

Mary Anne McFarlane, Anne Thomson

Asking around: changing a service from the inside - on the inside

Everybody seems to be using them, from politicians to pet food manufacturers. But how can focus groups help a drug agency? Step forward, qualitative research and ground-floor user consultation

Last year, the medical staff at Winchester Prison decided that they needed to review the effectiveness of current drug service provision, both within the prison and in relation to prisoner release arrangements. This decision was prompted by the local DAT, which required an audit as the first stage in persuading the health authority to allocate additional resources to the prison. The exercise was based on focus group methodology, with individuals on an equal footing, being allowed to express themselves within previously set boundaries.

Twelve inmates joined the group, after assurances that the strictest confidentiality would be observed. Some of the group were on remand, some were serving sentences and others were on recall from licence, but all had identified a substance misuse problem. Not all the group had had the opportunity to use the prison's own drug services.

It was made clear that while individuals would not be identified in any report, the group's discussions would be used to improve policy and practice and therefore they would be shared in a numbers of fora, within and outside the prison.

Participation and responsibility

There was a recognition from all group members of the need to take responsibility for their own actions

and their own drug problems, though it was also realistically acknowledged that they could not achieve this without support and help from others:

"It's 50/50. I feel you've got to do it yourself, and half of it. I don't believe that there was no information there. There was information there, you've just got to find it."

This acceptance fuelled their willingness to participate, and the focus group leaders found them a very articulate and reflective group.

Information underload

Overall, the group felt that there was too little information about the treatment and advice services on offer, and that it was often too late. The majority of prisoners found out about services by word of mouth from other prisoners or from other workers (especially in the probation and psychiatric services). The most common reason for accessing information about services was as the result of a positive drug test, not of a proactive search for help.

Considerable determination was needed to access information and follow it up. It was also difficult for prisoners to gain an idea of the whole picture of services - they tended to have information relating to just one aspect of the services available:

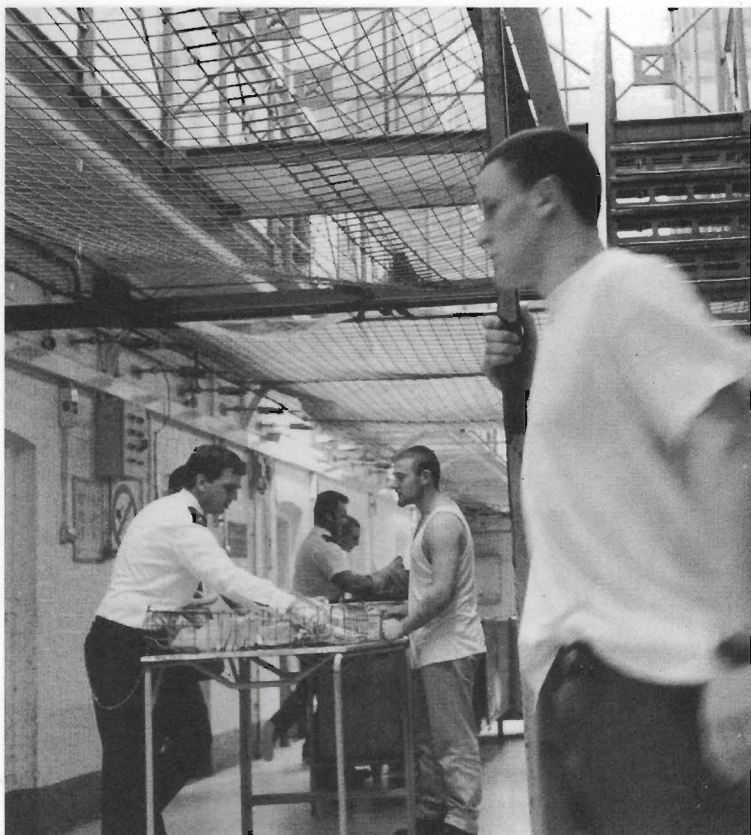
"They just tell you that there's organisations to help you with your drug problem. They don't explain

Mary Anne McFarlane

is an assistant chief probation officer in Hampshire

Anne Thomson

is a senior lecturer at the Southampton Institute



apparently significant drug problems. It was also clear from the focus group's experience that services were not accessed either by those from ethnic minority groups or by women. It was felt that the atmosphere in many agencies would not be attractive to women.

Silver service

In relation to the counselling services being run in the prison, there was very positive feedback from those who had had the opportunity to participate:

"I think the attraction of the group is it feels separated from the prison. It makes it a nice place to be yourself whatever you need to do. Otherwise you might as well be sitting in the middle of the wing. It's nice here, nice comfy chair, a coffee table. I ain't seen a coffee table in nine months."

However, it was clear that the number wanting to attend greatly exceeded the service's capacity. The venue was very popular and there was an emphatic wish *not* to meet on the



anything like that, they just say you can do this and you can do that."

As for information about drugs rather than services, this was often felt to be outdated, provided too late and limited in its scope and presentation. There was no evidence of tapes or methods other than written materials. Obviously, this is a problem for inmates with reading difficulties, and so a great deal of information was actually presented verbally (with the added difficulty that it could be easily forgotten too). The only positive example of good drug information cited by the group was a leaflet on ecstasy.

Treatment time lag

Once inmates had found out about the services available, the next problem which they identified was how to actually access those services. As one group member said:

"I came in here in October last year and I said that I needed some counselling because I found it hard coming off of ecstasy and they didn't do nothing. Then just after New Year they supposedly found an amphetamine in my cell and then suddenly I had a drug counsellor, psychiatric nurse and everything chucked at me."

Within prison, even when the prisoner was motivated to access services, there was considerable delay in their request being accommodated. This not only led to a frustration at the delay but also meant that prisoners were sometimes needlessly exposing their vulnerability with very little return:

"It takes a special sort of person who has had a life of drugs to come into this environment and say no. It takes a special kind of person to do that. I don't care what anyone says. People higher up say it's your fault, blah, blah – but they've never been there, they don't know."

On the other hand, contact with drug services outside the prison seemed to be reasonably satisfactory and the presence of an outside drug counsellor in the prison had assisted this link. The probation service was mentioned as facilitating the link with drug services on release, although this was often limited to a single option. Prisoners really needed an overall guide to services so that they could look at any one option in context.

Some prisoners, however, had made no contact with outside agencies before their prison sentence (or remand period) despite having

There should be a firm commitment to 'seamless care' for prisoners with drug and alcohol problems so that they do not end up where they started, back in prison

open wing. The informal atmosphere was conducive to exploring problems, and a more formal atmosphere (for instance, in the education block) would not achieve the same results. Furthermore, the attitudes of untrained officers on the wing had been unhelpful.

A drug-free wing was a logical progression, and as an idea, it found a great deal of favour. It was felt that it would help avoid some of the pressures and support their efforts to stay off drugs:

"You don't have people coming to your door, 'Do you want a deal, do you want a deal?' Not only that, all the time with people coming up to you, 'Have you got anything? Here you are, I'll sort you out! What's even worse is you don't even have to pay for it."

Throughout the discussion, testing

figured prominently. It was clear that the longer presence of cannabis in the body had led some prisoners to switch or consider switching to Class A drugs, so as to avoid detection:

"It's pushing me into smack. I smoked cannabis for 15 years. Now they've taken off 28 days for me smoking it. I've had enough, so I'm going on the heroin because it only lasts three days."

The group confirmed that heroin was readily available in the prison and could be obtained easily without money changing hands, a key factor in the decision to 'switch'. It was also noted that access to information and facilities appeared to be more readily linked to testing rather than to an early identification of substance use problems.

Out of the frying pan . . .

On release, the group felt that resettlement probation staff gave inadequate priority to issues relating to substance misuse. In particular, the lack of suitable accommodation – especially that which could be combined with a day programme – was identified as a real block to successful drug-free living. Without this support, when prisoners returned to the community, they immediately re-established contact with former drug associates.

Moreover, the general point was made that people who have become drug dependent need to develop an alternative source of satisfaction and occupation, otherwise the void is simply too great and they drift quickly back to their old habits. The resettlement package did not seem to satisfy this need.

. . . into the fire

When it came to the services offered by outside drug agencies, it was felt that addiction was often not taken very seriously:

"The first week I went, I was speaking to somebody and I said to them 'I want stay off drugs'. They introduced me to the group. The next thing he said was 'If you get into trouble you can get a script'. That's when I'm supposed to get some help – and they hand you a script straight away!"

Counsellors were seen as generally well-motivated, but it was agreed that

there was a limited awareness of the real problems encountered as a result of addiction:

"Where drugs have been a major part of my life from dealing to taking and everything else, it's left a void. There's a void there. There's nothing left. It's like 'what do I do now?' I've done it for 20 years. What do I do now and I can't do that by myself."

The group emphasised the need for continuing support if they were to stay off drugs and the fact that this sort of follow-up was lacking:

"They come and see you once a month and if they think you're all right then that's all and they don't come and see you again . . . You just tend to go back to what you know."

It was also felt that methadone was promoted by drug agencies as the easiest option, although group members said they would have preferred to explore other forms of treatment. The need for more information about other options, both inside and outside prison, was once again reiterated.

Accessible, seamless care

From all the discussions held within the focus group, it became clear that two overarching issues predominated and need to be addressed if the prison is to play a full role in helping drug misusers achieve a drug-free status.

Firstly, all participants agreed that although individual motivation was central to the success of any withdrawal and rehabilitation, without assistance it is almost impossible to achieve this. But a prisoner's ability to access the relevant information and secure appropriate care is severely circumscribed. Those prisoners who had utilised services within the prison were very positive about that care, but demand for treatment greatly exceeded supply.

Secondly, a continuum of care into the community was seen as vital.

Evidence suggests that 'outside' drug workers working within the prison are a positive step towards achieving this, but there should also be a firm commitment from all agencies – the prison, probation and drug services – to achieve a 'seamless care' for prisoners with drug and alcohol problems, if only so that they do not end up where they started, back in prison ■

Plans for service development in prison

ISSUES IDENTIFIED BY PRISONERS

- A simple information pack about substance misuse and the available services should be given to all new prisoners. Alternative materials should be developed for prisoners with literacy problems. Material needs to be up to date (the current prison AIDS video, for instance, was felt to be embarrassingly dated).
- Drug 'listener' roles should be developed, in the same way as there are listeners for suicide prevention.
- More counselling sessions and groups are needed, and they should be provided in an environment conducive to personal development.
- A drug-free wing is needed.
- Voluntary drug testing should be carried out in such a drug-free wing.
- Cannabis should be excluded from drug testing. To obtain a true picture of the prison's drug use, there should be a time-limited amnesty when all prisoners are tested.
- More activities for those coming off drugs should be developed.
- Basic awareness training should be undertaken by all prison officers so that they can support the prison's health and drug services.
- An integrated and coordinated approach to substance use is necessary in pre-release and after-care services.
- Prison detox should not leave the prisoner isolated.
- All treatment options should be explored, not just methadone.
- The prison's heroin problem should be acknowledged.
- Supportive accommodation should be available for those trying to stay drug-free in the community.

ISSUES IDENTIFIED BY THE RESEARCHERS AND PRISON OFFICERS

- A flow chart of services and how they interact should be included in prisoner information.
- A computer training pack should be purchased for prisoners, to help them identify their problems and suitable strategies for assisting recovery.
- A higher level of commitment is needed from probation staff to engage and work with people's drug problems.
- The stigma of contact needs to be addressed by drug services, especially the impact of the reception area. The effect this has on women and those from ethnic minority groups needs to be considered.
- A holistic approach is needed. Prisoners receive some services, but they are not coordinated into an overall plan for each individual prisoner. An already existing model for this is that of 'sentence management'.
- Low level but ongoing support and the monitoring of progress need to be provided by agencies.
- The identification of suitable accommodation should form part of local health, social services and probation purchasing plans and inter-agency planning.