Characteristics of and Short Term Outcomes for Liverpool Resident Drug Users Released from Prison

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Abstract
The Drug Interventions Programme (DIP) introduced co-ordinated case management and aftercare for drug users released from prison in England and Wales. This paper examines the circumstances of Liverpool resident drug users released from prison to two aftercare teams and their short-term outcomes (12 weeks) post release. Thirty-one releasees with extensive offending and drug use histories were interviewed immediately post release and 12 weeks later. All participants had used drugs in the 12 weeks pre-prison and many had continued to use whilst incarcerated. At release clients reported positive social relationships, good ratings of physical and mental health and encouraging perceptions of control over drug use and stability of accommodation. Comparison of the 12 week follow up period to the equivalent time pre-prison evidenced reduced levels of offending and Class A drug use post release. Whilst positive perceptions of social relationships, health and accommodation were maintained at follow up there appeared to be an erosion of perceptions of control over drug use. Participants were more likely to feel they required generic interventions such as accommodation and employment rather than specific drug treatment. The study has demonstrated positive outcomes for clients engaging in aftercare and has emphasised the need for services to assist clients re-integrate into mainstream society. In order to evaluate the success of aftercare for all participants, including those who could not be followed up, a more complex methodology would need to be developed under pinned by the recruitment of a larger sample. Experiences during this study’s implementation suggest that the construction of validated measures for drug use and criminality would be a valuable contribution to research in this area.
**Introduction**

In 1998 the Government released its white paper Tackling Drugs to Build a Better Britain (Home Office, 1998). This document set out a ten year strategy to tackle drug use and its associated problems.

**Drug Use and Criminality**

Central to this Strategy were the links between drug use and crime that have been established through research. Numerous studies have provided indications of the levels of criminality among treatment samples but the most often cited is the National Treatment Outcome Research Study (NTORS). Among this sample of 1,075 drug users entering treatment in the UK in 1995, 52% reported committing non-Misuse of Drugs Act crimes in the 3 months prior to intake and 71% had been arrested in the two years before entering treatment. In addition, individuals using the largest amounts of cocaine and heroin were the ones most involved in crime. Further evidence for the link between drugs and crime was provided at follow up where reductions in drug use were seen alongside reductions in criminality (Gossop et al, 1998, Gossop et al, 2000). Unfortunately the study has not been able to provide outcomes for clients who have dropped out of treatment and therefore rates of criminality among the whole original sample were likely to be higher.

There is also significant evidence of high levels of drug use among arrestees. The New England and Wales - Arrestee Drug Abuse Monitoring research found that more than two-thirds of 3,000 arrestees (69%) tested positive for at least one drug. This included approximately four in ten arrestees (38%) who tested positive for opiates and/or cocaine. Arrestees using heroin or cocaine self-
reported having committed more than six times the number of offences in the previous twelve months than arrestees not using illicit drugs (Holloway and Bennett, 2004). Arrest Referral schemes, set up to divert drug misusing offenders into treatment at point of arrest, have also provided some useful information. Findings from the monitoring of Arrest Referral schemes between 2000 and 2002 revealed that 83% of drug using arrestees seen by Arrest Referral workers had previous convictions and that shoplifting was among the most often reported sources of income (O’Shea et al, 2003).

Perhaps unsurprisingly, levels of drug use are high among prison inmates. In an Office for National Statistics survey of 3,142 prisoners (2371 males and 771 females) in 131 prison establishments in the UK, 70% of males and 58% of females self-reported use of cannabis, heroin, non-prescribed methadone, amphetamines, crack or cocaine in the year before their prison sentence. Critically, 46% of male prisoners responding to the survey and 45% of females were dependant on illicit drugs (Singleton et al, 1999).

The Prisoner Criminality Survey 2000 which examined the drug use of 1,884 recently incarcerated prisoners at 34 prisons in England and Wales found that three-quarters of prisoners (73%) had used an illegal drug in the year before entering prison and almost half (47%) had used heroin, crack or cocaine. Rates of drug use among the prison sample were much higher than among the general public. Around two-fifths (38%) of the sample felt they had a drug problem. Only 19% of those subjects who had been in prison before did not use any drugs and over half of those who had been in prison before had used
heroin, cocaine or crack in the previous year. This suggests that drug treatment interventions, in prison or in the community, had not been successful in stopping their drug use and offending (Liriano and Ramsey, 2003).

A follow up element of the Prisoner Criminality Survey showed that, whilst markedly decreased, drug use continued during prison stays with a quarter of prisoners (27%) interviewed in the follow up using heroin during their prison stay. Use of stimulants, however, was particularly low during prison stays. Comparison of before, during and after custody rates of drug use revealed that prevalence and frequency of use of heroin, crack, cocaine and cannabis was higher post release than during prison but that it was lower than use prior to custody. Drug use was also associated with re-offending post-release. Among those who reported using drugs post release almost two-thirds (62%) reported re-offending compared to just a third (36%) of those who did not use drugs post release (Bullock, 2003a).

**Drug Interventions Programme and Prison Aftercare**

Around 70,000 drug users enter prisons annually (HM Prison Service Drug Strategy Unit, 2003) and it has been estimated that 180,000 drug users appear in custody suites every year (Sondhi et al, 2002). In the past decade a wide variety of schemes have been established in prisons and the community to engage with and provide support for drug users. Some of these built on existing principles, for example, Drug Treatment and Testing Orders, now replaced by Drug Rehabilitation Requirements, were essentially an intensive version of community rehabilitation orders with drug specific treatment and supervision for a specified number of hours each week. Others are relatively new concepts...
such as arrest referral and police intelligence led offender targeting schemes. In prisons, treatment regimes including detoxification, cognitive behavioural approaches, therapeutic communities and 12 step programmes have increased and are underpinned by the Counselling Assessment Referral Advice and Throughcare (CARAT) teams. The Updated Drug Strategy 2002 (Home Office, 2002) laid out plans for the Criminal Justice Intervention Programme (CJIP). The CJIP aimed to join up the various community and prison based schemes by establishing teams to case manage drug users entering the criminal justice system at any point.

**The Drug Intervention Programme Wheel**

Established in April 2003 in the 30 Police Basic Command Units with the highest levels of acquisitive crime and then extended to another 37 areas, the scheme went national on the 1st May 2005 under its new name the Drug Interventions Programme (DIP).
Possibly the most critical aspect of the programme is the increased focus on prison aftercare. The Prime Minister’s Strategy Unit’s ‘blue skies thinking’ report on the drug situation in the UK singled out the inconsistency of prison aftercare as well as the problems with capacity and variety of treatment available in prisons. The lack of continuity of treatment for individual drug users passing between prisons and the community was also highlighted (PMSU, 2003).

Individuals serving sentences of a year or less are not subject to supervision by the probation service. Many of these individuals may not have had the opportunity to participate in extensive programmes of rehabilitation during their incarceration and therefore are at greater risk post release of returning to previous patterns of behaviour (Lewis et al, 2003). In 2004 the police and HM customs and excise dealt with 95,570 drug offences. Of these, 12% resulted in immediate custodial sentences. Whilst all of these individuals will not have been drug users, some may have been non-using drug dealers and producers etc., it is likely that a large proportion of these 9,660 individuals were. The average custodial sentence imparted was 32 months. Not only does this demonstrate the numbers of drug using offenders in the prison system but it also shows how long individuals are out of the ‘normal’ routine of society and why it is understandable that they can often find it hard to adjust back into the ‘mainstream’ (Mwenda, 2005).

These difficulties have led to the so-called ‘revolving door’ scenario whereby individuals continue in a cycle drug use, offending, arrest and imprisonment. This is to some degree evidenced by a Home Office study of re-offending...
among individuals released from prison or put on a community order in 2002. Whilst not examining a group of drug users specifically this study does evidence the high rates of re-offending among 19,215 individuals released from prison. At two years post release, 67% of the cohort who had been released from prison had been convicted of another offence. The risk of re-offending was higher in the first few months of being released. Almost two-thirds of the clients (65%) who re-offended in the two year period had done so within six months and 83% had within twelve months (Cuppleditch & Evans, 2005).

In evaluating a number of criminal justice based interventions for drug users Edmunds et al (1999) concluded that ‘The obvious gaps are ….in reaching those offenders serving short prison sentences at the point when they are released.’ Field (1998) in a review of the literature regarding transitions between prison and the community suggests that much of the good work done in prison can be nullified by the difficulty of release into the community.

There is a significant amount of research evidence indicating the validity of aftercare for clients leaving prison. Much of the evidence comes from the USA where the concept of the criminal justice system as a source or starting point of treatment is further developed than in the UK.

Brown et al (2001) examined the success of an aftercare programme for clients released from prison and from courts on probation in Baltimore. Clients receiving aftercare were compared to a non-aftercare control group. The aftercare group were significantly less likely to report the use of illicit drugs at 6 months follow up. In addition, the aftercare group had lower levels of
criminality. Significant differences were not maintained at 12 months, potentially highlighting the need for ongoing assistance as the aftercare only continued for six months post release.

Evaluations of prison treatment programmes in the USA have shown that the most effective treatment in terms of recidivism and relapse has continuity between treatment received in prison and in the community post release. In fact questions have been raised about the usefulness of treatment in prison that does not have community based aftercare components. Two evaluations of the success of various stages of a Delaware treatment continuum (a prison based Therapeutic Community, a 6 month residential post release programme and a six month out-patient aftercare programme), have found that prison treatment programmes in association with both the residential and outpatient aftercare programmes produced the best results. The completion of prison treatment was also shown to assist in the production of positive outcomes for clients graduating from the aftercare programme. Prison programme graduation and participation in the two aftercare stages were significant predictors of drug free status at one year (Butzin et al, 2002, Inciardi et al, 1997). These studies emphasise the need to make sure that clients have a very structured post release period and whilst the interventions examined in these studies differ to those examined in this research the principles that have led to lower rates of relapse and criminality at follow up are the same.

Much of the American research has focused on Therapeutic Community treatment programmes. A study examining the success of a twelve month
prison based programme of this sort followed by a voluntary post release after
care intervention found that completion of both pre-release and post release
elements of the treatment was associated with lower rates of re-incarceration
than among clients who had gone through no treatment at all. In addition,
clients who completed the aftercare programme had lower rates of re-
incarceration than those who dropped out and those who completed only the
prison based element of the programme thus emphasising the importance of
the aftercare element (Wexler et al, 1995)

The nature of the aftercare provided to clients is also critically important to
outcomes for clients. Many studies and policy guidance documents have
emphasised the key factors in assisting drug-using offenders to tackle their
practice regarding the treatment of drug using offenders highlighted a weight of
international evidence suggesting the need to address the social issues that
may co-exist with problem drug use including employment, finances, housing,
family relationships and other legal issues. In addition, the review supported the
fact that effective case management is the key to assisting drug users within the
criminal justice system to achieve social integration.

Stevens et al (2005) point out that when formulating initiatives to tackle drug
related crime it might be better to look to tackle crime in its broader sense.
They present this argument from the belief that crime and drug use stem from
the same essentially socio-economic factors and that addressing these issues
is the critical point. Whilst the aftercare involved in the DIP programme is part
of a crime reduction initiative focused on drug users and treating drug use, the case management approach of DIP adopts a holistic view including giving clients the opportunity to access appropriate housing, benefits, employment and training, all of which can play a significant role in addressing poor socio-economic circumstances (Stevens et al, 2005). This range of issues has been identified as being critical in preventing re-offending (Home Office, 2004b).

Aftercare services need to respond to the underlying concern that clients released from prison are immediately subject to the triggers for drug use and have access to the relationships that will enable them to act upon these triggers. Services need to address the issue that clients may not be well equipped to access the various interventions that might be available to them to assist in the prevention of relapse (Brown et al, 2001). This necessitates a certain level of case management that was not been present for many clients prior to DIP.

These themes were central to a three-year consultation on aftercare conducted by Addaction. The investigation highlighted the difficulties that recovering users have, in particular those who are released from prison, when the highly structured routine ends and they are faced with the stresses of life in the community. It is very easy to fall into the routine that they know best to cope with the pressure. The consultation highlighted the need for better communication between prison departments and between prisons and community based drug treatment providers as well as the need to ensure that referral routes and treatment pathways were clearly defined. The essential
nature of having some co-ordinated support to help with claiming benefits, education, training and family relationships was emphasised. However, the key issues were that of appropriate housing and rapid access to appropriate treatment. It was also emphasised that the rapport between the case manager and the client was central to the success of aftercare as was the production of care plans that ‘suited the clients’. The importance of working on clients’ family relationships was also highlighted (Stephenson & Wood, 2005).

The need for a client centred approach to aftercare was also highlighted in a recent Swedish study looking at the effect of coerced treatment on client outlook and relationships with their key workers. The study highlighted the pressure that can be placed on client - key worker relationships if aftercare planning does not truly reflect the client’s needs and desires. Aftercare planning like initial care planning must be a consultative process with clients given the opportunity to suggest their desired course of action and key workers who are open to discussion on these topics and willing to act on clients’ requests (Larson-Kronberg et al, 2005).

As highlighted previously (Stephenson & Wood, 2005, Stevens et al, 2005) the provision of suitable accommodation is a particularly pertinent issue with regard to aftercare. Housing, or the lack of it, is highlighted as a key factor in the literature and in some cases can lead to a lack of engagement with treatment (Bull, 2005).

This is further emphasised by The National Treatment Agency’s Models of Care framework which suggests that in order for aftercare to be effective there is a
need to make sure that clients have access to the a holistic package of agencies and in particular housing (NTA, 2002). Home Office guidance also focuses on this holistic approach with effective case management characterised by regular client contact and the provision of a holistic range of services to clients delivered through a credible client-case manager relationship, with housing a priority. Suitable and sustainable housing, in many cases away from a client’s usual locale, is considered to be important in providing a level of stability that can carry through to other areas of the client’s recovery (Home Office, 2006).

The same themes emerge in a Howard League report examining the needs of young prisoners (18-20). High levels of uncertainty around accommodation on release, low levels of education and poor prospects in terms of employment and training were the key issues. As in the Stephenson and Woods review the importance of strong family relationships in successful resettlement were emphasised (The Howard League, 2003).

The importance of good quality communication between community teams and prisons, as emphasised by Stephenson and Wood (2005) has also emerged from other reviews in this area. Bullock (2003b) cites the US Centre for Substance Abuse Treatment as recommending an aftercare model which incorporates case managers who liaise with prison staff and community based agencies to draw up ‘transition plans’. This is essentially the dynamic that is adopted through the DIP process with CARAT teams beginning this case management role and the DIP teams continuing it. Now individuals identified by
CARAT teams in prisons will be referred to local DIP teams between 4 and 8 weeks before their release date. DIP case managers will then, if possible, visit the prisoner prior to release and begin to prepare for that client's return to the community. Often the DIP team will meet their client as they are released to try and provide a truly seamless transition. This has been identified as good practice in recent British research into prison aftercare (Fox et al, 2005).

The delivery of aftercare through the DIP programme will be central to the ability of the Home Office to meet its target from the Spending Review 2002 Public Service Agreement (PSA) which is to reduce re-offending by five per cent between 2000 and 2006 (Cuppleditch & Evans, 2005).

Aftercare Delivery in Liverpool

In Liverpool there are two teams (aside from the routine probation supervision clients must adhere to) that are specifically tasked with providing aftercare for drug using clients leaving prison. The Assertive Liaison Outreach Team (ALOT) is part of the Lighthouse Project, a large non-statutory agency providing a range of drug treatment services across Merseyside. This team attempts to pick up clients that have voluntarily agreed to be engaged in the DIP process and have not been designated as Priority or Prolific Offenders (PPOs). The PPOs are picked up by a separate multi-agency team, which comprises Probation workers and drugs workers from Merseycare NHS Trust, a statutory drug treatment provider in Liverpool. The clients seen by this team are on licence i.e. still serving their sentence. They are subject to regular drug testing as introduced under the Criminal Justice and Court Services Act 2000. If they fail three
consecutive test, fail two in a six week period or fail to attend for testing, that can be grounds for revocation of their licence, although consideration is taken of their general progress before doing so (Matrix and NACRO, 2004). Both of these teams are tasked with the delivery of aftercare in its broadest sense including assistance with the critical factors that have been highlighted earlier. Both teams will attempt to contact clients prior to release to establish aftercare plans including appropriate drug treatment as well as access to employment, education and training etc..

**Research Rationale**

The DIP nationally has been associated with decreases in acquisitive crime and increases in numbers of individuals entering treatment that surpass the targets set by the Home Office (Home Office, 2004a). However, as of yet no information has been provided regarding the aftercare elements specifically, the circumstances of clients immediately post release, the specific success of the aftercare element of the programme or indeed the outcomes for clients whether they be positive or negative. This project will attempt to fill this gap for Liverpool’s aftercare provision. Immediate post release circumstances and short term (12 week) outcomes for clients engaging with the ALOT and PPO teams will be examined. It is hoped findings will inform service delivery in Liverpool and other areas through the identification of key issues for clients immediately post release and factors that are associated with positive and negative outcomes for clients.
The literature relating to recent criminal justice based interventions for drug users in the UK has predominantly focused on examining processes and numbers contacted. Where client outcomes have been included, mostly they have only been for rates of re-offending. To some degree this is understandable considering the difficulties there can be re-contacting individuals for follow up investigation. However, the aftercare arrangements in Liverpool provide an excellent opportunity not only to attempt this follow up, but to expand the range of issues examined to areas such as accommodation, education, family relationships, general health and well-being, mental health and finances. These are the areas that have been identified in previous research as essential aftercare features (Fox et al, 2005, Home Office, 2004b).

The primary aim of this research was epidemiological in that it was seeking to provide an indication of post release situation and outcomes for clients, therefore, an experimental hypothesis was not truly applicable. However, it was expected that engagement in aftercare would be associated with:

- Improvements on indicators of mental and physical health and social relationships between release and 12 weeks post release
- Increased stability of housing between release and 12 weeks post release
- Reduced rates of post release drug use compared to pre-prison drug use
- Reduced rates of post release offending compared to pre-prison offending.
The secondary aim of the research was to identify factors associated with positive and negative outcomes for clients. Previous work examining aftercare and drug treatment in general, suggests that there is no one element that is associated with positive outcomes, that it depends on individual clients. The two tailed hypothesis was that rates of drug use and re-offending post release would be influenced by:

Clients' post release situation with regards to:

- Accommodation
- Finances
- Mental well being
- Physical well being
- Strength of family relationships
- Structured support received
- Engagement with aftercare

As well as factors such as:

- Level of engagement with drug treatment during prison sentence
- Drug use in prison
- Length of prison sentence
- Drug use history
- Offending history

The null hypothesis was that rates of drug use and offending post release would not be influenced by the factors outlined above.

**Aims**

- To examine the circumstances immediately post release with regards to health, drug use, housing, criminality and social relationships of a group of Liverpool resident drug users.
- To examine the short term outcomes (12 weeks) post prison release in terms of health, drug use, housing, criminality and social relationships for participants.
• To investigate the factors associated with positive and negative outcomes for clients post release.
Methodology

Design

A cohort study that will collect mostly quantitative data. Assessment of clients’ circumstances pre-prison and post release was undertaken within two weeks of release and again at 12 week follow up.

Participants and Recruitment

Thirty one participants were recruited for the study over a five-month period. Participation in the research was initially suggested to clients by ALOT and PPO case managers. Case managers had been fully briefed regarding the methodology and aims of the research and were given an information sheet for prospective participants that outlined all aspects of the research, what their participation would involve and included the contact details of the researcher if the client had any specific questions. This initial approach took place either in prison close to their release date or at the client’s first appointment in the community. Case managers were asked to attempt to recruit all clients that were referred to them for case management with current or previous history of drug use (inclusion criteria). However, they were told not to approach clients for inclusion if they felt that participation in the research may have jeopardised their transition into the community (exclusion criteria).

If the client gave an initial indication to their case manager that they would be willing to participate in the research they informed them that an appointment would be made for the researcher to attend at the time of the client’s next appointment. The decision was taken not to be present at the first appointment.
post release in order not to interfere with the critical early stages of contact. This also gave clients a longer period of time to consider their participation making recruitment more ethically sound. This meant that some individuals dropped out of contact with their case manager or were recalled to prison (PPO clients) before their first interview could be completed. Whilst this meant that the sample lost some of its potentially less motivated participants the welfare of the clients had to take priority.

When the researcher met the client (no more than 14 days after their release), a more comprehensive explanation of research was given both verbally and in writing. Signed consent was then sought from the client and contact details including two potential addresses and telephone numbers taken. It was made clear to clients that they could withdraw from the project at any time without penalty either through contacting the researcher or passing the information through their case manager.

**Procedure**

At the planning stages of the project a substantial amount of liaison was undertaken with stakeholders including the Lighthouse Project and the National Probation Service – Merseyside. This was to ensure that they had an opportunity to appraise the proposed procedure and suggest alterations that they felt necessary. Funding was also gained from Liverpool Drug and Alcohol Action Team for participant incentives.
The participants section above outlines the early procedural stages of the research. Once written consent had been granted the first stage interview was conducted (see materials section for details of questions). Interviews were conducted either at probation centres, hostels or Lighthouse Project premises. At the end of the interview clients were given a £10 supermarket voucher to reimburse them for their time. They were then reminded that in approximately 10 weeks the researcher would attempt to contact them. They were asked to inform their case manager or the researcher directly if they changed their contact address. Within 14 days a thank you letter was sent to their primary contact address out of courtesy but also to maintain engagement.

The procedure for follow up depended upon the circumstances at that stage:

- If they were still in contact with their case manager the second contact was arranged through them.
- If not a letter was sent to their primary address.
- If no response within a week a second letter was sent.
- If no response within three days a telephone call was made.
- Once a second telephone call had been made with no response a third letter was sent to the secondary address (if provided).
- If there was no contact after this letter the client was deemed to be lost to follow up.

In some cases the client had been sent to prison and case managers were aware of this. The participants were deemed to be uncontactable as it was not practical within the scope of the project attempt to follow these clients up in whilst in custody. Where participants could not be contacted for follow up
interviews a brief questionnaire was designed to collect information from their case manager (details provided in material section).

**Materials**

Two participant questionnaires were designed; one for the initial post release interview (PR) and another for follow up interviews (PRF).

Questionnaire PR covered the following topics:

- Drug use history
- Drug use in the three months prior to prison
- Drug use in prison
- Drug treatment history
- Drug treatment in the three months prior to prison
- Drug treatment in prison
- Offending history (pre-defined offence categories)
- Relationships with family members and friends
- Number of offences committed per week in three months prior to incarceration
- Types of offences committed in the three months prior to incarceration (pre-defined offence categories)
- The nature of accommodation immediately post release
- Physical well-being
- Mental well-being
- Structured support needed

Questionnaire PRF covered the following topics:

- Drug use post release
- Drug treatment post release
- Other structured support post release
- Accommodation status post release
- Stability of accommodation post release
- Relationships with family members
- Number of offences committed post release
- Types of offences committed post release (pre-defined offence categories)
- Physical well-being
- Mental well-being
- Satisfaction with support provided
- Nature of support provided
Questions were simple Yes-No responses or Likert scales e.g. stability and satisfaction questions. The interviews took approximately 30 minutes. Questionnaire content was decided upon in consultation with case managers from ALOT and the PPO team to draw on their extensive experience with the client group.

As outlined in the procedure a brief questionnaire was designed for case managers to complete regarding clients with who follow up was not possible. This questionnaire asked case managers to rate clients’ levels of engagement, outline the factors that were problems for the clients, offer their views on the offending and drug use post release and suggest what they felt would have assisted the client in more successful engagement with the team. This questionnaire was completed by case managers once attempts at contact outlined above had proven unsuccessful.

**Analysis**

Generally non-parametric tests were used for analyses as most data examined was either categorical or if it was ordinal was not normally distributed. For ordinal variables median and the interquartile range were utilised as the measures of central tendency due to the lack of normal distribution within the data.

Multiple analyses were performed:

Wilcoxon signed rank tests were used to compare medians of measures pre-prison and immediately post release, pre-prison and post release (12 weeks) and immediately post release and 12 weeks post release. Chi-squared tests were used to compare proportions pre-prison and immediately post release,
pre-prison and post release (12 weeks) and immediately post release and 12 weeks post release. Where necessary, categories were collapsed to enable Chi-squared analysis. In all cases of 2x2 Chi-squared tests, Yate’s continuity correction was applied and when individual cell values were below 5, Fisher’s exact probabilities were quoted. Mann Whitney U tests were used to determine differences between the follow up and non-follow up groups. All analysis was conducted using SPPS version 12 (SPSS Inc., 1999) and EpiInfo (Dean et al, 1999).

**Ethical Considerations**

This research dealt with a particularly vulnerable group of clients making it even more imperative than usual that an independent body determined that it was ethical in its design and proposed implementation. The study was approved by the Liverpool John Moores University ethics committee. As no NHS facilities were being utilised and clients were not being recruited on the basis of their contact with an NHS organisation there was no requirement for an NHS ethics committee to consider the proposal.

Participants were assured of confidentiality before providing any information at each stage of the research and written consent was taken before both interviews. All interviews were conducted on a one to one basis without the case manager being present. The assurances of confidentiality were particularly pertinent for the PPO clients who, under condition of their licence, could be returned immediately to prison if they were found to be offending or using Class A drugs. All participants were made aware that the researcher had
a duty to share information with the relevant authorities when it pertained to murder, child abuse or the threat of terrorism.
Results

Sample Demographics

In total 31 clients agreed to participate in the study, four females and 27 males. The age of the sample was not normally distributed the median age being 33.4 (interquartile range 28 to 36.8). The majority of participants (29) were from a White ethnic background with two being Black British. The larger proportion of clients agreeing to participate were engaged with the PPO team (21).

Follow up interviews were conducted with 16 participants, 52% of the original sample. The follow up group consisted of 14 males and two females. Of the original 10 ALOT clients agreeing to participate four were seen at follow up (40%). PPO clients proved easier to re-contact and 12 of the 21 (57%) participated in the follow up. The median age of the follow up sample was 33.3 (interquartile range 27.9 to 37.1). Both of the Black British participants were followed up with 14 of the follow up group being White.

Incarceration History

The number of previous prison terms served by the clients (not including the most recent sentence) was varied (median = 6, interquartile range 2 to 10). For three clients their most recent prison term was their first. Participants had also spent a wide range of time in prison in this most recent term (median = 36 months, interquartile range 6.5 to 48 months).
Drug Use

In the initial interview clients were asked how long they had been using Class A drugs. Among the 28 participants that responded to this question the median length of time was 15 years (interquartile range 7 to 17 years).

Clients were also asked to report their drug use in the three months pre-prison, during prison and at follow up in the three months post release.

Pre-sentence Drug Use

All 31 clients provided information regarding their drug use in the three months before going to prison. The most commonly used drug was heroin, with 71% of the sample reporting that they had used it at least once in the three months before entering prison. Crack was the next most commonly reported drug (61.3% of clients) followed by cannabis (41.9%) and cocaine (25.8%) (Table 1).

Table 1: Self-reported drug use in the three months prior to incarceration (n=31)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>22</td>
<td>71.0%</td>
</tr>
<tr>
<td>Crack</td>
<td>19</td>
<td>61.3%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>13</td>
<td>41.9%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>8</td>
<td>25.8%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>3</td>
<td>9.7%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

NB/ As participants were able to report the use of more than one drug, figures in the table will be greater than the 31 clients who responded to this question.

All but five of the participants reported using Class A drugs in the three months prior to their incarceration.

Drug Use whilst in Prison

Whilst diminished, drug use continued in prison for many participants. Only six of the 30 participants agreeing to respond to questions on their prison drug use...
reported that they did not use any drugs at all whilst incarcerated. Six in ten participants (60%) reported heroin use whilst imprisoned. Just over half (53.3%) reported cannabis use and around a tenth (13.3%) crack use (Table 2).

Table 2: Self-reported drug use whilst in prison (n=30)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>18</td>
<td>60.0%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>16</td>
<td>53.3%</td>
</tr>
<tr>
<td>Crack</td>
<td>4</td>
<td>13.3%</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
<td>6.7%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>1</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

NB/ As participants were able to report the use of more than one drug, figures in the table will be greater than the 30 clients who responded to this question

There were some differences in the proportions of participants using specific drugs pre-prison and during their prison stay. Levels of crack use among the sample were significantly lower whilst in prison ($X^2=12.96$, df=1, $p<0.001$) and there was no cocaine use in prison at all compared to 25.8% of the sample pre-prison. Levels of heroin use dropped slightly but not significantly whilst incarcerated (71% to 60%, $X^2=0.40$, df=1, $p=0.528$). Levels of cannabis use rose (41.9% to 53.3%) but again not significantly ($X^2=0.01$, df=1, $p=0.909$).

Drug Use Post Release

Among the 16 participants with whom it was possible to conduct follow up interviews, post release drug use patterns were very different to those pre-prison. The proportion of participants using heroin, crack and cocaine were reduced. Only cannabis use remained at a similar level post-release when compared to pre-prison (Table 3). Whilst all 16 of the participants in the follow up group reported using drugs in the three months before their prison sentence only nine had used in the three months post release. Only three participants had used Class A drugs post release compared to 13 pre-release. Levels of Class A drug use among the follow up group were significantly lower post
release compared to the three months prior to their incarceration ($X^2=10.13$, df=1, p=0.0014).

Table 3: Self-reported drug use pre-prison and post release (follow up group only) (n=16)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pre Incarceration</th>
<th>Post release</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1</td>
<td>6.3%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>2</td>
<td>12.5%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>6</td>
<td>37.5%</td>
</tr>
<tr>
<td>Crack</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>3</td>
<td>18.8%</td>
</tr>
<tr>
<td>Heroin</td>
<td>10</td>
<td>62.5%</td>
</tr>
</tbody>
</table>

NB/ As participants were able to report the use of more than one drug figures in the table will be greater than the 16 clients who responded to this question

For the 15 participants that could not be followed up case managers were asked to provide their own assessment of clients’ drug use whilst engaged with them. This information was eventually provided for 10 participants, eight of whom case managers believed had returned to drug use whilst still engaged with the team. Case managers reported that these opinions had been formed on the basis, in seven cases, of positive tests for drugs and in one case on the basis of self report by the client. In total of the 31 participants in the original sample, information regarding drug use post release was known for 26, 17 of which used drugs post release.

Analysis was conducted to determine whether the length of time clients had used Class A drugs predicted post release drug use among the follow up sample. Fourteen of the 16 participants in the follow up group gave information regarding the length of time they had used Class A drugs therefore analysis was only conducted on these clients. The was no significant difference in length of time of Class A drug use between those participants who had used drugs at least once at follow up and those who had not ($z=-0.128$, df=13,
p=0.898). In addition, it was investigated whether use of drugs post release was influenced by the length of time that participants had spent in prison. Again this was not the case as there was no significant difference in length of time spent in prison in this most recent sentence between participants who used drugs post release and those who did not (z=-0.373, df=15, p=0.709). The same was true for the impact of drug use in prison on drug use post release. A Chi-squared analysis revealed that there was no significant difference between rates of post release drug use for clients who had used drugs in prison and clients who had not ($\chi^2=2.036$, df=1, p=0.106).

**Injecting**

During their first interview, seven of the 31 participants (22.6%) reported that they had injected drugs in the three months before going to prison. However, none of the sample reported injecting whilst in prison. Only three of the follow up group had injected pre-prison. None of this group injected whilst in prison or in the three months post release.

**Total Weekly Spend on Drugs**

Participants were asked to estimate the amount of money they spent on drugs each week in the three months pre-prison. Responses for three participants were excluded either because they did not feel they could make the estimate or because their responses were too extreme to be credible. Among the remaining 28 clients the median weekly spend was £407.50 (interquartile range £212.50 to £711.25).
Participants who reported using drugs whilst in prison were also asked to give an indication of their weekly spend on drugs whilst serving their sentence. However, responses revealed that it was very difficult for clients to put a figure on this. Methods of payment for drugs in prison were not consistent, with some participants suggesting they had money sent in and others reporting ‘trading’ items for drugs. Some participants said that they did not pay at all whilst incarcerated due to connections that they had or because drugs were brought in for them by other inmates or on visits.

As outlined earlier in this section drug use had reduced considerably post release among the follow up group. This is reflected in a much lower level of spend on drugs among these participants. Unfortunately only five of the follow up group were able to provide information regarding their weekly spend on drugs pre-prison and post release. Among these five the median spend per week on drugs pre-prison was £70 (interquartile range £62.50 to £460). Post release the median weekly spend on drugs was £20 (interquartile range £15 to £22.50). For these five individuals their weekly spend post release was significantly lower than it had been in the three months prior to their incarceration (z=-2.023, df=4, p=0.043). However, it should be noted that findings are only borderline significant and due to the very small number of participants included in this analysis conclusions should be drawn with caution.

**Ratings of Control over Drug Use**

Participants were asked to rate the level of control that they felt they had over their drug use before their sentence, at the time of the first interview and then again at the time of the second interview. Ratings were on a scale of 1 to 5 with
1 being chaotic and 5 being controlled. The median rating for level of control pre-prison was 2 (interquartile range 1 to 2) indicating a relatively high level of chaotic drug use. However, the full range of responses were provided (1 to 5) suggesting that participants were relatively heterogeneous in their perceptions of their drug use before prison.

The median perceived level of control reported by participants at the time of first interview was very positive (5, interquartile range 4 to 5), although again clients responses were varied ranging from 2 to 5. A Wilcoxon Signed Ranks Test revealed that the difference between ratings for pre-prison control and control immediately post release were significant (z=-4.589, df=30, p < 0.001).

Ratings of control over drug use at follow up were also positive. Among the 16 clients who were contactable for follow up the median pre-prison rating was 2 (interquartile 1 to 2). Immediately post release ratings were much more positive with a median of 5 (interquartile range 5 to 5). At follow up the median rating of control over drug use was 4.50 (interquartile range 4 to 5). A Wilcoxon Signed Ranks procedure showed that ratings at three month follow up were significantly better than pre-prison ratings (z=-3.443, df=15, p=0.001). However, ratings of control at follow up were significantly worse than immediately post release (z=-2.309, df=15, p=0.021).
Confidence Regarding Abstinence from Drug Use

Clients were asked to rate on a five point scale how confident they were that they would not use drugs in the three month follow up period. Generally, the 30 participants who responded to this question were confident about this although a small proportion of clients reported a complete lack of confidence (Figure 1). When interpreting these findings it is important to consider that abstinence may not have been the goal for some participants. In addition, some clients may have intended to abstain from Class A drugs but continue to use cannabis. This pattern can be seen among the number of clients that continued to use cannabis during the three month follow up period (Table 3).

![Figure 1: How confident do you feel about not using drugs in the next three months? (n=30)](image)

<table>
<thead>
<tr>
<th>Confidence</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very confident</td>
<td>30.0</td>
</tr>
<tr>
<td>Confident</td>
<td>43.3</td>
</tr>
<tr>
<td>Average</td>
<td>6.7</td>
</tr>
<tr>
<td>Not very confident</td>
<td>3.3</td>
</tr>
<tr>
<td>Not confident at all</td>
<td>16.7</td>
</tr>
</tbody>
</table>

Drug Treatment History

Only 17 of the 31 participants had ever been in drug treatment before this prison sentence with the most common treatment types being substitute prescribing, treatment through a community order such as a DTTO and detoxification (Table 4).
Table 4: Drug treatment prior to most recent prison stay (n=31)

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substitute Prescribing</td>
<td>13</td>
<td>41.9%</td>
</tr>
<tr>
<td>Community Order (inc DTTO)</td>
<td>7</td>
<td>22.6%</td>
</tr>
<tr>
<td>Detoxification</td>
<td>7</td>
<td>22.6%</td>
</tr>
<tr>
<td>Residential Rehabilitation</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Restriction on Bail or Bail Support</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Counselling</td>
<td>2</td>
<td>6.5%</td>
</tr>
<tr>
<td>Group Work</td>
<td>2</td>
<td>6.5%</td>
</tr>
<tr>
<td>Alternative therapies</td>
<td>1</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

NB/ As participants were able to indicate receipt of more than one form of treatment, figures in the table will be greater than the 31 clients who responded to this question.

Treatment in Prison

Twenty three of the 31 participants received treatment in prison. Table 5 below details the type of treatment undertaken during their last prison stay and includes the number of these treatment modalities that were completed by participants.

Table 5: Drug treatment received in prison (n=31)

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Number of participants</th>
<th>%</th>
<th>Number of Completions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detoxification</td>
<td>16</td>
<td>51.6%</td>
<td>13</td>
</tr>
<tr>
<td>Counselling</td>
<td>7</td>
<td>22.6%</td>
<td>5</td>
</tr>
<tr>
<td>Group Work</td>
<td>5</td>
<td>16.1%</td>
<td>4</td>
</tr>
<tr>
<td>Substitute Prescribing</td>
<td>4</td>
<td>12.9%</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>9.7%</td>
<td>3</td>
</tr>
</tbody>
</table>

NB/ As participants were able to indicate the receipt of more than one form of treatment, figures in the table will be greater than the 31 clients who responded to this question.

More than half of participants had been through a detoxification whilst they were in prison on this last occasion. Whilst at first this appears to be a high proportion it is important to consider that the majority of these clients entered prison using Class A drugs and therefore either had to undergo a detoxification with or without assistance or obtain more drugs to continue using. As reported earlier (Table 2) a relatively large proportion of participants continued to use drugs in prison and this may in part explain why levels of assisted detoxification were relatively low. In fact eight of the 23 participants that received treatment in prison only got detoxification, without the assistance of any group work or one
on one counselling. Generally levels of completion of treatment were high. Two of the seven participants engaging in counselling did not complete the course, along with three participants engaging in detoxification programmes and one client who engaged in group work.

A Chi-squared analysis was run to determine what impact undergoing treatment in prison had upon participants’ drug use whilst in prison. Initial analysis revealed that participants who attended treatment in prison did not demonstrate significantly different levels of drug use (characterised by use of any drug on at least one occasion) to those who did not enter treatment ($X^2=0.91$, df=1, $p=0.642$). However, a second analysis, which was run because the treatments are mostly aimed at Class A drug use, revealed that Class A use was significantly different among participants who had entered treatment in prison compared to those who had not ($X^2=3.184$, df=1, $p=0.043$). However, it would appear that participation in drug treatment was associated with Class A drug use rather than with abstinence.

Participation in prison treatment did not appear to influence clients’ drug use post release. Of the twelve participants in the follow up group who received treatment in prison six went onto use drugs at least once in the three months post release and six did not. There were no significant differences in levels of drug use post release between follow up group participants who had undertaken treatment in prison and those who had not ($X^2=0.085$, df=1, $p=0.585$).
Offending

Lifetime Offending

At initial interview, participants were asked about their lifetime offending history. They were asked what offences they had committed and how many. It proved impossible for individuals to accurately estimate how many times they had committed offences, therefore responses have not been included here. However, an indication of the offence types committed in their lifetime has been included. One participant refused to answer any questions about their offending.

![Figure 2: Offences committed in lifetime (n=30)](image)

**Figure 2: Offences committed in lifetime (n=30)**

<table>
<thead>
<tr>
<th>Offence</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td>66.7</td>
</tr>
<tr>
<td>Burglary</td>
<td>70</td>
</tr>
<tr>
<td>Deception</td>
<td>40</td>
</tr>
<tr>
<td>Drug supply</td>
<td>50</td>
</tr>
<tr>
<td>Handling</td>
<td>63.3</td>
</tr>
<tr>
<td>Other theft</td>
<td>36.7</td>
</tr>
<tr>
<td>Robbery</td>
<td>70</td>
</tr>
<tr>
<td>Shoplifting</td>
<td>83.3</td>
</tr>
<tr>
<td>Theft of a car</td>
<td>56.7</td>
</tr>
</tbody>
</table>

*NB/ As participants could indicate numerous offences, percentages will add up to more than 100%*

The most commonly committed offence was shoplifting followed by burglary and robbery. The high proportion of burglary and robbery may be indicative of the inclusion of the PPO clients who by definition have a history of more ‘serious’ offending. This may also explain the high proportion of participants that reported having committed assaults in their lifetime (Figure 2). Please note that
drug possession offences were not included in questions regarding offending as it was assumed that clients will have committed these offences.

**Offending in the Three Months Pre-prison**

Of the 30 participants agreeing to provide this information, two had not committed any offences in the three months prior to incarceration. As for lifetime offending, shoplifting was the most common offence committed by participants in the three months prior to their incarceration followed by robbery and then burglary (Figure 3).

![Figure 3: Offences committed in the three months prior to incarceration (n=30)](image)

*NB/ As participants could indicate numerous offences, percentages will add up to more than 100%*

**Offending Post Release**

Participants offending post release was measured in the same way as pre-prison. In total of the 16 individuals followed up only one had committed an offence in the three months post release. This was a single other theft offence.
**Information Provided by Case Managers Regarding Offending**

For clients who could not be contacted for a follow up interview case managers were asked whether, in their opinion, the client had continued to offend. Of the 15 clients for whom follow up was not possible case managers provided their opinion regarding continued offending in 10 cases. Of these 10, six were believed to have offended whilst engaged in case management with the team. Case managers based this assumption in some cases on the fact that the client had been sent back to prison for re-offending or because the client had continued to use drugs at a level that would suggest offending to fund purchases. In total six clients were known to have been returned to prison.

**Illegal Income Pre-prison**

Participants were asked to place an estimate of their weekly income from illegal sources in the three months prior to their sentence and also in the three months post release.

One participant refused to provide an estimate of their illegal income pre-prison. In addition, one person provided an estimate to the value of £50,040 per week in the three month period prior to incarceration. Whilst this participant went on to justify this extremely large figure through the types of crimes they were committing, it has been excluded from this analysis due to it being an extreme outlier. Among the 29 clients remaining the median income per week from illegal sources was £600 (interquartile range £295 to £975).

Among the follow up group the median illegal income per week in the three months prior to their prison sentence was £435 (interquartile range £312.50 to
In the three months post release only one participant reported any illegal income at all. Thus the median income was £0. As would be expected from these findings, illegal income at follow up was significantly lower than in the three months prior to incarceration (z=-3.297, df=15, p=0.001). Pre-prison the total weekly illegal income of the follow up group was £28,435 compared to just £57 at follow up.

Social Factors

Relationships

Participants were asked to rate the standard of their relationships with their family and friends immediately post release and at the time of the follow up. Ratings were made on a five point scale from very good to very poor.

Family Relationships

Immediately post release over a third of participants reported that their relationships with their family were very good (35.5%). The same proportion (35.5%) reported that their relationships were good. Only 12.9% of participants rated their relationships with their family as poor with no-one reporting them to be very poor. The remainder of the sample (16.1%) reported their family relationships to be of average quality.

More than half of the participants in the follow up group (56.3%) rated their relationships with their family as very good at initial interview. A further three in ten (31.3%) rated them as good with 12.5% saying they were average. Interestingly at follow up ratings of the quality of these relationships whilst still positive, had decreased slightly among this group, with 37.5% of participants
reporting their relationships to be very good and 56.3% rating them as good. One person at follow up (6.3%) reported that their relationships with their family were very poor (Figure 4).

Participants interviewed at follow up were also asked to indicate whether they felt their relationships with their family had improved, stayed about the same or got worse. The majority of participants (81.3%) felt that their relationships with their family had improved. Only one person (6.3%) felt that their relationships had got worse with 12.5% feeling they had stayed the same.

**Relationships with Friends**

At initial interview 14 participants reported that they ceased contact with their friends because they were drug users. Of the remaining 17 people a quarter (23.5%) reported that their relationships with their friends were very good. A further 35.3% reported that they were good with a quarter (23.5%) reporting average relationships. Participants reporting their relationship with their friends to be poor or very poor made up the remaining 17.7% (11.8% poor and 5.9% very poor).
Nine of the 16 participants from the follow up group provided ratings of their relationships with their friends at both initial interview and follow up. At initial interview the majority of this group reported that their relationships with their friends were good or very good and this pattern was maintained at follow up (Figure 5). When asked to report whether their relationships with their friends had improved, stayed the same or got worse in the three months since release all nine participants reported an improvement in their relationships.

![Figure 5: Ratings of relationships with friends at first interview and follow up (n=9)](image)

**Health**

Participants provided a number of indications of health in both interviews, including ratings on a five point scale (very good to very poor) of their physical and mental health. In addition, they were asked to provide information regarding their number of visits to Accident & Emergency (A&E) and the number of overnight stays in hospital they had in the three months prior to incarceration and during the three month follow up period.

**Physical Health**

Critically at initial interview no participants reported their physical health to be very poor. In addition, only 6.5% of the 31 people responding to this question...
felt their health was poor. In contrast, 12.9% of clients reported their physical health to be very good and a further 38.7% said it was good. Interestingly the modal rating was average (41.9% of participants). This suggests that whilst individuals are leaving prison with no significant concerns about their physical health and some perceive themselves to be in good health there is a significant margin for improvement in many clients’ physical health.

Comparison of the ratings of physical health immediately post release and at three month follow up revealed some perceived improvements in physical health among the follow up group. At follow up a greater proportion of clients reported their physical health to be good or very good (75% compared to 56.3%) (Figure 6).

Seven of the 31 participants had visited A&E in the three months prior to their incarceration representing a total of 17 individual visits, nine of which were drug related. Six participants reported that they had needed to go to A&E on at least one occasion in the three months prior to their incarceration but had not attended. Reasons given for this included concerns that the hospital would
inform the authorities or that levels of drug use meant that physical health was not a priority. The follow up group had had very few A&E episodes in the three months prior to their incarceration. Only three clients had visited A&E in the three months prior to their incarceration representing twelve separate occasions, six of which were drug related. In the three months post release only one client had visited A&E for drug related treatment.

Five clients had had at least one overnight stay in hospital in the three months pre-prison. In total, clients had spent 96 days in hospital, 95 of which were drug related. However, it should be noted that 90 of these overnight stays were from one client who was hospitalised for the three months prior to his incarceration. As this was the case no further analysis was conducted on this measure.

**Mental Health**

Ratings of mental health at initial interview were slightly less positive than those for physical health. Just over a tenth of the 31 participants (12.9%) felt that their mental health was very good with a further 41.9% feeling that it was good. Almost four in ten clients (38.7%) rated their mental health as average with two clients (6.5%) believing their mental health to be poor. The low numbers of clients rating their mental health as poor or very poor suggests that generally individuals leave prison in a reasonable state of mind.

Comparison of the follow up groups’ ratings of their mental health immediately post release and three months later suggest that participants' perceptions of their mental health remained relatively stable over the three months post
release. Over half (56.3%) of the group reported their mental health to be good at initial interview compared to 62.6% at follow up (Figure 7).

![Figure 7: Ratings of mental health at first interview and follow up (n=16)](image)

**Accommodation**

Participants were asked what sort of accommodation they were in, both at the time of first interview and at follow up. They were also asked to rate their own perception of the stability of their accommodation on a five point scale (very stable to very unstable).

The most common place of residence for participants immediately post release was in their parents home (35.5%), followed by a hostel (16.1%), residential rehabilitation (12.9%) or their partner’s home (12.9%).

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s House</td>
<td>11</td>
<td>35.5%</td>
</tr>
<tr>
<td>Hostel</td>
<td>5</td>
<td>16.1%</td>
</tr>
<tr>
<td>Partner’s House</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Residential Rehabilitation</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Own Home (Rented or Bought)</td>
<td>3</td>
<td>9.7%</td>
</tr>
<tr>
<td>Other family members house</td>
<td>2</td>
<td>6.5%</td>
</tr>
<tr>
<td>No fixed abode</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Table 6 – Accommodation situation at first interview (n=31)
Ratings of the stability of this accommodation were positive with six in ten participants (61.3%) feeling their accommodation was very stable and around a fifth (22.6%) feeling it was quite stable. Two clients (6.5%) felt their accommodation was neither stable nor unstable. Of some concern is the finding that a tenth of participants (9.7%) felt their accommodation was very unstable.

Participants were also asked whether anyone else they were living with had drug or alcohol problems. Of the 30 participants who responded to this question the majority (63.3%) were not living with anyone with drug or alcohol problems. However, this still leaves a substantial minority of people living with other problematic drug or alcohol users. This is to some degree to be expected as four participants were residing in residential rehabilitation at the time of interview and a further five were in hostels.

Seven of the 31 participants indicated that they would be moving to new accommodation within the next three months i.e. before the follow up interview. Of these seven, one said they would be moving into a hostel and six said they were looking to move into their own home.

At follow up participants were asked how many places they had lived in the three months since their release for more than a week. Findings suggest that for this particular group of clients accommodation was relatively stable. Of the 16 participants in the follow up group 11 (68.8%) had only resided at one address for the whole of the three month follow up period. A further four (25%) had lived at two addresses and one client (6.3%) had lived at three. The indication of stability is supported through participants’ follow up perceptions of
stability with 11 (68.8%) believing their accommodation in the three months post release had been very stable, four (25%) reporting that it had been quite stable and just one (6.3%) reporting that it had been quite unstable. These were exactly the ratings that this group had provided for their stability of accommodation at initial interview. Analysis of stability of accommodation at initial interview against drug use post release revealed that there was no significant difference in ratings of stability of accommodation at first interview between participants who used drugs during the follow up period and those that did not ($X^2=0.02$, df=1, $p=1.000$).

**Interventions**

At initial interview participants were provided with a checklist of interventions that they might feel they needed in the three months of the follow up period. These included generic services and drug specific treatment options. Tables 7 and 8 detail the numbers of clients feeling they needed each intervention at initial interview.

**Table 7: Generic assistance participants felt they needed at first interview (n=31)**

<table>
<thead>
<tr>
<th>Generic Intervention</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>21</td>
<td>67.7%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>19</td>
<td>61.3%</td>
</tr>
<tr>
<td>Training</td>
<td>17</td>
<td>54.8%</td>
</tr>
<tr>
<td>Claiming Benefits</td>
<td>17</td>
<td>54.8%</td>
</tr>
<tr>
<td>Education</td>
<td>8</td>
<td>25.8%</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>7</td>
<td>22.6%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

*NB/ As participants were able to report the requirement for more than one intervention, figures in the table will be greater than the 31 clients who responded to this question*

Access to employment and accommodation were the two interventions most commonly required among participants (67.7% and 61.3% respectively). The relatively low numbers of clients requesting assistance with family relationships and mental health reflects positive ratings for both these factors reported earlier.
Table 8: Drug specific interventions participants felt they needed at first interview (n=31)

<table>
<thead>
<tr>
<th>Drug Specific Intervention</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Therapies</td>
<td>12</td>
<td>38.7%</td>
</tr>
<tr>
<td>Substitute Prescribing</td>
<td>11</td>
<td>35.5%</td>
</tr>
<tr>
<td>Counselling</td>
<td>10</td>
<td>32.3%</td>
</tr>
<tr>
<td>Group Work</td>
<td>10</td>
<td>32.3%</td>
</tr>
<tr>
<td>Detoxification</td>
<td>8</td>
<td>25.8%</td>
</tr>
<tr>
<td>Residential Rehabilitation</td>
<td>7</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

NB/ As participants were able to report the requirement for more than one treatment, figures in the table will be greater than the 31 clients who responded to this question

Perhaps unexpectedly alternative therapies were the most commonly ‘requested’ drug specific therapy (38.7% of participants). Substitute prescribing was desired by around a third of the sample (35.5%) as were counselling and group work (selected by 32.3% of participants in each case). In comparison to the generic interventions participants appeared to feel much less in need of drug specific assistance.

At follow up participants were asked what interventions they had received. Cross tabulation was conducted to see whether clients who had indicated that they had wanted certain interventions received them in the three month follow up period.

Table 9: Generic interventions participants desired at initial interview and received during follow up period (follow up group only) (n=16)

<table>
<thead>
<tr>
<th>Generic Intervention</th>
<th>Number Requested (% of follow up group)</th>
<th>Number Received (% of those requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>9 (56.3%)</td>
<td>6 (66.6%)</td>
</tr>
<tr>
<td>Claiming Benefits</td>
<td>8 (50%)</td>
<td>2 (25%)</td>
</tr>
<tr>
<td>Education</td>
<td>4 (25%)</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>Employment</td>
<td>10 (62.5%)</td>
<td>7 (70%)</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>2 (12.5%)</td>
<td>1 (50%)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2 (12.5%)</td>
<td>2 (100%)</td>
</tr>
<tr>
<td>Training</td>
<td>9 (56.3%)</td>
<td>2 (22.2%)</td>
</tr>
</tbody>
</table>

NB/ As participants were able to report the requirement for more than one intervention, figures in the table will be greater than the 16 clients who responded to this question

For some intervention types a large proportion of participants who felt they needed help with interventions at initial interview received this help during the three month follow up period. These included employment and assistance with

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accommodation, although it should be noted that three participants did not believe they had received the help with accommodation that they initially felt they needed. Many participants (77.8%) who felt they needed some help to get onto training programmes at initial interview did not feel they had received this assistance during the follow up period. The same was true for those feeling they needed assistance claiming benefits and re-entering some form of education. Importantly though the two clients who felt they needed some assistance for mental health issues received the help they required (Table 9).

Table 10: Drug specific interventions participants desired at initial interview and received during follow up period (follow up group only) (n=16)

<table>
<thead>
<tr>
<th>Drug Specific Intervention</th>
<th>Number Requested (% of follow up group)</th>
<th>Number Received (% of those requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Therapies</td>
<td>8 (50%)</td>
<td>3 (37.5%)</td>
</tr>
<tr>
<td>Counselling</td>
<td>6 (37.5%)</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>Detoxification</td>
<td>1 (6.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Group Work</td>
<td>3 (18.8%)</td>
<td>3 (100%)</td>
</tr>
<tr>
<td>Residential Rehabilitation</td>
<td>2 (12.5%)</td>
<td>2 (100%)</td>
</tr>
<tr>
<td>Substitute Prescribing</td>
<td>1 (6.3%)</td>
<td>1 (100%)</td>
</tr>
</tbody>
</table>

NB/ As participants were able to report the requirement for more than one treatment, figures in the table will be greater than the 16 clients who responded to this question

As was the case for the overall sample participants in the follow up group were less likely to report the need for drug specific interventions than more generic ones. Encouragingly rates of provision of interventions to participants who had indicated a desire for them were generally better than for generic interventions. However, this was not the case for alternative therapies which was the most requested form of intervention (8 participants) but was not received by five of the participants who felt they would benefit from them (Table 10).

Participants were specifically asked at follow up interview whether there was anything that they wanted help with that they had not received in the three months post release. Seven clients took the opportunity to suggest areas in
which they felt the level of support was insufficient. The areas indicated included housing, employment and a lack of proactive assistance from the teams underpinned by a feeling that as soon as it was decided they had a level of stability the intensity of support from their case manager was substantially reduced.

**Participant Satisfaction**

Participants were also asked at follow up interview how satisfied they were with the support that they had received since their release. Overall responses were positive with six participants (37.5%) saying they were very satisfied with their support and a further five (31.3%) saying they were satisfied. However, two clients (12.5%) reported being very dissatisfied with the support they had received and one client was dissatisfied (6.3%). The remaining two individuals (12.5%) were neither satisfied nor dissatisfied with the service they received.

**Comparison of Follow up Group with Non-Follow up Group**

The 16 participants with whom follow up interviews were conducted were compared to the 15 for whom follow up was not possible on several key factors to determine whether there were any substantial differences between the two groups.

**Age**

There were no significant differences in the age of the follow up group and the non-follow up group (z=-0.040, df=30, p=0.968).
Drug Use in the Three Months Pre-Prison

There were no significant differences between the two groups in proportions of participants using heroin ($X^2=0.46$, df=1, $p=0.433$) crack ($X^2=1.72$, df=2, $p=0.335$) or cannabis ($X^2=0.04$, df=1, $p=0.843$) in the three months pre-prison.

Drug Use in Prison

There were no significant differences between the two groups in heroin ($X^2=0.15$, df=1, $p=0.699$), crack ($X^2=0.29$, df=1, $p=0.591$) or cannabis ($X^2=0.53$, df=1, $p=0.465$) use whilst incarcerated.

Injecting Pre-Prison

There was no significant difference between the groups in levels of pre-prison injecting ($X^2=0.01$, df=1, $p=0.685$).

Length of Time Using Class A Drugs

There was no significant difference in the length of time using Class A drugs between the two groups ($z=-0.023$, df=27, $p=0.982$).

Length of Prison Sentence

There was no significant difference in the length of prison stay between the two groups ($z=-1.663$, df=30, $p=0.96$).

Number of Previous Sentences

There was no significant difference between the groups in the number of previous prison stays ($z=-1.190$, df=30, $p=0.234$).

Weekly Spend on Drugs Pre-prison

There was no significant difference between the two groups in terms of their weekly spend pre-prison ($z=-0.484$, df=27, $p=0.629$).
Illegal Income per Week Pre-prison

There was no significant difference in the weekly illegal income pre-prison of the two groups (z=-0.637, df=28, p=0.524).

Ratings of Control of Drug Use

There was no significant difference between the two groups’ ratings of control of drug use pre-prison (z=-0.360, df=30, p=0.719) or immediately post release (z=-1.764, df=30, p=0.078).

Confidence Regarding Abstinence

There was no significant difference between the two groups’ confidence in abstaining from illicit drugs ($X^2=0.17$, df=1, p=1.000).

Family Relationships

There was no significant difference between the two groups in ratings of family relationships immediately post release ($X^2=2.88$, df=1, p=0.538).

Stability of Accommodation

There was no significant difference between the follow up and non-follow up groups in their ratings of stability of accommodation at initial interview ($X^2=2.60$, df=1, p=0.085).
Discussion

This research set out with three main objectives:

1. To examine the circumstances immediately post release with regards to health, drug use, housing, criminality and social relationships of a group of Liverpool resident drug users.

2. To examine the short term outcomes post prison release in terms of health, drug use, housing, criminality and social relationships for participants.

3. To investigate the factors associated with positive and negative outcomes for clients post release.

To varying degrees it has been successful in all three of these objectives. The following section will outline how the findings of the research relate to each of these objectives and what the potential implications are for aftercare delivery in Liverpool and possibly on a wider scale.

Incarceration History

Participants had an extensive history of criminality as demonstrated by the numbers of previous prison sentences served. For some it is probable that the prison environments had become ‘normal’ and that the community was the unusual situation for them. A median length of time in custody during this last sentence of 36 months demonstrates just how long clients had to ‘get used’ to the prison environment and the amount of time they were protected from community based pressures and stresses. One anecdotal story imparted to the researcher was of clients being provided with multiple room flats upon release but choosing to live in only one room as though they were still in prison. Whilst
it may seem obvious, helping clients to adjust to this increased ‘freedom’ without it overwhelming them is central to the implementation of any aftercare strategy.

**Drug Use**

Most clients in the sample had been using Class A drugs for a significant period of time and drug use patterns will have become entrenched. In addition, almost all clients used Class A drugs in the three months prior to their incarceration and many continued to use whilst in prison. This does not set them up well for release into the community and also highlights the issues that prisons have with security. The clients using drugs whilst in prison in this study had been released from a variety of different prisons and anecdotal feedback indicated the ease with which drugs are available in most prisons. When asked about funding of drug use whilst in prison clients reported that they regularly traded for drugs, that they got them from contacts already in the prison or most worryingly that they had drugs brought in on visits. All of these routes of supply, whilst anecdotal, suggest particular security issues for the prison service.

Of particular interest for aftercare teams is the change in the nature of participants’ drug use when they entered prison. Whilst a relatively large proportion of individuals used crack whilst in the community, this rate was much diminished when clients entered prison. This is a similar pattern to that seen in the Prisoner Criminality Survey outlined in the introduction (Bullock, 2003a). At first it might appear logical to suggest that crack is less readily available in prison and therefore use is curtailed but heroin would appear to be readily
available and there is no reason to believe that crack could not ‘get in’ just as easily. It is more likely that the psychopharmacological effects are the reason. Crack is a stimulant and as such users become more agitated, not an ideal condition to be in in prison. In addition the effects of crack are relatively short lived. This suggestion is supported by the continued use of heroin and cannabis, two drugs whose immediate effects could be said to be ‘relaxing’ and have a longer acting effect, in prison. The reduction in levels of crack use in prison provides aftercare teams with an opportunity to address a client’s opiate dependency in isolation. This will only be effective if, once released, clients can be helped to avoid returning to crack use. Another interesting finding for the prison service and for aftercare teams is that injecting would not appear to be a characteristic of this samples’ drug use in prison. If this can be maintained upon release then it removes a serious health risk for clients.

Participants’ ratings of their control of over their drug use pre and immediately post prison suggest that their period of time in prison had a positive effect on perceptions of control over drug use. In addition, clients were generally confident about their ability to not use drugs post release. This ‘positive outlook’ needs to be maintained with the assistance of the aftercare teams.

Many participants had never had any formal drug treatment in the past. For some this may have been because they had been serving lengthy and almost concurrent prison sentences, therefore, they had never had the time or the inclination to enter drug treatment in the community. Also for some, their lengthy sentences mean that they will have missed the expansion of drug

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treatment services in the community and, to a lesser degree, within the prison estate, into a more comprehensive ‘set-up’. Some may have already been relatively drug free by the time the prison service had reached its current level of drug treatment competency and therefore not needed to access the newly established services. Clients who need drug specific intervention upon release may not know the protocols by which treatment agencies operate and not understand the breadth of services on offer. It is important that this information is provided to clients before release when planning for the weeks immediately following their release is taking place.

The expansion of drug treatment within the prison service is to some degree evidenced by the large number of participants who entered into some form of treatment regime on their most recent visit to prison. However, the findings that a substantial minority of participants only went through detoxification, is also an indication of the slower progress that has been made in matching prison regimes to those in the community. Another point for consideration is the fact that most clients who underwent treatment whilst in prison completed their course of treatment. The completion of treatment whether community or prison based has been shown to be a critical factor in obtaining positive outcomes (Butzin et al, 2002, Inciardi et al 1997).

Analysis revealed that clients using Class A drugs in prison were more likely to participate in treatment in prison. One reason for this may be the timing of drug use and treatment. Participants may have entered prison and used for a period of time before deciding to make themselves known to treatment workers. The alternative explanations are that individuals continued to use Class A drugs
despite the treatment they were provided with or that the clients entering treatment were the ‘more problematic’ users and therefore more likely to relapse. Unfortunately it is beyond the scope of this study to determine which explanation is valid. However, all the options present difficulties for the prison estate. If clients did continue to use in prison before presenting to services this suggests that systems in place are not effective enough to identify drug using offenders upon prison entry. All explanations present some significant issues in terms of the drugs entering the prison estate. Also, if clients are engaging in treatment but are soon after or during their treatment returning to their drug use, the effectiveness of treatment requires some examination. Whilst abstinence may not be the goal of all treatment in the community, within a prison setting abstinence must surely be one of the key aims for clients spending any significant amount of time in custody.

**Social Circumstances**

Participants left prison with generally good relationships with their family and friends. This is critical as positive social relationships have been highlighted as important in assisting drug users reintegrate effectively into mainstream society and avoid drug taking and offending behaviour patterns (Bull, 2005, Stephenson & Wood, 2005, Westreich et al., 1997, McKay et al, 1994). Also, the number of participants reporting that they had ceased contact with their friends because they were either persistent offenders or drug users demonstrates that clients were making positive steps to remove themselves from potentially harmful relationships.
Clients judged their physical health upon release to be at a reasonable level but there was room for improvement. This is an area that aftercare teams should consider focusing on. On matters of physical health there is little a case manager can do directly but they can point clients in the right direction ensuring that they have a GP, getting them access to gyms or providing them with information regarding the maintenance of a healthy lifestyle and eating healthily.

Feedback suggesting that some participants had felt in the past that they could not go to hospital due to the fear of the authorities being contacted may suggest the need for some work in this area. Clients need to feel confident in attending hospital if they have a medical condition, even if that condition is a direct result of drug use. Information needs to be provided regarding exactly what hospitals have to and do not have to inform the authorities about.

There is a particular focus on accommodation provision for drug users in the UK at the moment (Home Office, 2006, NTA, 2006). Research has highlighted the importance of appropriate, stable accommodation for drugs users in particular those leaving prison (Bull, 2005, Stephenson & Wood, 2005, Steven et al., 2005, Westreich et al., 1997). Only six of the 31 participants in this study were in what would appear to be unstable forms of accommodation, namely hostels or being of no fixed abode. However, there was a substantial minority of clients who did not feel that their accommodation was very stable or quite stable. This issue is one that should be at the forefront of action for Liverpool’s aftercare teams. Liverpool is fortunate in that it is a pilot site for the Government’s Comprehensive Rent Deposit Scheme. Under this scheme Drug Interventions
Programme clients will be assisted with locating accommodation that is suitable for their purposes, will have their initial 'bond' paid for them and will be provided with ongoing support. The effective use of this scheme could be critical to the success of prison aftercare in Liverpool and key partners must ensure that there is the capacity within this scheme to absorb the needs of all DIP clients.

**Changes in Participants’ Circumstances Post Release**

**Drug Use**

One of the primary measures of success was clients’ levels of drug use post release. Participants who could be followed up showed significantly lower levels of drug use post release compared to pre-prison and significantly lower levels of weekly expenditure on drugs during the follow up period.

Participants left prison with a positive perception of their level of control over their drug use. Whilst this perception remained positive at follow up it would appear to have been eroded away somewhat by three months in the community. This decrease in clients’ perceptions of control shows how being back in the community can have an impact. Clients are exposed once again to triggers that they have not experienced for some time whilst incarcerated, as well as the everyday life stresses that prison has sheltered them from. Clients may also leave prison with an exaggerated impression of their control because they have not had to deal with any of the pressures of the community. Possibly the ratings of control at follow up do not indicate a true erosion of control but a more realistic assessment.
Offending

Equally as important an indicator of success is offending, especially because the DIP is primarily a crime reduction initiative. For the follow up group in this research the reduction in criminality could not have been more obvious. All sixteen clients in the follow up group had offended in the three months prior to their incarceration but only one had in the equivalent period post release. In accordance there was a substantial difference in pre and post prison levels of weekly illegal income. The reductions also give an indication of the amount of benefit the community can take from this groups’ rehabilitation. Each week pre-prison the 16 individuals in the follow up group were committing £28,435 worth of crime and post release this value was only £57 a week. Unfortunately, case managers’ feedback about the non-follow up group suggested that most of this group re-offended, which suggests that among the whole original sample, rates of re-offending were not as positive as would have been hoped. However, even if it was assumed that all of the other clients (the fifteen individuals who could not be followed up) went back to offend at their pre-prison levels, the impact of the reduction in offending of the 16 follow up clients alone is substantial.

Social Factors

Relationships

Findings regarding the effect of three months in the community on family relationships for the follow up group presented an interesting paradox. Firstly, despite still being encouraging, ratings of the quality of family relationships at follow up were not as positive as at initial interview. However, when asked, the majority of participants suggested that their relationships with their family had improved during the follow up period. The first possibility that should be
considered is that the questions regarding family relationships were not sensitive enough to accurately pick up clients’ perceptions in this area. An alternative explanation may be that at the time of the initial interview clients had not spent a significant amount of time interacting with their family, as will have been the case for the duration of their prison stay. Therefore, at this stage their ratings may not have reflected the community based ‘reality’ of their relationships. When asked at follow up, participants may have presented a more ‘considered’ picture, hence the slightly lower ratings. But over the duration of the follow up period relationships may have actually improved.

According to responses at follow up, relationships with friends had also improved. The positive initial ratings of relationships with family and friends and the reported improvement in these relationships (at least on one measure) support previous research findings emphasising the importance of positive family relationships for aftercare clients (Bull, 2005, Stephenson & Wood, 2005, Westreich et al., 1997, McKay et al, 1994). But is it the engagement and associated improvements in social functioning that lead to the improved family and peer relationships or are the relationships an integral factor in clients avoiding criminality and drug use? Unfortunately, this is a question that cannot be answered through this research.

Health

Ratings provided by the follow up group suggest that both mental and physical health were not adversely affected by return to the community and there was some evidence of slight improvements in physical health.
Accommodation

The finding that most clients had lived at only one address in the three months since their release is suggestive of the stability of this group’s accommodation. This corresponds to ratings of stability of accommodation, which were the same at follow up interview as they were immediately post release. Clients in this study would appear to leave prison with a relatively clear idea of their accommodation situation and this would not seem to fluctuate in the first three months of release. This finding may be due to the fact that PPO clients are required under licence to have an address to be released to and are expected to stay there unless alternatives arrangement are made with their case manager.

Interventions required and provided

Commissioners and aftercare teams must have a clear understanding of the services that clients require when they leave prison. Determining need is of course a key part of release planning which under the DIP should be a three way process between the client, their CARAT worker and their post release case manager. However, delivery is dependent on a number of factors post release not least the availability of services which is where commissioners play the key role. Within this study’s sample their appeared to be less of a need for drug specific intervention than for generic social support. This is probably a product of the fact that the majority of clients leave prison with much reduced levels of drug use and therefore drug specific therapy is not as relevant as assistance to enable them to re-integrate into society. As for other work in this area (Bull 2005, Stevens et al., 2005, Stephenson and Wood, 2005, Home
Office, 2004b, NTA, 2002) this research highlights the need for a holistic approach to case management and the need to have clearly specified routes of access for services in particular those offering employment, training and accommodation, the most commonly requested interventions. There are a variety of services in Merseyside that can offer employment and training assistance including Lighthouse Alternatives, Progress 2 Work and Create. These services must be used to their full extent as must the Comprehensive Rent Deposit Scheme outlined earlier in this section.

Research has demonstrated that it is important for clients’ care planning to be appropriate to their needs (Larson-Kronberg, 2005). Whilst this study was not privy to case manager and client care plan discussions, comparison of the interventions desired by participants and those provided does highlight some areas of concern. In particular the low number of clients who received the assistance with claiming their benefits that they felt they needed. If clients are not accessing the allowances that they are entitled to then this will increase the likelihood of them seeking criminal means by which to fund their day to day existence even if they are not using large quantities of drugs. Despite this it should be noted that, according to self report measures, this group did not resort to this course of action within the three month follow up period. Comments from clients also suggest that just pointing them in the direction of the housing office or the job centre is not enough for people who have been released from prison and have not functioned within these normal structures for significant periods of time.
Factors influencing drug use post release

The third aim of this research was to determine what factors were associated with positive outcomes for clients post release. The two key outcomes for clients were reduced levels of drug use and offending. Analysing the factors leading to these positive outcomes proved to be difficult. With only one client reporting any criminality at all post release it was not possible to make a comparison between that client and the other 15 clients who were followed up. With a number of clients using drugs post release this provided the opportunity for analysis comparing the circumstances of those who used drugs post release and those who did not. Analyses suggested that drug use post release was not affected by engagement in prison treatment, length of time served in prison, length of time using Class A drugs, confidence in abstinence post release or drug use whilst in prison.

Essentially the follow up group proved to be too small to investigate more thoroughly, through regression analysis, the factors associated with positive outcomes for clients. When this project was initially designed it was hoped the initial sample would be much larger, somewhere around 90 clients. This proved to be an impossible estimate to hit once it became clear that levels of referrals to the teams were much lower than had been anticipated, that levels of engagement with the teams post release were lower than hoped and that many clients were dropping out of contact with the teams (in particular the ALOT team) before the initial interview could be conducted.
**Issues, Problems and Future Work**

As already covered in the previous point the sample size was the most limiting factor for this study. It was not that the initial 31 clients was not a substantial enough sample but the 48% attrition rate meant the follow up group was of a size that made it difficult to draw any firm conclusions and may have introduced a type II error i.e. findings are concluded to be non-significant incorrectly. Difficulties in obtaining large enough sample sizes and problems caused through attrition in longitudinal research are characteristics of research looking into the diversion of drug using offenders (Bull, 2005). Previous studies have evidenced follow-up rates of 50% to 70% before contributing considerable resources to the follow up process (Digiusto et al, 2006, Nemes et al., 2002, Crossen-White and Galvin, 2001, Hansten, et al, 2000).

The number of follow up clients could have been increased by conducting interviews with clients who had been sent back to prison. Unfortunately that was not something that was within the scope of the current research but if this work was to be repeated it would definitely be a recommendation. The logistical issues regarding following participants up in prison should not be underestimated including gaining access to a relatively large number of prison establishments, arranging times within the prison routine to conduct interviews and of course whether clients themselves would be conducive to participating in the follow up interview once they had been returned to custody.

One issue to emerge during interviews was that of accurate recall. The design of the study required participants to think back to the period before their incarceration. For some clients, in particular the PPOs, this was many years
ago and there may be some doubts as to the accuracy of their recall. This was particularly true for offending where clients could often recall the nature of the offences they had committed but not the number of offences. This is the reason why counts for offences pre-prison were not included in analysis. It is difficult to see how this could be designed out of a study such as this except by limiting intake to clients who had served no longer than a specified period of time. However, then the sample may not be representative of all prison releasees and a decision would have to be taken as to where to place the limit on the length of time allowed in order to guarantee accurate recall.

Another issue was participants’ estimates of their levels of drug use pre-prison. One client’s response regarding their total spend on drugs per week pre-prison had to be excluded from analysis because after consideration it was not thought that it was possible to consume the level of drugs on a day to day basis that their response would have required. Whilst no other estimates appeared to be so high as to arouse suspicion it is possible that there may be a level of either exaggeration or over-estimation of levels of drug use. Previous research on the accuracy of self-reported drug use is inconclusive with some studies suggesting good levels of correspondence between self report and drug testing (Neale and Robertson, 2003) whilst others have found less promising correlations (Morall et al, 2000, Akinci et al, 2001, Katz, 1997).

During the interview process it also became obvious that it was difficult to create tools sensitive enough to pick up patterns of drug use in prison that would also provide a reasonable basis for analysis. In particular one issue that emerged was participants using drugs in the first three months of their prison stay and
then intermittently afterwards but not for a number of months in the lead up to release.

Another potential point for consideration is the fact that it is quite likely that the three months prior to incarceration and the three months post release differ in their characteristics. As shown by the number of previous prison sentences the sample had served and their length of time using drugs, the cycle of release, drug use and re-incarceration was a well established one for most clients. The three months before being sent to prison were likely to represent a particularly chaotic point in this cycle. The question is whether the three months post release represents the ‘quiet’ period in this cycle and longer-term outcomes would not be as positive. This study cannot provide an answer to this question and previous research has pointed both to short term success (6 months) not being maintained at 12 months (Brown et al, 2001) and also that re-offending is most likely in the first six months following release (Cuppleditch and Evans, 2005).

The relative lack of information regarding the outcomes for the non-follow up group does present some problems for drawing conclusions about the success of aftercare. As noted by Chanhatasilpa et al (2000) studies in this area can be open to a methodological shortcoming in that it is difficult to know whether clients who drop out of programmes are the group more likely to re-offend anyway. Therefore more positive results for clients continuing to stay with the programme may simply be an expression of their lower likelihood to commit further offences. This criticism can be levelled at other British studies similar in
design such a NTORS (Gossop et al, 2000). What is clear is that for those clients who engaged with the aftercare teams and who completed both research stages success was evidenced through reduced levels of drug use and criminality as well as maintenance of other positive indicators of social functioning. This impact should not be underestimated particularly as a large proportion of this group were prolific and priority offenders. It is also important to note that there were no significant differences between the follow up group and the non-follow up group on a range of key factors such as drug use pre-prison, drug use post prison, stability of accommodation immediately post release and family relationships immediately post release. This suggests that the follow up group were, to a large degree, representative of the whole sample.

This study should be viewed as a pilot for a larger study that would draw on clients released to prison aftercare in all five of the Merseyside Drug (and Alcohol) Action Teams. This would allow a larger sample to be recruited and if there were less stringent time restraints on recruitment it could continue until the target number was achieved. Unfortunately this was a luxury that the present study did not have. A larger study would allow better assessment of the factors that lead to positive outcomes post release. It would also provide the opportunity for an assessment of the differential circumstances and outcomes for female participants and those from Black and Minority Ethnic groups, something that was not possible within this study’s sample. It would be prudent to increase the follow up period to 6 months or even 12 months if possible. This is not to say that the 3 month follow up should be removed because as seen here it can provide some valuable information. These improvements combined
with attempts to follow up participants who had been returned to prison would result in a particularly powerful piece of research.
References


PMSU (2003) *Strategy Unit Drugs Project Phase 2 Report: Diagnosis and Recommendations.* London, Prime Minister’s Strategy Unit.


