth.

The overall picture contrasts with that for illicit drugs, which are mostly associated with acquisitive crimes. Unlike illicit drugs, alcohol is widely available and relatively cheap so few people who are dependent steal to fuel a habit.

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Alcohol Misuse Among Prisoners

Alcohol misuse and dependence is significantly higher within the prison population than in the general population.

According to a recent study by the Office for National Statistics nearly two-thirds of sentenced male prisoners (63 per cent) and two fifths of female sentenced prisoners (39 per cent) admit to hazardous drinking which carries the risk of physical or mental harm. Of these, nearly half of them had a severe alcohol dependency problem.

This means that of the 60,000 sentenced prisoners just over 40,000 are hazardous alcohol users. Almost half of these will have a severe alcohol dependency problem that requires more intensive treatment. They are more likely to be younger prisoners aged 16 to 24 who have committed violent offences (Singleton, 1998).

In Young Offender Institutions there are many young men who have alcohol problems, often related to binge drinking. For example at Castington YOI in Northumberland the Chief Inspector of Prisons found that ‘the majority of young people entering Castington has used large quantities of alcohol’ A survey carried out by the Chief Inspector at Castington in June showed that of the nearly 300 prisoners 42 per cent of the 18 to 21 year olds in the prison and 30 per cent of the juveniles aged 16 to 18 said they had alcohol problems (HM Chief Inspector of Prisons, 2003).

Many prison officers and governors have expressed concern to the Prison Reform Trust that the level of alcohol misuse amongst young offenders is rising.

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Alcohol Misuse is Often Combined With Drug and Mental Health Problems

It is common for prisoners who have alcohol problems also to have drug problems. The ONS study found that just over a quarter of male prisoners and about a fifth of women in prison who were hazardous drinkers are dependent on at least one type of illicit drug (Singleton, 1998).

These substance misuse problems are often combined with mental health needs. Offenders with alcohol and drug dependence have been shown to have significantly higher rates of mental illness such as neurosis, psychosis and personality disorder. The ONS study found that more than half of prisoners who have been hazardous drinkers have two or more mental disorders. These may also require treatment, and may pose an additional obstacle to rehabilitation.
Do Prisoners With Alcohol Problems Receive Treatment and Support?

Despite the significant level of need outlined above the Prison Service does not have an alcohol harm reduction strategy. There are no central guidelines which set out what kind of intervention is effective and for what type of offenders. This means that there is no expectation on individual prisons to develop alcohol policies or strategies. Indeed a recent Prison Service survey that received responses from half of the 138 jails in England and Wales identified only one prison that had a dedicated alcohol strategy in place.

The lack of central guidance means that any alcohol treatment and support services are ad hoc, local initiatives. As there are no ring fenced budgets for alcohol programmes governors have to be creative to find any funding. This means that the quality of provision is extremely varied and limited.

The Chief Inspector of Prisons, Anne Owers, recently told the Home Affairs Select Committee that she was concerned about the lack of provision for prisoners with alcohol problems. She said:

“At the moment all that is available is tied into programmes designed for other kinds of substance abuse, for drug programmes, there is nothing specific and nothing specifically ring-fenced and I definitely think there should be.” (Home Affairs Select Committee, 2003)

Many of the 40,000 prisoners who need help for alcohol problems are not receiving it. This is particularly true for the more than 20,000 prisoners who are severe dependent alcoholics. Recent research has found that programmes for offenders with drinking problems can reduce the likelihood of re-offending (McCollister and French, 2003).

Detoxification and Assessment

Prisoners are given a health assessment when they first arrive at a prison. However, this does not involve a targeted screening programme to identify hazardous drinkers.

Those prisoners who are in need of immediate detoxification will be transferred to health care. The Prison Service does not collate figures centrally on alcohol detoxifications but on the basis of a recent internal survey it is estimated that in 2002-2003 around 6,400 prisoners undertook alcohol detoxification programmes.

For those prisoners who have combined alcohol and drug problems assessment and, detoxification will be provided by the CARAT (Counselling, Assessment, Referral, Advice and Throughcare) drug teams. In 2002-2003 there were more than 40,000 detoxifications carried out by CARAT teams. The majority were for prisoners with drug problems. The Prison Service estimates that about seven thousand were for prisoners with combined alcohol and drug problems.
Treatment Programmes

Drying out has never been a cure for alcohol problems and it is critical that there are interventions available in prison to help people to change their behaviour. However, at present there are currently no dedicated, accredited alcohol treatment programmes available in prisons.

There are three accredited intensive drug treatment rehabilitation programmes for long term prisoners (those serving sentences of more than two years) that in part focus on alcohol. For example at Long Lartin prison in Worcestershire, there is an accredited cognitive behavioural drug and alcohol treatment programme designed for long-term offenders whose substance problem has been linked to their criminal behaviour. But just ten prisoners take part in the programme, which runs twice a year over 22 weeks (HM Chief Inspector of Prisons, 2003a).

In 2002-2003, around 4,300 prisoners entered such accredited programmes, just a small proportion of those who need treatment. It is not known how many completed the programmes.

These programmes are better than nothing, but groups such as Alcohol Concern recommend separate, alcohol treatment programmes for prisoners with severe alcohol dependency and shorter motivational based programmes for hazardous drinkers (Alcohol Concern, 2003).

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Education & Awareness Programmes

The majority of provision for prisoners with alcohol problems consists of education and awareness programmes. These range from alcohol education materials that might be given out to prisoners through to specific alcohol offending courses. Alcoholics Anonymous also operates group sessions in about 70 of the 138 prisons in England and Wales.

However, if interventions are to work they need to be evidence based and there is little evidence that group based alcohol awareness courses do make a difference. For hazardous drinkers Alcohol Concern recommends motivational programmes that offer individual advice and counselling to encourage people to change their behaviour and reduce consumption in a persuasive but non-judgemental fashion (Alcohol Concern, 2003).

As noted, above severe dependent alcoholics need more intensive treatment programmes.

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**Short Term Prisoners**

Most prisoners serve sentences of less than two years. In 2002 more than three quarters of those sent to prison were given sentences of less than two years. But these people are not eligible for the drug treatment programmes that include an alcohol element. For them accessing any alcohol treatment programmes will be impossible.

Prisoners who have committed non-violent crimes, and have severe alcohol dependency problems that are related to their offending, would be better suited attending treatment programmes in the community as part of a non-custodial punishment rather than being given a short spell in prison during which they receive little, or no help with their alcohol problems.

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**What are the Opportunities for Follow-up Treatment?**

If the alcohol interventions provided in prison are to make a difference it is critically important that there is throughcare on release back in the community.

At present prisoners serving sentences of less than 12 months are not eligible for post release support from the Probation Service. In fact they stand little chance of receiving any community support. Despite recommendations by the Social Exclusion Unit, the Prison Service and the Department of Health have yet to ensure that prisoners are enabled to register with a GP which would allow for support and follow up on release.

For longer sentence prisoners who leave custody on licence supervised by Probation the prospects are not much better. This is because there is a shortage of alcohol services in the community which have suffered ‘benign neglect’. In general services are chronically under funded, depending largely on the voluntary sector and there are long waiting lists for treatment (Alcohol Concern, 2003a).

Improvements in the interventions provided in prison need to be matched with improvements in the community because without throughcare prisoners whose crimes are alcohol-related are at serious risk of re-offending.

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The Way Forward

The Prison Service is in the process of drawing up an alcohol harm reduction strategy but the Prison Reform Trust understands that this will not be supported with extra resources to improve the number and range of interventions available for prisoners. Instead it will essentially be a good practice guide that sets out what is expected of prisons. It is unrealistic to expect prisons to improve interventions for the thousands of prisoners with alcohol problems without extra funding.

Alcohol-related crime costs more than seven billion pounds a year, at a fraction of this cost alcohol treatment, counselling and advice programmes, as proposed by specialists such as Alcohol Concern, could be developed in prisons. This would contribute to reducing re-offending and so cut the enormous cost of alcohol-related crime.

At the same time the courts need to be encouraged to divert non-violent offenders with severe alcohol problems into treatment programmes. Instead of imposing short custodial sentences of just a few months community punishments should be used that are based around alcohol treatment similar to the Drug Treatment and Testing Orders, that include a review process of the offender’s progress on the treatment programme. If the court is particularly concerned about an offender absconding, a treatment programme could be combined with electronic monitoring.

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Summary of Proposals

- The Prison Service, supported by the NHS, needs to draw up an alcohol harm reduction strategy that provides guidance to individual prisons to have alcohol intervention programmes in place that link up with drug treatment work in prisons. The strategy needs to be supported by sufficient extra investment.

- There should be effective screening tools put in place such as the AUDIT tool developed by the World Health Organisation to identify hazardous drinkers as they are received into custody. This work should be carried out by an expanded CARAT team to include alcohol as part of its remit.

- There needs to be ring fenced alcohol treatment programmes available, particularly in training and dispersal prisons, for severe dependent alcohol users and motivational programmes for hazardous users.

- Onward referrals should be set up for those on release from custody to provide offenders with continuing support once back in the community.

- Procedures need to be put in place to monitor the number of people who enter prison with alcohol problems, the numbers who then complete detoxification courses and the numbers who take up and complete an intervention programme.

- The courts should be encouraged to divert offenders with alcohol related problems who have committed non-violent offences into treatment programmes or education schemes in the community.