Justice Committee

Transfer of prison healthcare to the NHS

Written submission from Phoenix Futures Scotland

Phoenix Futures currently provide services in HMPs Aberdeen, Peterhead, the Open Estate, Edinburgh, Glenochil, Cornton Vale, Barlinnie and Greenock and HMYOI Polmont. Our work is uniquely though not solely practical in focus, and as an organisation we have been at the forefront of the Therapeutic Community movement for over 40 years.

In 2005 Phoenix won the contract to provide services in all SPS-run prisons in Scotland for 7 years. In July of 2012 our contract to deliver services in HMPs Shotts, Dumfries and Inverness came to an end with the transfer of services in these prisons of the service to the local NHS Board.

We do not provide a service in HMP Kilmarnock or HMP Addiewell. We used to provide a service in HMP Low Moss prior to closure for refurbishment but this contract was not renewed when HMP Low Moss re-opened.

To assume that Prison Addiction Services are best run by the NHS without voluntary sector involvement negates the added value of having non-statutory involvement and the extensive expertise gained in working with this client group.

The provision of treatment and support to facilitate individual’s recovery journey from problematic drug and/or alcohol misuse covers far more than meeting basic healthcare needs and goes further than provision of medication. Phoenix’s work in prisons has been a consistently effective illustration of how to work in partnership to deliver recovery outcomes for individuals, their family and the wider community.

Treatment and support in the prison setting is not like that in communities. Put simply the recovery journey that a person embarks on when they access specialist support is a process in which they stop substance misuse being the main focus of their lives, engage with and understand how those circumstances came to be, and then build a life with several different and meaningful focuses. In a prison setting this journey is particularly complicated by the isolation and psychosocial significance of simply being in prison, this is an inevitable consequence of detention in the penal system.

One particular advance in recovery care work has been the Outcomes Star-a tool now widely used within Phoenix. The star measures a variety of the aspects of a person’s life; drug and alcohol use, mental health, money, use of time, etc- and allows progress through treatment to be illustrated to the client. This serves to provide a clear picture of the progress that has occurred during the course of treatment and is especially useful during moments of doubt about the efficacy of recovery itself.

The partnership approach that Phoenix Futures has developed and refined over many years experience ensures that the individual’s needs are met, progress achieved and outcomes documented. To assume that partnership working is better
met by all services being under the management of one organisation is to misunderstand the complexity of recovery and the specialist expertise and flexibility of voluntary organisations.

There is another aspect, particular to addictions, which has gone unreported as yet in this debate. Recovery is a process of many stages often lasting many years. Set in business terms the structures which have been proven to do the most for recovery are those which demonstrate vertical rather than horizontal integration. This is why Phoenix Futures has developed expertise in running services of different types to provide as seamless a transition as possible between the phases of recovery.

A delicate balance has to be struck when responding to addiction, especially in prisons. Methadone will play an important role in the stabilisation of many cases where recovery is sought and its use must always come about as a result of a considered, person-centred clinical approach. There is however a danger that the methadone prescription can become the intervention, without the provision of both individual and peer therapeutic support. Support such as that provided by Phoenix Futures Enhanced Addiction Casework Service is proven to be essential for recovery to become a reality.

Just last week the parliament moved to renew its commitment to the ‘Road to Recovery’ drug strategy which has served Scotland well over the past few years. One of the main points arising from last week’s debate regarding the strategy was the need to affirm our commitment, on both local and national levels, to a multi-faceted approach to treatment. Thus far the decision by some NHS Boards to absorb an established voluntary sectors service within mainstream NHS Addiction Service provision has not resulted in a better more recovery-focused service for individuals.

It is huge concern that one year on from transfer there continues to be uncertainty about the future of these well-established services within our prisons. We recognise that NHS Boards are keen to improve the transition between prison and the community for individuals and improve overall service linkage. However, to assume this can be achieved without drawing on our wealth of experience, and to support our continued involvement in working with individuals on their recovery journey is to misunderstand both the recovery journey and the role different types of organisations have to play at different points of that recovery journey.

To give an impression of the scale of our work in prisons, in October of this year we conducted 1,082 motivational interviews: one to one sessions with prisoners. In the same month we also delivered 53 alcohol group work sessions and 202 National Harm Reduction Sessions given to prisoners on entry or exit to inform and educate about the risks of particular substance-related behaviours. We referred 254 people to in-prison support and 114 cases to TAS services, completed 475 care plan reviews and delivered 17 Naloxone sessions. Our average monthly active caseload over the last 12 months was 1484, almost 20% of the total prison population as stated by the SPS on Friday the 9 November 2012.

To put this caseload number in context we look to the prison figures as a whole.
• There were 8,319 prisoners in Scotland on the 9 November this year, and our average monthly caseload for the past 12 months has been 1,484.

• The SPS Prisoner survey 2011 reported that 39% of prisoners stated that their drug or alcohol use was a problem for them on the outside.

• We can then expect 3,244 people across the total estate to have self-admitted problems on entry. The same SPS survey said that 48% of prisoners reported being prepared to seek help if it were offered. This would mean that 1,557 people across the estate could be thought of as being ready for treatment.

• We see 1,484 cases on average per month, or 95.3% of expected demand.

• Given that we work in only 62.5% of jails, Phoenix is clearly providing an exceptional service, which is working, not only with people who are ready for treatment on entry, but also through reputation and outreach is facilitating the recovery of prisoners who would not previously have considered entering treatment.

We also ran our own survey, Footprints, in some prisons earlier this year. From this we learned some striking statistics about our service users in prison;

• 43.5% have been in jail 5 times or more

• Almost three quarters report knowing someone who has died due to substance misuse

• Just over half say they have never accessed help for their use of alcohol and/or drugs before

Phoenix Futures
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