PIRU POLICY INNOVATION RESEARCH UNIT

Drug Recovery Wing pilots in prisons

Generic notes on the (tranche 1) DRW pilots intervention

Background
The main objectives of this document are to identify, in broad terms, the "why", "how" and "for whom" the DRW pilots in prison are expected to work, and with which outcomes. Since each of the DRW pilot sites is developing its own model for recovery, this note outlines in broad terms the objectives and operation for the first tranche of the DRW pilot sites which began in summer 2011 (a second tranche is due to start in spring 2012).

The DRW is a complex and ambitious intervention. Being on the DRW will involve exposure to multiple interventions and experiences, with the aim of reducing substance misuse and, ultimately, reoffending. Generally, specific interventions available on the DRWs are available to all prisoners (although this varies by pilot site), so some of the key questions to be addressed in an evaluation are: What do the DRWs offer *over and above* these interventions that will lead to improved outcomes, or is the DRW simply a more intensive version of what is on offer elsewhere in the prison? What is there about the DRW setting that is meant to increase the impact of the interventions?

This can be more clearly described by looking at one of the generally accepted formulas for change in the social world:

Mechanism (interventions) + context = outcome

Whereas for most pilot studies, it is the mechanism that changes, for the DRW pilots it is mainly the context that is changing, since (to a large extent) the mechanisms (ie, interventions) are not new or innovative, as they are available and used by prisoners not on the DRW (as well as in many settings outside of prisons). Thus, the context is the main factor of interest, as well as the interaction between context and mechanism.

Target group
The key target group for the first tranche of pilot sites is short-term prisoners, ie, those with sentences of less than 1 year, some of whom could have very short-term sentences (ie, of a few weeks). The eligibility criteria are generally quite broad: typically all prisoners with a history of substance misuse and / or problematic alcohol use will be eligible. The main exclusions will be prisoners with mental health problems, those who are not committed to the project, and those who may be vulnerable due to safety concerns. Also, in some (if not all) pilot sites, the criterion on short-term sentences may be relaxed, and prisoners with longer-term sentences will be allowed onto the DRW.

Given that the criteria for staying on the DRW are so broad, the prisoners on the DRW are going to be very diverse in terms of the: types of drugs misused; length of period of substance misuse; length of prison sentence; and time spent on the DRW wing (pilot sites may set minimum and/or maximum periods allowed on the DRW). Given this diversity, even with the same interventions/treatments

available to prisoners on the DRW, the expectations and target outcomes will need to vary considerably for individual prisoners.

Furthermore, some pilots may not fill their DRW with eligible prisoners and, given the pressure on prisons in terms of available cells, it is likely that some DRWs will include prisoners who are not part of the pilot programme. By contrast, other pilot sites may have more eligible prisoners than places available on the DRW and will need to keep a waiting list.

Eligible short-term prisoners are likely to spend their full sentence in the DRW, and be released into the community. However, for those pilots which allow prisoners with longer sentences onto the DRW, it is possible that these prisoners will be released back onto a main prison wing (rather than into the community) at the end of their period on the DRW. This could have significant implications for the continuity (and success) of the intervention.

Interventions and context (the DRW)

An extensive and wide range of interventions are available in the DRW pilots, and these vary from one pilot to another. Generally, the interventions provided on the DRW are not new or innovative, and are generally available to all prisoners at the pilot site. These typically include, eg, a full assessment by a case worker who prepares an individual recovery programme and targets for the prisoner, access to a range of drug treatment programmes and to work, life skills and education classes, mutual support groups, regular drug testing, a number of in-reach services from community agencies, and link workers who will liaise with community services, housing and job centre agencies.

In some pilot sites, the DRW may provide additional services or activities not available to prisoners elsewhere in the prison: eg, High Down is providing acupuncture and massage therapy to prisoners on the DRW.

There generally appear to be two main differences between the DRW and other wings in the prison. The first is that the DRW is more like a "one stop shop" approach, where everything to do with drug recovery is more easily available and more "joined up" than it would be to prisoners on the other wings. (One pilot site said the DRW is like "Tesco" where everything will be available in one place, instead of having to make separate trips to a butcher, baker, greengrocer, etc). The aim will be to have a "bespoke" treatment plan agreed with each prisoner on the DRW, to provide them with easier/quicker access to education and information in relation to drug recovery, and to be more responsive to the needs of the individual.

The second is the level of support that will be available to those on the DRW, both professionally, and, perhaps more importantly, from peers. Not only will there be more access to focus group / mutual aid sessions with other prisoners on the DRW, but the "ethos" of the DRW will be very different from other wings in the prison because all DRW prisoners will be with "like minded" peers with similar objectives, well-supported by staff, creating a situation which should increase their motivation to succeed. The DRW will provide a safe and calm environment with clear boundaries of acceptable behaviour. Also, staff working on the DRW tend to be enthusiastic about the programme (they have volunteered to work on the DRW), are likely to receive additional training, and should establish better relationships with prisoners than on other wings.

Taken together, the DRW will provide treatments that are available to all prisoners, but in a more intensive way, as the main objective of being on the DRW is drug recovery. Compared with prisoners on other wings, those on the DRW are more likely to be motivated to succeed and supported in this by their peers. Moreover, prisoners on the DRW will be kept away from potential "bad" influences elsewhere in the prison which could inhibit progress towards their goals (although this impact could

be diluted to the extent that cells in the DRW are filled by prisoners who are not part of the programme). This will be reinforced by the removal from the DRW of any prisoners who are perceived, by prisoners or staff, to be "bad" influences.

At the end of their stay on the DRW, prisoners will normally be released directly into the community (although this may not always be the case for those with longer-term sentences). The aim is that case/link workers will have made appointments for the individuals with the key agencies so that there is continuity of care on their release. While this occurs for other prisoners, this will be enhanced for prisoners on the DRW (with greater potential for follow-up).

Outcomes

Just like the interventions, the key outcomes are not necessarily different from those that would be expected for substance abuse prisoners not on the DRW (aside from the expectation that prisoners on DRW will be more successful in attaining the outcomes):

- In the short-term, reduced/stabilised substance misuse (ideally abstinence) and continuing engagement with the treatments/therapies available in the DRW, "triggers" for that individual's drug use should be clearly identified, general health needs should be met, and any skills gap addressed. At the time of release from DRW/prison, the targets set out in the care plan should be met.
- In the medium-term, after release from custody, improved outcomes (as relevant) in terms of housing, education, training, employment, health and/or family relationships, and continuing engagement with treatment/therapies available in the community.
- In the longer-term, (ideally) abstinence from drugs, reduced reoffending, continual engagement with community agencies (to the extent necessary), improved personal health, well-being and quality of life, improved relationships with family/friends, and successful integration into the local community.

Compared with other wings in the prison, the DRW should have, for example, fewer positive drug tests, fewer drug seizures, better staff-prisoner relationships, higher take-up of community treatment/services after release, etc.

Realistic short-term outcomes for individual prisoners will vary according to the length of sentence (and time spent) on the DRW, as this could range from a few weeks to 6 months (or possibly longer in some cases).

Inevitably, some outcomes will depend on the experiences and desires of the prisoner: eg, while some may opt for complete abstinence from all drugs, others may wish to continue with an occasional alcoholic drink or smoking cannabis (or even continued intake of methadone, albeit stabilised at a lower level).

Ultimately, the primary outcomes are keeping the person from re-offending, which typically means ensuring they have: a place to stay (whether back with family or in their own flat), some form of income (whether from work or benefits), and some structure to their day (whether paid or voluntary work, or training).

The assumption is that the intensity of the treatment and the ethos provided on the DRW provides the "best opportunity" for achieving short- and medium-term outcomes, leading to increased chances that longer-term outcomes will result. Staff responsible for the DRWs recognise that, once the individual is released from the DRW and from prison, he will be reliant on treatment and services provided by others, over which the DRW programme has no involvement (eg, in finding housing or work for the ex-prisoner). Prison staff are making considerable effort to improve their links with

community services, so the "handover" process of DRW prisoners to community services can be examined. At the point of this "handover", however, the DRW programme ceases.

Some implications for an evaluation of the DRW programme

As is clear from the description of the target group and interventions, evaluating the DRW programme presents some difficult challenges. For a start, there is no obvious control group to compare with prisoners on the DRW. Within a prison, all those "eligible" for the (tranche 1) DRW programme are likely to be allowed onto the DRW, and thus they will be different from the other "ineligible" substance mis-users in other wings of the same prison. One group which could provide a suitable control is prisoners on the waiting list for the DRW (who are by definition "eligible" for the DRW), but who are released before being allowed onto the DRW. However, it's currently unclear whether there will be any such prisoners, at least in tranche 1 given their short-term sentences and hence high turnover. Perhaps some tranche 1 or tranche 2 pilot sites would be willing to limit numbers on the DRW (for a period of time) in order to create a group of similar prisoners not on the DRW who could act as a control group for evaluation purposes.

There are also difficulties in comparing prisons with a DRW with those which do not have a DRW, since every prison has its own programme of drug recovery and its own unique circumstances. However, it may be possible to compare prisons matched as far as possible on a range of characteristics such as size, prisoner mix, drug programmes provided, etc.

There will also be merit in comparing not just outcomes, but also the cost effectiveness of the DRW with other treatment programmes provided to prisoners. For example, if the DRW is found to have the better outcomes as other prison drug programmes, at what cost is this achieved? If the cost is higher than the other programmes, is the DRW still considered cost-effective?

Even in the absence of a control group, an evaluation could examine:
a) the extent to which the implementation of the DRWs in the different pilot sites fits the "model" conceived for this intervention and whether their short-term outcomes are consistent with the original objectives;
b) for individual prisoners on the DRW, whether short-term objectives have been met across a range of dimensions - ie, not only reduced substance misuse, but also for specific targets identified in the care plan (eg, improved family relationships, general health, life skills, etc);
c) the evidence/logic model showing how these short-term objectives contribute to the ultimate longer-term outcomes of reduced offending, etc.

Another option for the evaluation might be to interview or survey prisoners on the DRW at various stages of the intervention (eg, at the beginning and end of their stay on the DRW), in order to monitor their progress and collect their views of the DRW programme, their motivations and intentions to change their behaviour, etc.

Bob Erens
Policy Research Unit in Policy Innovation Research (PIRU)
London School of Hygiene and Tropical Medicine
7th December 2011

Disclaimer: This is an independent report commissioned and funded by the Department of Health. The views expressed are not necessarily those of the Department or its Government partners.