

# Using Women

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Using  
Women  
WORKING LIFE & FREEDOM

DrugScope





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SOME NAMES IN THIS REPORT HAVE BEEN CHANGED  
TO PROTECT THE IDENTITY OF CONTRIBUTORS

USING WOMEN would like to thank all the women who gave up their  
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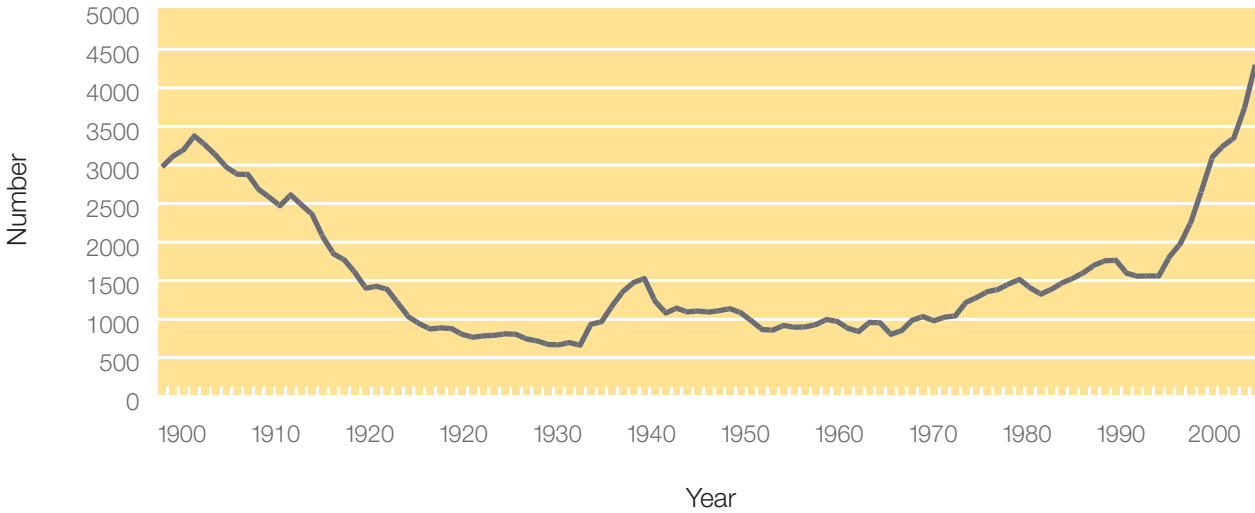
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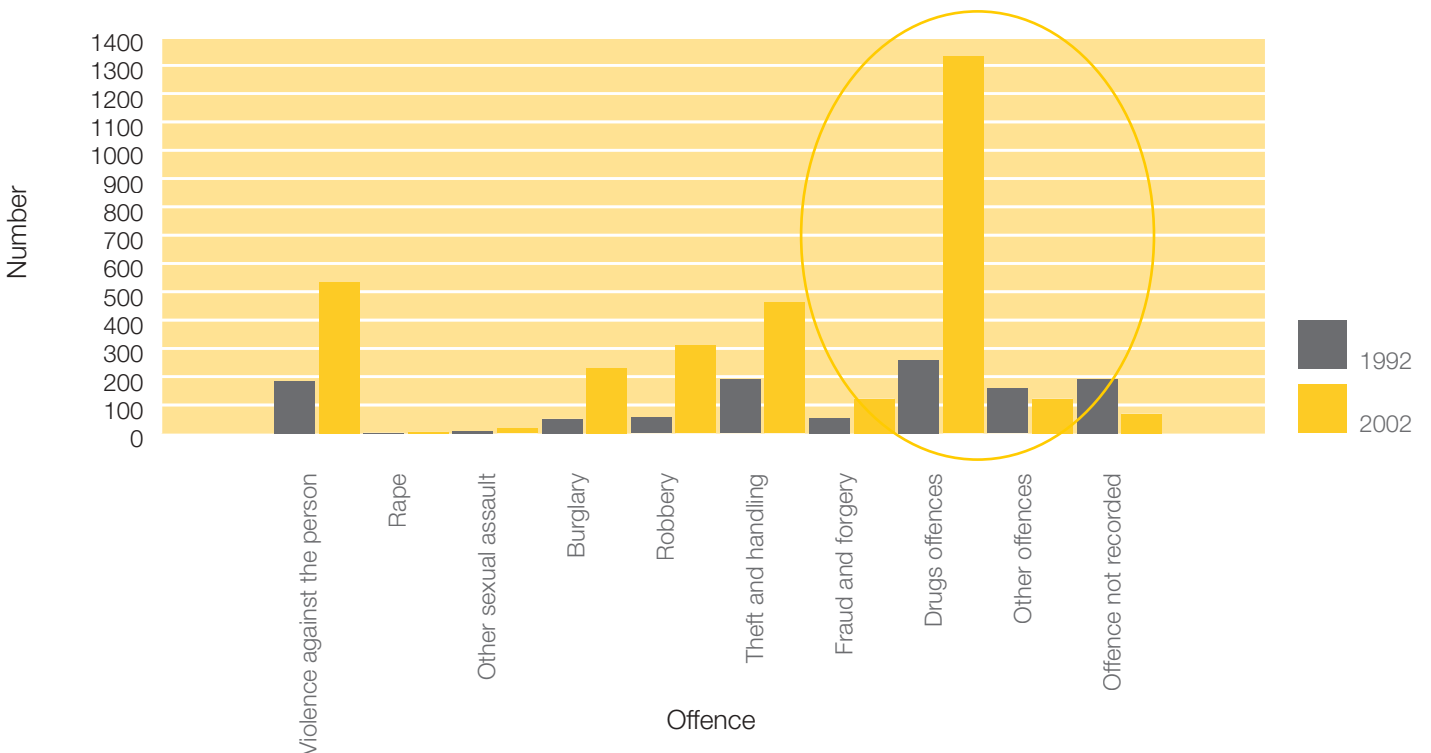
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# Prison Statistics England and Wales 2002, Home Office

The female prison population: 1900-2002



# Female Prison Population Under an Immediate Custodial Sentence 1992 and 2002, Home Office



*'Visiting any prison tends to be a pretty bleak experience. But in my experience, a women's prison almost always has a more depressing impact on the visitor. You can't help but notice the greater levels of distress and despair among women prisoners than those in comparable men's jails... The sad fact is that many women entering prison arrive in a dreadful state with acute physical and mental health needs.'*

**Cherie Booth QC, 'We must stop locking up so many women',  
*The Observer*, 28 March 2004.**

*'Responses to offending have generally been developed with male offenders in mind. But the fact that women make up only a small proportion of offenders – 6% of the prison population and 14% of offenders on community sentences – does not reduce the importance of addressing their particular needs and characteristics. If we fail to do this, we will continue to see the women's prison population increasing disproportionately and at a far greater rate than the male population. Children's lives will also continue to be damaged by having mothers who offend and women themselves will not receive fair and equal treatment from the criminal justice system.'*

**Paul Goggins MP, Prisons Minister, Introduction to the Women's Offending Reduction Programme – Action Plan, March 2004.**

*'After ten years of marriage I found my husband having an affair with my best friend and the marriage collapsed. I used more speed and now I found sleeping pills as well, so it was speed for breakfast and sleeping pills at night. I then got into heroin and thought I could control this drug. How wrong I was. It controlled me. I lost everything: my children; my self-respect; my confidence; and, most of all, my will to live. I was homeless and made money anyway I could. Prostituting and stealing became every day activities.'*

**Carol, ex-prisoner interviewed  
for the *Using Women* campaign.**

*'When I was 20 I got my first prison sentence and was sent to Bullwood Hall it was for young prisoners and when I went there I was terrified. I was grabbing on to the dock when the judge said to me 'nine months', I was screaming and begging him. They took me to Holloway and that was the worst day of my life being put in a cell. I got on with it and got transferred to Bullwood Hall. In Bullwood Hall, that's when I first learned about drug addicts. I used to see people crawling on their bellies vomiting, shaking and I used to think, what are they on? Someone told me that it was heroin but I never knew what heroin was, I just knew that it was a drug.'*

**Judy, ex-prisoner interviewed  
for the *Using Women* campaign.**

*'It is a positive thing if women head for a job and a college course and they can make friends who don't use drugs and build up a relationship with their family again. They actually start to feel confident. That is what we want – these people to be able to lead their lives without the need for drugs. But I think that road can be a long road, and I think the Government need to see that there isn't an instant cure.'*

**Jo Piori, Development Manager  
at the Stash Project in Manchester.**



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# Ten key messages

**1** Only a small minority of women prisoners have committed violent crimes. The most common offences are drug dealing and trafficking, property crime and prostitution.

**2** Repeatedly, women prisoners and ex-prisoners told *Using Women* that they got involved in crime to fund a drug habit.

**3** Many women get involved in hard drugs and crime only after entering into violent and exploitative relationships with men.

**4** Female dealers and traffickers generally operate at the lowest rungs of the supply pyramid.

**5** Women prisoners with drug problems suffer from high levels of poverty, marginalisation and social exclusion.

**6** Women with drug problems often have a history of physical, sexual and emotional abuse.

**7** Drug use is not only a cause of psychological and social problems. It is also a symptom and a coping mechanism.

**8** Many women with serious drug problems have done things in the past that they find it hard to live with. Coming off drugs means facing up to what they have done, and being prepared to make amends.

**9** Women with drug problems often say that they would have a better chance of getting off and staying off drugs if they had a chance of a fresh start in a different area or town.

**10** Both problem drug use and the imprisonment of women have a negative impact on children and contribute to inter-generational cycles of disadvantage.

# Ten key numbers

**173** The percentage increase in the average female prison population in custody between 1992 and 2002.

**44** The percentage of the adult female prison population in prison for drug offences in 2002, by far the largest single offence category.

**196** The percentage increase in the number of women being received into prison on remand from 1992 to 2002.

**43** The percentage of women sentenced in the Crown Court who received custodial sentences in 2002, compared to less than 30 per cent in 1994. Custody was used three times more frequently for females in 2002 than 1994.

**66** The percentage of sentenced women prisoners saying that they were either drug dependent or drinking to hazardous levels in the year before custody.

**£36,268** the average annual cost of holding someone in prison in 2002-03.

**£5,000** the average cost of a three month period in a residential drug rehabilitation centre

**60** The percentage of sentenced women prisoners who reported a problem in staying off drugs while in prison.

**5,600** The figure the women's prison population has been predicted to reach by 2009 – a 21 per cent increase between 2003 and 2009.

**18** The number of beds available in community based female-only residential detoxification and rehabilitation services on 9 September 2004, according to the National Treatment Agency website.

*Sources: Prison Statistics England and Wales 2002 (Stationery Office, London 2003); Statistics on Women and the Criminal Justice System 2003 (Home Office, London 2003); Prison Reform Trust (2004), Lacking conviction: The rise of the women's remand population, Prison Reform Trust, London; HM Inspector of Prisons (1997), Women in Prison: A thematic review by HM Chief Inspector of Prisons, London: Home Office.*

# 1 Introduction

## What is going on?

In 1996, the newly appointed Chief Inspector of Prisons, Sir David Ramsbotham withdrew his team of inspectors from Holloway prison. Conditions in the prison were so bad that he felt it was uninspectable. Sir David's decision was a wake up call from the front line. While prison conditions have generally improved since Sir David withdrew his inspectorate, the numbers of women being imprisoned has increased exponentially in the last eight years, and the conditions in which women are imprisoned has emerged as one of the great social policy scandals of our times.

The gravity of the situation was disturbingly illustrated in a recent investigative newspaper story.

*'Sometimes it can get too much even for the most experienced staff', the journalist Martin Bright comments.*

*'Gwynne Jones, who is responsible for suicide prevention at Brockhill, asked if he could have a quiet word during our visit. He said that he wanted to tell us about a woman who had been brought in the day before on a petty theft charge. She had come straight from hospital, where she had an abortion after being raped. Like so many women in Brockhill she had begun cutting herself, he said, but this one was different. Instead of the usual cuts on the arms or legs, this woman hated herself so much and felt so angry about what had happened that she had slashed open the skin around her vagina. With tears in his eyes, Jones said: "What is that woman doing in prison? How does my training as a prison officer prepare me for that?"'*

*('Women burn, strangle and stab themselves in jail hell', The Observer, 8 February 2004).*

This is an extreme case, but it is distressingly reminiscent of historical reports of conditions in prisons and other closed institutions in much earlier centuries. Is prison really an appropriate environment for a recent rape victim following an abortion, who has been charged (but not convicted) with petty theft? It also gives an indication of the extraordinary work that many prison officers are performing while struggling to cope with some of society's most troubled, damaged and troublesome young women.

## What is Using Women?

The *Using Women* campaign has been developed by DrugScope, the UK's leading independent centre of expertise on drugs and drug policy, and is specifically concerned with women who get in trouble because of illegal drugs. It is easy to confuse a campaign looking at women with serious drug problems with a campaign on women in trouble with the law. In a report published in 1997, the Office of National Statistics concluded that

*'the rise in the number of women serving sentences for drug offences, the shift towards longer sentences, and the correspondence between substance dependency and property crime all point to the significance for women prisoners of illicit drugs and of the heavy penalties imposed on drug users'*  
(cited in Nacro, 2001, p.13).

Di Moughton, Rehab Manager at HMP Drake Hall told us bluntly that *'the majority of people that we work with wouldn't be in prison if they hadn't got a substance misuse problem'*. The Governor of Holloway Prison, Edd Willetts, recently said to the journalist Mary Riddell *'if we had better provision for the drug addicted and mentally ill, we could significantly reduce the numbers of women in custody'* (*'The injustice of jail'*, The Observer, 25 April 2004).

## What is being done?

A lot of good work has been done by the prison service and the Government in the past decade. Eight years after David Ramsbotham walked out in disgust, Holloway has been earmarked for closure. A number of women's prisons have improved their detox regimes, notably New Hall and Styal. The prison that featured in Martin Bright's article, HMP Bullwood Hall, is running an intensive drug rehab programme (*The Observer, op cit*).

Following a recent inspection, Sir David Ramsbotham's successor, Anne Owers, praised staff at HMP Bullwood Hall and commented that this institution had the potential to become a good women's prison. But she didn't underestimate the challenges that confronted the prison given the physical environment and the women it is being asked to deal with. Owers continued:

*'over half of the prisoners we surveyed said that they felt depressed or suicidal on arrival at Bullwood Hall; there was an average of 56 incidents of self harm and 20 suicide attempts a month, often from a small number of prisoners... The lack of integral sanitation meant that other women had to be unlocked, one by one, to use the toilets. In practice, due to delays, some were reduced to using potties or having to clear up their contents thrown out of windows'*  
(HM Inspectorate of Prisons, 2004).

Despite the efforts of prison staff, conditions in the prison are still pretty bleak – and this is eight years after the official abolition of the practice of slopping out in 1996 (Carter P 2003, p.22).

Over the past five to 10 years, there has been an improvement in referral and treatment processes for drug using women who get in trouble with the law. These include the introduction of CARAT services in every prison - offering assessment, referral and throughcare services to prisoners with substance misuse problems; the promise of better post-release supervision arrangements for short term prisoners under the new Custody Plus sentence included in the *Criminal Justice Act 2003*; and the development of community sentences as an alternative to imprisonment for drug using offenders – notably the Drug Treatment and Testing Order (DTTO) which is contained in the *Crime and Disorder Act 1998*. The Government's *2002 Updated Drug Strategy* promises an expansion of drug services within the criminal justice system, a doubling of the number of DTTOs issued in the courts by March 2005, and improvement in after-care and through care services. All this is now being rolled out as part of the Government's Drug Intervention Programme (DIP) – previously, the Criminal Justice Interventions Programme or CJIP.

In addition, the Government published a *Women's Offending Reduction Programme (WORP) Action Plan* in March 2004. The Prison's Minister, Paul Goggins, explained that WORP aims to uncover the reasons behind the continuous rise in the women's prison population, and *'to take steps to ensure that custody is used only for those women offenders who really need to be there because of the seriousness of their offence or for public protection'* (Home Office 2004a, p.3).

Drug misuse is identified as a priority for the WORP Action Plan.

It recognises that women are under-represented in treatment programmes, and that it is important to recognise specific needs (such as pregnancy and childcare, sex working, sexual and physical abuse and dual diagnosis), as well as the need for women with drug problems to feel comfortable and supported within the treatment environment (which, in practice, means providing an option to attend all female services).

The overall WORPs objective is to increase the number of women entering and retained in treatment within the criminal justice system, while not neglecting the need to improve drug services for women in the community. It calls on local Drug Action Teams (DATS) to review the adequacy and appropriateness of services for women; highlights the focus on through care in the Criminal Justice Intervention Programme; and identifies the need for DTTOs orders to provide better services for crack users. The Probation Service will commission services for DTTOs appropriate for women, including detoxification, day programmes and rehab programmes. Arrest Referral Schemes will be monitored to ensure that they are appropriate for women offenders (Home Office, 2004a).

## What next?

These are promising developments. But there is evidence of a lack of faith among the relevant statutory authorities in the achievability of the fall in prison numbers at the heart of the WORP Action Plan. Official statistics published by the Home Office project that the female prison population could increase by a further 21 per cent between 2003 and 2009, bringing the total to 5,600 sentenced prisoners (Home Office 2004b, p.34). There are also serious concerns about the continuing expansion of remands to custody, as highlighted by the Prison Reform Trust. Between 1992 and 2002 there was a 196 per cent rise in the numbers of women received into prison on remand. Fewer than half received a custodial sentence when they appeared in court, and one in five were acquitted. In 2002 fewer than one in ten of the female remand population were charged with violent offences (Prison Reform Trust 2004).

At the time that the WORP programme was stressing the need to reduce the numbers of women in prison, building work was progressing on the first purpose built female jail for thirty years – the privately run Bronzefield prison – which opened in June 2004 in Ashford, Kent. Another privately-run establishment is due to be opened in Peterborough. Unless there is a change of direction, these new prisons will soon be full of women, many of whom will have become involved in drugs and crime against a background of violence, exploitation and abuse and do not pose a risk to the public.

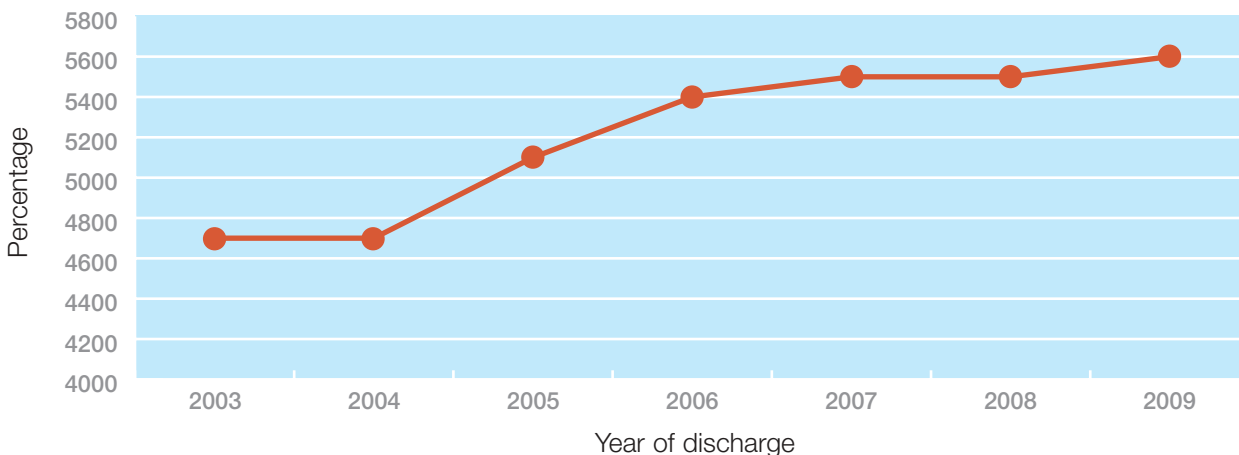
In addition, a new Drugs Bill aims to widen the net of the criminal justice system to coerce increasing numbers of drug users into treatment. There are real concerns that this kind of net-widening is contributing to the escalation in prison numbers.

There are women who should be in a custodial environment, because they are a threat to others, or – otherwise – because this is the only publicly acceptable and proportionate response to their crimes. But they are a minority within the current prison population. In 2002 only one in six female sentenced prisoners were inside for violent or sexual offences – compared to one in three men. Thousands of women were received into prisons for shoplifting and other comparatively minor property crimes, as well as for drug offences. Over half go back to crime after release, often to support a drug habit. Fifty five per cent of females discharged in 1999 were reconvicted of a standard list offence within two years of discharge (Home Office, 2003a).

## Prison Statistics England and Wales 2002, Home Office

### The female prison population: projections

\* figures obtained from the Prison Population Brief: April 2003



## What about public opinion?

The imprisonment of non-dangerous female offenders is not an effective way of cutting crime. Nor are simplistic and punitive solutions supported by the public. An NOP poll conducted for *Using Women* between 3 and 5 September 2004 found that two thirds of respondents did not think that sending so many women to prison was making society safer, with 51 per cent disagreeing that it was an effective way of stopping them from reoffending when they came out. Sixty two per cent disagreed that sending women with drug problems to prison was an appropriate way of helping them to overcome them, with over half (55 per cent) believing that this was likely to make their drug problems worse (NOP 2004, n = 999).

A MORI poll conducted for the Fawcett Society's Commission on Women and the Criminal Justice System asked members of the public what should be done to cope with the massive increase in the number of women in prison. Forty nine per cent believed that 'more prisons' were part of the solution. However, 74 per cent wanted more residential centres for drug addicted offenders to receive treatment, 68 per cent favoured greater use of community sentences and 82 per cent wanted to see more treatment centres for offenders with mental health problems.

The Fawcett Society concluded that

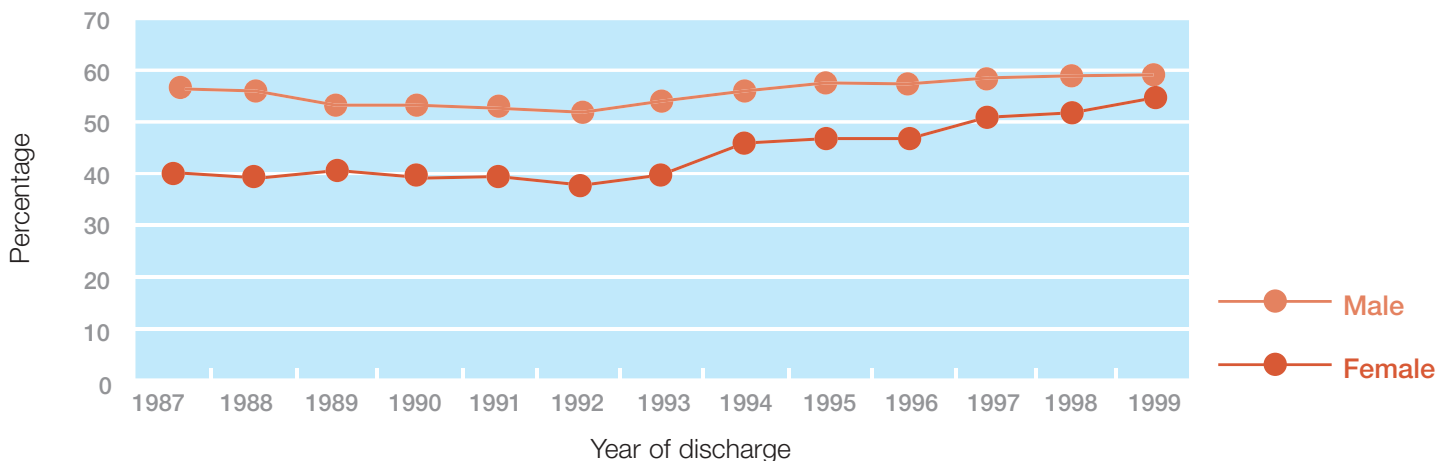
*'from a selection of options provided, by far the most popular ways of dealing with the growth in the female prison population are to provide more treatment centres for offenders with mental health and substance abuse problems, and to make greater use of community sentences'* (MORI 2004, Fawcett Society 2004, p.50).

The evidence suggests that investment in drug treatment centres would more than pay for itself. It has now been estimated – on the basis of the latest NTORS data – that £1 spent on treatment can save £9 to £18 on the social costs of drug addiction later on (*DrugLink*, Vol 19 Issue 4, July/August 2004, p.2).

## Conclusion

The *Using Women* campaign believes that a substantial reduction in the number of women in prison for drug and drug-related offences is both desirable and achievable. Given the political will, it can be done quite easily, and in a way that reconciles the demands of proportionality in sentencing with effective crime reduction, public acceptability and the creation of a safer society. The remainder of this report examines the key issues in detail - providing a platform for the voices of ex-prisoners and professionals who have spoken to *Using Women*. The next four chapters are concerned, respectively, with the link between drugs and crime, the experiences of women in the prison system, the impact on children and alternatives to prison. A final chapter draws out the policy messages and sets out a twelve step reform programme.

## Prisoners Reconvicted Within 2 Years, Home Office



## 2 Victims and offenders

I wasn't that bad until I reached 28... someone came around with a lot of crack to smoke and I wanted more... I found myself standing outside my flat waiting for a punter and that's where my prostitution started. From there it has just been haywire. In and out of prison... robbery, burglary, fraud.'

**Jackie, Ex-Prisoner interviewed for *Using Women*.**

'It is just all day. "How do I get money?" You get money and it's "How do I get the next money?"'

**Pauline, interviewed for the *Using Women* campaign.**

In a Foreword to the *Updated Drug Strategy 2002*, the former Home Secretary, David Blunkett, observed:

*'If there is one single change which has affected the well-being of individuals, families and the wider community over the last 30 years, it is the substantial growth in the use of drugs, and the use of hard drugs that kill in particular. The misery this causes cannot be underestimated. It... turns law-abiding citizens into thieves, including from their own parents and wider family. The use of drugs contributes dramatically to the volume of crime as users take cash and possessions from others in a desperate attempt to raise the money to pay the dealers... otherwise decent people become dealers in pyramid selling, as they persuade friends, acquaintances and strangers to take on the habit, so that they themselves can fund their own addiction'*  
(Home Office 2002).

A Home Office assessment of an arrest referral scheme for sex workers in King's Cross found that the average weekly spend on drugs among 55 women was £650 - ranging from £10 to £2000 (May T, Harocopos A and Turnbull P 2001). One ex-prisoner interviewed for *Using Women* told us, 'I could spend as much as £1000 a day on drugs, some days £500. It would never be lower than £300 a day.'

Few women can support drug habits costing £20,000, £30,000 or £50,000 a year – on top of other living expenses – by legitimate means. Many turn to crime.

### Women as dealers and traffickers

A distinction is commonly made between crime that is drug-related and drug offences.

The main drug offences are possession, possession with intent to supply, supply, production and trafficking of illegal drugs. Sentences vary depending on the drug's classification under the *Misuse of Drugs Act 1971* (Class A, B or C). The maximum sentence for possession with intent to supply, supply, production and trafficking of Class A drugs – such as heroin, cocaine, LSD and ecstasy – is life imprisonment.

Following the reclassification of cannabis from a Class B to a Class C drug, the *Criminal Justice Act 2003* further toughened the drug laws. Under Schedule 24 of this Act the maximum penalty for producing, illegally supplying or possessing with intent to supply a Class C drug rose from five years to 14 years. This is a very severe maximum penalty, especially when contrasted with penalties for violent and sexual offences. The maximum sentence for possession of cannabis with intent to supply is twice as long as for possession of a sawn off shotgun. On 30 June 2002, 73 per cent of women under sentence for drug offences had received sentences of over three years and 40 per cent of over five years. Putting to one side those male prisoners serving life sentences for the most serious violent crimes, only 52 per cent of remaining men in prison for violence had been sentenced to more than three years and only 26 per cent to more than five years (Home Office 2003a, based on figures provided in Table 1.6).

The tough approach taken by the courts when sentencing women convicted of drug offences is illustrated by the stories of two offenders included in a National Association of Probation Officers (NAPO) report on *Women and Crime*. Yvonne was an 18 year old who was sentenced to three years for a first time offence of supplying ecstasy tablets. The NAPO report explains that '*in mitigation, the defendant claimed that her boyfriend had pressurised her to sell the drugs, threatening her and her family if she did not comply.*' Sandra was 19 and received 30 months for a first offence of possession with intent to supply a Class A drug, after attempting to pass drugs to her boyfriend who was in prison. Again '*she claimed in court that she did so because of threats of violence if she refused...* She described the relationship as controlling, punctuated by violent episodes including repeated threats to harm her if she attempted to leave home' (NAPO 1997, p.17).

It is a matter of concern that the main political parties are currently competing to be the 'toughest' on drug dealing, in the absence of any kind of debate about these issues. In *Tackling Drugs, Changing Lives*, the Government promises tougher powers to deal with drug dealers. In a speech on 4 November 2004, the leader of the opposition, Michael Howard, said that a Conservative Government would introduce a minimum seven year sentence for dealing. Against this background, it is more important than ever to recognise that the term 'drug dealing' covers a multitude of things.



## Foreign nationals

Drug offending needs to be placed in a wider context, often characterised by poverty and disadvantage, intimidation and exploitation.

This point is particularly well-illustrated by the stories of 'drug mules' – usually foreign nationals - who have been caught bringing drugs into the country, and ended up serving long sentences in British prisons. As the Fawcett Society's Commission on Women and the Criminal Justice System concludes:

*'such women come from a background of extreme poverty and are rarely high up in criminal gangs involved in the drugs trade. Most are single parents and first time offenders and there is evidence to suggest that coercion plays a part in their decision to become a drug courier against a background of violent, abusive and exploitative relationships'*

(Fawcett Society 2004, p.44).

At the end of June 2003 there were 886 foreign national women in British prisons. Nearly half (425) were Jamaican, of whom 96 per cent were serving sentences for drug importation offences. Almost three quarters of women foreign nationals in prison were serving sentences of more than four years. Nine out of 10 Jamaican women in prison for drug offences in June 2003 were first time offenders (Allen R, 2003). All face summary deportation on completion of their sentences.

It is important that law enforcement agencies act to minimise the flow of damaging drugs like heroin and cocaine into the country. That means taking tough action against the big time traffickers. But these drug couriers are not career criminals. Furthermore, as the Rethinking Crime and Punishment (RCP) report *A Bitter Pill to Swallow* explains:

*'The Home Office Jamaica Working Group has acknowledged that the supply of cocaine via Jamaica is only a small part of the whole cocaine problem in the UK. Even if all Jamaican women were stopped it is unlikely that it would have a noticeable impact on the availability or price of drugs on the streets of the UK'* (ibid, p 2).

An evaluation of the work of the organisation Hibiscus, which supports the children of drug couriers serving sentences in British prisons, was conducted by Dr Axel Klein, Head of the International Unit at DrugScope, in 2004.

It found that drug trafficking was often a survival strategy. *'Women who are struggling to make ends meet are approached by 'someone they know', usually another woman with a proposition'*, Dr Klein explains, *'some women claim that they did not know what was involved until they were handed a bag at the airport. In other cases, small loans are advanced over a period of time. In order to pay off the accumulated debt a favour is required.'* He continues: *'proceeds are used to meet urgent expenses, such as medical bills or school fees, used for constructing a toilet, or ploughed into a small business, like a neighbourhood bar. Both aspirations and rewards are modest and in no proportion to the gravity of the crime'* (Klein A, 2004).

A minority of women do progress to running assignments and recruiting couriers. This can be the only viable exit strategy from couriering for women who get involved with organised criminal groups that are often willing to resort to terrifying violence.

*'It is important to remember'*, Dr Klein's report notes, *'how readily violence is deployed in inner-city Kingston. Women sometimes fail to inform their families of their arrest for fear of retribution not only to themselves – and one of Hibiscus' clients was murdered on her return – but also to their families'* (ibid).

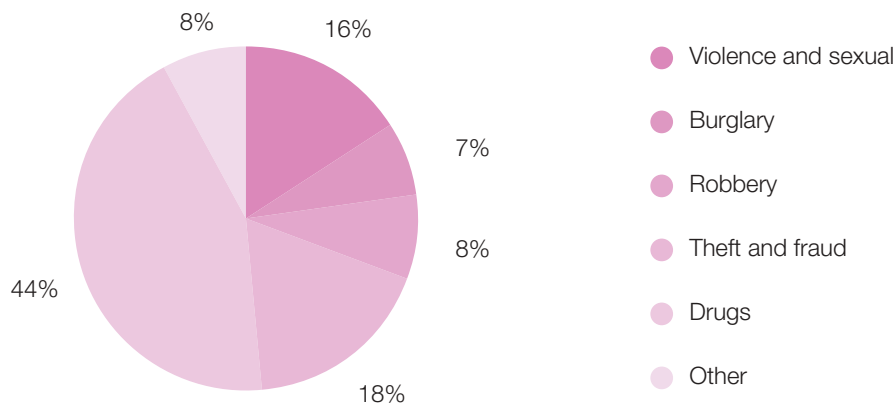
Olga Heaven, Director of Hibiscus, has commented: *'I can't see what sense it makes to hold a woman in her mid to late 30s to a long prison sentence when she's just a courier who has never done anything like this in her life before'* ('Bursting point: the drug mules filling up UK Prisons', *The Guardian*, 30 September 2003). Juliet Lyon, Director of the Prison Reform Trust, asks:

*'How could anyone think that excessive jails terms are a deterrent when there are plenty more poor women prepared to take a terrible risk for the sake of their families, even though those who are caught will not see their children grow up? Since when has catching small people and punishing them most severely made a jot of difference to the big criminals who orchestrate these drug rings?'* (Letter to *The Guardian*, 2 October 2003).

There is also a question mark over the deterrent effect of these sentences, given that women who are recruited into drug couriering in the Caribbean are generally not aware of the penalties in the United Kingdom.

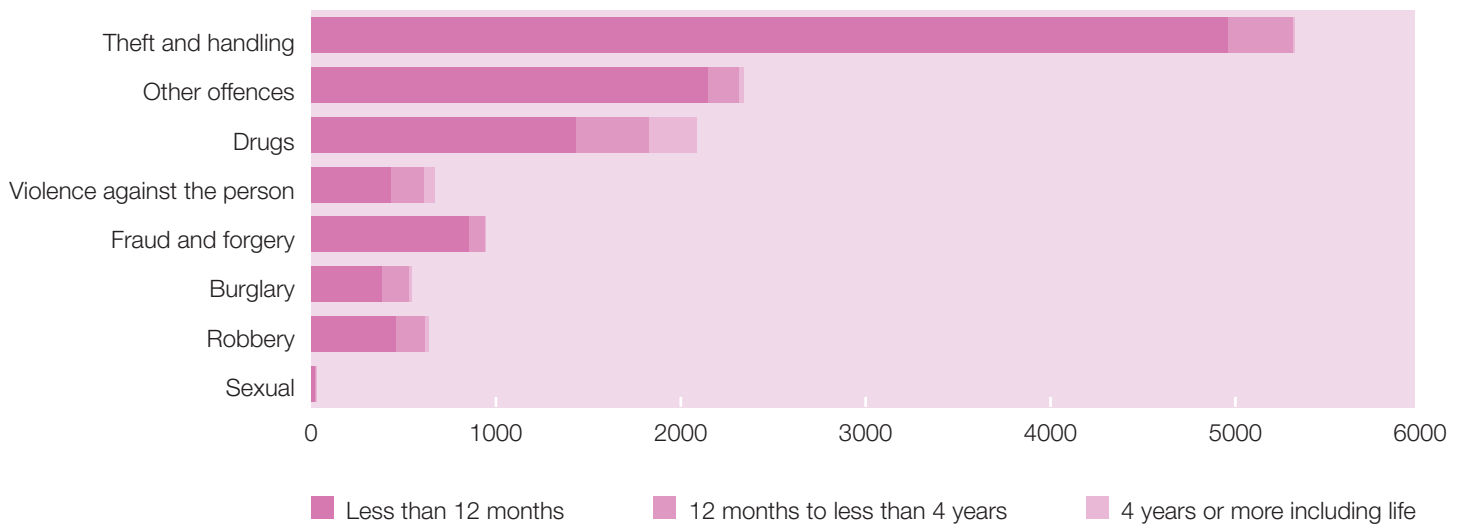
## Prison Statistics England and Wales 2002, Home Office

### Prison population of sentenced adult females by type of offence 2002



## Prison Statistics England and Wales 2002, Home Office

### Receptions of adult sentenced females by offence group and sentence length 2002



## Causes of drugs, causes of crime

If approaching half of the aggregate sentenced female prison population is inside for drug offences (the largest single offence category by some distance), the majority of women received into prison have been convicted of property crimes. In 2002 by far the largest single offence category for numbers of women received into prison was shoplifting, which accounted for 2,740 admissions (Home Office, 2004b, pp.iii-iv). This was more than the next four categories added together (robbery – 470, burglary – 450, fraud – 450 and drug offences – 430). It is commented, incidentally, in this official Home Office publication that *'recent figures suggest that the rise in sentenced prison receptions for women is driven by a more severe response to less serious offences'* (*ibid*, p.iv). Many of these offences are drug related.

According to the Home Office's latest digest of statistics on women and the criminal justice system, 66 per cent of sentenced females said that they were either drug dependent or drinking to hazardous levels in the year before custody, 57 per cent reported using heroin and 47 per cent reported using crack in the year before imprisonment. Sixty per cent of sentenced female prisoners told researchers that they had problems staying off drugs while they were in prison (Home Office 2004b).

In an earlier study conducted by HM Inspectorate of Prisons and Probation, 50 per cent of prisoners interviewed said that their current offence was drug related. Forty one per cent of those with a drug problem said that they had been in prison 10 times or more, compared to 24 per cent of those without a drug problem (HM Inspectorate of Prisons and Probation 2001, p.63).

Drug offences are themselves often drug-related offences. People at the lower end of the supply pyramid sell drugs to others to support their own habits. For example, Judy, who was interviewed for *Using Women*, explained *'all I cared about was my drugs. I went back to King's Cross again and got into more trouble from robbery to supplying drugs, to GBH to assault to prostitution.'* For Judy, supplying drugs was not a calculated way of making vast profits. It was simply one criminal strategy among others (including robbery and prostitution) to find the money to fund a drug habit that was spiralling out of control.

A study published by the Home Office in 2002 – *The Road to Ruin?* – was unable to find conclusive evidence of a 'gateway effect for drugs into crime.' It found that *'the average age of onset for truancy and crime are 13.8 and 14.5 years respectively, compared with 16.2 for drugs generally and 19.9 for hard drugs. Thus, crime tends to precede drug use rather than vice versa'* (Pudney S 2002, p.7).

But it does not follow from the fact that somebody committed a first criminal offence before using drugs for the first time, that subsequent crimes are not directly driven by drug dependency. Often they are. It would be absurd to deny that acquisitive crimes are often committed to fund drug purchases. The evidence for this is overwhelming. It has been estimated that female arrestees identified as having a drug problem spend an average of £328 a week on drugs (compared to £255 for males). For many, this is an impossibly large sum of money to acquire legitimately (Home Office 2004b).

It is true, however, that the relationship between drugs and crime is complex, with serious implications for policy and practice.

Most women who end up in the prison system come from disadvantaged and difficult backgrounds. Women prisoners suffer from the range of problems associated with social exclusion, and often come from run down neighbourhoods and estates where life is difficult, opportunities are few and young people can turn to drugs to fill the void. Their drug use is as much a *symptom* as a *cause* of problems.

For example, Joanna, who had successfully completed a DTTO, told the *Using Women* campaign that *'most people'* on her housing estate were *'into heroin.'* *'Wherever you go there is heroin about'*, she explained, *'its like being asked if you want a cup of tea or a glass of wine.'* Drug misuse is linked to homelessness, lack of education and employment opportunities, mental health problems and physical and sexual abuse. Drug treatment is unlikely to have a long term impact unless these other problems are being addressed.

*'All I cared about was my drugs. I went back to King's Cross again and got into more trouble from robbery to supplying drugs, to GBH to assault to prostitution.'*  
**Judy, interviewed for the campaign**

## Victim and criminals

'Everyone has a choice not to commit crime. But the choice is harder when, after years of being a victim of domestic violence or sexual abuse, you have lost respect for yourself and others. It is harder still when you are addicted to drugs or have stopped caring whether you live or die.'

**Cherie Booth QC, 'We must stop locking up so many women', *The Observer*, 28 March 2004.**

'Policy rhetoric has stressed the importance of protecting "the public" (i.e. the innocent) from victimisation, of holding offenders strictly accountable for their behaviour and of the need, advocated by the then Prime Minister John Major in 1993, to "condemn a little more and understand a little less". From this perspective, "understanding" the offender's plight as a victim smacks of collusion with "excuses" for crime and exoneration from personal responsibility. Similarly, a rehabilitation programme that acknowledges the offenders victimisation history is suspected of focussing on personal need at the expense of personal change. These assumptions, however, overlook the evidence that recovery from the trauma of victimisation is a challenging process that cannot succeed without the active participation of the sufferer.'

**Judith Rumgay, *When victims become offenders. An Occasional Paper for the Gender and Justice Policy Network*, June 2004, p.2.**

There is a tendency to think about drugs and crime in simple, black and white terms. Evil drug dealers feed on the addictions of vulnerable users in order to support their own violent and extravagant lifestyles, and the world of crime divides neatly into offenders and victims. It is true that the drugs trade is run by dangerous criminals and that for most offences there is a clear distinction between the perpetrator and the victim. But often women who end up supplying drugs are addicts themselves and have got involved in the drugs trade in a context of exploitation, intimidation, abuse and violence.

The women who commit drug offences and drug-related crimes are often the victims of violent and sexual offences. Many say that they started to use harmful drugs like heroin and crack to cope with those experiences. Half of the prisoners interviewed, for HM Chief Inspector of Prisons' *Thematic Review on Women in Prison*, said that they had suffered abuse. Two thirds of these women said that they had been sexually abused, and 40 per cent of this group had been under 18 when the abuse occurred (HM Inspectorate of Prisons, 1997).

Di Moughton, who manages drug rehab at HMP Drake Hall, told *Using Women* that the single biggest factor among the women she worked with was sexual abuse. 'We had 67 entrants (to the Drake Hall programme) and 53 of those disclosed sexual abuse', she explained. 'I could guarantee if I did those statistics again today they would be just as high... a lot of the work that we incorporate into the programme is actually working with sexual abuse, involving specialist input and support from a sexual abuse counsellor.'

Concern for women who have been victims of child sex abuse - and other serious violent and sexual crimes - often seems to abruptly run out after the damage inflicted in their childhood leads them as adults into a hopeless and desperate cycle of drug addiction and offending.

*'One of the biggest things that shocked me as a worker was how many women that came into custody came onto our program that had not had any intervention in the community and some of them had been using for twenty years, they'd engaged in local exchanges in methadone scripts, but they hadn't received any forms of treatment or recovery.'*

**Di Moughton, HMS Drake Hall, Phoenix House rehab unit**

## Domestic violence

Some of the stories of violence towards women that we heard were harrowing and difficult to take in.

Vicky, who has not used drugs for over three years spoke about the importance of being at an all-female residential unit at Craiglands. *'Most of us have been dogged all our life by men',* she confided, *'we have been told we are worth nothing. You need to have a place that breaks all that down, doesn't have men around and we can get the confidence back that we need.'*

Judy, who is now in secondary treatment with Pierpoint spoke to *Using Women* about the long years of violence that she had suffered at the hands of her partner, a man she had met when she was only 13. After falling pregnant at 15, she went to live with him. *'He used to beat me constantly. He used to put me in hospital every night. He would tell me that he hated women',* she told us. By 18, Judy had three kids and the violence continued until she finally left him. She is now 40 and told us that she is only now beginning to come to terms with her violent past, her drug use, her own offending and the effect that all this has had on her children.

Maureen Noble, Manchester Drug Action Team Coordinator told us, *'Domestic violence is one of our key priorities. So through that we are able to integrate the work around drugs and alcohol into that forum. Not just drug users as perpetrators or causes of problems but actually drug users and alcohol users as victims.'*

## A beacon of good practice

The Stella Project in London is doing pioneering work to integrate the substance misuse field with the domestic violence sector by jointly training staff. The training aims to provide basic information and practical skills in both domestic violence and drugs and alcohol treatment, thus leading to better partnership working. There is a long way to go. Most domestic violence refuges must be drug and alcohol free. Drug and alcohol services have not traditionally dealt well with disclosures of domestic violence. They do not routinely ask about domestic violence or know what practical and safety advice to provide victims.

## Selling sex

Prostitution may be the oldest profession, but it has changed over the years especially amongst street workers. We interviewed women, like Jackie, who found themselves out on the street waiting for a punter so she could get her next hit of crack. Or Catherine who started prostitution to get money for drugs and then needed the drugs even more to keep on doing it. It is a vicious cycle that both women only succeeded in breaking after getting access to residential drug treatment at Craiglands.

## Innovative work

Jo Piore, Team Leader STASH Inclusion Salford, spoke about their innovative outreach project in Manchester and Salford. She agrees that drugs, especially crack have changed the way the street works.

*'We have found that with crack its reduced the women who used to work the streets just as a job' Jo explained, 'because with crack has come violence, unsafe sex and punters being ripped off and then they come back and look for anybody just to attack... so crack has actually changed the culture of the beat and how it works.'*

In response to increasing violence Stash has developed a self-defence training programme for sex workers. It is a six-week course, with provision for child-care. Jo told us *'it was tailor made for our women who work in cars, on the street... to the sexual working environment.'* Stash have also developed programmes for women who want to leave sex work or reduce their hours with a new structured day centre that has only just opened in late 2004.

## Drugs and sex work

The complex nature of the relationship between offending and victimisation is recognised in the Government's consultation paper on prostitution, *Paying the Price*. Sex workers are identified as victims (*'women abused through prostitution'*) who have typically resorted to prostitution out of desperation and against a background of abuse and intimidation. The authors of this document state that *'nearly every study of women involved in street-based prostitution shows a very close relationship with Class A drugs. As many as 95% of those working on the street are believed to be problematic drug users'* (Home Office 2004c, p.47).

Women are often recruited into sex work by men who encourage them to use hard drugs as a form of entrapment and control. A landmark report from the children's charity Barnado's on child prostitution, published in 1998, discussed the role of drugs in grooming children for sexual abuse (Meeuwen et al, 1998). *Paying the Price* comments that

*'the link between commercial sexual exploitation and Class A drugs is a crucial one. It is becoming increasingly clear that these markets are so closely linked that any strategy to eradicate local drug markets must take account of those pimps who may also control the supply of Class A drugs locally. Often those who control prostitution are also closely involved with crack houses and other forms of drug dealing. Both markets offer lucrative rewards to pimps and controllers'* (ibid, p.74).

Street prostitutes are often supplying drugs at the bidding of their pimps, and other women who end up in prison for drug dealing say that they did so in the context of a relationship with a man which parallels the pimp-sex worker relationship.

Similarly, there are parallels between the smuggling of mainly East European women into Britain for sex work and the recruitment of mainly Jamaican women as drug mules. To view all people involved in drug dealing and trafficking in the same way - and to subject them to the same criminal penalties - is like failing to distinguish between sex workers, pimps and the gangs who ultimately control the illicit sex trade. Often the people at the bottom of the pyramid are being exploited by those higher up the chain.

## Conclusion

We are sometimes presented with a straight choice between prioritising victims or offenders. The life stories of women in trouble for drug and drug-related crime suggest that we need to move beyond a simplistic either/or approach, in the interests of both justice and crime reduction.

Better provisions for victims (for example, refuges for women fleeing violent and abusive partners) can help to tackle problems that lie behind offending behaviour (that is, refuges can help women who have got involved in crime in the context of a violent and abusive relationship). Better support for victims reduces the risks that they will later commit crime. For example, improved child protection systems can help victims of sexual abuse who would be at risk of seeking comfort from drugs, and prevent the offending that often accompanies a drug habit.

It is a matter of concern, therefore, that there is a shortage of provision for women fleeing abusive partners (as well as adequate information and referral procedures) and that many domestic violence refuges do not accommodate women with current substance misuse and/or mental health problems.

Sentences for drug offences often seem excessive from the perspective of justice. It is difficult to understand, for example, why 30 women were in prison in June 2002 for possessing drugs for their own use. From ACPO to Nacro, via DrugScope, it is recognised that little purpose is served by treating a heroin or cocaine addiction as a crime in its own right.

Where women commit other drug offences they are typically at the bottom rung of the supply pyramid, where they have the least to gain by their criminal activities and run the greatest risks. In a recent article in *Criminal Justice Matters* Fiona Measham explains that *'in terms of the retail side of the drugs trade, my current research with top level supply syndicates and middle-market distributors reveals little evidence of the involvement by women above the lowest levels of the supply chain in the UK.'* She continues, *'in a multi-million pound cash trade which operates through violence, intimidation and bravado, employment opportunities for women are limited'* (Measham F 2003, p.22).

The legal position on foreign national drug couriers is a matter of particular concern.

Organisations like Hibiscus are involved in the preparation of Home Circumstance Reports to enable the British courts to understand the defendant's background, character and motivation. But the courts are not required to take these circumstances into account when passing sentence. In the case of *Aramah* [1983], *'the court of appeal remarked that the good character of the courier... is of less importance than the good character of a defendant in other cases. In the judgment of the court, the reason why this should be is that drug-smuggling organisers deliberately recruit persons who will exercise the sympathy of the Court.'*

This is reminiscent of Catch 22. Nacro's Chief Executive, Paul Cavadino, comments:

*'The harsh sentencing of drug couriers results from rigid sentencing guidelines which leave little room for humanity. Not only are the sentences laid down very long, court of appeal guidance also prevents courts from adjusting sentences to take proper account of personal mitigation, as they can with other types of crime'* (Letter to *The Guardian*, 2 October 2003).

A change to the drug laws and/or the sentencing practices of the courts would have an immediate, direct and dramatic impact on the female prison population.



## Recommendations

1

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There is an urgent need for research on sentencing decisions for drug offences to see how these compare with sentencing for other crimes. This research should feed into a review of existing law and sentence practices around drug offences, possibly under the aegis of the new Sentencing Guidelines Council and Sentencing Advisory Panel created by Part 12 of the *Criminal Justice Act 2003*.

2

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The law on the production, supply and trafficking of drugs does not sufficiently discriminate between big league criminals who run the drug trade for their profit and people at the lower end of supply pyramids. *Using Women* believes that it is unjust to apply the same drug laws to people recruited into low level drug dealing against a background of duress and to those people who recruit them, often through intimidation and violence. The relationship between many women who supply drugs on the streets and the men who are higher up the supply pyramid is often analogous to that between a pimp and prostitute. Consideration should be given to reforming the law to reflect this reality.

3

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Foreign national women caught bringing drugs into Britain receive some of the longest prison sentences handed down by British courts for any offence, including most violent offences. This situation should be reviewed by the Sentencing Guidelines Council. In particular, the courts should be able to adjust sentences to take full account of personal mitigation. Drug couriers carry drugs from country to country, usually for comparatively modest financial rewards. This is a different activity to drug trafficking as normally understood. *Using Women* recommends that serious consideration is given to introducing a new, distinct and lower tariff offence of drug couriering.

4

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Only one in 10 of the 450 British refugees for women fleeing domestic violence have a policy of automatically letting in women with drug problems. Some women are introduced to drugs by violent partners as a means of control. If they are unable to access safe housing, then they are thrown back to a life of violence, drug addiction and crime. This is partly about appropriate training for staff working in existing refuge provision and closer links with drug services. But it is not reasonable to expect non-specialised refuges to cope with the range of problems experienced by many drug using women. There is a need for increased investment in specialist projects that are able to offer a safe haven to often damaged and difficult women trying to escape from abusive relationships.

5

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The *Domestic Violence, Crime and Victims Act 2004* commits the Government to 'providing a code of practice, binding on all criminal justice agencies, so that all victims receive the support, protection, information and advice they need.' This Code of Practice should apply equally to women offenders who have been victims of domestic violence, and to the criminal justice agencies that deal with them, including prisons. There is a long way to go if this is to be achieved. The Fawcett Society reports that 'lawyers who work with female prisoners have highlighted the particularly difficult situation faced by women with histories of abuse. If they disclose the abuse they may find that, when seeking a move to open conditions or release, reports for the Parole Board say that this suggests that they are not fully taking responsibility for their offence' (Fawcett Society 2004). Where women have been abused, this approach is perverse and inhumane.

# 3 On the inside: drugs and drug treatment in prison

'It was just in and out of prison... I just didn't care'

**Jackie, Ex-prisoner interviewed for the *Using Women* campaign.**

'Heroin is addictive. It makes you gouch (sleepy). You sit there with your mouth open. You look really unattractive. You can fall asleep in any position. It's stupefying. You can still do things, but you are really slow. Your eyes go pinned (i.e. pin point pupils). You see blue a lot. I was sick a lot.

You know you are addicted when your legs go like jelly and you can't keep still. It's like having a bad flu virus. Aching joints. It can really hurt you. You get stomach cramps, diarrhoea, sickness, headache, nausea, goose pimples, hot and sweaty, then really cold.'

**Sara, ex-prisoner interviewed for the *Using Women* campaign.**

Thousands of women with serious drug dependency problems arrive at the prison gate every year. The first challenge is to help them to get off drugs and manage the physical and psychological symptoms of withdrawal, while simultaneously controlling the use and availability of illegal drugs inside the prison.

But this is only a beginning. Where drugs have masked and contained other issues – such as guilt over past crimes or a history of sexual abuse – detoxification can expose these other deeper-rooted problems. An article by Margaret Malloch in *Criminal Justice Matters* explains that

*'women frequently use drugs (and alcohol) primarily to self-medicate, or to help them feel "normal" or to "cope". As one woman commented: "It gives me some energy and makes me feel good about myself. If I don't take the drugs I'm paranoid. The drugs make me feel better about myself".'*  
(Malloch M 2003, p.25).

Take away the drugs, and these other problems rise to the surface.

If women are to get off and stay off drugs there is the further challenge of managing the difficult transition out of prison and back into the community.

Edd Willetts, the Governor of Holloway Prison, told journalist Mary Riddell that *'there is a better than even chance that when we discharge someone their first port of call will be King's Cross and another supply of illegal drugs'* ('The injustice of jail', *The Observer*, 25 April 2004). In a parliamentary debate, George Osborne, MP for Statton, told the House of Commons that he had been 'shocked' on a visit to HMP Styal

*'to meet a lady who was about to be released the next day but did not want to be, because she knew that the following night she would be back on the streets of Manchester working as a prostitute, and that her food would be cold baked beans out of a tin in a bedsit somewhere'*  
(Hansard HC Col 500 13 Jan 2003).

*'There is a better than even chance that when we discharge someone their first port of call will be King's Cross and another supply of illegal drugs.'*

**Edd Willetts, the Governor of Holloway Prison**

## Getting off drugs

Aside from the psychological impact of coming off drugs at a time of particular stress and difficulty, the physical symptoms can be debilitating and frightening. Withdrawal from heroin is accompanied by sleeplessness, sweating and shaking, cramps and vomiting. Until recently, many women's prisons had poor detoxification services.

In 2001, the joint HM Inspectorate of Prisons and Probation Report *Through the Prison Gate* concluded that

*'the most common concern raised by prisoners about the treatment they received related to the quality of detoxification and the fact that, in isolation, it was insufficient'* (HM Inspectorate of Prisons and Probation 2001, p.65).

Before September 2003, Styal – the second largest women's prison in England – expected new arrivals to go 'cold turkey', with only pain killers to help with the side effects of withdrawal. This practice was implicated in the high rates of suicide, attempted suicide and self harm among newly arrived and remanded prisoners.

The situation has improved since. In March 2004, three quarters of 230 new inmates at Styal were on methadone, with the evidence suggesting that this has transformed the prison (reported in *The Guardian*, 2004).

Methadone is a substitute for heroin, which helps to ease the symptoms of withdrawal, but doesn't give the same chemical 'high.' When used for detox purposes, the dosage of methadone is gradually reduced. Rachel, an ex-prisoner who talked to the *Using Women* campaign, was impressed by recent developments at Styal. 'People are more relaxed, they really are,' she told us, 'no one is rattling. No one is really sick. They're doing their best.' She continued: 'most prison officers on the wings are top officers, they really are. They will help you if they can. They are really nice.'

This raises the question of the appropriate role for the prescription of methadone or subutex within the Prison Service's drug strategy. Prescribing substitute drugs over longer periods can help women with drug problems by removing (or, at least, reducing) their dependence on illicit drug markets (including markets in prisons, often linked to debt, bullying and intimidation) – and thus their need to commit crimes to fund drug purchases.

Some women's prisons are now offering maintenance programmes for certain groups of females, including inmates on prescriptions for methadone or subutex when they enter the prison. It is unclear why substitute prescribing should necessarily be limited in this way, given that abstinence will be an unrealistic short-term goal for other prisoners too.

This is not to say that substitute prescribing is a satisfactory long-term solution. It is not. An arrest referral worker *Using Women* interviewed, suggested that: *'the best case scenario, if they are testing positive for opiates on their arrival, and they want to be prescribed methadone, is that they are prescribed it and maintained, but that the dosage is reduced slowly, and, at the same time, a lot of other things are put into place for women to have other kinds of interventions.'* It is the 'lots of other things' that are the key to a successful outcome.

Furthermore, many women prisoners with drug problems have been using various drugs, including crack cocaine. There is no substitute available for stimulant users. Where treatment is available for crack users it is likely to comprise some combination of counselling, possible referral to residential rehabilitation and prescribing of anti-depressants, as well as other holistic therapies.

## Drug treatment

We often hear that drug treatment is the panacea to solve the drugs and crime problem, but the word 'treatment' is often thrown around with little understanding of what it involves or the range of services that we are talking about. Many drug users themselves think that drug treatment is simply about substitute prescribing or detox and not things like counselling, group work, training or the range of alternative therapies now available.

It is vital that the public learn more about what treatment is, and can see that it is not 'an easy option.' Drug users need to be better informed about what is available, what they can expect and what may work for them.

As Melissa, a drug worker in London, pointed out in an interview for *Using Women*: *'it has to be the holistic approach... not just about giving out methadone. In an ideal world you would only have five clients so you could actually help co-ordinate their housing, benefits and their care.'*

Many women interviewed for *Using Women* had experienced forms of treatment that were of poor quality or did not work for them.

## Getting drugs in prison

The *Methadone Briefing* explains that 'it is easy for workers to fall into the trap of prematurely believing that people can achieve abstinence and encourage the client to detox' (at [www.exchangesupplies.org/publications](http://www.exchangesupplies.org/publications)). Within the Prison Service – for understandable reasons – there has been a tendency in the past to institutionalise this faith in the 'leap to abstinence.'

Drug treatment specialists recognise that this is often an unrealistic goal. This helps to explain why large numbers of released prisoners go back to hard drugs following detox. It also helps to account for the widespread use of drugs inside Britain's prisons.

A key element of the Prison Service's Drug Strategy is the use of mandatory drug testing. In the financial year 2002-2003, 7.3 per cent of mandatory tests carried out in female prisons were positive – approximately one in 14. This will almost certainly underestimate the true scale of the problem. The Prison Service can, however, point to a substantial reduction in the overall rate of positive tests across the prison estate (male and female), from 24.4 per cent in 1997 to 11.7 per cent in March 2003, and to a massive reduction in positive tests for opiate misuse, which have declined by over 42 per cent to 3.1 per cent in October 2003 (Home Office 2004b; HM Prison Service Drug Strategy Unit 2003).

Progress has been made. But the bottom line is that hard drugs are still widely available within women's prisons.

*Using Women* talked to ex-prisoners who said that they had been introduced to hard drugs in prison. Sharon had started using crack at 19. 'I was in prison when I took that,' she recalled, 'the first time I ever took it was in prison.' Judy had been introduced to heroin while she was at HMP Sutton Park.

'It was my choice and I took it,' she told *Using Women*. 'I didn't know about addiction. I didn't know anything about being addicted to heroin... one day... I thought I had flu, I didn't know I was withdrawing from heroin. I was spiralling right down.'

There have also been concerns about drug prescribing. A study conducted in the UK in 1987 found that large doses of anti-depressants, sedatives and tranquillisers were prescribed to women in prison, who received proportionately five times more medication than men.

In 2000, the Prison Reform Trust's Committee on Women's Imprisonment expressed concern that prescribing in women's prisons could perpetuate addiction, commenting:

*'anecdotal evidence that... increase in medication [among female prisoners] is not a result of careful exploration of the mental health needs of women in prison but rather a response by under-trained staff who resort to medication to contain a "problem"... Yet in prison they are given to women who are not in the best position to challenge their use' (Committee on Women's Imprisonment 2000, p.21).*

A report from Nacro, *Women who challenge*, concludes that, while there is often a case for prescribing psychotropic medication to women prisoners, 'the concern is to get away from the mindset which automatically reaches for the prescription pad as a response to a cry for help and instead to promote adherence to the principle of prescribing according to therapeutic need' (Nacro 2002, p.25).

The use of both illicit and prescription drugs in prison is partly a response to the same underlying realities. Vulnerable women who are placed in an overcrowded prison system use psycho-active substances to control their feelings, contain problems and cope with life on the inside.

In a book documenting her experiences in the prison system, Ruth Wyner, one of the Cambridge Two<sup>1</sup>, recalls her response on being offered heroin by another prisoner. 'I had never before been tempted by heroin; it has always horrified and frightened me, and I have not had the slightest desire to touch the stuff', she writes, 'but this time... it is a chance to escape from the misery; to block it out for a while. To get some time out of prison' (Wyner R 2003).

Wyner did not succumb to this temptation, other prisoners do.

A recent television documentary adds a further twist to this story. Senior Officers at Edinburgh's Saughton Prison admitted in a BBC Frontline Scotland programme that they were losing the battle to prevent drugs being smuggled into their jail. Guard Norrie Cockburn admitted some officers were turning a blind eye to the problem. He commented:

*'obviously a perfect world would be prisoners without drugs, then we could get down to the real work with them. But you'd have to say that if the drugs are in the hall then they are probably a bit quieter'* ('Drugs keep inmates quiet, say guards', DrugLink, volume 19, issue 6, November/December 2004).

<sup>1</sup> In 1999, Ruth Wyner and John Brock, who ran the Wintercom Fort day centre for the homeless in Cambridge, were sent to prison for four and five years respectively, because some of the people they were working with were using drugs on the premises. They became known as the Cambridge Two.

## After drugs

An Arrest referral worker interviewed for *Using Women* stressed that *'in prison, people have got time on their hands and they are not taking the drug of their choice. Things that they have tried to suppress are going to come back...they've got time to think about them'*.

Prison governor Steve Hall comments that

*'detox is just a start and it only treats the symptoms of a much deeper problem... Drug use often masks serious mental health issues and depression. For many women coming off drugs, it is the first time they have had to face up to the realities of their lives. Once we treat the drug dependency, we often uncover sexual and physical abuse, issues with men and families, reasons for criminal activities and so on. Women would come into detox over two weeks, then settle into a period of self harm where they would think "What have I done? Where are my kids? There is a sense of hopelessness they have avoided up to that point through drug use'* (quoted in *'How detox and self-help brought suicide jail back from the brink'*, *The Observer*, 25 April 2004).

This highlights the links between drug abuse and self-harm and suicide in the female custodial estate. Margaret Leach, a probation officer who now heads up a DTTO programme in Solihull, spelt out the implications for us:

*'you look at many women who end up in prisons. Their problems are so intense and seem to be so unsolvable, that unless watched 24 hours they may attempt to take their own lives. Prison isn't the cause of these suicide attempts, but it may be the catalyst... the end of the rainbow.'*

(on the Inquest website at [www.inquest.org.uk](http://www.inquest.org.uk)).

Between January 1993 and December 2003 there were 54 self-inflicted deaths of women in prison. At the time of writing, there have been 11 self-inflicted deaths in 2004, compared to one in 1993.

To see drugs exclusively as a cause of crime and other social problems is to miss an important truth. They are also a symptom of exclusion, abuse and marginalisation, and, in many cases, a – highly damaging and destructive – way of coping with those problems. In practical terms, this means that getting people off drugs is the start of a long process to recovery, not its terminus.

*'Detox is just a start and it only treats the symptoms of a much deeper problem... Drug use often masks serious mental health issues and depression. For many women coming off drugs, it is the first time they have had to face up to the realities of their lives.'*

**'How detox and self-help brought suicide jail back from the brink'**, *The Observer*, 25 April 2004

## Past abuse

For many of the women we spoke to taking drugs was a way of self-medicating. It was a way of getting away from their past, their present and not looking to their future. With half of women in prison reporting abuse, and most of this abuse happening to them as children, we are given a stark reminder of how we can help to prevent future drug misuse now by working more effectively with some of society's most vulnerable and disadvantaged children.

*Using Women* had the opportunity to interview Rachel twice, in October 2003 and August 2004. Rachel was from a traveller family with alcoholic and violent parents. *'I had a very violent upbringing'* she said, *'My life started going downhill when I was 15 and my Mum and Dad got put in prison... before they were in prison, you know, we're talking beaten up every day, seeing my mother beat up off my Dad all the time, constant drinking'*.

We also interviewed Ann at Salford's Waterloo project, who spoke about her first experiences of using heroin as a way of forgetting the violence in her life. In her case a man she knew was abusing one of her children. *'He interfered with my eldest daughter'*, she told us, *'he interfered with her and he got acquitted for lack of evidence and everything messed up from there and that was my way of coping with it. That's when I started using... (it) helped me forget everything.'*

Judy also spoke about being molested by her brother as a child and not being able to tell anybody. Heroin shut down her feelings. Crack made her think she could take on the world despite it all.

## Deaths in custody, what can we do?

Why are so many women prisoners self-harming or dying? Di Moughton, manager of the rehab unit at HMP Drake Hall for Phoenix House, told us *'They've stopped self medicating and using substances...They find it very difficult to cope and then they start to self-harm and we have to work with it. A lot of the work that we incorporate onto this program is actually working with their (history of) sexual abuse... If you take drugs away from people that are locked up they are going to find another coping mechanism and that may be self harm'*

Margaret Leach, a DTTO probation officer also spoke about why we may be seeing more women committing suicide while in custody, while acknowledging that things have been improving. *'In prison services for women they seem to be improving and I'm going to see more women in prisons now who have had access to counsellors, drugs workers whereas two years ago that really wasn't happening. There are still women committing suicide and self-harming in prisons so clearly it hasn't reached the zenith. Perhaps if you look at the women who end up in prisons and their problems are so intense and to them insolvable so unless they are watched 24 hours would they not commit suicide. So, we are actually looking at a situation where prison isn't actually the cause of them committing suicide it may just be the catalyst, the end of the rainbow.'*

Progress is being made. The Prison Service recognises the impact of women detoxing on rates of self-harm and death in custody. Prisons now have clinical detoxification. It is heartening to see the prison service move away from an exclusive abstinence focus and introduce substitute maintenance programs for some prisoners as well, especially for women on short prison terms. Ultimately, however, the answer has to be to stop sending so many damaged and vulnerable women to prison who should not be there in the first place.

## Inquest

Deaths of women in prison	2000		2001		2002		2003		2004	
	Total	Remand	Total	Remand	Total	Remand	Total	Remand	Total	Remand
<b>Self inflicted</b>	8	3	6	4	9	5	14	0	13	3
<b>Non self inflicted</b>	1	0	1	0	2	0	1	1	7	0



## In prison and after prison

Drug use is linked with social – as well as psychological – problems. A Home Office study published in 2002 reports that 10 per cent of women prisoners were sleeping rough before entering custody and a further 7 per cent were living in temporary accommodation. Over a third of women prisoners have no educational qualifications and one in five have never had a paid job. Nearly half say that they have been abused. One in five have passed through the care system (Social Exclusion Unit, 2002).

All too often a spell in prison makes matters worse. The majority of sentenced women prisoners are serving sentences of a few months (or even weeks) for offences like shoplifting. This is long enough for them to lose accommodation and jobs, debts to escalate, children to be removed into care and family relations to break down; but not long enough to get onto drug treatment programmes. As an ex-prisoner told *Using Women*:

*'I didn't get any contact with drug workers on my short sentences. You never get contact with them because you have to put in an application. But by the time the application comes around it is time to be released.'*

The Social Exclusion Unit's report on prisoner resettlement explains:

*'one of the key criteria for drug treatment programmes is available sentence length. At least three months is usually needed and the more intensive programmes are reserved for prisoners... who have a minimum of 12 to 15 months left in prison' (ibid).*

This also applies to remand prisoners, of course. The Social Exclusion report concludes that remand prisoners are *'more likely to suffer from psychosis and neurotic disorders than other prisoners... [and are] also at a higher risk of committing suicide'* (ibid). Remanded women are almost twice as likely to have used heroin in the year before coming into prison than sentenced women (40 per cent and 23 per cent respectively). Over a quarter of female remand prisoners told researchers for one study that they had injected drugs in the month before their reception at prison. Yet, women on remand cannot access treatment services that are available to sentenced prisoners, and face worse conditions on the inside.

All these problems are compounded by a shortage of drug treatment provision within the female custodial estate. Following the closure of the RAPt wing at HMP Downview (due to lack of demand), the only RAPt wing is at HMP Send - although intensive rehab programmes are run at other prisons, notably the rehab services at HMP Drake Hall (run by Phoenix) and at HMP Bullwood Hall (run by Addaction). On a visit to HMP Send, prisoners and staff on the RAPt wing told *Using Women* that there was a shortage of accessible information on RAPt services elsewhere in the prison estate. They also explained that it could be very difficult to negotiate the system if you wanted to transfer to a prison with a RAPt programme. This may account for empty beds at Downview.

*'I didn't get any contact with drug workers on my short sentences. You never get contact with them because you have to put in an application. But by the time the application comes around it is time to be released.'*

**An ex-prisoner interviewed by *Using Women***

## Prison Statistics England and Wales 2002, Home Office

### Receptions into prison of sentenced adult females by length of sentence

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Less than 12 months	1,050	1,203	1,689	2,029	2,240	2,843	3,535	4,118	4,310	4,300	4,587
12 months to less than 4 years	594	577	605	700	826	879	971	1,157	1,118	1,229	1,395
4 years or more	170	149	149	168	232	272	272	308	342	432	406

## The role of CARATS

There is a CARATS team in every prison. Its role is to assess need and to refer prisoners on to drug treatment programmes where appropriate, as well as to help them manage the difficult transition back into the community.

Ex-prisoners who spoke to *Using Women* praised the CARATS service, and spoke of the compassion, dedication and commitment of staff. For example, Sally told us that

*'the CARAT worker was really good. I started to trust her. Once this happened things started to fall into place. She arranged for my detox programme and got me on a methadone script. And I agreed to do counselling - it really did help, and I am still doing it. She even arranged accommodation in a mother and baby hostel for me on the outside.'*

The numbers are impressive too. The original target set for CARATS in the Prison Service's Drug Strategy in 1998 was to assess 25,000 prisoners a year. By 2000-01, the figure was already 37,000 (reported in SEU 2002; HM Prison Service Drug Strategy Unit 2003).

But this is not the whole story.

There is little that CARAT services can offer the majority of prisoners during their sentence, because they are in prison for too short a time.

There are also problems with throughcare. A survey of prisoners conducted for HM Inspectorate of Prisons and Probation concluded that

*'there were signs that the CARATS strategy had increased the level of contact between prisoners and drug treatment providers, although there was an insufficient range of interventions in the community to meet the level of demand for treatment or provide the crucial aftercare that was intended'* (HM Inspectorate of Prisons and Probation 2001, p.70).

CARATS workers told *Using Women* that they were constantly frustrated by their inability to provide or arrange intensive support for ex-prisoners in the first crucial days after release and by a shortage of services in the community.

Women who stop using drugs in prison – including many who leave determined to quit – often return to drugs on release because all that is waiting for them beyond the prison gate is homelessness and joblessness, with nothing to do or look forward to.

This point was made forcefully by many ex-prisoners who spoke to *Using Women*. *'I always had good intentions in jail and thought when I get out this time it will be different'*, Eve explained, *'but getting out of jail with nowhere to go you end up back in some doss house and back in the same old position. It's horrible coming out of jail and knowing what you're going back to.'* *'If you don't have any support when you go to prison, you've got nothing; you go in alone and you come out alone'* Kelly added, *'if you haven't got a home when you go into prison, you haven't got one when you come out, so going to prison doesn't solve anything.'*

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*'If you don't have any support when you go to prison, you've got nothing; you go in alone and you come out alone'*, Kelly added, *'if you haven't got a home when you go into prison, you haven't got one when you come out, so going to prison doesn't solve anything.'*

**Ex-prisoners interviewed by *Using Women***

## Conclusion

For a small minority of female offenders, a prison sentence is the only realistic option. But Britain's prisons are filling up with young women who have committed property offences like shoplifting and fraud, or have been recruited into the drugs trade at the very lowest rungs of the supply pyramid.

As Cherie Booth comments *'many women entering prison arrive in a dreadful state with acute physical and mental health needs.'* Many leave in a dreadful state too. The Prison Service can provide little more than detox services for the majority of women received into custody, because they are on short sentences. It is largely powerless to address the wider psychological and social causes of substance misuse problems. These are often exposed like a raw nerve by the enforced abstinence of a detox regime, and exacerbated by a prison sentence.

There have been positive developments.

In 1999, the Home Detention Curfew was introduced throughout England and Wales. Most prisoners with sentences between three months and four years are eligible for release up to 60 days early on an electronic tag and subject to curfew requirements. A Home Office evaluation published in March 2001, concluded that the scheme was working well. Only five per cent of curfews had been recalled to prison. A quarter of these recalls were for changes in circumstances and not breach of curfew. The main reason why curfews were breached were equipment failures, psychological issues, domestic or housing issues and lifestyle. The use of Home Detention Curfew has a direct and immediate impact on the prison population (see Dodgson K et al 2001).

The *Criminal Justice Act 2003* introduced new sentencing disposals to limit the damaging effects of imprisonment and ease the transition back into the community. In the past, offenders receiving sentences of under 12 months have not received any statutory help or supervision following release. A new Custody Plus sentence will replace short prison sentences, combining a custodial component with a period of close supervision after release. The Home Secretary has also said that the Government will take a close look at the potential to use intermittent custody for women offenders - for example, allowing female prisoners to remain at home during the week and to spend weekends in custody.

There are attractive proposals. Paradoxically, for precisely this reason they have raised concerns from some penal reformers. Geoff Dobson, Deputy Director of the Prison Reform Trust, has said of these new sentences that

*'without further safeguards, there is a considerable risk that - in part because they do look more constructive than current custodial sentences - they will be applied to offenders who now receive community sentences, directly contrary to the Government's intentions'*  
(Dobson G 2003).

Most female offenders should not be in prison full stop - not even on weekends.

## Recommendations

The criminal justice system has sometimes adopted a restrictive view of the nature of problem drug use and its relationship with other problems, such as mental illness and abuse. The nature of the prison environment has naturally encouraged a 'dash to abstinence' approach in working with women prisoners with drug problems. It is now coming to recognise that detoxification often exposes a whole range of other problems.

### 1

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Detoxification provision has improved. But a successful detox does not amount to successful drug treatment. Returning women to their cells after detox can leave them overwhelmed by emotions that have been suppressed for years. The removal of drugs can be linked to self harm and suicide. Rigorous systems and intensive programmes must be developed in prisons to support women who are coping with the fall out from detox. There is good practice to build on - including the First Night in Custody programme at Holloway – but a major investment is needed if the scandal of self-harm in women's jails is to be brought under control. At the same time, much can be achieved without significant extra money. First night schemes like that operating in Holloway are not expensive. They do require attitudinal and organisational change.

### 2

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It is often unrealistic to expect someone to abstain from drugs immediately. Methadone (and subutex) are prescribed over an extended period of time by community drug services. But substitute prescribing is only available to certain groups of women in the custodial estate. Someone who would be considered for a methadone prescription by a community drug service should not be disqualified from consideration in prison. These decisions should reflect objective clinical judgement. Provision for prisoners with a history of stimulant abuse should reflect best practice in the community and the latest scientific research.

### 3

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It is difficult for women with entrenched drug problems to stay clean if they are surrounded by drug use. Often 'drug free' wings only accept people on treatment programmes, which disqualifies short term prisoners. As far as possible, all prisoners should be able to serve their sentences in a wing with a voluntary drug testing regime.

## 4

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There is a shortage of intensive drug treatment in the female custodial estate relative to need. An indicative needs assessment for the prison service has estimated that around 18,000 drug-misusing prisoners could benefit from intensive treatment each year, but only about 30 to 40 per cent of need is being met (HM Prison Service Drug Strategy Unit, 2003). At the same time, beds remain empty in drug wings due to lack of demand. Women need information in appropriate formats about the drug services available and how to access them. Referral and transferral processes must be easy to understand and transparent in their operation. Ideally, there should be a range of intensive treatment options available within the prison system. While the RAPt approach can be spectacularly successful with some prisoners, not every woman motivated to address a drug problem will feel able to participate in a 12 step programme. In addition, women may have to move to prisons a long way from their local area to access treatment.

## 5

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Demand for treatment in prison is a poor guide to treatment need. Most prisoners are not eligible for intensive treatment programmes, because they are serving sentences of a few weeks or months. The problem of working with short term and remand prisoners in prison could be addressed by developing more treatment programmes that straddle custody and community services as part of the implementation of the new custody plus sentence.

## 6

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There are long-standing concerns about prescribing practices in women's prisons. Many women in custody suffer from mental disorders that can be meliorated by the use of psychotropic drugs. But there are repeated claims that prescription drugs are sometimes used as a means of control and not on the basis of clinical need. There is a need for further research.

## 7

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If women ex-prisoners are returned to the community with nowhere to go and nothing to do, then any work that has been done in prison can be quickly undone on release. CARATs services need to be resourced to provide hands on support from designated throughcare workers. Throughcare workers would, for example, arrange appointments and get women to them, as well as helping with form filling and negotiating the bureaucratic systems to claim benefits, get onto housing lists and so on. *Using Women* heard that residential rehabs often have free bed space. CARATs teams told us that they often lack the funding to get women into residential programmes after release. This is a perverse state of affairs.

## 8

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The best throughcare worker in the world cannot get an ex-prisoner into housing if there is no social housing, for example. Ultimately, the challenge of getting and keeping women off drugs is about the entire social exclusion agenda. CARATs services complain that there is often a lack of appropriate services to refer people to.

## 9

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*Using Women* welcomes the additional post-release support provided by the new Custody Plus sentence. The use of intermittent custody may also be an attractive option for some female offenders. At the same time, we are concerned about the possible net-widening effect of these sentences, and that if post-release conditions are unrealistic, that recalls to prison could fuel further rises in the prison population.

## 10

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The Home Detention Curfew scheme has been highly successful, with a very low rate of breach. Further increasing the numbers of women who are released early on an electronic tag will have a direct and immediate impact on prison numbers. As the Fawcett Society concluded there is plenty of scope for combining a range of different initiatives. For example, early release on Home Detention Curfew could be linked to attendance at a local drug treatment centre.

# 4 Innocent victims: the impact on children

'He said "if I'm naughty would they put me in jail?" I said no. He said that wasn't fair because he wanted to be naughty so he could come and live with me. For a six year old to say that is... well, it was hard to hear him say things like that.'

**Sharon, ex-prisoner interviewed for the *Using Women* campaign.**

'I used to go to my friends at night time and leave the kids at home by themselves. My eldest daughter would have the other kids ready. She'd dress them all up and get their breakfast. She became my carer.'

**Judy, ex-prisoner interviewed for the *Using Women* campaign.**

In September 2004, the Social Exclusion Unit published *Breaking the Cycle of Social Exclusion*. In his foreword, the Prime Minister, Tony Blair argued that cycles of disadvantage are

*'particularly unfair for children who miss out on opportunities because they inherit the disadvantage faced by their parents, so their life chances are determined by where they come from rather than who they are'* (SEU 2004).

Both drug dependency and imprisonment are sources of inter-generational poverty and exclusion. When women are sent to prison this can also have a devastating impact on children's lives.

A previous Social Exclusion Unit report highlights the fact that 55 per cent of female prisoners have children under the age of 15, and over a third have a child under five. Around a fifth of women prisoners were lone parents before going to prison. Overall, only five per cent of children will remain in their current home after their mother is sentenced. As the Social Exclusion Unit's report explains *'many male prisoners rely upon partners to take care of home and family. Whilst women are likely to have dependent children, many will have no partner to rely on'* – and others cannot

rely on the partner they do have (SEU 2002).

## Separation and its impact

Paradoxically the fact that women commit less crime than men makes it more difficult for them to keep in touch with their families - at least, so long as they continue to be warehoused in large institutions. There are only 17 women's prisons run by the Prison Service in England, and none in Wales. At the end of 2003, half of women prisoners were more than 50 miles from their home town and a quarter were more than 100 miles away.

Home Office research found that around half of women who had previously lived - or been in contact - with their children did not receive a single visit. For families on low incomes, often reliant on public transport, it is difficult to arrange for visits. Despite improvements, prisons are not child-friendly places and facilities for visitors can be bleak and depressing. The report *Mothers in Prison* - published in 1997 – comments that

*'children often had long, tiring journeys to the prison, sometimes for a short visit with their mothers in a restrictive setting. The mothers were asked what they considered to be the most important improvement to visiting arrangements for children – 36 per cent said town visits (where mother and child spend time together outside the prison) and 27 per cent said all day/extended visits. Other suggestions included an official escort to bring their children to the prison and more opportunity to cuddle and touch their children'* (Crisp D and Caddle D 1997).

There have been substantial improvements since this report was published - including the introduction of all day visits for children in some prisons

- but there is a long way to go before all mothers in prison will be able to maintain a positive relationship with their children.

Not all women prisoners are separated from their children. For a minority of women with a child under 18 months, Mother and Baby Units are available. There are currently five Mother and Baby Units, which are located in Holloway, Styal, New Hall, Askham Grange and Eastwood Park. At the time of writing, there are 86 places nationwide ([www.hmprisonservice.gov.uk](http://www.hmprisonservice.gov.uk)). There are estimated to be around a thousand pregnant women in the prison system.

The worry is not just about capacity. The fourth edition of the Prison Service's *Working with Women Prisoners* report, published in November 2003, explicitly recognises that prison is not the *'best place – to care for a baby.'* Its authors add, however, that

*'for women serving relatively short sentences who have new born babies or very small infants, it is usually more desirable that the child remains with his or her mother than that they are separated at a vulnerable age. Even for those serving longer sentences, time spent with the mother may be in the child's best interests'* (HM Prison Service, 2003).

More desirable still if mothers convicted of comparatively minor crimes are not imprisoned for short periods, but dealt with in the community.

The pain of separation can be particularly acute for foreign national prisoners, notably those facing long sentences for drug couriering. As one witness put the point to the Fawcett Committee, *'what hope has any foreign national got of keeping family ties and bonds, when they are for all intents and purposes alone in a foreign country?'* (Fawcett Society 2004, p.49).

Dr Axel Klein's report on Hibiscus's work in Jamaica explains that the

*'predominant pattern, particularly among less affluent groups, is matri-focal households, consisting of women who may have several children by several fathers. The arrest of the mother is deeply traumatic for children and can seriously impair their well-being and development'* (Klein A 2004).

Dr Klein continues:

*'a recent study has found that children of incarcerated mothers suffer from depression, anxiety and anger. They are also exposed to material hardships and vulnerable to abuse. Children face the risk of dropping out of school and falling in with street gangs, further damaging their prospects of material improvement. Imprisonment of a parent, particularly the mother, is a strong factor in reinforcing the link between intergenerational poverty and crime. The stigma attached to female criminality – regardless of guilt or circumstances - means that children often hide the fact and are carrying a secret burden'* (ibid).

The same could be said of children of British national women serving prison sentences.

## Following release

It can be hard for women to re-establish a relationship with their children on release from prison.

A recent survey found that one in 10 female prisoners who had lived with their children before going to prison did not expect to do so on release (cited in SEU 2002).

There can be particular problems where children are taken into the care system because of their mother's imprisonment.

The Social Exclusion Unit explains:

*'the loss of housing for women offenders can make the task of regaining care of their children difficult. Many people told the SEU about the "Catch 22" situations that can arise as a result. If they do not have children in their care, they are unlikely to be given priority status by housing authorities. However, if they do not have secure accommodation then their children will not be placed back in their care... many women prisoners who have had their children taken into care receive little advice on the legal proceedings surrounding how to get their children back. They are often unaware of issues relating to social service mandates, care orders and the law'* (ibid).

*Using Women* was told that women with a history of drug dependency who do successfully complete treatment programmes in prison can face particular challenges in rebuilding a relationship with their children.

*'What you find with children whilst mum is drug using is that they tend not to ask questions', one experienced drug worker explained, 'What may happen when mum stops drug using is that the child feels safer, and has more stability and security. They feel able to confront mum, and they may feel quite angry about what they've seen and what they've faced. Women have to be able to deal with this appropriately. It is not about making them feel guilty. It is about trying to move things forward for them and their children in a constructive way. The children need some answers. We have to say to these women "you have to take responsibility for your actions. You may have let your children down. We can't just brush that under the carpet and pretend it never happened. When you get out you are going to have to cope with this".'*

## Parenting skills and child protection issues

The debate about the imprisonment of mothers has – rightly – focussed on the damage that can be inflicted on their children by an enforced separation.

At the same time, this issue can be oversimplified by – tacitly – assuming a model of family life that is a long way from reality where a parent has a drug problem. By contrast, drug treatment specialists are painfully aware of the often fraught and upsetting child protection issues that they confront week in and week out.

An Advisory Council on the Misuse of Drugs (ACMD) report published in June 2003, *Hidden Harm*, estimated that there were 250,000 to 350,000 children of problem drug users in the United Kingdom. It explains that

*'after birth, the child may be exposed to many sustained or intermittent hazards as a result of parental problem drug use... a large proportion of the children of problem drug users are clearly being disadvantaged and damaged in many ways and few will escape entirely unharmed.'*

It continues:

*'aspects highlighted include: the uncertainty and chaos of family life dominated by drug use; children witnessing their parents drug use, despite parental efforts to conceal it; exposure to criminal activity such as drug dealing, shoplifting and robbery; disruption of their education; having to act as carers for their parents and younger children; and living with the fear of public censure and separation'* (ACMD 2003, p.10).

This is confirmed by recent research from the Joseph Rowntree Foundation, which found that

*'parental drug and alcohol misuse created considerable problems for most of the young people. Many felt that their parents were unable to provide consistent practical or emotional care... Many of the young people felt their childhood was shortened through having to assume early responsibility for their own and others well-being'.*  
(Bancroft A, et al 2004).

It is necessary to build parenting skills and address child protection issues. Sometimes separating mothers from their children is the right thing to do – although putting women in overcrowded prisons is the wrong way to do it. For example, one ex-prisoner told *Using Women*:

*'I couldn't cope with my children. I was violent towards my children. I used to beat my children and they used to go to school with bruises on them. People would ask them, where did you get the bruises from? And they had to lie and say that they fell down the stairs, things like that. Basically, I didn't care about my kids when I was using. I didn't care about my family and I didn't look at the damage I caused to my family because I didn't care. All I cared about was my drugs'.*

A number of the professionals we spoke to were themselves at pains to stress the limited parenting skills of many of the women they worked with, and the challenge this posed for services. For example, one experienced drug worker explained:

*'children who have been with parents who are drug users tend to assume the role of the responsible adult. One of the biggest pressures that women who have stopped using drugs have when they leave custody is that they can't cope with their children. Some of these women have never parented these kids without drugs. Some of them have never shopped in their life without using a drug. They've never paid a bill. They may be in their thirties, but they've never done any of this.'*

When these women are re-united with their children, there is a need for intensive on-going support and supervision (sometimes involving the relevant child welfare and child protection agencies). That means joined up work at local level that brings together education, health and social services.

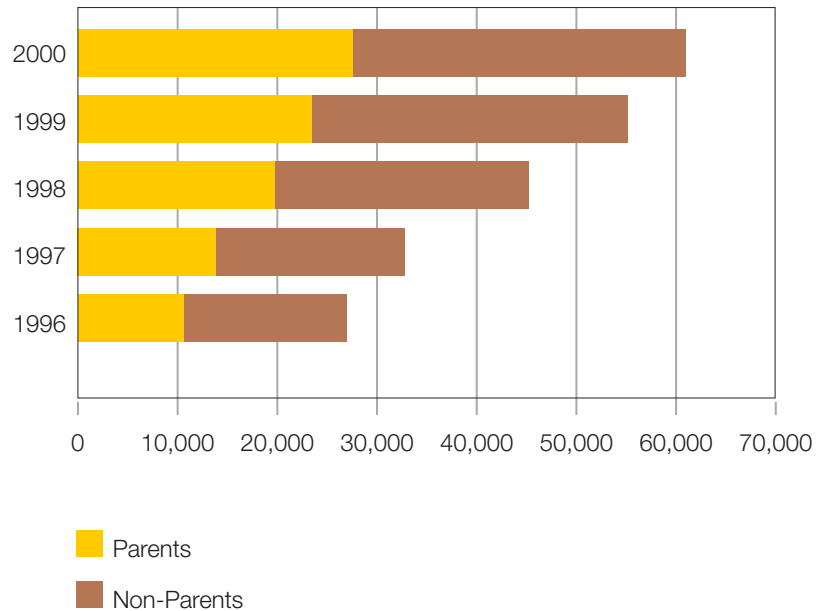


**Hidden Harm – Responding to the needs of children of problem drug users, Advisory Council on the Misuse of Drugs, 2003**

Six key messages from the Hidden Harm Inquiry.

- We estimate there are between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

**Number of problem drug-using parents**



*'The women I work with are some of the most chaotic people I have actually worked with in terms of getting to engage in services with more issues that come up like child protection and maternity. A lot more domestic violence... not just from their partners but from their partners' friends and so a lot of people within their social group who were quite violent towards them and also even their children. It's really hard to access help for that. That was a major issue.'*

**Melissa, drug worker, London**

## Conclusion

It takes courage for women to face up to the impact that their substance misuse may have had on their children and to move on. It also places huge demands on children. Without proper support the mother's sense of guilt for things that have happened in the past can be overwhelming, and can drive her back to drugs.

It is difficult for women to begin to re-build family relationships when they are in prison and their children are miles away. It can be daunting to face up to parental responsibilities after release when you are drug-free for the first time in years. This needs to be a central consideration in developing resettlement packages.

This raises a more general point. The issues around women's imprisonment and offending are much more complex than is sometimes recognised. There has been a tendency to neglect child protection issues and to talk as if the sole objective should be to keep mothers and children together.

There has been a similar blind spot on the maintenance of local ties. Generally, it is a good thing for women prisoners to be as close as possible to their own communities, and particularly so if they have children. But it is important to hear the voices of women prisoners who say that it is relocation that offers their best hope of staying off drugs and getting their lives on track.

This might mean moving them (and their children too) away from abusive partners and drug using peers. *Using Women* repeatedly heard this message. For example, Jackie, who spoke to the campaign at Craiglands residential rehab centre was emphatic that

*'my plans are not to go back to the area where I was using crack – to get away from that area. When I did I didn't smoke for about nine or ten months. What made me go back was that the council gave me a flat in the area where I was using. I had no option. If I didn't take it I would have been homeless. I got back to using, 'cos I was seeing the same people in the same circle.'*

It is important to be able to offer women leaving prison – and other residential facilities – housing provision that enables them to return to their communities and to be close to their families. For Jackie, however, a house back in her own community was a step on the road back to problem drug use and crime.

Quite rightly, there has been a great deal of concern about lack of housing for ex-prisoners in their own communities. There is a shameful lack of adequate housing for ex-prisoners, and it is scandalous that this failure to provide accommodation can be a barrier to women getting their children back from the care system in the absence of any child protection concerns. But, at the same time, the voices of the many women who say that they wish to move on has been altogether drowned out. Little real consideration has been given to investment in programmes to relocate women and their families where they insist that what they most need is a new start in a new town.

There are particular dangers in returning foreign national drug users to their communities of origin – and leaving their families and children in those communities.

In a recent article in *The Guardian*, Audrey Gillan told the story of Barbara Thompson, a mother of six, whose experiences are typical of many so-called ‘drug mules.’ Gillan wrote:

*‘after 12 weeks in Holloway prison, Thompson was taken to court. Her circumstances in Jamaica were not taken into consideration when she was sentenced... she did not realise the high price she and her family would have to pay for getting caught. Since she failed to meet the person she was supposed to be delivering the drugs to in a café at Heathrow’s terminal three, the gang who supplied them in Kingston assumed that she had stolen them. As punishment, they kidnapped her brother, stabbed him and then burned him alive. This has not satisfied their desire for revenge. “They have been making threats to my family and they don’t believe that I am in prison. I don’t want to go back on the streets of Kingston because I am very scared that they will find me. I am going to have to go and live somewhere else”*  
(‘Struggle for everyday survival that forces women to risk the dangers of the drug run’, *The Guardian*, 1 October 2003).

For both foreign national and British prisoners, the issue of location is importantly about relocation too.

*‘I think the big thing is that women are normally busy. They have other lifestyles than men. The women they normally have some sort of dependent whether it’s children, a partner to look after, a family, a mother, whatever. They’re also viewed differently so they also carry more shame and stigma than men. They also want a different sort of treatment and service, more of a practical approach, looking at their lifestyle, their health, their kids, sex work, drug use and they want that in a one stop shop. They want it all there while they have got the time to attend so that they don’t have to go to the doctors, the nurse, the health visitor... they can just get it all from a one stop shop.’*

**Jo Pioro, STASH**

## Recommendations

The imprisonment of women harms children. This is recognised, for example, in the Government's Child Poverty Review – which accompanied the 2004 Spending Review – and which states that, through better use of community sentences and fines, the National Offender Management Service (NOMS) will help to ensure that fewer children of offenders are separated from their parents. This is a welcome development, but there is a long way to go.

### 1

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When sentencing defendants with dependent children, the courts should be required to consider child impact statements.

### 2

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Children should not be asked to undertake round trips of hundreds of miles for a short visit in a depressing visiting facility. There is a need for further investment in child-friendly visiting centres. Children's rights and welfare specialists should be routinely involved in design and evaluation of visiting facilities and arrangements. Consideration should be given to introduce a target for increasing the numbers of mothers who receive a visit from their children while in prison.

### 3

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In 2000, the Wedderburn Committee argued that women should be held in small local custodial units, and not warehoused in large prisons dispersed across the country. In 2004, the Fawcett Society's Commission on Women and the Criminal Justice System concluded that there was now an urgent need to assess the viability of local custody units. *Using Women* supports these recommendations, although we fear that they may still be beyond current political horizons, given the creation of massive women's prisons at Bronzefield and Peterborough.

### 4

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The telephone enables women to keep in touch with their families. It is a particularly important point of contact for foreign nationals. In 1997, half of women prisoners said that the expense of phone cards prevented them from keeping in touch by telephone – and three quarters of foreign nationals said they had difficulties with telephone contact. Anecdotal reports suggest this remains a problem. All women with children should receive an allowance of phone time that is 'ring fenced' for family-related calls. The potential to use new technology – like video links and e-mail – should be further explored and developed.

## 5

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It can be virtually impossible for foreign national women to keep in touch with their children. Where drug couriers are serving long sentences for drug offences, the impact on their children can be devastating. The Government should increase funding for organisations like Hibiscus who are doing invaluable work with children in Jamaica. The opportunities should be maximised for foreign national women to stay in touch through letters, telephone calls, e-mail and so on. This will require capacity building in Jamaica (for example, access to telephones and IT for drug couriers families).

## 6

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Where women have successfully completed drug treatment, the process of rebuilding relationships with children can be difficult. Often their past drug use will have negatively impacted on their children. There is a potential role for professional family conferencing and mediation services – both post-release and as part of preparation for release. In addition, many women will need intensive parenting and life skills training if they are to take responsibility for children after coming off drugs. This can be as straightforward as help with a shopping list or someone to go along on a first trip to the supermarket.

## 7

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Women should never be kept apart from their children post-release simply because they are denied access to social housing, and in the absence of child protection concerns. Women whose children have gone into care while they are serving their prison sentence should be given priority status by housing authorities. At present, they can be, but a lot still depends on local interpretation of housing laws.

## 8

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Some women believe that relocation is their best chance of staying off drugs and away from crime. This issue has been largely ignored by policy makers and commentators, who have tended to concentrate on the advantages of keeping prisoners as close as possible to their home communities. This bias is understandable. But there are benefits to relocation for a minority of prisoners. The methods for allocating social housing and accessing social security prevent women from getting away from drug using peers and making a new start. These systems should now be reviewed. There is a case for establishing a network of small residential centres across the country to provide women – and, where appropriate, their families - with a base camp in a new locality, and access to relevant support services. Some women will be at risk of being tracked down by violent former-partners and peers. Relocation could involve work with domestic violence refuges, seeking exclusion orders in the courts and so on.

# 5 Alternatives to imprisonment

'There are a lot of people dying to have treatment. I think that it is about time that something was done about it. Instead of building more prisons I believe that they should be building more rehabs... I said that to the counsellors here – if only I had been told more about the rehabs, maybe I wouldn't be an addict now.'

**Jackie, ex-prisoner, interviewed by *Using Women at Craiglands residential rehabilitation centre*.**

There are a small minority of dangerous criminals in women's prisons. But there are many more women whose offences are more a source of nuisance than a threat to public safety (such as shoplifting and comparatively minor fraud). This is not to ignore the real harm that these offences cause to victims and the community. It is not to deny that offenders must be held to account and punished in a proportionate way. But it is to challenge our excessive reliance on imprisonment as a knee jerk response to these crimes.

Of course, the first consideration must be public protection, and prisons are high security environments. But these levels of security – which are largely a response to problems in men's prisons - are excessive for women in custody.

As the Fawcett Society report argues:

*'riots and escapes in male establishments in the 1990s led to significant increases in security which have further disadvantaged women prisoners. Whereas male prisoners express their disturbances externally, in extreme cases by rioting, women prisoners pose little security risk to others but are far more likely to self-harm. Women therefore suffer if security issues take top priority when resources are distributed'*

(The Fawcett Society, p.45).

Nor does imprisonment come cheap. For both male and female prisoners, the annual cost of holding someone in prison in 2002-03 averaged £36,268 (Home Office 2003a).

Nor is there any evidence that the imprisonment of non-dangerous women offenders is actually helping to cut crime. Fifty five per cent of women discharged from prison in 1999 were reconvicted within two years (and 81 per cent of those who were originally convicted of shoplifting). Nearly two thirds (60 per cent) of women who received sentences of up to 12 months were reconvicted in two years. (*ibid*)

The failures and limitations of a prison-obsessed approach have been highlighted by a long series of investigations and reports over the past ten years. The Prime Minister's wife, Cherie Booth QC, writes newspaper articles under the headline 'We must stop locking up so many women.' The Prison Minister, Paul Goggins, writes of the need

*'to take steps to ensure that custody is used only for those women offenders who really need to be there because of the seriousness of their offence or for public protection'*

– that is, only a very small proportion of offenders who are now receiving prison sentences in the courts. Two thirds of respondents to a NOP poll conducted for *Using Women* do not think that sending so many women to prison is a good way of cutting crime.

Despite all this, the female prison population increased by 173 per cent in a decade, and – with new purpose built prisons opening at Bronzefield and Peterborough – it is predicted to carry on rising - to 5,600 by 2009.

There is nothing inevitable about this. So, what are the alternatives?

## Remand and bail

The Prison Reform Trust's report, *Lacking conviction: the rise of the women's remand population* (2004), highlights the fact that two thirds of women being received into prison every year have not actually been given a custodial sentence by the courts. They are on remand (Prison Reform Trust, 2004).

The Government has explicitly recognised the damage that can be caused by a remand to custody. In an article in *The Observer* published in February 2002, the then Home Secretary, David Blunkett, stated that

*'those on remand... are there long enough to lose their jobs, their family relations and even their homes. This can push someone off the straight and narrow for good'* ('Radical reform so prison can rehabilitate', *The Observer*, 3 February 2002).

The function of the criminal justice system is not to drive people who have not yet been convicted or sentenced over the line and into a life of crime.

In 2002 12,650 women were received into custody; 8,350 were remanded and 4,100 were sentenced. Only 10 per cent of remand prisoners went before the courts for violent offences, compared with 11 per cent for drug offences and a massive 41 per cent for theft and handling. Fewer than half of women who are remanded to custody end up receiving a prison sentence. One in five are acquitted (see Prison Reform Trust 2004).

Many remand prisoners have drug problems. This poses challenges for the Prison Service which are forcefully documented by the Prison Reform Trust:

*'Consider that a woman who has unexpectedly been remanded into custody might be anxious about her children's welfare, her health as she is withdrawing from heroin or crack cocaine misuse, her financial situation outside, and whether she will be able to cope inside. Add to this that she has a right to receive help with bail information, and may have another court hearing within the week. Add to this the need for the prison to inform the woman of the prison routine and what the prison expects of her (through her induction programme).'*

Now, take on board this observation of a prison governor: *'if she's withdrawing, it may be 11 days until her frame of mind is sufficiently stable for us to begin working with her'* (*ibid*).

The alternative to remand is bail. Where the courts are dealing with defendants with serious substance misuse problems they may be reluctant to grant bail unless they are satisfied that something is going to be done to address these problems.

The Chief Inspector of Prisons has expressed concern that the courts may be tempted to remand women to prison because they see this as the straightest and the most direct route to detox services. This implies a serious misunderstanding of what can actually be achieved by detoxification in isolation from other kinds of interventions. It also reflects the shortage of specialised bail provision in the community. In June 2003, there were 34 approved bail hostels that took women on bail, offering a total of 227 bed spaces (National Treatment Agency website at [www.nta.nhs.uk](http://www.nta.nhs.uk)). But many women – especially if they have experienced domestic violence – are not prepared to go into a mixed hostel. As the Fawcett Society explains, in mixed sex hostels *'women are at risk of forming potentially harmful relationships with male offenders – who themselves have a history of abusing women'* (Fawcett Society 2004).

As of June 2003, there were only five woman only bail hostels. As the Prison Reform Trust argues, there is an urgent need to increase the number of places in single sex hostels, and for hostels to provide services specifically for women with drug problems. It recommends that the National Offender Management System (NOMS) should *'increase the number of women-only bail hostels, to cover neglected geographical areas, to ensure that women with dependent children are accommodated, and to provide drug treatment in a safe, community environment'* (Prison Reform Trust 2004).

But, at present, drug use can be used to exclude women from bail hostels. The population of so-called Approved Premises includes schedule 1 offenders, which means bail hostels will often be housing sex offenders. Partly for this reason, children under 16 are not allowed to visit an approved premises. The reality is that many bail hostels house between 10 and 20 people of which only one or two will be women. This is totally unsatisfactory.

The Government is using the refusal of bail to compel people with drug problems to submit to an assessment. Part Two of the *Criminal Justice Act 2003* creates a presumption against bail for adults charged with an imprisonable offence, and who test positive for Class A drugs. They will be remanded if they refuse to undergo an assessment and any relevant follow-up action, unless the court is satisfied that there is no significant risk of re-offending.

There is nothing inherently wrong with coerced treatment. It can be an effective means of connecting chaotic drug users with relevant services. But this is the wrong emphasis. The real challenge is to invest in bail provision that is able to deliver 'assessment and any relevant follow-up action' in a meaningful way.

If the use of remand was restricted to women who were going before the courts for serious and/or persistent offences, this would bring the prison population down at a stroke. The money saved could be invested in improved provision in the community, enabling women with substance misuse problems to access detoxification and treatment services (as well as mental health and other services).

## Custodial alternatives

A secure environment does not have to spell prison, and it does not have to be a form of warehousing women in massive institutions.

In particular, there are long-standing and serious concerns about the high proportion of women with mental health problems who are ending up in the prison system. The Social Exclusion Unit report *Mental Health and Social Exclusion*, published in 2004, observes that

*'72 per cent of male and 70 per cent of female sentenced prisoners have two or more mental health disorders: 14 and 35 times the level in the general population respectively. Prevalence rates for psychotic disorders are also high, especially for female prisoners.'*

The SEU directly links this to the shockingly high rates of suicide, attempted suicide and self-harm in women's prisons (Social Exclusion Unit 2004a, p.18).

In 2001, HM Chief Inspector of Prisons expressed regrets that *'too many women with serious mental disorders continue to be held in establishments such as Holloway instead of in forensic mental health facilities'* (HM Inspectorate of Prisons 2001).

A Nacro report published in 2002 *'Women who challenge – women offenders and mental health issues*, argues that *'disturbed offenders should, wherever possible, receive care and support from health and social services, not punishment through the criminal justice system... the situation is exacerbated by the fact that mental health services for prisoners, especially women prisoners, are woefully inadequate'* (Kesteven S 2002).

In 2004, the Fawcett Society's report commented that *'a higher proportion of women than men enter prison with a mental health problem. In custody two trends are apparent: an increased use of medication and a deterioration of the mental health of many prisoners'* (Fawcett Society 2004, p.46).

What is less often recognised in public debate is that women with mental health problems and women with drug problems are not two distinct groups. They are very often the same women. As the Department of Health's *Dual Diagnosis Good Practice Guide* explains *'substance misuse is usual rather than exceptional amongst people with severe mental health problems and the relationship between the two is complex'* (Department of Health 2002, p.4).

The Social Exclusion Unit report concludes that *'substance misuse and withdrawal can lead to psychiatric symptoms, but can also be precipitated by a pre-existing mental health problem'* (Social Exclusion Unit 2004a, p.47).

The message is clear. Women in trouble do not present to services as bundles of discrete problems that can be prised apart and dealt with in isolation. Any viable strategy for offenders with mental health problems has to address substance misuse problems also, and vice versa. This is why detox can be disastrous if nothing is in place to pick up the pieces.

In an article published in *The Independent* in May 2002 – in response to proposals to put more prisoners on prison ships – the columnist Deborah Orr wrote:

*'find ships for offenders, by all means. But instead of setting up yet another body-storing prison, make the barges into top-notch treatment centres. And think about reclassifying a good third of the nation's prisons as drug therapy centres too. It really is the only way. The war on drugs is over. Let's now call an amnesty on addiction'* ('What's the point in just locking up these junkies', *The Independent*, 10 May 2002).

It should be added, of course, that an alternative to 'body-storing prisons' would have to deal with the causes and contexts of drug misuse too – and, particularly, the often severe mental health problems that can co-exist with a substance abuse problem.

There are undoubtedly women who cannot be safely or appropriately dealt with out in the community. For this group, where they have mental health and substance problems, there is a need to develop alternative kinds of secure environments staffed and equipped to deal with complex needs.

## Community sentences

There is a broad consensus on the need to divert more women from the prison system and onto effective community penalties. The voice of independent experts and commissions has been unanimous and unambiguous. In 2004, the Fawcett Society bluntly – and representatively – concluded that *'incarceration is an inappropriate way of dealing with the majority of female prisoners'* (Fawcett Society 2004, p.49).



Over the past seven years, the New Labour Government has pro-actively developed and promoted alternatives to imprisonment.

## Proportionality and the public

One of the challenges of moving on from the automatic equation of punishment with imprisonment is to convince the public that a community sentence is not a 'soft option', but can hold offenders to account for their crimes. Research undertaken for Rethinking Crime and Punishment suggests that there is some way to go in selling community penalties, but there does appear to be widespread public support for diverting vulnerable women with mental health and/or substance misuse problems from the prison system.

The RCP research, conducted by the Centre for Social Marketing at Strathclyde University, concluded that – while there was some public impatience with 'humanitarian arguments' for alternatives to custody – there was public support for the view that 'specific offender sub-groups should not be in prison.' The researchers found that

*'the most salient distinctions made were between the hardened criminal and the first time offender and between the deliberate offender and the offender not in full possession of their faculties, particularly the mentally ill and the drug-user driven by the demands of addiction'* (Rethinking Crime and Punishment 2002, p. 4).

They explain that

*'almost all respondents, including tabloid readers, adopted liberal positions on the issue of drug crime, and felt strongly that drug users should be treated rather than punished. There was also a feeling that while women offenders per se should not be treated differently from men, the damage likely to be inflicted on children by having their mother in custody might argue against imprisoning the mothers of young children (ibid).*

## Drug Treatment and Testing Orders

Paradoxically, the way that community sentences for offenders with serious drug problems have been set up and used by the courts may itself have contributed to the rise in prison numbers.

The Drug Treatment and Testing Order (DTTO) is available for offenders over 16 and was introduced by the *Crime and Disorder Act 1998*. The duration of a DTTO is between six months and three years. It comprises a treatment requirement (stating, among other things, whether treatment will be residential or non-residential) and a testing requirement. Progress is periodically reviewed. If a DTTO is breached, the offender is returned to court for re-sentencing, and may end up in prison.

This explains the paradox. If the courts are sentencing offenders to DTTOs who would otherwise have gone to prison, then this will tend to reduce the prison population; but if the courts put people onto DTTOs who would otherwise have received lesser sentences (for example, a fine or conditional discharge), then this will tend to increase the prison population when orders are breached (so-called 'up-tariffing').

This tension was identified by the Howard League for Penal Reform in a prescient report on the impact of DTTOs on female offenders published in 2000. The Howard League was one of the first organisations publicly to express its concern that *'the DTTO should not become a "catch all" for drug misusing offenders'*, arguing: *'the DTTO is a high tariff and demanding penalty and the results of breaching the order are likely to be custody'*. It added that *'in order to avoid this "net-widening" effect the DTTO must be only one of a range of drug interventions available at every stage of the criminal justice process, and there must be a further expansion of... drug services in the country'* (Howard League, 2000).

These misgivings were confirmed by a review of the DTTO pilots conducted by Mike Hough and his team at King's College on behalf of the Home Office and published in 2003. The two-year reconviction rates among offenders who completed orders was better than for prisoners, at 53 per cent. But most offenders on DTTOs in the pilot areas did not complete them. Reconviction rates for all offenders sentenced to a DTTO were a great deal worse than the overall rates for prisoners. Two-year re-conviction rates were a shocking 80 per cent, with only 30 per cent of offenders finishing their Orders. Hough et al concluded that

*'revocation rates were high, and reconviction rates were higher still. As implemented, it is clear that all three pilot schemes struggled to retain offenders on the programme and the large proportion of drop-outs continued to use drugs of dependence and to commit crimes to support their habit'* (Hough M, Clancy A, McSweeney T, and Turnbull P 2003).

On a more positive note, reconviction rates were good for the minority of offenders who completed the orders.

While the Government can claim that there have been significant improvements in completion rates and that the problems with the DTTO pilots were partly about implementation, these findings cannot be brushed aside. There will be particular issues for women offenders who are placed on DTTOs – for example, where they are required to participate in group therapy sessions that are dominated by male offenders or are placed on programmes that are not structured to accommodate child care.

Similar conclusions were reached in a more recent review of the evidence on DTTOs conducted by the National Audit Office. It found that only 28 per cent of Orders were completed in full or terminated for good progress in 2003. Even more worryingly, there was a huge difference in completion rates from area to area, from 71 per cent in Dorset to only 8 per cent in Kent. This partly reflects local variation in the level of contact with offenders and the availability of non-clinical interventions alongside treatment, such as offending behaviour programmes and life skills.

And *Using Women* has some further bad news. Some of the women do regard some DTTOs as a soft option. Eve spoke to us at a residential rehab run by Phoenix House in Sheffield. 'I've been on a DTTO... where you have to go five times a week and if you miss any or breach it's jail', she told us, continuing: 'its like people say though. You can still use a maintenance script. So you're not actually tackling your drug problem. All they try to do is give you a bit of routine. That doesn't work anyway. I used to just say I won't be coming in the morning. Give me an appointment for the afternoon, because in the morning I need to sort myself out.' Jane agreed with Eve: 'I know the drug projects on the streets – the DTTO ones and all that – you can swerve them so easily. You're cheating them, but you're cheating yourself at the same time.'

Despite these problems, *Using Women* supports the further development of the broad approach to women with drug problems that underlies the DTTO. However, if the potential net-widening effect is to be avoided, it is important to get the right people on the right programmes – which is likely to mean less offenders on DTTOs, but with a higher quality of provision.

Three issues need to be addressed.

**1** A dash for abstinence is not a realistic option for many women who have entrenched substance misuse problems – often inextricably bound up with mental health and other needs. The conditions imposed by a DTTO need to be demanding, but they should also be fair and realistic. Otherwise large numbers of offenders will continue to breach.

**2** Many women will need intensive treatment in a residential setting. For example, Di Moughton, the drug rehab manager at HMP Drake Hall, told *Using Women*,

*'someone in a day program as an alternative to custody is fine, but should they live with someone who is abusing them or is still using drugs – the chances of them succeeding and staying off drugs and not committing crime is very slim in my opinion.'*

**3** It is important that the courts do not place women onto DTTOs because they believe that this is the only, easiest or most direct way to access treatment (or sentence them to imprisonment because they see this as the best available approximation of a residential treatment setting). The first duty of the law courts is to deal with offenders proportionately and not to act as a referral system into welfare services.

The introduction of the new generic community penalty under the *Criminal Justice Act 2003* could increase the temptation for the courts to sentence defendants according to their welfare needs and not in proportion to the gravity of their crime. Under the new Community Order, sentencers will be able to 'pick and mix' from a range of requirements and provisions, so that they can tailor the terms of a particular order to fit the profile of a particular offender.

In an article in *Safer Society*, Geoff Dobson, Deputy Director of the Prison Reform Trust, has expressed concerns that this may intensify the problems experienced with the DTTO. 'Sentencers may be tempted to overload defendants with unrealistic demands when selecting from the wide range of possible requirements', he argues. Furthermore, 'there is a danger that one "failure" could be seen as automatically leading to custody as the next option in cases where the offender might otherwise be considered for an alternative type of community order' (Dobson G 2003).

## Is prison really so tough?

When treatment requirements place women offenders on intensive residential programmes, they do find them 'tough.' They are compelled to tackle their drug problems, they cannot 'swerve' them; but, at the same time, they have the support they need to see the order through.

Sharon had been at Craiglands residential rehab for two weeks on a DTTO when she spoke to *Using Women*. Her views were in stark contrast to those of Eve and Jane. What did she feel when she arrived in rehab? *'I was scared to tell the truth'*, she said, *'scared because... living without drugs is going to be hard... everything was going to hit me because the drugs used to block everything out. Now I'm starting to deal with my feelings and its hard and I'm scared. All I can do is take one day at a time.'*

This does not sound like a soft option.

Judy was not having an easy time either. *'I've looked at what drugs do and how I have been on them but never looked at the damage it has caused to my children and family'*, she explained. *'They broke down my denial and my delusions and made me face facts... look at the facts and consequences for my children... how drug use had affected them and what I had put them through. For me, it really has opened my eyes. It has broken down my wall of denial in that I'm able to look at the people I've affected.'*

One of the most striking things that emerged from many interviews for *Using Women* is that few women offenders said that prison was the toughest option for them. As Cherie Booth QC has argued - and as the comments of Judy and other ex-prisoners confirm - *'it is no soft option to be tagged electronically, to be*

*forced to take responsibility for your children and to undertake treatment for drink or drug addiction in order to stay out of prison'* ('We must stop locking up so many women', *The Observer*, 28 March 2004).

A spell in prison can certainly be depressing and demoralising. But many female ex-prisoners say that the 'toughest' thing for them to do is to face up to what they have done, get off drugs, take responsibility for their lives and make amends in some way.

By contrast, imprisonment can turn women in upon themselves rather than outwards to their victims and the community. Or it can leave them alone in a cell with an intense sense of guilt that has no constructive outlet - this adds to the often destructive mix of emotions and problems that can surface after detox is over.

Ironically, research conducted for *Rethinking Crime and Punishment* suggests that the most persuasive arguments for community sentences may be those that address their superiority in delivering on what people *really* want from punishment (*Rethinking Crime and Punishment* 2002).

Research conducted at Strathclyde University on punishment of offenders found that

*'while arguments about the effectiveness of non-custodial sentences had little impact, arguments about the values and principles underlying them ("paying back to society", "offenders should apologise to their victim", "community sentences help offenders to make amends to the victims of their crimes") resonated strongly with respondents. They talked of the importance of "making good the damage" to victims and society, both in a financial and an*

*emotional sense, and of the victim's need for what one respondent described as "closure"'* (*ibid*, p.4).

This all suggests that the development of restorative justice could have a major role in dealing with female offenders. As another RCP Briefing explains, *'restorative justice involves a commitment to the idea that victim, offender and the community may repair the damage caused by an offender's crime through dialogue and negotiation'* (*Rethinking Crime and Punishment* 2004a, p.2). At present restorative justice has a statutory basis in the UK only within the youth justice system, but there is a growing interest in its use for adults.

A virtuous circle is evident here. Punishment is only effective when it results in the offender confronting her crimes and their impact upon victims and taking responsibility for her actions. At the same time, *Using Women* found that the development of a sense of responsibility was often an essential pre-condition for a successful drug treatment episode (for example, this message came across very clearly in discussions with prisoners and staff at HMP Send). Put simply, women who felt bad about what they had done when they were dependent on drugs were more strongly motivated to get off them and stay off them. And women who had a chance to begin to put things right found this an important step on the road to recovery, as they were less likely to turn to alcohol or drugs to suppress feelings of guilt and remorse that lacked any positive outlet.

## Alternatives for foreign nationals

The development of alternatives to custody for foreign national drug couriers is a particular challenge. As the law stands, they are guilty of a high tariff offence, attracting a prison sentence of several years. A community alternative is not normally considered in these circumstances.

The RCP Briefing Paper, *A Bitter Pill to Swallow*, argues that the current approach to Jamaican drug couriers is objectionable on ethical and pragmatic grounds. It is argued that *'giving drug couriers long prison sentences is not working as a deterrent'*. This is because, *'given the significant levels of poverty in Jamaica, there will always be some who are prepared to risk imprisonment, are unaware of the consequences, or are coerced into importing drugs'* (Rethinking Crime and Punishment, 2004, p.4).

Three alternatives are considered.

The *first* option is to deport drug couriers on arrest and ban them from entering the country, either for a fixed period or indefinitely. The problem is that this would not be much of a deterrent, and women who were sent back to the locality from which they came would be vulnerable to reprisal.

The *second* option is to repatriate drug couriers to serve their sentences in their own countries, making it easier for them to maintain contact with their children. The problem with this is that the Jamaican prison system has not got the capacity to cope. Nor would this address the fundamental issue of the appropriateness of long prison sentences for this group of offenders.

The *third* option is to develop community based penalties in Jamaica, so women serve non-custodial penalties in their own country. This is strongly backed by RCP. It is recognised that building the capacity in Jamaica will require a major programme of financial and technical assistance. But it is proposed that *'a repatriation agreement is negotiated with the Jamaican government which would enable offenders sentenced to community penalties to serve these in their country of origin'*, and recommended *'that new guidelines allow courts to impose a community penalty where the offender agrees to undertake this in their country of origin and a place on a suitable programme is available'* (*ibid*).

The *Using Women* campaign strongly backs this proposal, but would stress three additional points.

**1** It seems unlikely that the court will consider community alternatives so long as drug trafficking remains such a high tariff offence. A more fundamental review of the law on couriership may be a pre-requisite for moving towards the approach advocated by RCP. (It is also important that the sentences of foreign national couriers are not allowed to become disproportionately low tariff compared with those of British nationals convicted of similar offences in similar circumstances.)

**2** The RCP report comments that

*'being returned to their own countries and serving some form of community sentence might also act as more of a deterrent for drug couriers than staying anonymously in a UK prison. Community sentences could include outreach work with convicted drug couriers educating other people on the risks of becoming drug mules'* (*ibid*, p.10).

This is an attractive proposal. But women returned to do this kind of work in the areas of Jamaica where they were recruited as couriers will be highly vulnerable to violent reprisals from drug traffickers. Thought would need to be given to developing community sentences that relocate both offenders and their families.

**3** It is recognised in Britain that community sentences are unlikely to be effective unless a whole infrastructure of other services and interventions is in place to address the causes of crime, and its consequences. The question is whether the necessary levels of investment and assistance are likely to be forthcoming in the foreseeable future.

A possible way forward is suggested by Rowena Young in her landmark book *From War to Work: Drug Treatment, Social Inclusion and Enterprise*. Young argues that British policy makers have failed to look beyond Western models and consider approaches pioneered in other parts of the world. In particular, Young argues for drug projects that are centred around small-scale enterprises and social businesses that can provide drug addicts with training and employment in communities that lie outside of the mainstream economy.

She explains that organisations like *Nai Zindagi* in Pakistan, *Mukti Sadan* in India or *Pink Triangle* in Malaysia see themselves as economic enterprises as well as social and health ones. By creating jobs for recovering drug users they have found a way to generate income for themselves – from reconditioning jeeps and building environmentally friendly houses to running light industries (Young R 2002).

These projects work with people with drug dependency problems and are not intended to have a punitive element as such. But something similar – involving outreach peer education work and other community activities as advocated by RCP – could be considered for Jamaican drug couriers.

Such enterprises can become self-financing, helping to address the resourcing issues. Small communities of this kind could also offer an appropriate micro-network of support services. The causes of crime in the form of poverty and disadvantage would be addressed through direct access to work and income. Social enterprise communities could provide residential facilities for women and their families in localities away from the drug gangs.

Obviously, further thought would need to be given about how an Asian model designed for the treatment of drug dependency could be effectively adapted to help deal with Jamaican drug couriers within a criminal justice context. But this sort of model merits further consideration, and may be better suited to conditions in the Caribbean than a standard British model of community sentencing as exported by the probation service.

*“One of the biggest things that shocked me as a worker was how many women that came in to custody came onto our program that had not had any intervention in the community and some of them had been using for twenty years, they’d engaged in local exchanges in methadone scripts, but they hadn’t received any forms of treatment or recovery.”*

**Di Moughton, Drake Hall,  
Phoenix House rehab unit**

## Drug treatment outside the Criminal Justice System

The Drug Intervention Programme (DIP) – formerly the Criminal Justice Intervention Programme (CJIP) – was launched in April 2003. Its aim is to *'use every opportunity from arrest to sentence to get drug misusing offenders into treatment and break the link between drugs and crime.'*

There has been a significant expansion in Government investment in drug treatment services within the criminal justice system. Around £500 million a year is now spent on the treatment of drug dependency – an historically unprecedented sum.

This high level of spending has been justified to the public by presenting it as an investment in crime reduction and a safer society.

A landmark Home Office study concluded that the total economic and social costs of problem drug use in England and Wales are between £10.1 billion and £17.4 billion a year – which works out at £35,455 per user per annum. A staggering 88% of this cost is accounted for by drug related crime (Godfrey C, Eaton C, McDougall C and Culyer A 2002).

It is – quite rightly – argued by the Government that investment in drug treatment will reduce these social costs and cut drug-related crime. It is in everybody's interest.

However, there is concern that the focus on drug treatment as crime reduction has resulted in a neglect of systems and services in the community. Almost a third of drug-using offenders interviewed in areas where community drug treatment services were poor for a recent study by Turning Point claimed that they had committed a crime as the most effective and direct means of getting the help they needed (Turning Point 2004). Whether these claims can be taken at face value is open to question, but there clearly is a real issue here. It came up a lot in interviews for *Using Women*. For example, Di Moughton told us that

*'one of the biggest things that shocked me as a worker was how many women that came into custody came onto our programme that had not had any intervention in the community. Some of them had been using for twenty years. They'd engaged in local needle exchanges and methadone scripts. Yet they hadn't received any form of treatment.'*

There is a need for further expansion of drug treatment services in the country. The proliferation of referral procedures has created a situation that has been described as a 'motorway into a carpark.'

Arrest referral and CARATS schemes can only work effectively if there are appropriate services in the community to refer people to. For women arriving at the police station or leaving prison with serious drug problems this may mean residential rehab or – at least – intensive day care provision. The National Treatment Agency has found that *'residential rehabilitation units can have among the best outcome of any treatment modality - particularly for clients with complex needs'* (National Treatment Agency 2003).

In 2003, the National Treatment Outcomes Research Study (NTORS) reported that 38 per cent of patients treated in residential programmes were not using drugs four or five years later, and 47 per cent were abstinent from heroin (cited in EATA 2003). Intensive residential treatment works. Moreover, while direct comparisons should be treated with caution, it is estimated that residential treatment costs an average of around £430 a week, which works out at around £20,000 a year – roughly £16,000 less than the same period spend in prison (Rethinking Crime and Punishment 2004, p.6 – £430 is a median figure based on NTA data).

In 2002, the Audit Commission published an independent review of drug treatment provision called *Changing Habits*. It concluded that people with drug problems were being put off treatment by long waiting lists and limited treatment options. The RCP report on *Drug Use, Crime and the Criminal Justice System* notes that

*'drug users with mental health needs face particular problems. Drug treatment providers often refuse to treat people with mental health problems, and mental health providers often refuse to treat people with substance misuse problems. There is a need for greater joint commissioning of services, with an emphasis on an integrated social care approach'* (ibid, p.5).

If mental health problems are a barrier to accessing treatment, this will obviously impact on many women with substance misuse problems. *Using Women* heard that women with mental health problems were also ineligible for some DTTO programmes and were therefore ending up in prison instead.

Many women will want to access female only services, particularly those who have been victims of domestic violence. The NTA website currently lists ten residential rehab sites for women only in England and Wales, of which only six will accept people with a dual diagnosis of substance misuse and mental illness and only five will accept children (figures in September 2004). In total there are 112 beds, of which 96 are for women only. There are only two projects in the whole of London, providing 20 bed spaces in all. There are no female-only residential rehabs at all in many parts of the country - for example, there is not a single project anywhere in the Midlands and only one female only rehab with two bed spaces in the whole of the South East outside London. On 9 September 2004 there were just 18 free beds available in women only residential rehab services (all information from the National Treatment Agency's database at [www.nta.nhs.uk](http://www.nta.nhs.uk)).

## Coerced treatment

Community penalties, like Drug Treatment and Testing Orders (DTTOs), have been sold to the public as a way to bring together punishment for offenders and drug treatment. From the interviews we have done for *Using Women* with both workers in the field and users, the feedback is mixed, as are the range of views on how they could be made to work better. But we certainly heard some success stories, along with the expression of concerns about DTTOs which are discussed elsewhere in this report.

We interviewed Sharon at Craiglands, an all-female therapeutic unit. She had received a DTTO with a residential treatment requirement. She had previously breached DTTOs with non-residential treatment. She told us *'the reason why this one is working for me so far is that it is more stable, there's more help where if you come out of prison and they just give you a DTTO and you have to go out and do it yourself. This way there is more stability. There are people here to help you and give you encouragement to be on the outside without drugs. So it does help a lot more to be in residential rehab'*. Now Sharon is about to enter secondary treatment and looks forward to being reunited with her son, a lot more positive for the future because on this DTTO she has received intensive residential treatment, which has worked for her.

Sara, who was interviewed for the Case Study project, also had a DTTO, but with treatment in the community. She was positive about her experience too: *'This really turned my life around. I had to attend probation three times a week and go to a drugs clinic for groupwork twice a week... I did lapse a bit... I went to confess to my Probation Officer, who confronted me with my lies and attitude. In a way I'm glad this happened because I knew I had to put more effort into the DTTO.'* Sara went on to do the Prince's Trust program and was asked to stay on and be a team leader.

Melissa a drug worker in London also praised DTTOs: *'What is good about the DTTO is that you see younger women using the services... you get a lot more of the minority groups... where they are picked up through crime and they are pushed through the services whereas (with) voluntary, that is where you see the classic forty year old white male heroin user who has had enough and decides to access services.'*



Clearly, the availability of beds is scarce relative to the numbers of women who would benefit from intensive drug treatment within a residential setting.

However, it must be added that *Using Women* heard that these services could have trouble filling the bed spaces that were available. For example, an arrest referral worker, told us that she had not experienced problems with waiting times. *'I can't say that a lot of women have asked to go on a residential unit'*, she explained, *'but I think that is because they themselves don't understand how rehab works or they think that there isn't a chance of them being able to get the funding to go.'*

And there are other barriers. Half of the existing centres will not take children, and four are unable to take women with complex needs. Some are committed to treatment philosophies that will not appeal to some women with serious drug problems - two have an explicitly Christian foundation and six are based around the 12 step programme.

It is also a concern that the courts do not make more use of residential options. Many of the women who spoke to *Using Women* were dissatisfied with the treatment provision on DTTOs. All of the female-only residential rehabs in England and Wales accept referrals from the courts - more Orders could have a residential treatment requirement given the evidence on effectiveness.

Perhaps the biggest obstacle to women accessing drug treatment voluntarily is concerns about the impact on their children. Di Moughton explained that

*'the biggest issue is that they're frightened of presenting to drug services because their view of social services is very negative. They automatically think they are going to take their children away from them and they're not going to get them back. I think that is one of the biggest influences. Social services need to be educated in terms of working with women that are drug using and who currently have children.'*

This was confirmed by a number of offenders and ex-offenders who spoke to *Using Women*. For example, Sharon told us

*'I went to social services asking them for help to start with and I told them that I had a drug problem. I was honest with them. As soon as they heard that, they wanted to take my son away. I was asking them for help and that is what came out of it.'*

There is a difficult balance to be struck here. Child protection is a particularly fraught and upsetting area for people who work in drug services. On the one hand, many children of drug misusing parents do suffer abuse and neglect (as *Hidden Harm* revealed). Drug services have a responsibility to address these issues and help to protect vulnerable children.

On the other hand, women with substance misuse problems can be perfectly adequate parents. If the fear that they will be separated from their children is preventing women from accessing services that can help them to manage their substance misuse – and, ideally, to get off and stay off drugs – then this is a matter of concern. There are no easy answers. There is a need for innovative policy development if we are to get more women into treatment services. If we fail to do so, then this is bad for them, bad for their children and bad for society as a whole.

## Recommendations

One of the keys to tackling drug dependency within the criminal justice system and reducing re-offending is to stop sending large numbers of female offenders to overcrowded prisons who have committed – or been charged with – comparatively minor offences and pose no threat to the public. Most women who are currently in prison should not be there.

### 1

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A reduction in the numbers of women remanded into prison would provide a ‘quick win’ for a Government that is committed to using prison only for those female offenders ‘who really need to be there.’ *Using Women* supports the Prison Reform Trust’s call on the Government to actively promote a reduction in the use of custodial remands; institute a fundamental review of the use of remand and bail; and – particularly – increase the number of places in single-sex bail hostels. This will require more specialised bail hostel provision for challenging women who are presenting with a range of problems, including dual diagnosis.

### 2

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The Wedderburn Committee proposed a network of local women’s supervision and support centres to provide an effective supervision and rehabilitation service to women offenders serving a community sentence. The Prison Reform Trust has since recommended that local centres should provide women with multi-agency support for dealing with medical, psychiatric, financial, educational, training and employment issues as well as guidance on family and parenting, and the offer of counselling and drug treatment. It argues that supervision centres should replace prison custody for all women except for those whose offences demonstrate a serious danger to society. This approach is also supported by the Fawcett Society. These centres could provide intensive (including secure) residential services for offenders with drug problems, while providing access to mental health services, housing advice and so on.

### 3

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Drug Treatment and Testing Orders divert offenders with drug problems from custody, while also satisfying the public demand that sentences should be sufficiently tough and demanding. But implementation has revealed unanticipated problems. There has been a failure to always get the right people onto the right programmes. The introduction of the new generic community sentence under the *Criminal Justice Act 2003* provides an opportunity for a thorough review of the use of community sentences with a drug treatment component. In a report published in 2004, the National Audit Office expressed concern that insufficient attention was given to monitoring the number of DTTO commencements from women offenders and those from ethnic minority groups. It is important that the necessary data is collected and that these diversity issues are properly monitored.

### 4

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Drug treatment requirements do not always challenge offenders to confront their drug problems or provide adequate levels of care and support. The courts should make more use of residential treatment requirements as an alternative to custodial sentences. In addition, DTTO programmes may not be open to offenders with a dual diagnosis of substance misuse and mental health problems. These women can present with challenging patterns of behaviour, but it is unacceptable that they should be ending up in prison because there is a lack of alternatives. There need to be more specialised residential services that are equipped to deal with mental health problems and prepared to take DTTO referrals.

## 5

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*Using Women* recognises that the criminal justice system has a key role to play in tackling drug problems and accepts the evidence that coerced treatment can be effective. But, given the nature of drug dependency, and the prognosis for recovery, it is vital that suitable drug services are accessible in the community. *Using Women* strongly supports the RCP proposal that the same level of drug treatment should be available both inside and outside the criminal justice system, and that there should be a major expansion of residential rehabilitation services.

## 6

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A major barrier to women accessing community drug treatment services is concern that their children may be taken into the care system. The challenge for services is to find ways of encouraging women with drug problems to approach services while not slackening their child protection mechanisms. Part of the answer is to produce clear and accessible information materials that explain child protection procedures and correct common myths and misperceptions. There may also be a case for establishing an intermediary service (perhaps a phone line) which would provide women planning to approach drug services with confidential advice on the likelihood of their children being removed into care. This raises serious ethical issues, but this is a morally fraught area where there are no easy answers. What is clear and uncontroversial is that drug services should see it as an integral part of their work with female drug users to provide guidance on parenting and life-skills issues.

## 7

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What is being proposed is a fundamental transformation in the way society deals with women offenders. *Using Women* supports the Prison Reform Trust's proposal that such a process of change needs to be superintended by a designated Women's Justice Board, modelled on the Youth Justice Board. The PRT's report *Lacking Conviction* argues for a Women's Justice Board, aligned to the National Offender Management Service (NOMS), which 'would carry responsibility for commissioning services and maintaining quality and standards of provision for women who offend.'

## 8

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For many women a prison sentence is not a particularly effective form of punishment. A 'tougher' option is to place them on programmes that help them to get off drugs, take responsibility for their crimes, get their lives back on track and pay back something to their victims and/or the community. A sense of responsibility for past actions is also an important step on the road to recovery from a drug problem. Women with drug problems often experience intense remorse following drug detoxification in prison. This has no constructive outlet and they can turn to self-harm and suicide. Imprisonment fails as punishment. *Using Women* believes there is real potential for develop restorative justice approaches, linked to other requirements.

# 6 Conclusion: looking to the future

'I'm running a petition for traffic calming measures to be put into an accident hot spot round the corner. There have already been three accidents involving children. My photo has been in the local newspaper with my neighbour... So you can see my head's a million miles away from where it was this time last year. Then I was struggling to stay clean from heroin and drug rings and proving to people that I could be trusted to look after my daughter again... I'm a proper mother now. I take my daughter ice-skating, walks in the park with the dogs, we go to the pictures and all that... We're a happy family.'

**Joanna, who had been placed on a DTTO after 'narrowly missing' going to prison.**

'It's the first time for a long time that I can actually see the future. It's a big thing for me to have to be going back out there as a single mother again, to look after his schooling and his activities, but I do have a lot of backing from this place, they do help me a lot with different things... I don't know what it's going to be like once I'm out there on my own, it's a very daunting prospect for me, but they don't just leave you high and dry. They don't just kick you out the door and say that's the end of it. There is a lot of help there available for you.'

**June, who was on residential rehab in Phoenix House, Sheffield.**

'In January 2001, I got a four year sentence in prison for supplying undercover police. I was seven stone and very ill when I landed in Styal Prison. After a short time I was introduced to a CARAT worker who told me about a rehab at Drake Hall. I decided to give it a go. It is the hardest thing I have ever done in my life. I had to take a long hard look at myself. With the help of my drug worker I started to build bridges with my children and my family, who are now very much in my life. After I got out of jail I moved areas to Sheffield where I now share a house with six other people in recovery. I have been drug and alcohol free for three years. I see my children every weekend and I am currently working for my own house, which I haven't had for some years. I am on a course at college and also voluntary work helping other people rebuild their lives.'

**Carol, who was on residential rehab in Phoenix House, Sheffield.**

Over an 18 month period, *Using Women* has listened to the stories of many women who have spent time in Britain's prisons. This can be a depressing experience. All too often these women had suffered physical or sexual abuse as children, and have subsequently become involved in violent and exploitative relations with men. Many said that they had turned to hard drugs to deal with these experiences, and to drug dealing, property crime and/or prostitution to support drug habits that had spiralled out of control. Often their drug use was linked to mental health problems, as well as all the things that are associated with the term 'social exclusion.' Many prisoners are mothers who struggle to maintain a meaningful relationship with their children.

None of this came as a surprise, of course – it has all been well-documented in numerous reports and countless statistical digests.

This is another grounds for depression.

The *Using Women* report is the latest in a long - and highly distinguished – series of publications on women that have been published over the past five years and have all reached the same broad conclusions. But there are still no signs of any fundamental change of direction. While ministers talk about diverting more women from custody and onto community sentences, they are simultaneously building new prisons to accommodate the continuing rise in the female population that is predicted by the official statistics. Women who have stolen from shops, turned to prostitution or supplied small quantities of drugs to feed their own drug habits continue to 'burn, strangle and stab themselves' in our prisons.

It does not have to be like this. Joanna, Jane and Carol have all turned their lives around, putting destructive and long-entrenched patterns of behaviour behind them. Women with serious drug problems and long offending histories can turn their lives around with the right kind of support. Systematic and structural changes are achievable too.

This report includes practical recommendations that, if implemented, would reduce prison numbers and make society safer. For the most part, these recommendations are in line with the aims and intentions of Government ministers. They are consistent with the broad thrust of public opinion. Few are new. They are in line with the findings of many other reports - this consensus shows the strength of the reasoning and evidence behind many of the key proposals. But it is hoped that *Using Women* has had a distinctive contribution to make to the debate too. This is because DrugScope has a unique perspective, because it is not a criminal justice organisation, but a centre of expertise on drugs and drug dependency.

Note three general points in conclusion.

**1** There is a tendency for the criminal justice world to talk and act as if a long-term drug problem can be sorted out by a one-off, time bound intervention. The legal process is primarily concerned with justice. Unfortunately treatment cycles cannot be neatly accommodated to the demands of proportionality in sentencing.

Drug addiction does not work like that. Recovery is not a straight and narrow road. On the contrary, it is about 'cycles of change', with people lapsing and relapsing, dropping out of treatment and dropping back in, and so on.

This helps to explain the high rate of breach in the DTTO pilots. Abstinence is the ideal, but it is often unrealistic. Nor is it realistic to expect chaotic drug users to conform to overly rigid and inflexible requirements. Drug addiction has been defined as a 'chronic relapsing condition'. It is not generally amenable to a quick criminal justice fix. That is why it is vital to invest in services in the community.

This is not simply about ensuring that (otherwise) law abiding drug users - who, incidentally, are in the majority - are not perpetually at the back of the treatment queue. It is also about effective service provision that is responsive to the realities of drug dependency and the evidence on recovery from drug dependency.

**2** A drug addiction is rarely *the* problem, it is invariably bound up with a whole range of other problems in complex and mutually reinforcing ways. Drug addicts cannot escape in a single bound, but typically present to services with problems that resemble large knots that have to be painstakingly unpicked, often over many years. Removing drugs from a person's life is rarely a solution, often it is initially experienced as a step backwards that is necessary to take two steps forward. Removing drugs can leave women overwhelmed by emotions that have been suppressed for years, and with which they cannot cope. It is unsurprising, therefore, that women who are rapidly detoxed - at a time of exceptional stress - are vulnerable to self-harm and suicide.

This has clear implications for service provision. Drug treatment centres must be equipped to deal with mental health problems. DTTOs need to address the contexts and causes of an offenders substance misuse problems - which will often mean a residential treatment requirement. There need to be more refuges for women fleeing domestic violence that can deal with current drug users. In the current jargon, this is a joined up problem that demands a joined up solution.

In an article published in *The Independent* on 27 March 2004, Deborah Orr discusses the treatment of a young female offender who burgled her home.

She comments:

*'the lives of addicts are chaotic, and the lives of criminal addicts even more so. Drug Treatment and Testing Orders actually demand very little of people. They have to be tested for drugs, of course, at regular intervals, and they have to attend courses for their addiction. But, however good their intentions, their lives remain messed up... [the woman who burgled my house] was homeless and jobless, and she looked very ill. Her only home, I learned, was a squat inhabited by other heroin addicts. They were her only support. The idea that she would kick drugs under those circumstances was hopelessly optimistic.'*

Deborah Orr later learned that this woman had remained off heroin for months and discovered a real desire to clean up her life. But she was now back on heroin and back in prison.

There is a more general message here, and it is the core message from many of the reports that have appeared in recent years.

For example, the Fawcett Society report concludes that there is an urgent need for non-custodial provision that addresses the whole range of women's needs - including drug dependency and mental health problems. In particular, it champions an *'early intervention approach... establishing comprehensive community-based packages of care and support for women offenders'* (Fawcett Society 2004).

Along similar lines, the Prison Reform Trust's powerful report on women on remand concludes that

*'the NOMS should develop a network of small, local, women-only centres to work with women who come into contact with the criminal justice system... these centres should provide women with multi-agency support for dealing with medical, psychiatric, financial, educational, training and employment issues as well as guidance on family and parenting, and the offer of counselling and drug treatment'*  
(Prison Reform Trust 2004).

Whatever the exact model, the core message is clear: there is an urgent need for intensive women-only services that can address the full range of problems experienced by many women offenders. Drug dependency needs - literally - to be put in its *place* and dealt with accordingly.

**3** There is no escaping the fact that many women offenders have done bad things for which they must be held properly to account. It is important not to lose sight of the damage they have done to others.

*Using Women* spoke to prisoners who had been involved in violent crimes, who had sold drugs to vulnerable young people and had committed serious property offences - such as defrauding their own families. Some admitted to abusing or neglecting their children. Most said that their crimes were driven by drug dependency.

The criminal justice system must develop sentences that not only help to address the causes of crime, but also ensure that women offenders take responsibility for their actions, understand the impact on their victims and the wider community, and make amends in some way for what they have done - as one prisoner at HMP Send memorably put it to *Using Women*, start 'living as adults for the first time.'

In many cases, prison does not appear to be particularly effective at doing this. On the contrary, it can drive women in upon themselves, rather than outwards to their victims and the wider community - and it can infantilise, rather than encourage a sense of responsibility.

It may be that the aims of drug treatment and justice coincide here. A sense of responsibility for oneself and one's actions is not only a key aim of punishment, but is also a feature of many of the most successful treatment episodes that we heard about on the *Using Women* campaign. Successfully removing drugs and/or alcohol from someone's life can reconnect them with their conscience. If remorse is to be life changing and not simply overwhelming, then women recovering from drug addiction need to have an opportunity to make amends and move on.

While the policy details will take time to work out, the way forward has been clearly set out in a whole series of reports. What is needed now is action.

As Margaret Leach, who heads a DTTO programme in Solihull, told *Using Women*:

*'On an academic level the needs are being recognised. On a practical level I don't think they are. There are various policy and research publications that identify what the problems are and what the needs are. But, as a practitioner, I see very little evidence of anything practical being done. The prison service has improved. I am going to see more women in prisons now who have access to counsellors and drug workers. Two years ago that really wasn't happening. But there are still women committing suicide and self-harming in prison, so clearly it hasn't reached its zenith.'*

Enough reports. It is time to move from the 'academic level' to the 'practical level.'

# Using Women: A twelve step programme

We know that certain actions and initiatives will reverse the rise in the female prison population, and give women a chance to get off drugs and get their lives back on track, while holding them accountable for their actions and reducing crime in our communities. The key to an effective solution is to stop sending so many women to prison unnecessarily, continue to develop appropriate alternatives for drug abusing offenders, improve drug services in the community and stop expecting the criminal justice system to provide a quick fix for a complex problem.

## Step 1

### Keeping women out of prison 1: Reform the drug laws.

The courts should distinguish between women who are recruited into low level drug dealing and trafficking against a background of violence and intimidation, and the criminals who run the drugs trade for their profit. Serious consideration should be given to introducing a new, distinct and lower tariff offence of drug couriering.

## Step 2

### Keeping women out of prison 2: Bail and remand.

A sharp and immediate fall in prison numbers could be achieved at no risk to the public by reversing the massive rise in remands to custody and increasing the number of places that are available in single sex bail hostels for women with drug – and related – problems.

## Step 3

### Keeping women out of prison 3: Community sentences.

It is right to develop robust alternatives to custody, like the drug treatment and testing order. But high rates of breach show that we are too often placing the wrong people on the wrong programmes. The courts should not up-tariff women who have committed trivial offences onto DTTOs and other community orders simply as a way into drug treatment. Where a drug treatment requirement is appropriate, the nature and quality of the treatment provided is crucial. The courts should make more use of residential treatment requirements. This will require additional investment to build treatment capacity in the community.

## Step 4

### Keeping women out of prison 4: Avoiding net-widening.

It is a paradox that the development of new community sentences has coincided with a massive expansion in prison numbers. When offenders are up-tariffed onto demanding and inflexible community orders, breach rates are high, and sentences that were intended as an alternative to prison become a back door into prison. There are similar concerns about custody plus and intermittent prison sentences. There is much to welcome in these new disposals, including the much greater support for short term prisoners on release under custody plus. But, for that very reason, there is a danger that the courts will give more defendants prison sentences. The situation should be monitored and addressed as a matter of urgency by the Government and the Sentencing Guidelines Council.

## Step 5

### Keeping women out of prison 5: Early release.

Evaluation of the Home Detention Curfew shows that this has been a highly successful initiative with a low rate of breach. Increasing the use of electronic tagging could have a direct and immediate impact on prison numbers, and could be combined with other requirements, such as attendance at a local drug treatment centre.

## Step 6

### In prison 1: The long road to recovery.

The improvement of detox services in women's prisons is a major advance. But, while getting women off drugs is often an important first step towards recovery, it is rarely if ever the end of the road. Abruptly removing drugs from someone's life in the days and weeks after they arrive in prison can expose suppressed problems and experiences at a time of intense stress and anxiety. It is linked to self harm and suicide. Rigorous systems and intensive programmes need to be developed in all prisons to support women who are coping with the fall out from detox. For some women, a dash to abstinence is unrealistic. No woman who would be considered for substitute prescribing of methadone (or subutex) by a community drug service on the basis of an objective clinical judgement should be disqualified because she is in prison.



## Step 7

### **In prison 2: Treatment for prisoners.**

A number of excellent drug treatment initiatives are being run in the female custodial estate. But most female prisoners with drug problems will be unable to participate in them. An indicative needs assessment for the prison service has estimated that around 18,000 drug misusing prisoners could benefit from intensive treatment each year, but only 30 to 40 per cent of that need is met. Short term and remand prisons are unable to get onto these programme. Part of the answer is to develop treatment that straddles custody and community services as part of the new custody plus sentence – as well as improved referral systems and information so that women know about the programmes available and are able to access them.

## Step 8

### **After prison.**

Women who are off drugs in prison and leave determined to get their lives back on track can easily slip back into drug abuse and the associated offending if they do not have intensive support in the difficult first days and weeks back in the community. Every woman who needs help should have access to a designated throughcare worker who can arrange appointments, help with form filling and negotiate the often complex bureaucratic systems to access benefits and housing – and often to re-establish relationships with children who have been taken into care. It also needs to be recognised that the best throughcare worker in the world cannot get somebody into social housing if there is no social housing available – as is too often the case. This is about the whole social exclusion agenda. Women whose children have gone into care while they are serving their prison sentence should be given priority status by housing authorities.

## Step 9

### **A new start in a new town.**

Many women prisoners say that their best chance of staying off drugs and away from crime on release is a fresh start for them (and often their children) in a new place away from drug using peers and/or abusive partners. The establishment of a network of small residential centres across the country would provide women who need to relocate with a base camp in a new area, although this would mean revisiting methods for allocating social housing, accessing social security and so on.

## Step 10

### **Victims become offenders.**

Women often turn to drugs and crime after being abused and victimised themselves. But only about two per cent of existing domestic violence refuges have a policy of automatically admitting women with drug problems. There is an urgent need to invest in specialist provision. The *Domestic Violence, Crime and Victims Act 2004* commits the Government to '*providing a code of practice, binding on all criminal justice agencies, so that all victims receive the support, protection, information and advice they need.*' This should apply equally to victims of domestic violence who are in trouble with the law.

## Step 11

### **Rethinking custodial and residential provision.**

A long succession of distinguished reports have advocated the establishment of local supervision and rehabilitation centres for female offenders, dealing with their offending behaviour along with psychiatric, financial, educational, training and employment problems. These kinds of centres could deal with a number of client groups, including the provision of secure residential units for women who are currently being warehoused in prisons. This would require a substantial investment in the short term, but could more than pay for itself over a longer time period. It has been estimated that £1 invested in effective drug treatment can save between £9 and £18 later on.

## Step 12

### **Rethinking punishment.**

Debate about the treatment of women offenders must not be exclusively about support and welfare. It also needs to acknowledge the problems many of these women have caused for their families and communities and the requirements of justice and proportionality. Women often experience intense guilt and remorse following drug detoxification. Properly channelled, this remorse can be a motivation to pay something back to the community and to make amends for past crimes, as well as a spur to committed participation in drug treatment programmes. Without a constructive outlet, it can turn inwards and result in depression and despair, self-harm and suicide. The function of punishment is not to damage and demoralise. Restorative justice would be appropriate for significant numbers of women who are ending up in the prison system overwhelmed by remorse that has no constructive outlet.

# A last word

The criminal justice system has a key role to play in tackling drug problems.

Coerced treatment can be effective.

However, given the nature of drug dependency, it is vital that suitable drug services are accessible in the community. This is also important because otherwise law-abiding drug users are slipping to the back of the queue.

In its submission to the Home Affairs Select Committee's 2001 review of the Government drug strategy, DrugScope argued that *'because drug dependency has been officially defined as a "chronic relapsing condition", the criminal justice system is not the vehicle through which effective interventions are best engineered.'*

There needs to be an expansion of drug treatment services in the community. This provision must include residential and other services that can deal with the problems of women addicts (such as experience of sexual abuse and domestic violence) in women-only settings.

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# Acronyms

ACPO	Association of Chief Police Officers
CARATS	Counselling, Assessment, Referral, Advice and Throughcare Services
CJIP	Criminal Justice Interventions Programme
DAAT	Drug and Alcohol Action Team
DAT	Drug Action Team
DIP	Drug Interventions Programme
DTTO	Drug Treatment and Testing Order
HDC	Home Detention Curfew
HMPS	Her Majesty's Prison Service
NOMS	National Offender Management Service
ONS	Office of National Statistics
RCP	Rethinking Crime and Punishment
SEU	Social Exclusion Unit
WORP	Women's Offending Reduction Programme

# Notes





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