



## Response to The Bradley Report

**DrugScope, 26 May 2009**

DrugScope is the UK's leading independent centre of information on drugs and drug use and the national membership organisation for the drugs sector.

DrugScope is working with Clinks, Homeless Link and Mind as a member of the new Making Every Adult Matter Coalition, which was launched in December last year and is being funded by the Calouste Glubenkian Foundation. This coalition is working to improve outcomes for those people with the most complex needs and the most entrenched social exclusion.

DrugScope is a member of the Third Sector Forum on Mental Health and Criminal Justice and the Criminal Justice Alliance. We are supporters of Smart Justice on Drugs, Drink and Mental Health and Clink's Race for Justice initiative.

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- 1 DrugScope would like to thank Lord Bradley and his team for the time they took to engage people involved in drug and alcohol services in the review process. In particular, we are grateful to Lord Bradley for taking time in his schedule to meet our members and other stakeholders at a seminar organised by DrugScope in October 2008. Our members appreciated the opportunity to talk to Lord Bradley about their experiences and concerns, and we were pleased to see so much of what they had to say reflected in the Bradley Report.
  - 2 Our main message has been that no approach to diverting offenders with mental health problems from prisons and/or the criminal justice system will be effective unless it addresses the high prevalence of co-occurring mental health and substance misuse problems in this population. As the Bradley Report states, 74.5 per cent of users of drug services and 85.5 per cent in alcohol services have experienced mental health problems. Conversely, 44 per cent of mental health service users report drug misuse and/or harmful alcohol misuse. It is probably not an exaggeration to say that dual diagnosis is the norm, and single diagnosis is the exception, for offender populations.
  - 3 Despite this, and as Lord Bradley's report states: 'services are not well-organised to meet this need ... In fact, services are currently organised in

such a way as to positively disadvantage those needing access to services for both mental health and substance misuse/alcohol problems' .

- 4 A recent review of mental health care in prisons from the Sainsbury Centre for Mental Health found a 'big gap' in dual diagnosis provision; a review of court diversion schemes conducted by Nacro in 2004 found that only 17 per cent of schemes had a protocol or policy for dual diagnosis and only three schemes had a dedicated dual diagnosis worker; and evidence suggests that people with dual diagnosis may be considered unsuitable for available community penalties – notably Drug Rehabilitation Requirements and Mental Health Requirements. A lack of clear policy and provision on dual diagnosis may also contribute to other key problems in the system, identified and addressed by Lord Bradley – for example, where people with severe mental health problems in prison also have substance misuse problems this may contribute to delays in their transfer to specialist mental health services, if those services do not feel equipped to manage individuals with co-morbidity and complex need.
- 5 We are encouraged by what appears to be a greater focus on this issue from Government - for example, with the publication of the Ministry of Justice guide for the management of dual diagnosis for prisons in March 2009. One of the most important long-term legacies of The Bradley Report would be to ensure that this focus is maintained, and that we see clear progress on improving provision for dual diagnosis within the criminal justice system. Specifically, we welcome Lord Bradley's recommendations that:
  - the Ministry of Justice should examine how individuals with dual diagnosis are served in drug courts;
  - HM Court Service and the Department of Health should investigate how defendants with dual diagnosis of mental ill-health and drug/alcohol misuse are currently served by all courts, including specialist courts;
  - improved services for prisoners who have a dual diagnosis of mental health and drugs/alcohol problems should be urgently developed; and
  - joint care planning between mental health services and drug and alcohol services should take place on release.
- 6 We note that the Government has accepted all these recommendations in principle only, because it wants to further consider their practical and resource implications. It is our view that there is overwhelming evidence that investment in this area would be highly cost-effective in the longer term, and that improving the way the criminal justice system deals with dual diagnosis must be at the core of an effective approach to diversion – as Lord Bradley argues – and cannot be viewed as an optional extra. We hope that the Government will be persuaded by the strong arguments for investment in this area, and will implement these key recommendations.
- 7 To ensure that the focus on co-occurring mental health and substance misuse problems that is at the heart of Lord Bradley's report is not lost we

- 8 We note that the Bradley Report recommends training for professionals in mental health and learning disability awareness (including school staff, primary health care, police and community support officers, the judiciary, all probation staff and prison officers). It seems logical that this training should cover awareness about drug and alcohol issues and their links with mental health.
- 9 In developing key recommendations from the Bradley Report, we would like to see a practical strategy for identifying (notably, through assessment) and addressing co-occurring mental health and substance misuse problems at each stage in the offender pathway. Potentially, this could join up with Drug Intervention Programme (DIP) systems and structures.
- 10 This is a landmark report with the potential to place co-occurring mental health and substance misuse problems firmly on the map for the criminal justice system. It points the way to an approach to diversion that recognises co-morbidity as commonplace, not exceptional, and structures services and policy accordingly. This will support other key areas of Government policy – such as the commitment to work on dual diagnosis within the mental health strategy, the adults facing chronic exclusion programme in the Cabinet Office and the offender health strategy. We very much welcome this excellent report and look forward to shaping and supporting its implementation.

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