

Transforming Delivery of Substance Misuse Support to Female Prisoners

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Introduction

Background

In response to an external service evaluation of the substance misuse service at HMP Send which found that the needs of only a small proportion of female prisoners were being met, the 'Levels model' was introduced. This model was designed to increase accessibility of substance misuse treatment and provide a range of interventions suitable for women with different needs (such as those on opiate maintenance prescriptions) and sentence lengths.

HMP Send

HMP Send currently operates as a closed female training prison located in Woking, Surrey. With an operational capacity of 282, the population consists of sentenced, those subject to licence recall, lifers and foreign national offenders. The integrated drug treatment service is located in a dedicated space with group and interview rooms throughout the prison. HMP Send is also part of the personality disorder pathway and has the only national therapeutic community for female offenders in the UK.

Aims and hypothesis

To explore whether a new, flexible, needs-led model of substance misuse support improved treatment outcomes for female prisoners at HMP Send.

Methods

Service re-design

The Levels model consists of four different levels: (1) risk management; (2) building motivation; (3) abstinence-based interventions; (4) relapse prevention. This was presented to service users using Forward's Theory of Change (Figure 1), a motivational pathway of progression in which service users could identify where they were in their treatment journey and know what to expect from the different stages of treatment.

The introduction of Stepping Stones, a six-week, medium intensity, psychosocial group work programme, was key to the new service model. Women on opiate maintenance or reduction prescription could access this psychosocial support (alongside other service users not accessing clinical treatment), which was not available to them in the previous service model.

Footsteps in Recovery is Forward's accredited abstinence-based substance misuse treatment programme. The programme combines a number of evidence-based approaches including Cognitive Behavioural Therapy, Seeking Safety (a trauma-informed approach), Motivational Enhancement Therapy and the Twelve Step principles of Alcoholics Anonymous.

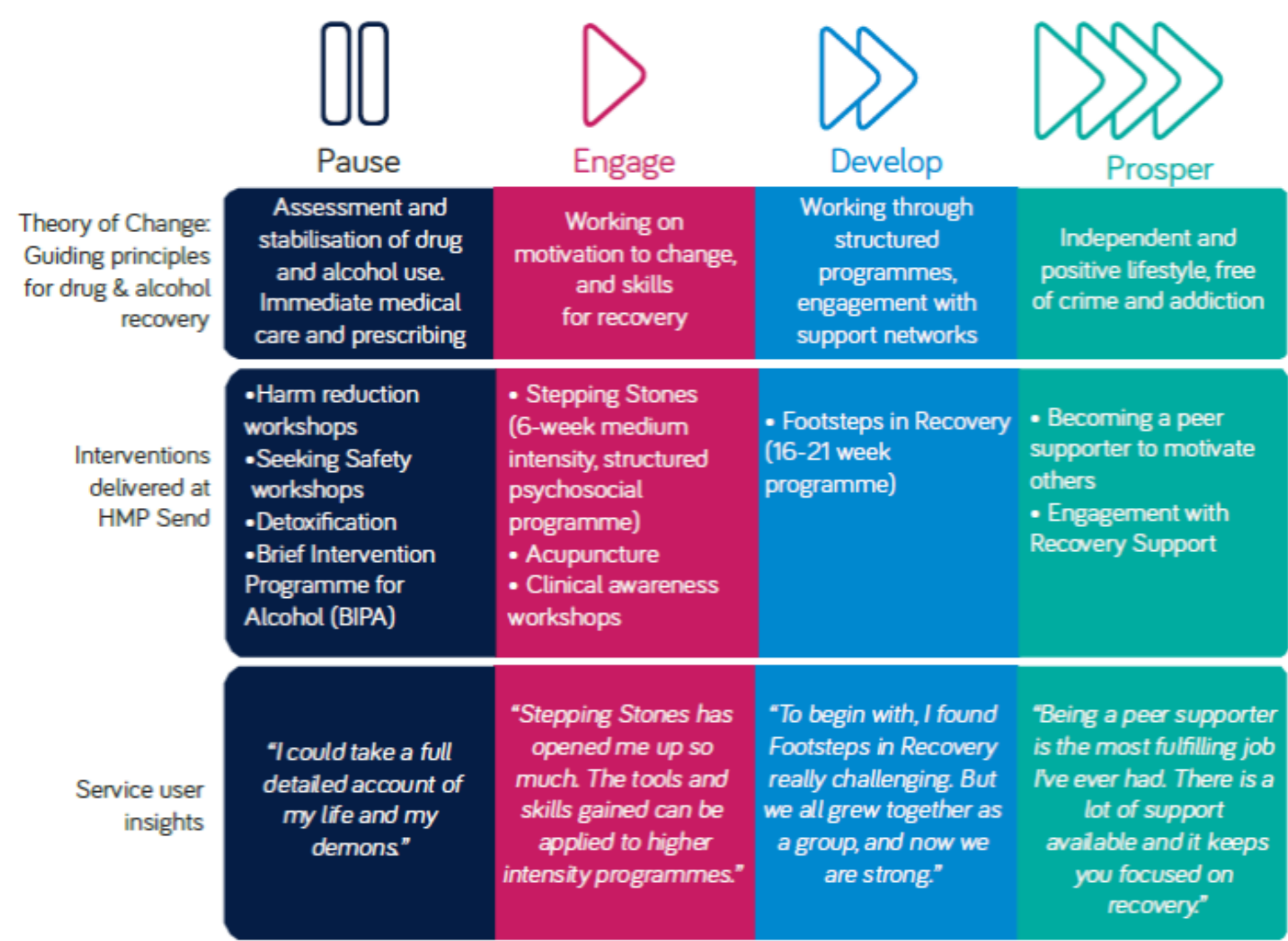


Figure 1. Forward's Theory of Change at HMP Send

Methods

Analysis

Outcomes for 135 women who engaged with the Levels model from 1st September 2016 to 31st August 2017 were compared with 138 women accessing treatment in the 12 months prior: completion rates for opiate detoxification, Stepping Stones, Footsteps in Recovery and missed appointments (DNAs).

Amongst those who engaged in Stepping Stones and/or Footsteps in Recovery, psychometrics measuring pre- and post-programme motivation to change, confidence in abstaining from drugs and alcohol and social problem solving skills were collected using:

- University of Rhode Island Change Assessment (URICA; McConaughy et al., 1983)
- Drug Taking Confidence Questionnaire (DTCQ; Sklar et al., 1997)
- Social Problem Solving Skills Inventory – Revised (SPSI: R; D'Zurilla et al., 2002)

Results

Clinical interventions

The number of service users receiving clinical interventions in the first 12 months of the Levels model was 234, a 12% increase on the 12 months prior.

	Last 12 months of old service model	First 12 months of Levels model
Total number receiving a clinical intervention	209	234
Number on a maintenance script	101	136
Number on a reduction script	102	110

Table 1. Numbers engaging in clinical interventions in the old service model and new Levels model

The increase in the total number of service users on a maintenance prescription may reflect the wider range of interventions on offer (e.g. Stepping Stones, harm minimisation workshops) that are inclusive to those on a prescription. Prior to the Levels model going live, the service largely consisted of the abstinence-based programme. This suggests that a greater number of those receiving clinical interventions engaged with the service.

This access to a wider range of psychosocial interventions also contributed to the increasing number of service users completing a detox, from 10 to 22.



Results

Psychosocial group work programmes

Forty four service users engaged with the Stepping Stones programme, with a completion rate of 95%. Since the implementation of the Levels model, the completion rate for Footsteps in Recovery has increased by 25%. The wider availability of less intensive interventions is likely to have decreased the amount of inappropriate referrals to Footsteps in Recovery. Service users were referred to interventions that suited their current need, therefore only those ready for intensive treatment started the programme.

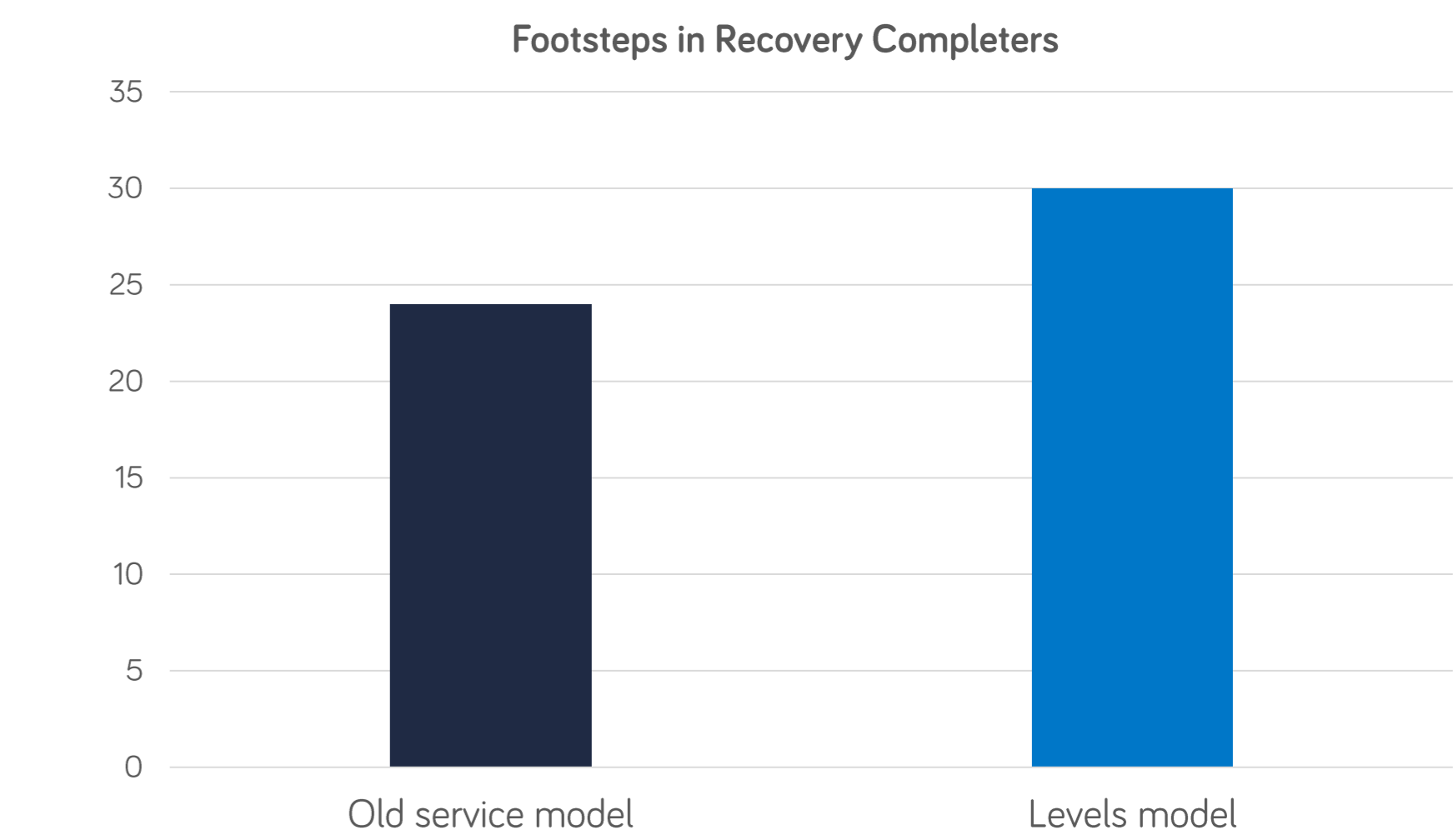
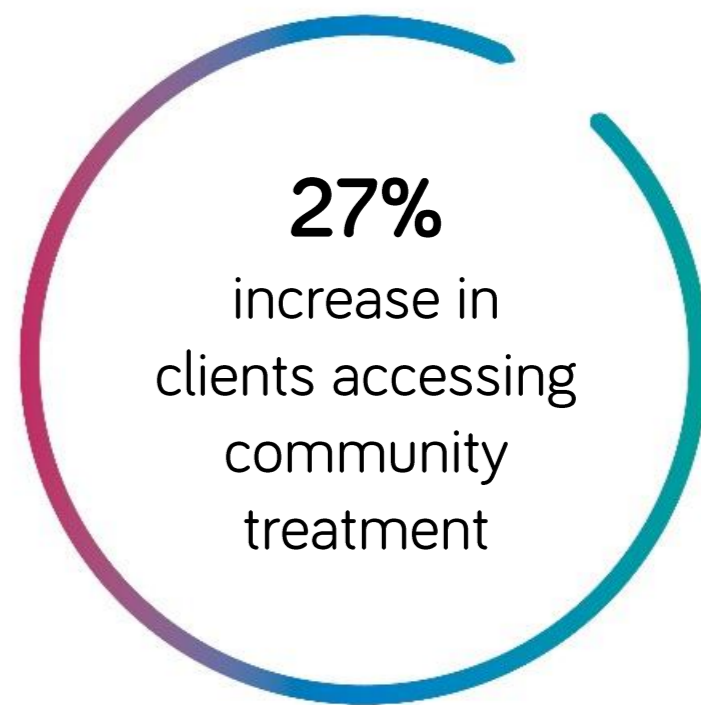


Figure 2. Number of Footsteps in Recovery completers in the old service model and new Levels model

Amongst Stepping Stones and Footsteps in Recovery programme participants, there was a significant increase in action scores between treatment start ($Mdn = 32.00$), and treatment completion ($Mdn = 35.00$), $T = 3.80$, $p < .01$, $r = .48$ indicating they were motivated to change their drug using behaviour. There was a significant increase in participants' perceived ability to abstain from alcohol in triggering situations between treatment start ($Mdn = 67.50$) and treatment completion ($Mdn = 97.50$), $T = 3.97$, $p < .01$, $r = .50$. Confidence in abstaining from drugs in challenging situations also increased from treatment start ($Mdn = 55.00$) to treatment completion ($Mdn = 63.75$), $T = 2.22$, $p = .03$, $r = .23$. Social problem solving skills increased ($M = 92.22$, $SE = 2.97$) compared to the start of treatment, ($M = 83.72$, $SE = 2.81$), $T = -4.65$, $p < .01$, $r = .61$.

Community transition

The benefits of this flexible approach not only improved outcomes in prison, they also extended to the transition back into the community. There was a substantial increase in the number of service users accessing ongoing treatment in the community. This is especially important for those who started their recovery journey inside prison but were not able to address all their needs during this time (e.g. due to serving a short custodial sentence).



Conclusions

Implementing the Levels model led to more women completing detoxifications and group programmes, as well as achieving abstinence. These findings show that a flexible, staged approach to prison-based substance misuse support can prepare women for intensive treatment, meet their needs more effectively and lead to improved treatment outcomes.