

CNWL: Treating Addiction in Prisons 2013



The CNWL Treating Addiction in Prisons Conference 2013, held in London on the 3rd December, brought together many of the industries thought leaders to tackle some of the most challenging questions around how to prevent and treat drug and alcohol addiction within prison settings. We sent along two representatives to understand some of these challenges and we have produced this summary in case you missed out. Please feel free to get in touch, we're always happy to talk!

Chris Davies (chrisd@illycorp.com) and Michael Forsyth (michaelf@illycorp.com)

Claire Murdoch (Chief Executive, CNWL)

CNWL opened the conference by giving a useful overview of some of the key issues in promoting recovery in prisons. Murdoch highlighted 3 challenges that are particularly pressing:

1. Reducing prisoner mortality and serious incidents
2. Getting Primary Care to work with prisons around key gaps, such as BBV testing
3. Integrating work between community and prison services

Professor Lord Patel of Bradford OBE

Lord Patel is one of the most forward-thinking experts on prison drug treatment strategy. Lord Patel made compelling cases and suggestions as to how we can streamline commissioning and increase service user and carer involvement. Lord Patel also put forward a useful definition of care – ***'having an effective system, based on the evidence for what works and including the voices of those the system is intended to help'***



Rosanna O'Connor, Director for Alcohol and Drugs, PHE

O'Connor gave a detailed insight into drug and alcohol treatment in Prisons. She laid out the substantial challenges that face practitioners working in prison settings and emphasised the varying approaches being taken, from methadone maintenance to abstinence.

O'Connor also advocated the need for robust 'through-the-gate' services that can ensure continuity of care between prison and community services. It was suggested that neither CARAT or DIP really succeeded in doing this. Interestingly, O'Connor recommended integrating the case management of clients on both sides of the prison gate to remedy this.

Finally, O'Connor made reference to Prison Health Performance Quality Indicators which are currently being developed and suggested that more information will be released by PHE shortly!

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Majella Pearce (Healthcare Inspector, HM Prisons)

Majella Pearce looked at both sides of the coin; firstly, how to reduce supply in prisons and secondly, lessen demand. Her recommendation for reducing the supply of drugs in prison focused on integrated working between Prisons and Community teams. Pearce noted boredom plays a significant role in the demand for drugs in prisons and running day programmes combats the demand by simply keeping inmates busy.

Pearce moved on to talk about the need for evidence-based prescribing and warned that the approach to general prescribing, as it stands, is not specific enough.

Patricia Cadden (Offender Commissioning Manager, Health in the Justice System Team)

Cadden highlighted the challenges arising from fragmentation in the commissioning structure. Firstly, it makes planning integrated care pathways more difficult and secondly, it makes co-commissioning harder. There were suggestions that authorities are working towards ways in which this could be done but Cadden suggested that this process may take up to 6 months. An integral part of this commissioning approach to criminal justice **includes promoting continuity of care between prison and community settings.**

Neil Collier and Chris Curtis (HMP Manchester, Recovery through-the-gate)

Collier and Curtis gave the audience a terrific insight into the day-to-day work of prison workers. They spoke about using the Drug and Alcohol star to work **with** clients as a self-assessment tool. Interestingly, much of their work involved arranging for the client to transition safely into the Community – getting help from Community services to avoid the temptation of slipping back into old ways.

Charlie Lloyd (Principal Investigator, Department of Health)

Charlie Lloyd has lead the research behind the DoH ‘Drug Recovery Wings’ pilot and gave delegates a sneak peak at the recommendations he might be making. Lloyd suggested that the wing has been successful at reducing Subutex and Methadone medication. However, he noted there have been challenges with keeping inmates busy during the day time. Lloyd suggested that the full report will be published in **Autumn 2015.**



LINKS CarePath is ILLY’s case management and reporting tool which is fully NDTMS compliant, including Prison dataset. The system is currently being used by Prison teams across the country.

- ✦ Initial Reception Date
- ✦ Date of Reception
- ✦ Transferred From
- ✦ Prison Exit Date (with automated alert to Community team)
- ✦ Prison Exit Reason / Destination
- ✦ Referred to Community Provider
- ✦ Pre-release Review Date



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