

Paths to Recovery: RAPt's experience with a new integrated programme for treatment of substance misuse in prisons

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Background statistics

- 81% of prisoners report having taken an illicit drug at some point in the past (Prisoner Crime Reduction Survey 2013)
- 64% report having taken drugs in the four weeks before imprisonment (Prisoner Crime Reduction Survey 2013)
- Presentations to treatment for opiate use reducing from 55,494 to 44,356 over past 6 years. (NDTMS data)
- Increasing number of opiate users over 40 presenting for treatment
- 44% of patients receiving OST in the community are 40 years and over

Substitution v Abstinence

- A false polarity
- Substitution (OST) successfully engages with individuals whose primary addiction is to opiates, and reduces risk of offending and harm
- Some recovery pathways will motivate and support towards abstinence and crime-free lives

An integrated approach (1)

- Integrated Drug Treatment System (IDTS) from 2005
- 2014 - RAPt provides combined clinical and psychosocial services in Kent
- 2016 - Service duplicated in Lewes, Sussex

An integrated approach (2)

- Patients offered a clear choice of a number of pathways
- Increase in number of reviews
- Consistent prescribing practice
- Increase in range and frequency of psychosocial support
- Increase in number seeking detoxification/pathways to abstinence

Survey: Elmley Prison

- March to June 2016
- 183 men with opiate dependence
- 98 on OST prior to entering prison
 - 40% > 5 years
 - 17% > 10 years
- 80% of those on OST “using on top”
- High proportion drinking to harmful levels
- 20% of those on OST in community were using heroin/alcohol when sentenced

Outcomes

- Improved engagement with integrated service
- Willingness among some for pathways to abstinence
- Risky behaviour in many released on OST
- Challenging group on OST in the community both before and after prison
- Prison seen as viable treatment route for those unable to follow OST pathways in the community
- Complexity.....

Points for discussion (1)

- Three distinct groups:
 - Those on long-term OST and keen to continue this treatment
 - Those on long-term OST and keen to move to abstinence
 - Those resistant to treatment and at high risk following release (and in prison)

Points for discussion (2)

- Improve community-based treatment to mirror opportunities provided in prison
- How to treat those in prisons keen to move to abstinence
- How to manage those resistant to treatment