

NEEDS OF FEMALE OFFENDERS WITH  
SUBSTANCE MISUSE ISSUES: OFFENDERS'  
AND SERVICE WORKERS' PERSPECTIVES

CLAIRE LOUISE FINDLAY

A thesis submitted in partial fulfilment of the  
requirements for the degree of

Professional Doctorate in Health Psychology

QUEEN MARGARET UNIVERSITY  
2016

## ACKNOWLEDGEMENTS

Thank you to:

- Professor Chris McVittie.
- Staff and clients from HMP (Her Majesty's Prison) & YOI (Young Offenders Institution) Cornton Vale.

## **Abstract**

### **Background**

Female prisoners in Scotland have been found to have higher levels of drug dependence when compared to male prisoners. Females require gender-specific interventions designed to address their needs. Many of the services that women encounter within the prison sector are not designed to address the needs of female offenders.

### **Aims**

The study aims to assess female offenders' and service workers' perception of needs from prison addiction services. The study intends to investigate ways in which prison addiction services can be adapted to support clients with their recovery journey. The study also aims to identify barriers that prevent female substance users from accessing treatment whilst in custody.

### **Method**

The research was conducted within Scotland's only national establishment for women HMP (Her Majesty's Prison) & YOI (Young Offenders Institution) Cornton Vale. Five female offenders and five prison addiction workers were interviewed using semi-structured interviews. The data were transcribed and thereafter analysed using thematic analysis.

## **Results**

The study highlighted some of the key needs of female offenders with substance misuse issues. Six key themes were identified for female offenders: need for intensive support; importance of gender-specific provision; need for person-centred provision and choice; service provision is outdated; importance of through care, and barriers to treatment. Five key themes were identified for service workers: need for more communication and collaborative working; importance of gender-specific provision; service provision needs reviewed; improve access to psychological therapies, and barriers to delivering service.

## **Conclusion**

The findings identified both female offenders' and prison addiction workers' views on treatment needs, interventions and potential barriers to treatment. The study highlighted the need for prison addiction services to develop interventions that take into consideration the demographics and history of female offenders.

## Contents

|  |    |
|--|----|
| Chapter One: Introduction .....                                  | 7  |
| Substance Misuse .....   | 7  |
| Female Offenders and Substance Misuse .....                      | 7  |
| Gender-Specific Addiction Services.....                          | 8  |
| Research Project.....  | 9  |
| Chapter Two: Literature Review .....                             | 12 |
| Quality Assessment.....  | 13 |
| Treatment Needs.....   | 23 |
| Evidence-based addiction services.....                           | 23 |
| Trauma.....  | 25 |
| Mental health.....   | 27 |
| Children.....  | 30 |
| Interventions.....   | 30 |
| Gender- specific group work.....                                 | 30 |
| Psychological therapies.....                                     | 32 |
| Healthcare interventions.....                                    | 35 |
| Through care.....  | 36 |
| Barriers to Treatment.....                                       | 38 |
| Stigma.....  | 38 |
| Structural barriers.....   | 39 |
| Limitations of Previous Research .....                           | 40 |
| Aim of this Study .....  | 41 |
| Chapter Three: Methodology.....                                  | 44 |
| Design.....  | 44 |
| Participants .....   | 45 |
| Interviews .....   | 47 |
| Procedure.....   | 48 |
| Data Analysis .....  | 49 |
| Ethical Considerations.....                                      | 49 |
| Materials.....   | 50 |
| Chapter Four: Results from Interviews with Female Offenders..... | 51 |

|   |     |
|---|-----|
| Need for Intensive Support.....   | 51  |
| Importance of Gender- Specific Provision.....                             | 53  |
| Need for Person-Centred Provision and Choice .....                        | 56  |
| Service Provision is Outdated.....  | 58  |
| Importance of Through Care.....   | 60  |
| Barriers to Treatment.....  | 63  |
| Chapter Five: Results from interviews with Addiction Services Staff ..... | 68  |
| Need for more Communication and Collaborative Working.....                | 68  |
| Importance of Gender-Specific Provision.....                              | 69  |
| Service Provision Needs Reviewed .....                                    | 71  |
| Improve Access to Psychological Therapies.....                            | 72  |
| Barriers to Delivering Service .....                                      | 75  |
| Chapter Six: Discussion .....   | 80  |
| Gender-Specific Provision .....   | 80  |
| Dealing with Trauma.....  | 82  |
| Mental Health Issues .....  | 84  |
| Person-Centred Provision.....   | 85  |
| Outdated Service Provision .....  | 88  |
| Importance of Through Care.....   | 89  |
| Barriers to Service Delivery .....  | 90  |
| Need for more Collaborative Working.....                                  | 93  |
| Applying the Health Belief Model .....                                    | 93  |
| Implications for Policy.....  | 94  |
| Future Research.....  | 95  |
| Study Limitations .....   | 98  |
| Conclusion .....  | 100 |
| References .....  | 102 |
| Appendix 1: Interview Schedule .....                                      | 111 |
| Appendix 2: Information Sheet.....  | 112 |
| Appendix 3: Consent Form.....   | 114 |
| Appendix 4: Scottish Prison Service Ethical Regulations .....             | 115 |

## **Chapter One: Introduction**

### **Substance Misuse**

Substance misuse is the continued misuse of any mind-altering substance that severely affects a person's physical health, mental health and social situation (Hay, Gannon, McKegany, Hutchinson, & Goldberg, 2005). Scotland has a long standing and serious drug problem with an estimated 59,600 individuals using illicit drugs (Hay et al., 2005). Extensive drug use can lead to health problems such as abscesses, blood borne viruses and heart conditions. Injecting drug users are at increased risk of contracting blood-borne viruses such as human immunodeficiency virus (HIV) and Hepatitis C (Hutchinson et al., 2006). Substance misuse can lead to fatal overdoses with 706 drug-related deaths being reported in Scotland in 2015 (National Records of Scotland, 2015). Substance use is also associated with mental health issues such as drug induced psychosis, paranoia, memory loss, depression and suicide (Menzes, 1996).

Alcohol and illicit drug use are associated with many crimes. In Scotland 62% of violent crimes are reported to have involved alcohol use (Nurco, 2006). Hamersley, Forsyth, Morrison and Davies (2006) conducted research which suggested that over half of all acquisitive crime in Scotland is related to illegal drug use. The study looked specifically at the link between crime and addiction in Scotland and concluded that society's treatment of drug-using criminals needs to change. The study highlighted the need for better substance misuse interventions in Scotland for offenders.

### **Female Offenders and Substance Misuse**

In the United Kingdom women have been identified as being a marginalised and growing population in the criminal justice system (Sheehan, McIvor, & Trotter, 2007). The number of female offenders in Scotland is increasing at a greater rate than the male population and is proving to be a complex client group. This has prompted increased policy focus in Scotland on female offenders' specific needs, risks and how best to address these to reduce recidivism (Commission on Women Offenders 2012; Corston, 2007).

Previous research has identified some of the complexities of the female offending population in Scotland. Compared to male prisoners' females have been found to have higher levels of drug dependence with more problematic drug use patterns prior to incarceration (Light, Grant, & Hopkins, 2013). In a review of female prisoners in Scotland, Loucks (2004) found that 88% reported illicit drug use prior to conviction. The study also found that 82% of the client group had experienced psychological trauma and 38% had attempted suicide. Hedderman (2004) conducted research into female offenders' pathways to prison in Scotland and found that women generally came from backgrounds of financial difficulties and had relationships supportive of anti-social behaviour. Past research shows that incarcerated women face a range of complex problems that could impact on their psychological wellbeing. These include homelessness, family issues, unemployment, social care issues and links with prostitution (Becker & Duffy, 2002). Female substance users may also be exposed to serious harm, disease, violence, discrimination, debt and exploitation (Rekart, 2005). Previous studies have found that female offenders tend to continuously return to prison after serving short sentences. Drug use, anxiety and depression were strongly associated with Scottish female offenders' reconviction after liberation (Light et al., 2013). The research shows that female offenders are a complex client group who require support to address their addiction issues in order to enter recovery and avoid reoffending.

### **Gender-Specific Addiction Services**

Due to the predominance of white males attending substance misuse services there is little evidence about what makes effective substance misuse interventions for females. Traditional drug treatment services have been designed to meet the needs of males and fail to address the treatment needs of women (Nelson-Zupko, Dore, Kauffman, & Kaltenbach, 1996). Research indicates that addiction treatment that addresses female-specific issues is more effective for women than traditional programs that were originally designed for men (Abbott & Kerr, 1995). Despite the evidence to show that females require specific interventions, many of the services that women encounter in the prison, public and private sectors are not designed to meet their needs. It is argued that women are less likely to attend drug services

because they are not gender-specific (Ramsey, Welsh, & Youard, 2001). This may be having a detrimental effect on women entering recovery as Scotland's ratio of men to women presenting at drug treatment services is 2.3:1 (Hay et al., 2005).

In order to reduce substance misuse rates in women it is essential to design treatment programs that match females' needs. Services must consider the demographics, patterns of offending and history of this population. If addiction programs for women are to be effective it is essential that gender differences are taken into account and programs developed in line with the context of women's lives (Abbott & Kerr 1995). These studies emphasise the importance of reviewing the addiction services available to female substance users in order to increase the rates of women entering recovery in Scotland.

## **Research Project**

It is essential that appropriate addiction interventions are provided in order to support women into recovery. This study aims to explore female offenders' and service workers' perceptions of needs for prison addiction services. The research was conducted within Scotland's only national establishment for women HMP & YOI Cornton Vale.

HMP & YOI Cornton Vale has been Scotland's only national female establishment since 1975. The prison provides custodial facilities for women who are remanded and convicted. The establishment contains women of all ages including young offenders. The prison can hold a maximum of 309 prisoners and has 18 spaces for women in open conditions in the independent living units (ILU'S). There are also seven mother and baby spaces for women meeting the appropriate criteria. Addiction services within HMP & YOI Cornton Vale were previously provided by a third sector organisation Phoenix Futures. These services are now provided by NHS Forth Valley via the Enhanced Addiction Casework Service (EACS). This service provides one to one addiction support, recovery group work and supports clients to access support in the community after their liberation from prison.

Following on from Her Majesty's Inspectorate of Prisons 2015 report (Her Majesty's Inspectorate of Prisons, 2015), Scotland is to adopt a new approach to rehabilitating female offenders. The Scottish Prison Service (SPS) is moving towards custody in the community and action to reduce the numbers of women receiving custodial sentences. New plans for female prisoners include having a smaller population within the prison and creating more community based custodial units. It is planned that a new small national prison with eighty places will be created with five smaller community-based custodial units each accommodating up to twenty women across the country. The smaller community-based custodial units will provide access to intensive support to help overcome issues such as alcohol, drugs, mental health, domestic abuse and trauma. The units will be located in areas close to the communities of female offenders so that family contact can be maintained. These new plans provide the opportunity to review and update addiction services for female offenders.

Prison addiction services will be reviewed within the context of the health belief model (Rosenstock, Strecher, & Becker, 1988). The Health Belief Model focuses on the attitudes and beliefs of individuals and attempts to explain and predict their health behaviours. The model is based on individual's representations of health and health behaviour. The model attempts to predict and explain health behaviours using six constructs; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy. The Health Belief Model has previously been utilized in alcohol and drug education to some extent. Previous research has mostly taken place in community settings. Von et al (2004) used this model to predict rates of alcohol and smoking in college students. Previous research into the use of the Health Belief Model within the prison setting has focused on sexual health, inmate's disease risk, perception of susceptibility and condom use (Parks, 2016). Eshrati et al (2008) applied the Health Belief Model to research into prison harm reduction interventions and the transmission of HIV. Eshrati et al's (2008) study showed that within a harm reduction context, the model provides a systematic framework for examining the reasoning behind an individual's choice to decrease, maintain or increase their high-risk behaviour. This is important in a prison context as educating individuals about the health risks of their substance misuse behaviours

through training and counselling is a widely-supported form of health promotion and disease prevention. This study provides initial support for the use of the Health Belief Model to develop harm reduction and recovery programs in a prison setting. As harm reduction is a key factor of the Scottish Government's 'Road to Recovery' (Scottish Government, 2008) strategy to tackle substance misuse it is important to review the use of the Health Belief Model with regards to substance misuse interventions. Much of the research that has been conducted into the use of the Health Belief Model within a prison setting has been carried out with male participants out with the UK. It is essential that the use of this model with female prisoners in Scotland is reviewed.

The report will be structured in the following manner. Chapter two will review the available literature on treatment needs of female offenders. Chapter three will discuss the methodology used to conduct the research, with chapters four and five presenting the results of the two groups of participants. Chapter six of the thesis will discuss the findings of the study and what future research is required.

## **Chapter Two: Literature Review**

This chapter reviews the literature that has previously been conducted into the treatment needs of female offenders with substance misuse issues. The review will use an appropriate methodology to identify key themes and gaps in current research to use as a basis for the research project.

The review was conducted in two parts. The first involved looking at the literature that was available on female substance users. This involved researching the physiological, psychodynamic and behavioural theories of substance misuse. The researcher then reviewed the psychological, environmental and cultural factors which contribute to substance misuse in female offenders.

The researcher then reviewed the literature to identify what interventions have been found to effectively support female substance users into recovery. Firstly, the review identified interventions used in a community setting and then specifically researched those that have been conducted within the prison environment.

Quantitative studies were included in the review in order to evidence some of the key issues which contribute to substance misuse in women. It was essential to include some quantitative studies due to the limited amount of qualitative studies available in this area of research. Quantitative studies were included if they showed significant results which evidenced factors which contribute to substance misuse in females. Studies were included which provided significant results for interventions which are effective in helping females to reduce their substance misuse. Searches were conducted on the following four databases; PsycINFO, PubMed, ProQuest Psychology Journals and Psyc Articles. These databases were chosen due to their relevance to the topic and searches were also conducted on scholar search engines and journal sites. The literature search identified three hundred and eleven potential studies for inclusion in the review. Once results were generated from each of the four databases; the results were checked for duplicates. After reading the abstracts two hundred and eleven studies were excluded as they did not focus on the needs of the specified client group.

On further examination of the study abstracts a further forty were excluded as they did not fit the inclusion criteria. The full text of sixty studies were reviewed and the reference lists of these studies were reviewed for any more relevant studies that had not been identified in the original database searches. Out of the sixty studies reviewed twenty-one were selected as meeting the search criteria. The studies were critically assessed for quality using the 'Quality assessment tool for Quantitative studies' (National Collaborating Centre for Methods and Tools, 2008) as a guide. This tool has a series of questions that assess the quality of research. A further fourteen studies were removed after quality assessment and seven key quantitative studies were included in the literature review.

The review process was then repeated focusing on what qualitative studies were available which provided evidence on the treatment needs of female offenders with substance misuse issues. Searches were conducted on the following four databases; PsycINFO, PubMed, ProQuest Psychology Journals and Psyc Articles. These databases were chosen due to their relevance to the topic and searches were also conducted on scholar search engines and journal sites. The literature search identified two hundred and six potential studies for inclusion in the review. Once results were generated from each of the four databases the results were checked for duplicates. After reading the abstract, one hundred studies were excluded that did not meet the criteria as they did not focus on the needs of the specified client group and the methodology was not a qualitative design.

On further examination of the study abstracts a further fifty were excluded as they did not fit the inclusion criteria. The full texts of fifty-six studies were reviewed. The reference lists of these studies were reviewed for any more relevant studies that had not been identified in the original database searches. This led to the identification of a further twenty studies that had their full text reviewed. Out of the 76 studies reviewed ten were selected as meeting the search criteria.

### **Quality Assessment**

The ten selected studies were then critically assessed for quality using the Critical Appraisal Skills Programme (CASP) (2014). The CASP Qualitative checklist

consisted of ten questions reviewing the techniques used to conduct the research, methodology and aims. The papers were scored using the checklist and a cut off score of seven or higher was set for inclusion in order to ensure that an acceptable quality of studies were included in the review. A further study was excluded after completing the checklist as they scored below seven. This process led to the inclusion of nine studies in the final review.

The table below provides information of the key quantitative and qualitative studies included in the review. Other review sources such as books, literature reviews, surveys and journals that looked more generally at substance misuse are referred to throughout the literature review. These are not included in the review table.

**Table 1: Key Studies included in Literature Review**

| <b>Quantitative Studies</b>                              |   |  |  |  |
|--|---|--|--|--|
| Author   | Title   | Participants   | Methodology and analyses   | Outcomes   |
| Bier, I., Wilson, J., Studt, P., & Shakleton, M. (2001). | Auricular acupuncture, education and smoking cessation: a randomized, sham-controlled trial.  | 141 American participants recruited from advertisements on media and local radio. Participants were motivated to stop smoking. | Randomized, sham-controlled prospective trial of 141 adults in a quasi-factorial design. Independent variables were acupuncture, sham acupuncture and education. Dependent variables were Beck Depression Inventory and Zung Self-Rating Anxiety Scale.                                | Acupuncture and education, alone and in combination, significantly reduce smoking. Combined they show a greater effect.  |
| Grella, C.E., Lovinger, K., & Warda, U.S. (2013).        | Relationships among trauma exposure, familial characteristics, and PTSD: A case-control study of women in prison and in the general population. | 100 incarcerated women and 100 women in the general population of America.   | The study compared a sample of women in the general population with a sample of incarcerated women from a large scale nationally representative epidemiological survey. A logistic regression model was constructed with PTSD as the dependent variable and the five trauma categories | The findings suggest that incarcerated women are at high risk for PTSD given their high rates of trauma exposure and apparent lack of appropriate coping mechanisms. |

|   |   |   |  |  |
|---|---|---|--|--|
|   |   |   | entered as predictors to determine their unique associations.  |  |
| Greenfield, S. F., Kuper, L. E., Cummings, A. M., Robbins, M. S., & Gallop, R. J. (2013). | Group process in the single-gender women's recovery group compared with mixed-gender group drug counselling   | 23 female and 10 male American participants with substance misuse disorders (SUD).          | Participants were allocated to either single gender or mixed gender groups. Participants completed a 12-week manual based relapse prevention program. Affiliative statements from group members examined. The data was analysed using a three level hierarchical linear model. | Compared with mixed-gender, single-gender group therapy for SUDs provides more effective support.                                |
| Messina, N., Burdon, W., Hagopian, G., & Pendergast, M. (2006).                           | Predictors of prison therapeutic communities' treatment outcomes: A comparison of men and women participants. | 4,386 women and 4,164 men from 16 prison-based Therapeutic Communities (TCs) in California. | 16 prison-based TCs in California were compared using chi-square analyses and t-tests. Logistic regression analyses were then conducted separately for men and women to identify gender-specific factors associated with post-treatment outcomes.                              | Substantial differences in background characteristics suggest the plausibility of gender-specific paths in the recovery process. |
| Najavits, L.M., Gastfriend, D.R., & Barber, J.P. (1998).                                  | Cocaine dependence with and without PTSD  | 122 adult cocaine-dependent outpatients   | Participants completed self-report and interview measures of psychopathology, trauma   | Women reported more experiences of trauma than   |

|   |   |  |   |  |
|---|---|--|---|--|
|   | among subjects in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study. | participating in a treatment outcome study of psychosocial therapy in America. | and substance use. Results were analysed using Independent t-test and chi square test and logistic regression.  | men. Men experienced more general disasters and crime-related traumas than women, and women experienced more physical and sexual abuse than men. |
| Smith, B., & Marsh, J. (2000).  | Client-service matching in substance abuse treatment for women with children.                 | 183 women engaging in community substance misuse programs in America.          | Participants completed in-person surveys. Bivariate tests and multivariate logistic regression models were conducted to assess the association between matched client-identified service needs and two treatment outcomes: substance use and satisfaction with treatment. | Matched counselling services were associated with reports of reduced substance use.  |
| Zlotnick, C., Clarke, J., Friedman, P., Roberts, M., Sacks, S., & Melnick, G. (2008). | Gender differences in comorbid disorders among offenders in                                   | The study employed a geographically diverse sample of 280 consecutive          | Participants engaged with structured clinical interviews. Descriptive statistics were initially generated for the sample to examine gender  | The gender difference in psychiatric comorbidity found in this study suggests  |

|                                 |   |  |   |  |
|---------------------------------|---|--|---|--|
|                                 | prison substance abuse treatment programs.  | new admissions to prison substance abuse treatment programs.     | differences and t-tests were used to determine significant differences by gender in continuous variables. Crosstabs with Pearson chi-square significance tests were used for gender differences in categorical variables. Multiple logistic regression and analysis of covariance were used to examine outcomes of interest while controlling for important covariates/confounders. | the need for gender-specific treatment.  |
| <b>Qualitative Studies</b>      |   |  |   |  |
| Author                          | Title   | Participants   | Methodology and analyses  | Outcomes   |
| Becker, J., & Duffy, C. (2002). | Women drug users and drug service provision: Service level responses to engagement and retention. | 20 individuals who worked with female substance users in the UK. | 1-1 interviews Were transcribed using a coding frame that was designed and used to index the transcribed qualitative data. The indexed data were then summarised on to charts and analysed using the 'framework' method.  | The findings gave insight into the views of workers into the needs of female substance users. The results identified barriers and gaps in service provision for women drug |

|   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  | users seeking treatment.   |
| Goodman, R. D., & Calderon, A. (2012).                  | The use of mindfulness in trauma counselling.  | Single client case study.  | Case study.  | Mindfulness can be used to reduce stress and develop coping skills.  |
| McHugh, R.& Sheridian, S. (2013).                       | Tracking the needs and service provision for women ex-prisoners  | 16 women, serving sentences of 12-24 weeks, were recruited in the Dóchas Centre Ireland. | 1-1 interviews were recorded and subsequently transcribed and loaded into NVivo for analysis.  | The study identified required changes to the Irish penal system including alternatives to custody.   |
| Oladele, D., Clark, A., Richter, S., & Laing L. (2013). | Critical realism: a practical ontology to explain the complexities of smoking and tobacco control in different resource settings | 42 active smokers and health professionals from Lagos Nigeria.                           | 20 smokers participated in in-depth interviews and 15 smokers participated in focus group. Data was analysed according to standardised qualitative techniques. This included assigning codes to meaningful segments of transcript text and recording memos to help make sense of the data. | This paper argues that understanding the underlying mechanisms associated with smoking in different societies will enable a platform for effective implementation of tobacco control policies that work in |

|  |   |   |  |  |
|--|---|---|--|--|
|  |   |   |  | various settings.  |
| Plugge, E., Douglas, N., & Fitzpatrick, R. (2008).             | Imprisoned women's concepts of health and illness: the implications for policy on patient and public involvement in healthcare. | Thirty-seven women participated in six focus groups across two prisons in England.  | The interview data were analysed using NVivo software.   | Women prisoners' concepts of health and well-being were similar to those of lay people and they demonstrated a good understanding of the key health issues faced by women prisoners. |
| Sword, W., Niccols, A., & Fan, A. (2004).                      | "New Choices" for women with addictions: perceptions of program participants.   | 11 Female participants who are participating in the 'New Choices' addiction program | A qualitative, exploratory design was used to guide data collection and analysis collected from interviews over the course of the program. The interview data were analysed using NVivo software and an inductive approach to data analysis. | Interview findings endorse the appropriateness and potential efficacy of a collaborative, centralized approach to service provision for women with substance use issues.             |
| Torchalla, I., Linden, I.A., Neilson, E., & Krausz, M. (2015). | "Like a lot's happened with   | 27 Canadian female  | Qualitative study with 1-1 semi structured   | Six different categories of  |

|  |  |  |  |  |
|--|--|--|--|--|
|  | my whole childhood": violence, trauma, and addiction in pregnant and postpartum women from Vancouver's Downtown Eastside | substance users who continued to struggle with substance use during pregnancy. | interviews. All interviews were transcribed verbatim and entered into NVivo.   | trauma experienced by female substance users were identified. The results illustrate the complexities of the target population, all of which are important considerations when offering harm reduction services. |
| Van Olphen, J., Freudenberg, N., Fortin, P., & Galea, S. (2006).   | Community re-entry: perceptions of people with substance use problems returning home from New York City jails.           | 37 men and women who had been liberated from prison within 12 months.          | Participants took part in focus groups and 1-1 interviews. Data was analysed according to standard qualitative techniques. This included assigning codes to meaningful segments of transcript text and recording memos to help make sense of the data and facilitate development of theories about the data. | The results showed that participants held the view that that the city jail does not adequately prepare inmates for release from jail and return to the community.  |
| Van Olphen, J., Eliason, M., Freudenberg, N., & Banres, M. (2009). | Nowhere to   | 17 female  | Individual semi-   | The results  |

|  |  |   |  |   |
|--|--|---|--|---|
|  | <p>go: how stigma limits the options of female drug users after release from jail.</p> | <p>participants who had been charged with drug offences or reported substance misuse issues at time of arrest. Participants reported using substances in the past six months.</p> | <p>structured interviews and focus groups were conducted with participants. Interviews were analysed according to standard qualitative techniques. This included assigning codes to meaningful segments of transcript text and recording memos to help make sense of the data and facilitate more abstract development of theories about the data.</p> | <p>showed that participants experienced stigma after liberation from prison. This impacted by restricting clients access to support services.</p> |
|--|--|---|--|---|

Once the appropriate studies were identified they were synthesised using the model proposed by Noblit & Hare (1988) that has been found by other researchers (Britten et al., 2002) to be an effective approach. This involved reading the studies a number of times to identify and record the findings. The findings of the studies were then compared to assess similarities and differences between papers. The papers were reviewed and compared to identify whether or not they supported each other's findings.

All of the studies shared similar themes and ideas. The sharing of themes is known by Noblit & Hare (1988) as 'reciprocal translation'. These ideas were then grouped into concepts with two categories of themes that were shared between studies and those that were not. These themes were then accumulated to bring together the bigger picture of the review and identify the needs of the client group.

The selected studies were included as they focused on the needs of female substance users and provided important information on what support they required from addiction services to help them with their recovery. The findings of the studies were separated into three main categories: treatment needs, interventions and potential barriers to treatment. The literature provides important information for understanding the development of addiction in women and the critical issues that must be considered in the design and process of treatment within prison addiction services. The studies included in the table provided the basis for the research project. The lack of qualitative studies which identified the needs of female offenders highlighted the need for the project. The literature review identified that very few recent studies have been conducted in this area identifying a need for more up to date information on the client group.

## **Treatment Needs**

### **Evidence-based addiction services.**

It is important that prison addiction services deliver interventions for female offenders that are based on research and evidence. Evidence-based practice is defined as the integration of the best available research and clinical expertise within the context of patient characteristics, culture, values and preferences (Goodheart, Kazdin, & Sternberg, 2006). Therefore, it is important that prison addiction services have an in-

depth understanding of the theories and models that surround addiction and interventions for recovery. Addiction is defined as an individual not having control over an action to the point where it is harmful (Hutchinson et al., 2006). There are a variety of addictions that can affect an individual including gambling, sex and food. There are many reasons why addiction begins. Drugs and alcohol affects an individual physically and mentally. Substance use creates feelings that can be enjoyable and causes a powerful urge to use the substance again. Many individuals use substances as a form of escape from problems and issues (Wanigarate, 2006).

There are many theories which have been developed to explain addictive behaviours. Physiological or biochemical models view addiction as a disease. These theories perceive addiction as being a purely biological condition (Agrawel & Lynsky, 2008). This implies that an individual can only truly become addicted to a substance with addictive properties such as alcohol or heroin. This is similar to the medical and disease model of addiction which views substance users as being victims of a physical disease over which they have no control (McLellan, Lewis, O'Brien, & Kleber, 2000). Substance misuse treatments in line with this model include clinical interventions such as methadone programs (Curran et al., 2001).

Psychodynamic models of addiction view substance use as self-medicating to cope with an underlying psychological problem (Khantizian, 1985). In accordance with this model, underlying psychological issues which contribute to substance misuse include experiences of trauma and mental health (Grella, Lovinger, & Warda, 2013). Therefore, substance misuse is a maladaptive coping strategy which can only be treated through resolving internal conflict (Khantizan, 1985). Interventions based on the psychodynamic model of addiction include in-depth counselling and therapeutic group work (Leichseinring, 2005).

Behavioural psychologists view addiction as a learned behaviour which is influenced by environmental factors and modelling other individuals (Griffiths & Meredith, 2009). This model identifies interpersonal factors such as peer support, pressure and social defiance as commonly preceding substance misuse (Simpson, 2002). Treatment for individuals based on this model includes interventions to increase self-esteem and assertiveness (Baer, 2002). The bio-psychosocial model of addiction incorporates

biological, psychological and social factors. Treatment packages for recovery based on this model aims to address all of these factors (Garland, Schwarz, Kelly, Whitt, & Howard, 2012).

Addiction can therefore be caused by biological, environmental, social and psychological factors. In order to support individuals into recovery, prison addiction services must have knowledge of the theories and models of addiction and use an evidence-based approach to treatment.

### **Trauma.**

Female substance users have key treatment needs for which they require support. These needs include identifying and addressing psychological problems. The literature identifies one of the main psychological factors contributing to substance misuse in females as being experiences of trauma. Trauma is defined as an emotional response to a terrible event such as rape. The long term effect of trauma includes difficulties with emotional regulation, flashbacks and relationship difficulties (Grella et al., 2013).

So far quantitative research into trauma has focused on gender differences in diagnosis and the differences in the types of trauma experienced by men and women. Najavits, Gastfriend and Barber's (1998) research into the prevalence and symptoms of trauma found that post-traumatic stress disorder (PTSD) rates in men are generally three times lower than those in women. The study discovered men were more likely to experience trauma relating to combat and crime where as women tended to experience trauma relating from childhood sexual abuse and sexual assault. The gender differences in PTSD rates reported by the study may be due to the reluctance or perhaps inability of men to report instances of trauma. The use of quantitative methods to assess trauma levels may also have impacted on the number of participants being classified as having experienced trauma. This may be due to the traditional quantitative methods which are used when carrying out research such as structured questionnaires. These methods are specific and make it difficult for individuals to express their personal views and experiences as they are confined to pre-set answers defined by the researcher.

There has been a lack of research which specifically looks at trauma within the female offending population. One study which has attempted to address this issue was Grella et al (2013). This quantitative study revealed that female prisoners reported higher rates of lifetime trauma experiences than male prisoners. Grella et al. (2013) found that incarcerated women also had more traumatic experiences than women in the general population. The study identified that female prisoners were at a greater risk of experiencing PTSD due a lack of appropriate coping mechanisms for the psychological pain associated with trauma. The study supports the use of specific trauma interventions for the female offending population. The study is limited as the sample of female prisoners was specific to the treatment setting from which they were sampled. This makes it difficult to generalise these results to the wider offending population.

Other quantitative studies support the need for addiction services to provide specialist trauma interventions for female substance users. Greenfield, Kuper, Cumming, Robbins and Gallop (2013) conducted analysis into women's experiences of single gender and mixed gender therapeutic groups. The study highlighted the need for women to address trauma through the use of gender-specific group therapy. This study was limited as it was conducted out with the prison environment with a small sample consisting of substance users who were mostly middle class and well educated. All of the groups in the study were facilitated by female therapists and it was noted that this could have had some impact on the study's results. Therefore, it is important to investigate whether these results can be generalised to women within the prison population.

Difficulties of conducting quantitative research into female offenders have arisen from the use of a wide range of methods to assessing and defining trauma. This has led to drawing conclusions across studies about trauma rates being hampered by methodological differences in assessment and sampling. Quantitative studies into trauma fail to provide in-depth information into female offender's experiences of trauma and how it affects them with regards to their addiction issues.

In contrast to the quantitative data qualitative research into trauma focuses on gaining a more in-depth understanding of client's experiences and takes into account

the complexities of traumatic experiences. Torchalla, Linden, Strehlau, Neilson and Krausz, (2015) conducted qualitative research into trauma and substance misuse. The study investigated trauma and gender based violence in women accessing substance misuse services during pregnancy. The study acknowledged that the traumatic experiences that female substance users report can occur from a variety of different sources. The researchers identified five types of trauma that female substance users experience and attribute as a contributing factor to their substance misuse. These five categories are childhood trauma, adult trauma, partner violence, structural violence and transgenerational violence. Torchalla et al (2015) support the view that addiction services should provide interventions to support women with experiences of trauma. The researchers also state that those interventions should be specific to the type of trauma that the individual has experienced instead of generalised.

This study was set in a progressive city recovery service in Canada so cultural differences must be taken into account. The study was also conducted with female substance users who were in the community and not within the prison environment. It is also important to take into account the fact that women were pregnant during interviews and so may have different needs to non-pregnant substance users. It should also be noted that a small sample size was used making it difficult to generalise results to the wider offending population.

The literature shows that trauma and addiction are viewed as being interrelated issues for a majority of female offenders. This is a critical element in the foundation for gender-responsive services in the criminal justice system (Covington, 2007). Taken together these studies show the importance of female substance users having access to support for trauma in prison to enter recovery.

### **Mental health.**

Another key treatment need is support with mental health. Female offenders report having higher levels of mental health issues than male prisoners or women in the community (Grella et al., 2013). Glaze and James (2006) found that 73% of women in prison had symptoms of a mental disorder compared to 12% of women in the general population. Incarcerated women were found to have mental health difficulties

such as schizophrenia, depression and personality disorders. Substance use has been considered to be a coping mechanism for the symptoms of these conditions (Ross, Glaser, & Germanson, 1988).

As with trauma much of the current research into mental health has been quantitative. Zlotnick et al (2008) examined the differences between gender and mental health with prisoner's entering prison based therapeutic treatment. The study found that compared to male substance user's females have been found to have had higher levels of mental health. Females experienced issues such as depression, suicidal thoughts, anxiety and low self-esteem. The researchers found that high levels of mental health issues lead to women having a substantial disadvantage compared to their male counterparts at being successful in treatment. This study suggests that the high levels of mental health issues experienced by female offenders are a barrier to recovery.

Limitations of this research include potential cultural differences as this study was conducted in America. Another limitation of this study is that it did not differentiate current from past psychiatric disorders. This may have impacted on the results as female offenders may have historical mental illness but not currently be affected. The findings are also limited as they are derived from prisoners who chose and are capable to participate in a prison substance use program. Therefore, they may not generalize to other prison populations. When conducting quantitative research with clients who have mental health concerns it should also be considered that it may be difficult for them to engage with quantitative techniques such as questionnaires.

Messina, Burdon, Hagopian and Pendergast, (2006) also conducted quantitative research into gender differences on therapeutic treatment in prison. The study also highlighted that mental health and psychological functioning put women at a disadvantage to men when comparing prison-based treatment outcomes. This study was limited as there were more male than female participants. The study was also conducted across 16 different prison therapeutic communities. Therefore, success rates may have been due to differences in prison programs.

When considering the potential barriers that mental health conditions may cause for female prisoner's qualitative research has sought to provide answers. Van Olphen,

Eliason, Freudenbeurg and Barnes (2009) conducted a qualitative study into the challenges that female offenders face into entering substance misuse treatment. Mental health issues acted as a barrier to treatment as services were unsure whether to prioritise treating substance use or mental health conditions. This resulted in a delay in treatment or some clients receiving no treatment due to services being under equipped to cope with complex cases. The study reported that mental health issues were also exuberated by the stigma associated with substance misuse. Participants with a dual diagnosis required access to support and treatment within addiction services in order to be successful in recovery. Services required to have effective support treatment and fully trained staff to provide an effective service. This study was conducted in a community setting with female offenders after liberation and so different barriers may exist within the prison substance misuse services. Again cultural differences must be taken into account as this study was set in America. Also the researchers used a small convenience sample which may make it difficult to generalise the results to the wider female offending population.

Research has highlighted a link between childhood abuse, adult mental health issues and behavioural problems in incarcerated women (Messina et al., 2006). There has been increased recognition that a substantial proportion of female offenders with substance misuse issues have experienced trauma which has lead them to experience problems with their mental health (Bloom, Owen & Covington, 2003). Traditionally substance abuse, trauma and mental health issues have been treated separately within addiction services despite them being therapeutically linked. It is more beneficial for clients to access services that treat these issues together (Drake et al., 2001). In order for addiction services to provide effective treatment for mental health, trauma and substance misuse they are required to work collaboratively with other specialist services (Weaver, Renton, & Stimpson, 1999). Co-morbidity of substance misuse services and support services such as mental health is a priority of the National Health Service (Banerjee, Clancy, & Crome, 2002).

In order for addiction services too work effectively with dual diagnosis clients, staff must be trained sufficiently (Drake, 2006). Staff training packages must explain the link between trauma, addiction and mental health. Training must also teach staff how to identify the symptoms of mental health conditions and the role of medications.

The current research for trauma and mental health suggests that female substances users require intensive support in prison to address these issues and enter recovery. The studies promote the view that it is essential that addiction services take into account the therapeutic link between trauma, mental health, substance use and develops programs accordingly (Green, Miranda, Daroowalla, & Siddique, 2005).

### **Children.**

Female offenders also require support with regards to their children. Women may have issues regarding their children such as dealing with social services and children's panels. Previous qualitative research has identified issues experienced by female substance users and their children. Becker & Duffy (2002) conducted in-depth one to one interviews with ex-female offenders with substance misuse issues. The results found that incarcerated women required support with building relationships with their child while separated from them in prison. The study showed that female offenders had to cope with their children being adopted or fostered. Pregnant substance users who had continued to use substances throughout their pregnancy had the added complexities of coping with the effects of substance misuse on their baby such as foetal alcohol syndrome. Limitations of the study include the fact that it was conducted with ex-offenders living in a rural setting. This may result in differences being found if a similar study was conducted with women who are still offending and living in a city or town.

The study highlighted the impact of addiction services failing to see prisoners in their role of mothers and the emotional impact that this brings. Therefore, incarcerated women also require addiction services that provide interventions and support which helps them to cope with issues associated with children.

### **Interventions**

#### **Gender- specific group work.**

Traditionally quantitative research into substance misuse interventions has failed to take into account differences in gender. More recently quantitative research into substance misuse treatment for female offender's supports the view that gender-specific treatment is essential to recovery. Greenfield et al (2013) research identified this as being an important part of recovery. The study showed that participants found

gender based group work to be particularly effective. The women participating in the study viewed successful groups and programs as those that valued the female perspective and that respect and take into account female development. This study was limited as the results were based on the views of women who were participating in a manual based 12-week program in the community. Therefore, the results may not be generalised to the long term rolling group programs that substance users participate in the prison environment.

There is little qualitative research which specifically looks at the needs of women in custody. Some research has identified the needs of female substance users in the community. Sword, Niccols and Fan (2004) looked at the service needs of pregnant substance users in the community. The study identified that women were found to engage more often in and benefit more from group therapy than men. The results suggested that women favoured group programs as they provide peer support which is an important resource for recovery. The findings of this study cannot be generalized to the offending population as it was conducted in the community rather than prison setting. Also pregnant substance users may have prioritised different needs to those that are not pregnant and do not have children.

Research supports the view that group interventions for female substance users are effective when they empower women to reach their full potential (Bloom et al., 2003). Successful group programs provide support and emotional warmth. These conditions are required for the risk-taking and self-disclosure which is essential in treatment (Yalom, 1995).

Women have been found to particularly benefit from group programs as in accordance with Relational-Cultural Theory (Miller, 1990) females benefit and develop psychologically from connection with others. This theory suggests that effective group programs for women encourage the development of a sense of belonging or connectedness to others. This helps to mitigate the pain associated with therapeutic exploration. A cohesive group offers women unconditional acceptance no matter what their history or behaviours prior to coming into treatment. Greenfield et al. (2013) highlighted that single gender groups were an effective substance misuse intervention as they associate with a more therapeutic

atmosphere than mixed gender groups. Single gender groups are thought to be more effective as substance users can discuss female specific issues which they may not feel comfortable discussing in a mixed gender group. Single gender treatment programs are thought to be more successful as they create a supportive environment which provides safety, connection and empowerment for women (Bloom et al., 2003).

Gender-specific groups are thought to be beneficial as women prioritise different issues than men when discussing recovery in addiction programs. Women have been found to focus on issues that they felt to be essential to them such as stigma, shame, empowerment and relationships. Males tend to prioritise other issues and are less likely to want to participate at all in group interventions (Sword et al., 2004). Studies show that female substance users prioritise being taught relapse prevention techniques and coping strategies (McHugh & Sheridian, 2013). Therefore, recent research highlights the importance of each gender being able to discuss the issues that they prioritise in a safe environment for recovery.

The literature highlights the importance of addiction services providing gender-specific programs which take into account real differences between men and women. This includes learning styles and life circumstances. Gender-specific programs should be compatible with female's interaction styles such as a need for responsiveness to social relationships and address female's unique treatment issues such as trauma, parenting skills, coping mechanisms and self-worth (Beckmen, 1994). The research suggests that gender-specific group interventions are a key part of addiction treatment for female offenders.

### **Psychological therapies.**

It is important that female substance users have access to a range of psychological therapies when working towards recovery from substance abuse. Psychological therapies have been shown to be an essential part of treatment (Wanigaratne, 2003).

Cognitive behavioural therapy (CBT) has been identified as an effective psychological therapy with regards to substance misuse. The aim of therapy is to recognise distorted thought patterns or mind sets and replace them with positive

thoughts which will lead to more beneficial behaviour (Beck, Rush, & Shaw, 1979). CBT views substance misuse disorders as habitual, automatic, negative thoughts and beliefs that can be identified and replaced with core positive beliefs and actions. CBT strategies for substance misuse include relapse prevention therapy (RPT). RPT is a cognitive-behavioural approach to the treatment of addictive behaviours that specifically addresses the relapse process and suggests coping strategies useful in maintaining change (Marlatt & Gordon, 1985). RPT is an important treatment framework for clinicians working with several types of addictive behaviour (Carroll, 1996). RPT has been found to be a successful intervention for reducing substance use and improving psychosocial adjustment with a range of substances including heroin, cocaine, alcohol and smoking (Irvin, Bowers, Dunn, & Wang, 1999). The evidence base suggests that CBT is a beneficial therapy for clients with substance misuse issues and should therefore be a treatment option within prison addiction services.

Carroll (1998) reports that psychotherapy is also an effective treatment for substance misuse as it allows clients to explore their past and how this has impacted on their lives. This is particularly important for incarcerated women due to the psychological complexities which have led them to a pattern of offending behaviour and substance misuse. Family therapy is also an essential part of recovery for female substance users (Kaufmann & Kaufman, 1992). This treatment allows individuals to explore any family issues which may impact on their substance misuse and also allows family members to become involved in client's treatment and recovery.

The importance of providing a choice of psychological therapies to substance users was highlighted by McHugh and Sheridian (2013). This qualitative study conducted in-depth interviews with female prisoners reviewing the services that are available to them. The study identified that the effective delivery of psychological therapies in the treatment of substance misuse is generally conducted with trained, experienced and supervised therapists. Potential cultural differences must be taken into account as this study was conducted in Ireland.

In order for psychological therapies to be effective, they require the development of a therapeutic relationship between clients and practitioners as the relationship between practitioner and client could have both a positive and negative impact on an individual's recovery. McHugh and Sheridian (2013) reported the importance of the therapeutic relationship, with clients stating that when they felt able to talk to support workers and counsellors this made a positive difference to their recovery. Van Olphen et al. (2009) also emphasised the importance of individuals feeling unconditionally supported by their workers and so they can continue to engage with them even if they have suffered a relapse.

Greenfields et al. (2013) discussed the importance of services ensuring that the practitioners meet the needs of their clients and the importance of taking into account factors such as gender. This is particularly relevant when working with female substance users due to the high percentage of women who have experienced trauma and victimization (Bloom et al., 2003).

Quantitative research which has investigated client service matching was conducted by Smith & Marsh (2002). Matched counselling services were associated with reduced substance misuse and clients' satisfaction with treatment. The results of this study were limited as there were low survey response rates and had more individuals participated this may have provided different results. Also the qualitative measures used did not fully record the quality of the treatment received or the intensity.

Female substance users can also benefit from receiving a range of alternative and holistic therapies from addiction services. These may include mindfulness which has been found to be a useful intervention when supporting women who have had experiences of trauma. Goodman, Rachael, and Calderon (2012) conducted a qualitative study to investigate the use of mindfulness in trauma counselling. The study found that mindfulness was beneficial for clients who had experienced trauma. The research was conducted via a case study which may mean the results cannot be generalised to the general public and further difficulties could be found when extending the finding to the prison population.

There is some evidence to support the view that acupuncture can be beneficial when supporting clients in addiction services who are participating in smoking cessation interventions. Bier, Wilson, Studt and Shakleton, (2002) conducted quantitative research into the use of auricular acupuncture on clients who were engaging in a smoking cessation program. The results of the study found that acupuncture helped clients to reduce their smoking. This study is limited as it was conducted in the community and so does not take into account the effects the prison environment may have on stopping smoking.

Reviewing the literature highlights the importance of substance misuse services providing a range of psychological and holistic therapies for clients to access. Prison addiction services should be equipped to provide a range of therapeutic interventions to support individuals with their recovery.

### **Healthcare interventions.**

Women face different health issues than men especially those associated with substance misuse. For example, excessive alcohol use in women has been associated with increased rates of breast cancer and fertility issues. This means that female substance users require access to specialist medical care (Kline, 1997). Women are also more likely than males to share needles meaning they may be more likely to have to deal with health concerns such as blood borne viruses (BBVs) (Becker & Duffy 2002). This literature suggests that female substance users require access to specialist healthcare facilities in prison.

Female offenders also require educational and health promotion interventions in order to ensure that they are aware of the harms that are associated with substance use. These include educational and health promotion interventions being available for drugs, alcohol, BBVs, and smoking cessation. These healthcare interventions are essential for prison addiction services. In a review of the literature on prison health care, Watson, Stimpson and Hostick, (2004) identified that women have healthcare needs which are distinctly different from male prisoners. The results of the review stated that health promotion interventions and collaborative working between services was essential to meet the healthcare needs of female prisoner's.

Interventions for incarcerated women must also be developed in line with new drug trends. This includes the introduction of New Psychoactive Substances (NPS) and their psychological and physical effects. These new substances are becoming increasingly used by female offenders and traditional drug treatment programs are not equipped to deal with these substances. Specialised interventions need to be developed to support individuals using NPS into recovery (Kline, 1997).

Tobacco use in prisons is currently a public health issue (Cropsey, Eldridge, & Ladner, 2004). The demand for smoking cessation services in prison is high as approximately 80 % of the prison population smoke representing a key opportunity to target group that are normally hard to reach. There is high motivation for prisoners to stop smoking in prison as two thirds of inmates are interested in attending smoking cessation programs (Lester, Hamilton-Kirkwood & Jones, 2003). Overall smoking rates for female prisoners are higher than for male prisoners (Lester et al., 2003). This research suggests that smoking cessation interventions are a treatment need for female prisoners and an essential part of addiction services.

It is important that current substance abuse treatment programs in prisons allow clients to access specialist healthcare. Female prisoners must also be able to access health promotion and educational interventions. These interventions must deliver up to date information that meets the current drug trends of the client group.

### **Through care.**

Through care support for clients being liberated from prison is essential for female substance users' recovery. Substance users require a support package to be put in place for them prior to liberation to ensure that they can access continued support and treatment. Van Olphen, Freudenberg, Fortin and Galea (2006) conducted qualitative research into the perceptions of substance users after liberation from prison. The results of the study found that many of the participants felt unsupported and unprepared for release. Participants reported facing a myriad of obstacles that prevented them from reintegrating back into the community. The study was limited due to the small sample size. This does not allow comparisons in perspectives on re-entry to be compared by gender. Since this study was designed to better understand

policies and practices related to community reintegration in New York City, it may not reflect policies and practices related to reintegration in the UK.

Van Olphen et al. (2009) qualitative study which focused specifically on the needs of women highlighted that access to services such as housing, education and benefits was essential in helping female offenders' to meet their basic needs when they return to the community. It was reported that these basic needs must be met before individuals feel that they are able to continue to address their substance misuse issues.

The importance of a care plan to help individuals meet these needs by services was highlighted by McHugh and Sheridan (2013). One of the main themes that was reported in the results of this study was that many female prisoners had a 'resource-poor network'. This included a lack of support from family and a lack of knowledge about resources of support available in the community. Gaps in services, a lack of community support and accommodation issues were commonly reported amongst female prisoners. As this study was conducted in Ireland it is again important to take into account the differences in services available between the UK and Ireland.

Sword et al.'s (2004) study reported that female offenders required access to skills training when being liberated into the community. The study found that clients felt that training would help them to gain employment and also to help develop their confidence when dealing with individuals and services. The researchers also found that participants were successful in recovery when they accessed services in the community which offered a 'one shop stop' approach to treatment. Female substance users found this approach to be effective as they could access all resources by attending one service. It was found that one centralised service with a clear referral process and good communication pathways with other services provided a more effective recovery service. Therefore, it is essential that prison addiction services have a clear referral pathway for treatment and aftercare services to support women after liberation from prison.

## **Barriers to Treatment**

### **Stigma.**

Women can encounter barriers when trying to access addiction services and treatment. Barriers to treatment include negative stereotyping, social stigma and ignorance about treatment options (Smith & Marsh, 2000). Stigma has been identified as being a main barrier in preventing female substance users from meeting their treatment needs. Van Olphen et al., (2009) research highlights that female substance users may experience stigma when trying to access substance misuse services and other agencies that provide support with such things such as housing and employment. Van Olphen et al. (2009) further suggest that stigma is much greater for female substance users as gender based stereotypes hold women to different standards than men. The researchers also highlighted that female substance users have been found to experience stigma through internalised feelings of worthlessness because of lowered expectations of those around them. Stigmatisation was found to significantly influence the success of women by limiting help seeking intentions. This compromised access to health care and drug treatment.

Stigma had been found to not only act as a barrier to clients accessing treatment but to limit the success of individuals already in treatment programs. Female substance users have experienced stigma while in treatment in places such as rehabilitation centres and support groups. Individuals experience stigma in this manner by being classed as 'failures' by services if they were unable to remain abstinent and subsequently discharged from treatment (Van Olphen et al., 2009).

Stigma is also exhibited by addiction services in correctional facilities by adopting a punishment rather than a rehabilitation approach to care. Stigma in these institutions is created by services providing treatment in a disciplined rather than therapeutic manner (Peters & Steinberg, 2000). Addiction services in these institutions have a zero tolerance approach to substance use which results in any relapses being punished with a disdain for therapeutic interventions and little compassion displayed by staff (Haigh, 1999).

There is some question over whether or not a therapeutic environment for prison addiction services can be created in a correctional facility such as prison. Difficulties in creating a therapeutic environment are due to the disciplined regime, stigmatic attitudes and punitive atmosphere. Research shows that there can be a clash between the 'control' model of correctional settings and the 'change' model of substance abuse treatment services. These different ideologies make it difficult for prison addiction services to deliver therapeutic interventions (Haigh, 1999). A qualitative study conducted by Plugge, Douglas and Fitzpatrick, (2008) found that female substance users accessing care within the prison environment experience stigma in the form of moral judgments from healthcare staff. The researchers conducted focus groups with female prisoners and their perceptions of health and illness within the prison context. Healthcare staff were found to have negative and unsympathetic attitudes towards the care of female substance users. The study identified that participants also felt that there was a 'gate keeping' culture with healthcare staff. They felt that nurses blocked their access to the doctor and medication as they prioritised other cases that were not related to substance misuse. This form of stigma was found to have had a negative effect on substance users' physical and mental health. Stigmatic attitudes from professionals such as prison staff and police officers have been found to prevent female substance users from accessing the care and support that they require. These stigmatic attitudes have been associated with professionals having little understanding of the psychological and physical complexities of addiction (Torchalla et al., 2015). Stigma has been found to be a barrier to treatment for clients which impacts on their recovery and further research is required in this area in order to help female substance users to overcome this.

### **Structural barriers.**

Female offenders also experience structural barriers when trying to access care and treatment. Women have reported experiencing difficulties when trying to access addiction services due to such things as overcomplicated referral processes. Support to access services was highlighted as a need of female substance users in prison by Plugge et al. (2008). Participants felt that the process to access treatment for substance misuse was hindered by the application process. Clients were asked to

repeatedly fill out referral forms before they could access medical and psychological care. Structural barriers were found to be an issue for female substance users both within the prison and when they are liberated to the community (Van Olphen et al., 2009). Female substance users also experience structural barriers in that they are not provided with enough information on what support services are available within prison. It is suggested that more information is required about what services are available in prison and how to access these services (McHugh & Sheridian, 2013).

Collectively these studies show that a lack of communication between services is a barrier to treatment for female offenders. The time gap between females being referred to services and accessing them is a contributing factor to female offenders returning to substance use. Women require more knowledge of what services are available to them and how to access them. In order to support women in recovery structural barriers must be identified and overcome within addiction services.

### **Limitations of Previous Research**

The lack of research available in this area limited the number of studies that could be included in the review. This has highlighted the gaps in the literature and knowledge on this area. There is a lack of research available on treatment for female substance users and much of what was available focused on community rather than prison programs. Many of the studies reviewed were also restrictive as they only represented the views and experiences of women participating in one particular program. Further restrictions to the review include participants in studies being all at different stages of their recovery during interviews which may have influenced their perceptions of treatment.

Many studies which currently review the treatment needs for female substance users are quantitative studies which provide a somewhat static view in the way that they believe they can fit individual's health behaviours, beliefs and opinions into specific categories. The simplicity of the quantitative research techniques does not take into account the complexity of human beliefs and attitudes and the measures used by the models are specific and make it difficult for individuals to express their personal

views and opinions as they are confined to pre-set answers defined by the researcher (Willig, 2005).

Although qualitative studies have greatly informed understanding of female pathways to crime (Bloom et al., 2003), only few have specifically looked at the needs of female offenders in addiction services by interviewing clients and staff. There is therefore a need for more research exploring this issue to capture the lived experiences of female offenders and aid conceptual understanding and theory development (Hedderman, Gunby, & Shelton, 2011). As most research in this area has been conducted in North America, studies examining the experiences of women offenders in other parts of the world are needed in order to ensure that cultural variations are addressed (Caulfield, 2012).

There is a lack of literature available which specifically focuses on the needs of female offenders with substance misuse issues in Scotland. It is apparent that more research into this field is required in order to improve services to meet the needs of this client group and to help them into recovery.

### **Aim of this Study**

The needs of female offenders with substance misuse issues have been largely neglected with previous research into substance misuse mainly focusing on the needs of white males. This has impacted on the number of women who access addiction services and the effectiveness of the interventions available. It is important that a review is conducted into the needs of female offenders' in order to create more effective addiction services which meet their complex needs.

In the present study, a symbolic interactionist approach and critical realist ontology was used. This approach views individuals as being active in shaping their world and proposes that individuals and society cannot be separated far from each other. This is due to them both being created through social interaction and one cannot be understood without the other (Willig, 2005). Behaviour is not defined by forces from the environment or inner forces such as drives, or instincts, but rather by a reflective, socially understood meaning of both the internal and external incentives that are

currently presented (Sayer, 2000). In the realm of the real, critical realism views behaviour as being influenced by both agency and structural factors.

The strengths of critical realism for qualitative research are its explanatory focus and its ability to recognize the existence of wider knowledge while respecting the importance of social meaning to individuals (Willig, 2005). Critical realism is particularly well suited to exploring research questions that relate to understanding complexity such as the issues that surround female substance users. Rather than trying to control or simplifying the complexities of research the approach advocates that complexity must be embraced and explored. Critical realism advocates that phenomena must be understood in the real world. Understanding phenomena in this natural realm means that findings do not need to endure problematic generalizations from unnatural to natural settings.

Previous research which has used critical realism with qualitative research was conducted by Oladele, Clark, Richter, and Laing (2013). This study looked into tobacco prevention and control. The result of the study supported the view that understanding the mechanisms associated with smoking in different societies will enable a platform for effective implementation of tobacco control policies. The study highlighted the use of critical realism in the study of addiction. It was highlighted that in order for addiction programs and policies to be successful it is important to respond to and understand underlying mechanisms'. It is also important to pay attention to social and structural mechanisms. Critical realism recognises that there is no one fits all solution to substance misuse and that it is a complicated and multi-layered issue. The study highlighted the importance of reviewing addiction policy and services in accordance to specific client groups and cultures. This highlights the importance of conducting research in to addiction services for female offenders in Scotland in their own environment.

It is essential to conduct this research in Scotland as there is an ever growing national issue of substance misuse. This study explored a sample of Scottish female offenders with substance misuse issues and their experiences of addiction services within the Scottish Prison Services national establishment for women, HMP & YOI Cornton Vale. The study also explores the views of addictions staff who work in

substance misuse services within the prison. The project aimed to capture their experiences of the service and how it could be improved.

The study aims to assess female offenders' and service workers' perceptions of female offenders' needs and service provision for prison addiction services. The study aims to identify what are the key treatment needs of female offenders with substance misuse issues. The study also aims to identify what are the barriers to treatment which prevent female substance users from accessing treatment while in prison.

## **Chapter Three: Methodology**

### **Design**

The current investigation used qualitative methods due to the sensitive nature and complex issues that surround substance misuse. This method is appropriate in order to gain as much insight about views, knowledge and ideas surrounding the issues discussed. The questions used in the study were purposely open and broad. This was necessary in order for the participants to be able to maximise and expand their answers further than other methods would allow. A quantitative method would have been less appropriate as questions would have been pre-determined and possibly biased participant's views via the researcher's own assumptions. The study aims to explore female offenders' and service workers' perceptions of needs and service provision for prison addiction services.

Thematic analysis is a method for recognising and organising patterns in content and meaning in qualitative data. Due to the previous knowledge that the researcher has on this topic and the systematic literature review that was conducted in preparation for undertaking the project, a combination of the inductive and deductive approaches to thematic analysis was used in the form of a priori template (Fereday & Muir-Cochrane, 2006). This allowed the researcher to organise the data in line with relevant literature but also to add new and emerging themes to generate a comprehensive thematic description of the literature. The analysis of the data created an explanatory framework. This incorporated the major themes identified in the analysis and made sense of the phenomenon under the investigation.

Thematic analyses are independent of pre-existing theoretical frame works and have theoretical freedom. Critical realist ontology (Willig, 2005) and symbolic interactionist position was adopted for the project. This approach was relevant as it acknowledged that the meanings that people ascribe to events are a product of interactions between actors in the social world.

## **Participants**

The study involved conducting semi-structured interviews with two groups of participants. The groups of participants were female offenders with substance misuse issues who are engaging with addiction services and therapeutic staff working within prison addiction services. Participants were recruited from substance misuse treatment services conducted in HMP & YOI Cornton Vale. Recruitment methods involved the researcher selecting clients from the current prison addiction service client list which met the inclusion criteria and were willing to participate in the study.

Data collection was based on purposive sampling as clients were selected according to criteria of relevance to the research question. Inclusion criteria for clients included women with previous criminal convictions, minimum age 18 and English language proficiency. Exclusion criteria included learning disability, acute psychosis and intoxication at consent or interview stage. Participants were also excluded if their liberation date was before the completion of the study. Exclusions were also made if participants were remanded due to the uncertainty of client's liberation. One client was residing in the prison's open conditions within the 'independent living units' and the others were within the convicted prison population.

Inclusion criteria for staff included men and women who were currently working in addiction services delivering therapeutic and educational interventions for substance misuse within HMP & YOI Cornton Vale, minimum age 18 and English language proficiency. The staff members had a range of experience of working with clients with addiction issues and had different levels of education. All staff members have had experience of delivering addiction interventions. Clinical and disciplinary staff working within the prison was excluded from the study.

At time of recruitment there were approximately 130 women engaging with substance misuse treatment services within HMP & YOI Cornton Vale. Due to recruitment procedures the exact number of potential participants is unknown. Sixteen participants were originally recruited; however, recruitment and data

collection was challenged by the nature of the population, which is hard to access for research partly due to high levels of instability, treatment non-attendance and by service issues (i.e. service redesign and high levels of staff absences at time). There were also issues in accessing clients due to court dates and the prison regime such as participants having to attend appointments with other services. Several recruited participants failed to attend for interview at least once and four became too unstable to participate post recruitment. Due to time constraints it was not possible to extend recruitment.

The total sample of clients consisted of five white Scottish women aged between 18 and 48. All participants were engaging with therapeutic and psychosocial interventions for substance misuse including heroin and alcohol use within the prison. The sentence length of participants ranged from fifteen months to eight and a half years with three participants (C1, C4, C5) serving sentences under four years and two participants (C2, C3) over four years. All of the clients' offences were related to or conducted under the influence of substances. The clients had all spent a minimum of three months engaging with prison substance misuse services and three of the clients had served previous sentences of over six months in which they had also engaged with prison addiction services. None of the participants were currently married but three were in relationships and two reported being separated/divorced/widowed. All participants had children, most aged below 16, but only two participants were the primary carer of their children. Three participants had completed secondary school, but none had been employed prior to prison and all were financially supported by state benefits.

The total sample also consisted of five Enhanced Addiction Casework Service (EACS) workers who delivered therapeutic and psychosocial substance misuse interventions to clients within the prison. The participants consisted of four females and one male. Length of service ranged from eight months to eight years. Worker W3, W4, W5 under four years and worker W1, W2 over four years. Participants had all completed high school and three of the five had university degrees. All staff had completed basic addictions training provided by the addictions. This included motivational interviewing training and basic drug and alcohol awareness courses. Three of the members of staff were completing further studies in the addictions field.

## Interviews

Participants' experiences and views of prison addictions services were explored using a semi-structured interview schedule (Appendix 1). This was designed for the purpose of the study according to recommendations by Charmaz (2006) and Willig (2005). Willig (2005) recommended that a semi-structured interview is an appropriate method for thematic analysis. Advantages in using semi structured interviews include the ability to build rapport with participants as well as having flexibility with questions. This allowed for data to be obtained and the exploration of novel areas of particular participants' answers. Also using this method resulted in a difference in length and time of each interview, and this potentially lead to differences in the amount of data obtained from each interview.

The interview schedule was brief and relatively general, with the use of open-ended questions and prompts, to allow participants to tell their own stories and for unanticipated material to emerge from the data. The interview schedule created for the interview consisted of nine open ended questions. The questions were created following a review of the literature on female substance users. The interview schedule was not strictly followed in order for participants to expand on issues relevant to themselves and also where participants had knowledge of a topic. A non-directive approach was used by the researcher in order to allow areas of interest to be probed further. The interview commenced and ended with more neutral questions about participants' views on addiction services treatment to allow for rapport building and sensitive interview closure.

Charmaz, (2006) highlighted the importance of researcher reflexivity in qualitative research. This is a particularly important control measure during the final stage of thematic analysis which involves a high level of interpretation by the researcher when aspiring to capture latent meanings. This requires the researcher to be active through techniques such as memo writing to be aware of how their own social context, values, assumptions, prior experiences, and any power imbalance in the researcher-participant relationship can unavoidably influence the research process. This includes the construction and interpretation of meaning from the data. Relevant contextual factors for the researcher included her role as a trainee health

psychologist and as an EACS caseworker working with marginalised people in substance misuse treatment and a female forensic population. The interviews took place in two locations. The client interviews were held within the prison in a secure and confidential interview room which was accessible to all participants. Uniformed staff were present outside the room for security purposes.

A short pilot group was held with Enhanced Addiction Case Service management team in order to assess whether or not the questions being asked were appropriate. The pilot group was used to highlight any issues with the interview schedule and to ensure effectiveness and reflexivity. The pilot group led to the researcher removing questions that were too specific as it was thought that this would bias participants' views and lead them to focus on these particular issues.

Interviews were unable to be recorded due to security reasons; therefore, the process of member checking (Elliot, Fischer & Rennie, 1999) was used. Notes were taken throughout the interviews in order to be transcribed and clients were given the transcription to read and make changes to if required. The inability to record sessions may have impacted on the accuracy of the recording of data.

## **Procedure**

Eligible participants were provided with verbal and written information (Appendix 2) about the study from their case workers and they were given at least one week to decide if they wanted to participate. Interviews were conducted by the interviewer before their key working session at the substance misuse service interview rooms. Interview sessions were tied in with key working sessions for the participants' convenience and to try to maximise attendance. Interviews were conducted prior to key working sessions due to the emotional nature that key working sessions can potentially take. Participants completed a consent form (Appendix 3) with support from the researcher when needed. All participants were interviewed once and interviews lasted on average 60 minutes. It was agreed with EACS management that the interviews would be conducted over a period of six months and conducted during normal working hours with no financial costs incurred. Material was provided by the prison and there was regular access to staff and prisoners.

## **Data Analysis**

The process of analysis involved the researcher transcribing the data collected via the interviews. The transcripts were read and reread in order to generate initial themes and eventually creating a themes master list from each individual. Specific themes were organised and examined for connections.

Transcribed interviews were analysed using methods following guidelines by Charmaz (2006). Transcripts were initially line-by-line coded with common codes organised into higher-order categories. Themes were discovered and constructed through constant comparative analysis of codes and reflective memos written during data collection and analysis process. Iterative coding was also used whereby initial codes were re-examined for fit to broader themes.

## **Ethical Considerations**

The study was approved by Queen Margaret University and the prison clinical manager from Forth Valley National Health Service (NHS). Ethical approval was also given by the Scottish Prison Service ethical committee and security group in accordance with their regulations (Appendix 4). Participation was voluntary and confidential within standard clinical guidelines, with interview data anonymised and stored according to the Data Protection Act (1998). The researcher was transparent to participants about her dual role as a doctorate student and EACS caseworker in the prison substance misuse treatment services. Clients were also offered further support from other counselling and support services available within the prison after interviews due to the emotional nature of some of the topics discussed.

In order to overcome any potential ethical issues, it was clearly explained to participants what taking part in the interviews would entail. An information sheet about what individuals would be required to talk about in interviews along with a consent form was given to participants before the interviews took place. The sheet was read out verbally to clients in order to ensure that any clients with literacy issues were also clearly informed about what the project would entail. Before the interviews were carried out participants were assured that all information would be confidential.

During interviews the researcher paid attention to the body language of the participants for potential signs of discomfort and the participants were also asked if they were comfortable with the topic of conversation. Brief conversation took place before the interviews began in order to help participants to relax and become comfortable. After the interviews took place participants were asked how they were feeling and if they had any questions about any of the topics covered or about the project itself.

## **Materials**

Essential materials and resources were required in order to facilitate and research the project. These included access to computers and the internet which were provided during working hours. The essential materials included resources in order to further research addiction theory and services. These were provided via the university library. The cost of resources was minimal as they were provided via current employer NHS Forth Valley and the Scottish Prison Service.

## Chapter Four: Results from Interviews with Female Offenders

The analysis of results of female offenders with substance misuse issues identified six main themes: need for intensive support; importance of gender-specific provision; need for person-centred provision and choice; service provision is outdated; importance of through care, and barriers to treatment. These are considered in turn below.

### Need for Intensive Support

The themes discovered in the data showed that a majority of female substance users have experienced some form of trauma in childhood or adulthood. In the results incidences of physical and emotional abuse were reported. A majority of participants also disclosed issues with domestic violence. Participants emphasised that they required support in dealing with the psychological issues associated with trauma while in prison.

*“Most of us have had bad experiences either with family or our partners. We need help dealing with what’s in our heads”. (Participant C3)*

Experiences of trauma were believed to have contributed to pathways of substance misuse and offending behaviour. Some participants reported that they used substances as a way of coping with past trauma and the psychological pain associated with this.

*“For most girls’ drugs are a way of dealing with what’s happened”. (Participant C5)*

It was highlighted that there was a need for trauma focused interventions within the prison addiction services.

*“Most girls in here use because of their past and the abuse they have had. Addictions should have more options to help us deal with this. More counsellors and groups would be good. It would stop lassies coming back into the jail”. (Participant C1)*

Having the choice to access trauma interventions in a one to one or group setting was another important aspect of treatment.

*“We should have support groups to help people deal with what they have been through or if they don’t want a group they could talk about it one to one to their addiction worker”. (Participant C4)*

It was believed that effective trauma interventions would focus on teaching safety techniques and coping mechanisms. It was suggested that this would help clients to cope with the psychological effects of their trauma without relying on substances.

*“It would be good if they could teach us how to cope with stuff. So that if memories and things get too much we can cope without wanting to use”. (Participant C2)*

A common theme emerging from results was that there was inappropriate aftercare for clients who were undergoing counselling for trauma. Concerns were raised about the appropriateness of individuals returning to a disciplined environment after engaging with therapeutic interventions for trauma. Individuals who had engaged with treatment reported returning to an isolated cell with no support after therapy. This was viewed as being damaging and lead to them being unsure whether or not to continue with treatment. The lack of therapeutic aftercare in prison was viewed as being a barrier to treatment for trauma as it leads to less motivation to engage.

*“You open everything up and then you are sent away for days to deal with it on your own before the next appointment. It makes you not want to do it”. (Participant C2)*

Another theme from the data were the importance of individuals being able to access care with regards to their mental health. Mental health issues were identified as being a potential trigger for substance misuse and as a consequence of its use.

*“A lot of people use because they are not well, you know because of their mental health, they need to be able to get help with that or they won’t be able to stop using”. (Participant C3)*

Long waiting periods between referring and accessing mental health services was viewed as a barrier to treatment. As was long waiting periods between appointments with mental health key workers.

*“I think we should have more help with our mental health and less time having to wait to see someone”. (Participant C5)*

Participants felt that this barrier could be overcome by being able to access more support for their mental health issues via the prison substance misuse service. It was suggested that addiction workers could support clients with their mental health issues through delivering therapeutic groups that specifically discussed substance misuse and mental health.

*“More groups and awareness sessions would help; addictions workers should be able to do that to help us”. (Participant C1)*

More support is required for clients who have a dual diagnosis of mental health and substance misuse. These individuals require access to more services in prison. There is also a need for continued support upon their liberation.

*“If you have mental health problems you need to be able to get help in the jail and after when you go back to the community”. (Participant C5)*

Low self-esteem was associated with substance misuse issues. Interventions to help increase self-esteem were found to be particularly important for individuals that were becoming abstinent.

*“If you stop using drugs you don’t have a lot of confidence left, it would be good to get help with that, maybe a group or something”. (Participant C3)*

### **Importance of Gender- Specific Provision**

The data showed that gender-specific treatment was important to recovery. It was a widely held view that substance misuse service should be adapted to meet the specific needs of the client group.

*“We need services that help women with their needs. We are different to guys so we need different help”. (Participant C1)*

Gender-specific group programs were perceived to be beneficial interventions. The most successful group work was thought to encourage peer support amongst participants.

*“It’s good to do programs and groups. You can talk about what you’re feeling and share it with others who understand and can support you”. (Participant C2)*

Peer support was highlighted as an importance resource for individuals and an essential part of the recovery process. Peer lead groups were identified as being an important part of addiction services.

*“I like groups when other prisoners take them or are involved. You know they can relate to how you’re feeling, they have been there too”. Participant (C3)*

Gender specific recovery focused group work was believed to be a more effective treatment option than male orientated or generic group work.

*“We need to do programs and groups that are made for us not just the same stuff they give guys”. (Participant C1)*

The data found that it was essential for clients to be able to discuss topics that were important to them. This included being able to share feelings of stigma, shame and discuss relationships.

*“We need to be able to talk about our feelings and relationships. It’s different for women we feel guilty and ashamed. We need to be able to talk about it with people that understand and find ways of dealing with it”. (Participant C4)*

Needs included having group work interventions that help to deal with the complexities of relationships with others. This included support dealing with negative relationships and the trauma associated with these.

*“I’d like stuff that helps me to deal with relationships with people. When you have an addiction relationships are complicated especially if there is also violence involved”. (Participant C3)*

Recovery focused groups that help clients to deal with the underlying issues of their addictions was an identified need. Effective groups were thought to help to develop coping mechanisms and deliver skills training.

*“We need groups to help us to sort out the stuff that caused us to start using in the first place and then know how to deal with it differently”. (Participant C2)*

A common theme was the importance of group work interventions to help to develop coping strategies. It was believed that it was essential to receive training in relapse prevention techniques prior to liberation from prison.

*“It’s important to learn how to cope without drugs and to look at why you used in the first place. You also have to know what to do to stop you relapsing and what to do if you do”. (Participant C5)*

In order for groups to be effective it was essential that facilitators created a safe and comfortable atmosphere.

*“You need to feel safe when you are talking about things, you need to know nobody’s going to judge you or you’re not going to talk”. (Participant C3)*

To participate in groups participants needed to feel comfortable enough to be themselves and discuss personal issues that were important to them. This included childcare issues and personal trauma.

*“If we are going to be engaging with services and groups then we need to be able to talk about what is important to us. Stuff like our children, relationships and how we feel about stuff that’s gone on in our lives, a lot of us have had difficult pasts”. (Participant C3)*

The findings of the study showed that there can be some issues when delivering group work programs within the prison. It is important that these issues are addressed in order for groups to be successful. Issues were reported with confidentiality when participating in therapeutic programs with other prisoners. These matters were found to prevent full participation with programs.

*“You have to be careful what you say in groups because girls will gossip about it later, that’s not good when you are living with them”. (Participant C1)*

A majority of clients who attended the therapeutic programs were thought to not be engaging for the right reasons. It was believed that many women were in programs only to progress further through the prison system. It was felt that this was demotivating and reduce engagement with groups and programs.

*“Girls have it all worked out for parole or houses. Prison is not place for group work. I would do programs in community as I’d be out and wouldn’t need to live with the other girls”. (Participant C4).*

Another recurring theme was the feeling of being pressured into participating in treatment. There was a belief that it was mandatory to undertake work with psychologists in order to progress through the system and to be granted parole.

*“They can make you do it whether you are ready or not. You don’t really have a choice in it because if you don’t then you can’t progress and get out”. (Participant C5)*

### **Need for Person-Centred Provision and Choice**

The results highlighted that prison addiction services should provide care that is person-centred and based on individual needs.

*“It’s the same with one-to-one work, you need to be able to talk about whatever you need to, especially if you don’t want to do the groups. You need to be able to talk about it all in a one to one with your worker. It’s important that everything you do is personal to you and you sit and work out a plan with your worker rather than somebody telling you what to do”. (Participant C5)*

A recurring theme from the data were the importance of keyworkers working collaboratively with clients to develop a personalised care plan. It was important that the care plan provided a choice of a range of psychological therapies.

*“It’s important that you sit down with somebody and work out what you need. It’s good if you have choices in what you can do”. (Participant C5)*

It was felt that there were extensive benefits from having more access to psychological therapies such as CBT and psychotherapy.

*“I’ve never done any psychological treatment. I think it would be better if I could do some counselling that suits me’ Like CBT I’ve heard that’s good or with the psychotherapist who sometimes comes in”. (Participant C4)*

It was perceived that access to psychological therapies would benefit individuals as they could engage with in-depth interventions that help them to address the underlying issues of their addiction.

*“If you could do more counselling in here it would be good because you could deal with the important stuff. It’s good to learn skills and have discussions but it doesn’t mean much if you still have things in your head that you can’t cope with”. (Participant C1)*

Accessing psychological therapies in prison was important as clients felt less able access them in the community due to personal circumstances.

*“It would be really good too do them in here because if you wait till you go out it will never happen. You go out and its chaos again especially if you are using, so the last thing you are thinking of is going to an appointment. In here you have the time to do it”. (Participant C2)*

An important issue raised was the limited availability of psychological therapies. Currently treatment can only be accessed by a small number of individuals. This was due to constrictions such as sentence length.

*“Not everyone can get it. I can’t do it because of my sentence but I know some people that are and they say it helps”. (Participant C3)*

The psychological interventions that are currently being conducted by addictions staff such as motivational interviewing were found to be effective.

*“I like the work I do with my addictions worker the one to one stuff is good because it helps me to figure things out”. (Participant C2)*

The therapeutic relationship was found to be important in order for psychological interventions to be successful. This relationship could have both a positive or negative impact on individual’s recovery.

*“Depends who you are working with, my worker suits me so it’s all right”. (Participant C1)*

A negative relationship with professionals could negatively impact on recovery if individuals felt stigmatised or unsupported. When participants had good relationships with staff they felt that they could discuss important issues which helped with their recovery.

*“If you like your worker it can help, it means that you have somebody there to help and support you, but if you don’t get on it can make things worse”. (Participant C3)*

It was emphasised that clients required to feel unconditionally supported by their workers. This helped to ensure that they could trust them with the issues that underlie their addictions and to deal with relapse.

*“It’s good when you are working with somebody who you can talk to and trust. You need that if you are going to start talking about things. You need to know you can go to them even when you have messed up. Otherwise there’s no point in working with them”. (Participant C1)*

Improved access to holistic therapies was also thought to benefit the addiction service.

*“I would like acupuncture. I did that in the community and it was good. The girls would like that in here, addictions should do it”. (Participant C2)*

The results showed a willingness amongst the clients to try mindfulness based interventions. In order to encourage participation in these interventions it was essential that they be facilitated in the right environment.

*“I would try something for relaxation like mindfulness. Only if it was in the right place though, it would be too busy to do it in some of the places that we have groups”. (Participant C3)*

## **Service Provision is Outdated**

Health education and health promotion interventions were required to be updated. It

was reported that the harm reduction intervention specifically needed to be reviewed. It was suggested that a more effective intervention to replace harm reduction sessions was naloxone training.

*“The harm reduction needs to be changed, it is the same session every time and you have to attend it not matter how many times you have been in. Naloxone is better”. (Participant C5)*

Consideration was given to the type of substances that interventions addressed. A popular belief was that too much focus is being given to interventions which address opiate use.

*“Heroin is a big thing so it’s good that there’s help but what about stuff like diazepam, cocaine and alcohol. There is some but we need more stuff for that too”. (Participant C2)*

Alcohol was highlighted as a specific area that required more interventions.

*“There is a load for drugs but not so much for alcohol. We could do with more groups and stuff for that”. (Participant C5)*

New Psychoactive Substances (NPS) was another area that was identified as requiring more specific interventions. More awareness about specific harms associated with NPS was required. This included more information on mental health effects and overdose prevention with regards to these substances.

*“There is an information session which is good but we need more stuff on them. They are scary; we need to know more about the dangers, especially with mental health and what to do if somebody overdoses on them”. (Participant C4)*

More support and information was also required on BBV’s. The specific interventions needed included more educational sessions and therapeutic support groups.

*“It would be good to have more info and support about Hep and HIV. I would go to something like that. Would be good to have a group for support”. (Participant C3)*

Smoking cessation interventions were viewed positively however issues were identified with the choice of nicotine replacement therapies. Limitations were

implemented due to security restrictions and this issue requires to be addressed in order to help reduce smoking rates.

*“The smoking service is good. I’d like to be able to get the e-cigarette but we are not allowed them in here”. (Participant C2)*

It was determined that a more intensive smoking cessation service would be required if the prison introduces a smoke free policy.

*“I heard that they are going to try and make it smoke free in here. There will be a riot if they do that! We are going to need loads of support to stop”. (Participant C3)*

Health promotion events were found to be effective at communicating health information. This included the recovery cafe, stop smoking day, foetal alcohol awareness day and music festival. It was reported that the informal approach of these events as a way of communicating health information was well received by clients.

*“I like it when EACS do events. Information ones like the stop smoking and alcohol days are good. I really like the more relaxed ones like the music festival and recovery cafe. It’s nice to feel like everybody’s equal. We are all having a laugh but still getting information”. (Participant C3)*

### **Importance of Through Care**

In order for clients to be successful in recovery they required an intensive through care package which would provide them with adequate support for returning to the community.

*“You need the right support for going back out. Need to be linked in with the right services otherwise you just relapse”. (Participant C5)*

Support with homelessness was believed to be a vital part of through care. A lack of accommodation created difficulties in participating in aftercare treatment. Homelessness was associated with re-offending and returning to prison.

*“What are you supposed to do if you don’t have a home? You go out and sometimes they hand you a sleeping bag because there are no spaces. You end up using or having a drink to feel warm and to escape what’s going on. You end up doing something daft so you get arrested and have somewhere to sleep. You end up doing a sentence for nothing because you don’t have a home”. (Participant C1)*

Access to services such as education and benefits was essential in helping clients to meet their basic needs when they return to the community. Skills’ training was viewed to be an important part of through care support due to the perceived benefits of gaining employment. Skills training was believed to benefit clients through developing confidence when dealing with individuals and services in the community.

*“It’s good if you can get some qualifications to help you to get a job, means you will have money and not be bored when you get out. Also helps if you know how to deal with people and services outside”. (Participant C3)*

Difficulties were reported when trying to access through care services in the community. Access treatment for substance misuse in the community was hindered by difficult referral processes. Frustration was expressed by participants at having to repeatedly fill out referral forms before they could access medical and psychological care.

*“You get asked to do big complicated forms over and over. Even when you’re filling them out with a worker the process is just too much”. (Participant C1)*

Although individuals were referred to community services from the through care team in the prison, there were reported delays in processing applications to services. The length of waiting times resulted in clients never accessing community services after liberation. The lack of communication between prison and community services was blamed for service users relapsing in the community.

*“There are too many referral forms, and then you have to wait for ages to see someone. It should all be set up before you get out”. (Participant C2)*

Behavioural issues limited what treatment individuals could access in the community. Service users who were refused treatment by community services were not given any alternative care.

*“I’m banned from loads of places outside because of how I behave when I’m drunk. I understand why but I can’t get any help. So what do I do?”. (Participant C3)*

Continued support with addictions and mental health in the community was also an important issue. Support requires to be pre-arranged and accessible upon liberation order to encourage engagement and reduce the likelihood of reoffending.

*“You need to start treatment quickly when you go out. It’s always the same you talk to somebody and they say that they are going to refer you to addictions service, psychologist or an alcohol counsellor. That’s great but you have to wait for such a long time to see them and it’s what happens in between that time. You end up getting mad with it. I get scared thinking about what I might do while I have to wait and I always end up back in before I see anybody”. (Participant C5)*

Perceived differences in the standards of care across areas in the community were also reported. Access to services was viewed to be ‘postcode dependent’ with some clients feeling completely unsupported upon liberation.

*“It depends where you go back too. Some areas are good and others have nothing”. (Participant C1)*

It was suggested that community through care services would be more effective if the service offered a ‘one shop stop’ approach to treatment. Improvements were required so that services provided access to all required community resources by attending one service.

*“It would be good if everything was in the one place. You would know exactly where to go and what to do”. (Participant C4)*

Effective community services were viewed to be one centralised service. It is essential that they have a clear referral process, good communication with other services. It was reported direct referrals to the service should be completed by the prison.

*“All that we need is one place in each area that covers everything. You should just automatically go there after prison and they just help you to sort out what you need”.*  
(Participant C2)

## **Barriers to Treatment**

Stigma was identified as being a main barrier in preventing female substance users from meeting their treatment needs. Stigma was experienced when trying to access substance misuse services in the community including housing and employment.

*“It’s the same when you go out, you feel like people think you are a worthless junkie, even in the services that are supposed to help you like housing and benefits”.*  
(Participant C2)

It was believed that stigma was greater for females due to gender based stereotypes holding women to different standards than men. Stigma was experienced through internalised feelings of worthlessness because of lowered expectations of those around them. Stigmatisation was found to significantly influence the success of the participant’s recovery by limiting their help seeking intentions, compromising access to health care and drug treatment.

*“It’s different for men somehow they don’t get as much grief. In the end you just end up believing what they think of you and it stops you from trying to get help because you think you don’t deserve it”.* (Participant C3)

Stigma was also experienced while in treatment through being classed as ‘failures’ by healthcare professionals. This occurred if clients were unable to remain abstinent and were discharged from treatment in the community. Stigma was also experienced by being punished via the prison policies and procedures if they provided a positive drug test in custody.

*“They make you feel like you have failed if you relapse once, rather than helping you to try again”.* (Participant C2)

The negative attitudes from disciplinary prison staff was a contributing factor to client’s experiences of stigma and shame.

*“The prison officers have really bad attitudes if you are a user. They don’t realise how complicated addiction is”. (Participant C3)*

Stigma was exhibited in the prison through a punishment rather than rehabilitation approach to care and a disciplined rather than therapeutic environment. The prison’s zero tolerance approach to substance misuse was viewed as having a negative impact on recovery. This policy involves any relapses being punished with a disdain for therapeutic interventions. A common view was that there was little compassion displayed by staff for those with substance misuse issues and that disciplinary staff placed moral judgments on substance misuse.

*“They just punish and judge you, rather than trying to help you. That makes you more likely to use again because you just think what is the point in trying”. (Participant C1)*

It was perceived that there was a lack of sympathy from prison staff to substance user’s withdrawal symptoms due to the view that it was ‘self-inflicted’. Further issues with discipline staff included breaches of confidentiality. Some disciplinary staff were believed to have discussed clients’ physical and psychological state without discretion to other staff and prisoners.

*“They just don’t have any sympathy for you when your rattling and sometimes they talk about it to other staff and the other girls!” (Participant C2)*

Discipline staff were viewed to have little understanding of the psychological and physical complexities of addiction and this resulted in having a negative attitude towards substance users.

*“They don’t have any sympathy for you. They just think you’re a junkie so you deserve what you get. They don’t get that it’s not a choice to be like this”. (Participant C3)*

There were also perceived issues with healthcare staff. It was felt that there was a ‘gate keeping’ culture with healthcare staff, particularly nurses, when trying to access healthcare with regards to their addiction issues.

*“The nurses don’t ever let you see the doctor unless they want you to”. (Participant C4)*

Stigma was also experienced via healthcare staff. Nurses were believed to block clients’ access to the doctor and medication as they prioritised other cases that were not related to substance misuse. It was reported that this had a negative effect on physical and mental health.

*“They think cause you’re a user that anytime you want to see somebody it’s because you want drugs. It means you can be really not well and it takes ages to see anybody”. (Participant C5)*

An essential part of the addictions service was to continue to support clients when they are being affected by negative attitudes and experiencing stigma. It was suggested that interventions to address this issue be provided on a one to one and group basis.

*“There should be more help with this, more groups and discuss it 1-1 with your worker”. (Participant C5)*

Another important theme from the study was the view that remand clients do not receive an effective addiction service. Clients who are remanded were thought to experience barriers to treatment as they were limited to what support they could access. These included being unable to be started on clinical intervention and limited access to therapeutic recovery groups. Remanded clients are also offered limited referrals for community support and through care.

*“The service is alright when convicted but it’s not good in remand. It’s not good because you can be fully committed plus potential extension and having to wait for methadone, groups and counselling. You can only get referred to a couple of things in the community too. This would be a good time to help people”. (Participant C4)*

It was agreed that the prison regime provided barriers to treatment. Punishments for behavioural issues resulted in clients being placed on rules. This resulted in clients being unable to access support services and impacted on care.

*“I know that you need to get punished cause it’s the jail but you should still be able to see your workers, you should still be able to talk about things. Half the time that’s when you need it most”. (Participant C1)*

The delivery of therapeutic interventions was seen as being inconsistent due to the prison regime.

*“If something happens then a group can get changed about or if it’s a bad incident then we all get locked up and can’t get too see anybody. That’s not fair if you are working on things”. (Participant C5)*

Another barrier to treatment was prisoners not being separated when they are first admitted to the prison. At this stage many clients are chaotic and experiencing withdrawal symptoms and this was thought to lead to aggression and unrest.

*“They should have a detox unit for girls coming in. When people are rattling they should be kept separate from the others it would help to stop people bullying for medication and fights breaking out”. (Participant C1)*

It was believed that when clients who are chaotic and struggling with becoming drug free mixed with stable clients this is a barrier to care and a risk of relapse for clients who are in recovery. A separate addictions and detox unit was suggested as being a solution to this issue. It was thought that this would help keep unstable individuals separate from clients who are in recovery.

*“It would help if there was an addictions unit. Then girls who still want to use could be separate from the ones who are doing well and staying clean. It would help to stop people relapsing”. (Participant C3)*

Frustration was expressed at the referral processes that they were required to go through in order to access services within the prison. This was viewed as another barrier to care.

*“It’s bad how many forms you have to fill in especially for girls who can’t read! It’s also bad how long you have to wait for some things. It’s just not right”. (Participant C1)*

More information was also required about the availability of prison services.

*“Some agencies are really good and you know where they are and what they do but others I don’t have a clue about”. (Participant C1)*

## **Chapter Five: Results from interviews with Addiction Services Staff**

Analysis of the results of therapeutic staff of prison addiction services identified five main themes: need for more communication and collaborative working; importance of gender-specific provision; service provision needs reviewed; improve access to psychological therapies, and barriers to delivering service. These are considered in turn below.

### **Need for more Communication and Collaborative Working**

The study found that therapeutic staff believed that there was a need for a more integrated approach to care between the addiction service, healthcare services and the SPS.

*“You could argue that more joint working with us, the health centre and the SPS is needed for continuity it’s divided”. (Participant W1)*

The therapeutic link between substance misuse, trauma and mental health was identified as being essential to treatment. It was agreed that in order for clients to enter recovery these three areas of care required to be addressed. In order to achieve this, services required to work collaboratively with each other.

*“Addiction is complicated. Mental health, trauma, abuse they are all linked to substance misuse so we must work together to treat everything, the whole person, otherwise they will never be stable”. (Participant W5)*

Difficulties were reported in communication between the addictions service and health care staff.

*“We need to get better at working together. It shouldn’t be hard but sometimes there is just no communication. It’s like to completely separate agencies”. (Participant W2)*

Communication between the addiction services and the SPS was also problematic. More information was required from the SPS about security issues especially with intelligence regarding drugs.

*“It would help if we knew more about what’s going on. I know that they can’t tell us everything but our work would be easier if they can tell us about the drug related stuff”. (Participant W3)*

Beliefs about being undervalued by healthcare and prison staff impacted on the relationships between services.

*“They don’t have any real understanding about the work that we do, I think that’s why they don’t include us in stuff, it’s like we don’t count they think we are all just do-gooders. They don’t get the complexity of addiction or the type of work that we do”. (Participant W5)*

Collaborative working with community through care services and prison addiction services also required to be improved. It was believed that communication with community through care workers varied depending on which area they worked in.

*“We need to have better communication with through care in the community. Some areas are really good and you know that the girls are getting supported but others are terrible, it feels like they are just left to get on with it with no support and we don’t know what’s going on”. (Participant W2)*

### **Importance of Gender-Specific Provision**

Gender-specific treatment was perceived as being important to recovery. Current interventions require to be reviewed and modernised order to meet the specific needs of female offenders.

*“We are still dealing with addicts as we did years ago, we need to wake up and do things differently. Need to wake up and be more modern. Women get a raw deal*

*they need more invested in them and have services that meet their needs". (Participant W1)*

It was recognised that it was important for the service to deliver a range of interventions that helped empower women and meet the individual needs of their recovery.

*"Women need to have interventions that make them feel strong and able to deal with their life. They should help them with whatever needs they have and give them the confidence to engage with other services if need be". (Participant W4)*

A key theme of the results was that women have key treatment needs which are different to males. These needs include trauma focused interventions.

*"The girls need support with dealing with their underlying issues like trauma. Many of them have had terrible experienced that they need to deal with". (Participant W4)*

It was also highlighted that addiction services should provide more support to clients for key issues such as mental health.

*"Mental health is really important too. Some girls already have issues with mental health and that's why they use, others get mental health problems because they have been using for so long and because of things like NPS. Either way they need help to deal with it". (Participant W2)*

Support with relationship issues was also highlighted as a specific need for female offenders.

*"A lot of women have issues with relationships. They might use with their partner and there can be domestic abuse. They can be involved in lot of unhealthy and negative relationships that feed their addiction". (Participant W1)*

Supporting clients with practical issues such as childcare, social services, employment, benefits and homelessness was also viewed as being a vital part of care.

*“It’s not just about the drugs we need to be able to do more to help them with practical things like children’s panel, social services, accommodation and benefits. They also need support with education and employment”. (Participant W3)*

## **Service Provision Needs Reviewed**

A recurring theme was that it was important for current healthcare interventions to be modified, reviewed and updated.

*“We deliver a lot of good interventions but these need to be reviewed and updated to meet current drug trends and client needs”. (Participant W3)*

Current interventions were believed to have too much of a focus on opiates. It was felt that clients would benefit from more interventions being introduced which focus on amphetamines, gambling, alcohol and NPS.

*“The focus is all on heroin what other addiction issues that are over looked such as cocaine, NPS, alcohol and even things like gambling”. (Participant W2)*

An area of concern was that there was a lack of interventions which looked specifically at alcohol misuse. *“There are several groups available for alcohol users but it’s not the same in comparison to what’s here for drug users”. (Participant W1)*

Harm reduction interventions were specifically identified as being required to be updated. It was felt that the mandatory nature of the intervention was inappropriate. The results also promoted the view that clients should be given the opportunity to attend the intervention at any time in their sentence. This was thought to be more appropriate due to the physical and psychological issues that clients may be experiencing when admitted. Naloxone training was thought to be a more beneficial harm reduction intervention which should replace the current awareness session.

*“It is carried out too many times and at the wrong time in their sentence. ‘We should just give naloxone training to all instead, It’s much better and includes all the information we give anyway”. (Participant W2)*

Blood Borne Virus (BBV) interventions which are currently being delivered were viewed as being effective. Interventions could be improved further by providing more

educational interventions on BBV. It was also suggested that the service could benefit from providing therapeutic support groups for individuals to help them to cope with the physical and psychological impact of these.

*“The BBV stuff is good but we could do more educational interventions and maybe a support group for clients”. (Participant W4)*

The smoking cessation service was viewed positively and could benefit from being extended. This requires further development to create a more intensive support service.

*“The smoking service is good but it would be good to have more NRT options and see somebody more than once a week if we wanted”. (Participant W5)*

The addiction service provided positive health promotion campaigns and events such as the music festival and recovery cafe. Health promotion events were viewed to be an essential part of the addiction service. It was believed that future health promotion interventions could benefit from focusing on mental health concerns such as depression and anxiety and how these impact on substance misuse.

*“I like the events that we have like the recovery cafe and music festival. It would be good if we had more health promotion stuff on mental health and how it’s linked to drugs”. (Participant W1)*

### **Improve Access to Psychological Therapies**

The findings of the study highlighted a main theme as being that clients should be able to access more psychological therapies.

*“The women need more access to psychological therapies like CBT and psychotherapy. This is the only way that they will ever address their addiction issues. We can deliver good interventions but if they are not addressing what’s underneath nothing else is going to work”. (Participant W3)*

An important concern was that clients did not have enough choice in their treatment. It was felt to be important that a range of psychological therapies should be available to meet a variety of treatment needs.

*“There need to be a service that provides loads of different therapies. There could be more stuff like art therapy, Gestalt or any sort of psychological treatment that would help them”. (Participant W1)*

It was agreed that it was also important be provided clients with a choice in the type of interventions that they participate in wither this is one to one therapy or therapeutic groups. A variety of different types of therapeutic groups should also be provided as a part of treatment options.

*“We deliver therapeutic groups and programs which are good but I still feel that we could be delivering more. More psycho educational groups and more stuff like metacognitive training”. (Participant W4)*

It was thought to be essential that all treatments should be person-centred and based on an individual care plans.

*“It’s really important that client work is person-centred. We need to sit and work out a care plan collaboratively with individuals so it meets their needs because everybody’s different”. (Participant W5)*

The importance of the therapeutic working relationship was also identified. The concept of matched care was also raised, ensuring that that the workers met the needs of the client.

*“Every worker has their own style so it’s important that this matches the needs of the client so they are getting the best out of interventions”. (Participant W4)*

It was also deemed to be important that the style of the worker and their therapeutic approach matched the client’s needs for treatment.

*“I think it’s important for us to have an informal and therapeutic approach with clients. I think this is a good approach to use with female offenders. You need to make sure they are with the right worker”. (Participant W3)*

Factors such as gender should also be taken into account due to the high percentage of women who had experienced trauma and victimisation.

*“It’s important to have a mixture of men and women in an addictions team so that if somebody’s not comfortable with one sex they don’t have to work with them”. (Participant W5)*

Barriers to accessing psychological therapies were identified as being such things as sentence length. Waiting lists were also thought to impact on client’s access to services.

*“There are so many women in here that would benefit from therapy but they can’t access it because of their sentence. The waiting lists are too long”. (Participant W3)*

Pressure to reach heat targets was thought to impact negatively on client’s therapeutic experiences. Concerns were also raised about the restrictions of time limited therapy and the possibility that clients are not being given the time to look in depth into their issues due to time restraints.

*“Some of the girls who can access treatment feel that they are being rushed through therapy because they only have a certain amount of sessions because of targets”. (Participant W2)*

Therapeutic interventions were thought to also be impacted on by prison policies with some clients being unable to finish therapy sessions due to being liberated early from prison on Home Detention Curfew (HDC).

*“If the girls get HDC in the middle of therapy it could do more harm than good if they can’t complete it. They then end up going out into the community with their head in a mess. Even if they get referred in the community it could take them a while to be seen and they have to live with it”. (Participant W1)*

The need to promote alternative therapies to support clients was also raised as an important issue. Specific therapies mentioned were mindfulness and acupuncture.

*“I would like to introduce acupuncture; it’s meant to be good to help girls who are withdrawing. Mindfulness would also be good. I have heard that it is use full for when working with clients who have experienced trauma”. (Participant W3)*

Frustrations about restrictions on training were also mentioned. It was suggested that there should be bigger budgets allocated for training addictions staff in psychological therapies in order to support clients and to reduce waiting times for treatment.

*“If they would spend the money and put us through the diploma training we could support more of the women. There is a team of experienced and qualified addictions staff who would be willing to do it but they won’t spend the money on training”. (Participant W2)*

### **Barriers to Delivering Service**

The findings of the study showed that barriers to treatment within the prison were identified that affected the care and treatment that clients received. Remand clients in particular were highlighted as having limited access to support.

*“We need to do more for remands. They are left in limbo and we can only do so much for them”. (Participant W1)*

Remand clients can only access one to one work and a limited number of therapeutic groups. It was thought that more interventions should be provided for this client group.

*“All they can do is one to one work and a couple of educational groups; we could do more if we were allowed. We could have a drop in clinic and also deliver more support groups”. (Participant W2)*

There were concerns as clients on remand could not access clinical intervention even if clients are fully committed and serving 140 days.

*“They can’t be started on clinical intervention either. I know that’s for safety but it’s a shame some of them could really benefit from it especially if they are fully committed and in for ages”. (Participant W3)*

An occurring theme was that the involvement of therapeutic staff in clinical processes could become a barrier to their therapeutic relationship with their clients.

*“I don’t think we should be so involved with methadone. It’s fine doing the work up but if the doctor says no and they don’t get started they blame us. The lines get blurred between us and the medical staff and we can’t get any therapeutic work done”. (Participant W1)*

In order to overcome this barrier, it was essential that the clear roles of each department should be defined. To ensure that individuals would engage fully with therapeutic interventions in the addictions service there was a need for therapeutic and medical interventions to be separate.

*“Methadone needs to be separate from EACS. There is too much time focusing on that rather than psychological interventions”. (Participant W4)*

Barriers to care for clients who are on short term sentences were also identified. These clients are unable to access clinical intervention such as methadone. Other barriers to clinical intervention include medical history as if clients did not have appropriate substance misuse history they cannot be started on a prescription.

*“Barriers to treatment are things like sentence length and medical history. If they don’t meet the criteria, then they get nothing”. (Participant W2)*

It was believed that for some clients the promotion of methadone treatment was a barrier to treatment. It was thought that some clients may feel under pressure to accept clinical intervention rather than focus on therapeutic and behavioural interventions.

*“It needs to be less about methadone and more on helping to change behaviour and support with other practical things like housing. Some clients don’t feel that they need meth but feel that they have to go on it”. (Participant W4)*

The disciplined environment also created many barriers to delivering a therapeutic service.

*“It’s hard, the SPS have a job to do but the discipline environment gets in the way of care sometimes; they just don’t see things like us”. (Participant W2)*

This included things such as the prison timetable dictating when interventions could be delivered.

*“We try and deliver things at the same time every week for consistency but all it takes is for the SPS to call a meeting or too have a lock down for staff training and our stuff gets cancelled. That’s not good for the clients”. (Participant W1)*

Other physical barriers to care included the fact that interventions sometimes had to be delivered in inappropriate rooms which did not provide a therapeutic atmosphere due to a lack of facilities and privacy.

*“We need rooms that are appropriate for interventions not just sitting in a dining room in a block where anybody could walk in”. (Participant W1)*

SPS policy and procedures were also viewed to impact on the delivery of interventions and as a barrier to clients accessing the service. The discipline environment was caused restricted access to interventions as clients were placed on rules as punishment for behavioural and mental health issues. Rules are discipline procedures which vary in severity and can result in individuals being placed in isolation with no contact with services.

*“If clients have mental health problems or are on rules then they have difficulty accessing the EACS service”. (Participant W5)*

Rules were perceived as impacting greatly on the care that was being delivered to clients.

*“If a girl is on a rule and can’t see us you can lose weeks of work with them. If a client is on a rule that’s normally when they need you most because they are struggling. They don’t kick off for nothing”. (Participant W4)*

Other discipline issues such as security procedures were also thought to impact on the effectiveness of interventions. For example, workers felt that having to breach confidentiality due to security procedures impacted on the level of trust that clients had with their workers.

*“It’s difficult to build a working relationship with a client when you have to report back to security if they give you certain information”. (Participant W3)*

Prison security procedures also impacted profoundly on the therapeutic relationship.

*“We have to give information to security if they tell us info about drugs. We tell them that when we talk about confidentiality but they still lose trust in you if you have to pass it on. It means that they stop confiding in you which makes it difficult to work with them”. (Participant W2)*

The prison policies to punish drug use if clients produced a positive drug test also acted as a barrier to treatment.

*“If a girl gets a positive drug test then can get downgraded and punished. I understand why they have to do this in prison but this doesn’t help the situation because they become even less motivated to change”. (Participant W5)*

The stigmatic attitudes of some SPS staff to clients were also seen as a barrier to care.

*“Some staff have terrible attitudes towards the girls”. (Participant W1)*

It was believed that the addictions service could help to address negative attitudes by providing training to staff on substance misuse. Training should be developed to give disciplinary staff an understanding of the psychological and physical issues that substance users experience. It was thought that effective training could address the negative attitudes of staff and their perceptions of substance users.

*“The officer attitudes could be better and more supportive of people with addictions. We should do more to raise awareness and combat attitudes”. (Participant W5)*

Other barriers to treatment included a lack of resources for practical things such as computers to present via power point and a budget for health promotion equipment and staff training.

*“We need more resources and equipment to deliver. Things like computers and more health promotion materials”. (Participant W3)*

Prison staff’s lack of knowledge about the addictions service was viewed as being a contributing factor to poor attendance for of some interventions. Prison numbers were also highlighted as an area of concern as if these are high then this can impact on what interventions are delivered due to a lack of resources and staffing.

*“Number of people in the jail definitely stops access to services. The prison staff could help more if they would encourage more girls to attend the service”. (Participant W4)*

The current training budget was also identified as a barrier by staff to being able to deliver more specialist interventions to help support clients.

*“We are all willing to deliver specialist interventions for trauma and mental health but we need the training to do it. I don’t think the budget will allow what we need though”. (Participant W2)*

## **Chapter Six: Discussion**

The results of the study provided the researcher with valuable insight into the thoughts and feelings of female prisoners and therapeutic workers towards prison addiction services. The results revealed that current prison addiction services do not meet the treatment needs of women offenders and this was viewed as being detrimental to treatment and recovery. In order to be effective prison addiction services must consider the demographics and history of female offenders as well as how various life factors have impacted on their patterns of offending and substance misuse. This was consistent with previous research which states that in order to support women into recovery, interventions must match their unique psychological development and the complexities of their backgrounds (Steffensmeier & Allen, 1998). As well as confirming the results of previous studies the project also identifies what the key treatment needs of the client group are and how services could be adapted to meet these. The implications of the major themes found by the researcher will now be discussed.

### **Gender-Specific Provision**

It was found that prison addiction services in HMP &YOI Cornton Vale required to be adapted and updated in order to meet the needs of the client group. Female substance users were found to respond well to gender-specific group interventions and benefitted from therapeutic work being delivered in this manner. These results are supportive of previous literature which promotes the benefits of female substance user's engaging in gender-specific therapeutic groups (Greenfield et al., 2013). Substance users benefitted from engaging in groups that create a safe and therapeutic environment which allowed them to discuss issues that are important to them. This is concurrent with previous research which found therapeutic groups to be most successful when they create a supportive environment which provides safety, connection and empowerment (Bloom et al., 2003).

In order to support women into recovery therapeutic groups must be tailored to gender-specific issues including, emotional difficulties, relationships, traumatic experiences, and children. This supports the findings of Sword et al. (2004) who

found that women require group work to focus on issues that are important to them and that they prioritise different issues to men.

The results emphasised the importance of women engaging with groups which prioritised female specific issues and which empowered women. Therapeutic groups which focus on female empowerment was also found by Bloom et al. (2003) to be an essential part of treatment for women. The peer support provided through therapeutic groups was also an important resource. These results are concurrent with the research of Sword et al. (2004) who found that women with substance misuse issues view peer support as a valuable resource when working towards recovery.

Concerns were raised regarding women feeling that they must participate in group programs and interventions in order to progress through the prison system and not for their own recovery. It was reported that this can be demotivating and could potentially cause further psychological difficulties. There is currently no literature available which focuses specifically on these concerns and this issue would merit further investigation.

Despite the identified need for gender-specific group work the prison inspection in 2011 found that the programs that were being delivered in HMP & YOI Cornton Vale had been designed specifically for males. It was found that just one accredited programme, *Constructs*, was being delivered and this programme has been accredited only for use with male offenders (Her Majesty's Inspectorate of Prisons, 2011). Therefore, the only accredited programme being delivered in an all-female prison is officially endorsed as being relevant to the needs of men. Facilitating this one program contradicts the evidence base and is potentially damaging to recovery. The results of the current project found that more programs are being run that have begun to address female issues. However, despite these improvements more could be provided specifically by addiction services.

It is important to recognise that gender-specific care does not suggest that more specialist treatment be provided to women than men. Rather it is crucial that women receive equality when it comes to their psychological and physical health. It is

essential that prison addiction services deliver interventions that are tailored to meet the needs of both sexes in order to help individuals into recovery.

### **Dealing with Trauma**

Complex trauma experiences were prevalent amongst participants and were viewed as being a pathway to offending behaviour and substance misuse. These findings are concurrent with previous research which found high rates of complex trauma in female offenders (McClellan et al, 2000). Female substance users reported experiencing different types of trauma such as sexual, physical and emotional abuse. These findings support previous research by Torchalla et al. (2015) which identified specific categories of trauma which women experienced. The study's results support previous research that identified female offenders as having complex psychological needs that are interrelated to their substance misuse (Grella et al., 2013).

The results promoted the view that prison addiction services should have a trauma-focused approach. These findings support the current literature which identifies the benefits of group and one to one interventions for trauma while in prison (Ward & Roe-Sepowitz, 2009; Miller, & Najavits, 2012). It was believed that substance users would benefit from engaging in trauma interventions which taught self-help and safety techniques. These interventions are in line with the principles of the Complex Trauma Treatment: Phased based intervention model by Herman (1992). These findings support other studies which promote trauma interventions which develop positive coping mechanisms (Najavits, Crits-Christoph, & Dierberger, 2000).

There are some challenges to developing a trauma-focused approach in prison that must be examined further. The results revealed that prison could provide the opportunity for some women to psychologically heal however some participants voiced uncertainties about the appropriateness of delivering trauma interventions within the prison environment. Questions over whether or not prison is a conducive environment for trauma work has been raised by other researchers (Harris & Falot, 2001). The ability of prisons to respond effectively to women's traumatic histories is restricted by the nature of the prison environment, which is based upon an ethos of

power, control and surveillance. Many of the current operating principles of prisons are in direct conflict with the needs of survivors of sexual assault (Bloom et al, 2003). For example, while regaining a sense of control is considered fundamental to healing from sexual abuse by dominant therapeutic frameworks, prisons typically reduce women's autonomy and can recreate the dynamics of abusive relationships (Bloom et al., 2003).

There are potential difficulties for clients to disclose experiences of trauma safely. There are issues with disclosing sexual abuse to authorities who may not be considered trustworthy from the perspective of the women due to negative encounters with them in the past. Therapeutic group work can be particularly problematic in a prison setting, as group therapy requires a safe and trusting environment. Issues of confidentiality can occur when other inmates can use information within the prison system as currency and information about traumatic experiences may be used against the inmate. The risk of exposing vulnerabilities within an environment that is hostile to healing has been raised in previous research (Grella et al, 2013). There were also concerns raised about the lack of therapeutic aftercare care that was available for clients who are engaging with trauma interventions and the potential psychological damage that could occur from this. A lack of therapeutic aftercare was thought to potentially demotivate clients from engaging in trauma work while in prison. There is currently a lack of research into therapeutic aftercare for trauma within the prison environment and therefore this is an area that requires further development.

The importance of staff training when delivering trauma interventions was also highlighted. Addictions staff were concerned that they had not received any trauma training and were enthusiastic about attending specialist training in order to deliver interventions. The finding contributes to previous research which states that it is essential for staff who are delivering trauma interventions to receive the appropriate training and supervision (Hermen, 1992).

It is unclear about whether or not the open discussion of traumatic experiences is always appropriate for women in prison. Consequently, if female offenders do not address these issues then it is likely that their cycle of substance misuse and

offending will continue. If prison addiction service is to be successful in developing a trauma focused approach to care, then the SPS must create a safe and supportive prison environment.

## **Mental Health Issues**

The study supports previous research which found high levels of mental health issues within the female offending population (Gilbert et al., 2006). The study promotes the views of previous research which identifies the complexities of female substance user's mental health and their need for support from addiction services (Van Olphen et al., 2009). Both groups of participants agreed that women in prison have may have mental health concerns as a consequence of substance abuse or use substances as a way of coping with mental health issues. Regardless of the cause of mental health issues participants felt that dual diagnosis clients require intensive support. Addictions staff emphasised the importance of the therapeutic link between substance misuse, trauma and mental health as it is essential for addiction services to treat all three issues together which is concurrent with the findings of other researchers (Drake, 2006). It was revealed that prison addiction services are required to recognise that serious traumatic experiences often play an unrecognised role in a woman's physical and mental health problems and are linked to substance misuse. This is supportive of previous research (Felitti et al., 1998) which shows a strong link between childhood trauma and adult physical and mental health problems with female offenders. Prison addiction services would benefit from the introduction of therapeutic groups so clients can receive further support for mental health concerns. This is consistent with previous research which found that comprehensive, integrated treatment programs for dual diagnosis clients have helped to help reduce client's substance misuse (Drake et al., 1998).

Self-esteem was identified as being an issue for female offenders which impacted on their mental health. It was felt that it was important for addiction services to provide interventions which helped to increase female substance users' self-esteem. This is consistent with previous research where low self-esteem has been found to be an issue which affects women's mental health and is related to substance misuse in women (Zimmermen et al., 1997).

Addictions staff reported that they felt that it was essential for them to receive sufficient training in order to be able to deliver mental health interventions, consistent with the findings of Drake (2006). These findings contribute to previous research which highlights the need for integration between mental health and substance misuse services for dual diagnosis clients.

The Royal College of Psychiatrists (2007) argue that there is still insufficient knowledge of the specific needs of female prisoners to be able to evidence that any of the service models which are available, are appropriate to be applied in the female prison. Rickford (2003) argues that there is an unacceptable gap between the complex needs of women prisoners and the resources provided by the prison service. The research suggests that not enough attention is being paid to support a focussed counselling approach which women are shown to respond well to. This is supported by Corston (2007) who argues that only by expanding the range of psychological therapies available will the unique needs of women with mental illnesses be met. The issues raised must be addressed in order to integrate prison addiction and mental health services and improve the care of women.

### **Person-Centred Provision**

Person-centred provision was an important part of care for female substance users. Person-centred treatment included the creation of individualised care plans, in collaboration with their worker, which would allow them to have a choice in the interventions which they engage with. Person-centred care also included being able to access a range of psychological therapies, this is concurrent with the findings of previous research conducted by Wanigaratne (2003). CBT was identified as being a therapy that female substance users could benefit from engaging in. This is supportive of previous literature which promotes CBT as being a successful intervention for clients with substance misuse issues (Irvin et al., 1999). Psychotherapy was also mentioned by both sets of participants as being an important treatment choice. This theme is supported by previous research which has also identified psychotherapy as being successful treatment for substance misuse (Carroll, 1998).

Prison addiction services would benefit by providing holistic therapies as a treatment option. Mindfulness and acupuncture were both suggested as being potentially beneficial interventions for prisoners and previous research has supported both of these interventions as being effective treatments for substance misuse (Goodman et al., 2012, Bier et al., 2002).

As part of person-centred care addictions staff felt that it was important for clients to have a choice in attending a range of therapeutic groups. Staff identified metacognitive training and psycho educational groups as being potentially beneficial groups for client's to have access too. Previous research has found these group interventions to be effective in a forensic setting (Drake, 2006). The therapeutic relationship between practitioners and clients was identified by as being an important part of person-centred care. Both groups of participants feel that it was important that female substance users were matched to their key worker and that they had a choice in who they worked with. Participants reported that it was important to take into account factors such as gender when allocating key workers due to the high rates of experiences of trauma and victimization within the client group. The importance of the therapeutic relationship and the matching of key workers and clients are supported by Sword et al. (2004).

It was recognised that the treatment choices currently available to female prisoners were limited and that there are restrictions to clients trying to access psychological interventions in prison. There is currently a lack of research which reviews the restrictions and complex issues that surround delivering psychological interventions to female prisoners. The study has highlighted an important area that is an under researched and should be investigated further.

Person-centred care is a way of planning and implementing care that views clients as being equal partners. Individuals are involved in the planning developing and monitoring of care to endure that it meets their needs. This means ensuring that clients are at the centre of the decision making and fully informed about their options. It is important to note that person-centred care is not just about simply giving clients what they want but about considering their desires, values, social circumstances and lifestyle. Person-centred workers must be compassionate and take into consideration

the clients point of view. Working in this way ensures the service user is informed about their care, meaning they are more likely to receive the care they want and need and therefore making them more likely to engage.

Person-centred care has is a core component of health psychology. Initial health psychology research focused on increasing person centeredness between doctors and patients as a means to improve patient outcomes (Neighbour 1987). Health psychologists agree that person centeredness should be comprised of three central components; namely receptiveness to patient's opinions, expectations and a willingness to see illness through the patient's eyes, patient involvement in decision making and planning and attention to the effective content of emotions of healthcare professional and client (Mead & Bower, 2000).

Service user involvement can take many forms and is increasingly adopted by health organisations. It is defined by the World Health Organisation (2015, p.10) as “a process by which people are able to become actively and genuinely involved in defining the issues of concern to them; in making decisions about factors that affect their lives; in formulating and implementing policies; in planning, developing and delivering services, and in taking action to achieve change.”

Ensuring health services adopt this approach would enable service users to give their views about how the service is successful and where improvements can be made. Using this information health services can alter what they are delivering to enable the service to meet the needs of the people using it. It is important that health services make particular effort to engage with marginalised service users such as female offenders to ensure their voices are also heard.

There are many difficulties to using this approach within the prison environment. The strict nature of the disciplined routine makes it difficult to individualize treatment. Time-limited interventions are imposed due to the limitations of the prison regime and sentence length of some prisoners. Limited resources, training and facilities make the delivery of person-centred care difficult within the prison setting. Also the complex nature of the client group could mean a system based on person centred care could be open to manipulation for goals other than recovery. Further research is

required in how to overcome such difficulties and implement a successful system of person-centred care.

### **Outdated Service Provision**

Female substance users require addiction services which provide information about the risks and harms associated with substance misuse. Participants agreed that these interventions require to be updated regularly and be in line with current research and participants of the study agreed that interventions require to stop focusing on opiates and prioritise other substances which are commonly used by female offenders such as amphetamines and alcohol. This includes the introduction of NPS. Participants feel that NPS is becoming an increasing concern for female substance users and they require more interventions which are specific to these substances. This supports previous research which highlights an increasing need for specific interventions to support individuals using NPS (Brochou, Guyon, & Desjardins, 1999; Kline, 1997).

Participants held the view that the prison population represents one of the high risk groups which require harm reduction interventions. This has been found by previous research (Eshрати et al., 2008). However, it was also agreed by participants that harm reduction interventions should be updated and delivered in the form of naloxone training. Interventions for BBV were also identified as being an essential part of addiction services. It was found that clients require educational interventions which raised awareness and informed them about the risks associated with BBV viruses and therapeutic interventions which provided them with support; these findings are supported with the work of Esharati et al., (2008)

Smoking cessation was also viewed as being an important part of prison addiction services. It was identified that female substance users felt that they would be more successful in a quit attempt if they were offered more choice in NRT. These findings are consistent with previous research which has found that female offenders should also be provided with more options for NRT (Perkins & Scott, 2008).

The findings of the study are supportive of previous research which promotes the view that health promotion in female prisons is an important aspect of healthcare

(Young, Waters, Falconer, & O'Rourke, 2005). The study found that an informal approach to health promotion events helps to break down barriers between clients and staff and allowed information to be communicated effectively. The study contributes to the literature on what interventions are effective for female substance users in the prison setting.

The role of health psychology to update interventions within addictions services is essential. The Health Belief Model has been used by previous researchers to understand the initiation and maintenance of health behaviours in individuals and predict future health behaviours. Therefore, it is important that further research is conducted using this model to ensure interventions are updated appropriately in line with the client's health behaviours. This model could potentially help to predict the risk taking behaviours that clients take and focus health promotion and educational interventions on the information they require in order to reduce drug and alcohol related harms. Harm reduction interventions in particular would benefit from being developed with this model as previous research has reported some success of the use of this model in prisons for blood borne viruses. The use of this model to update interventions would be in keeping with the values and principles of the Scottish Government's 'Road to Recovery' document that aims to promote a harm reduction approach to addiction services.

### **Importance of Through Care**

Through care was identified as being an important part of prison addictions services. To be successful in recovery clients require an intensive through care package which will provide them with adequate support for returning to the community by means of a support package which incorporates housing, benefits, education and employment. Addictions staff also specifically mentioned the importance of clients having through care appointments in order to have continued support with their mental health returning to the community and these findings support those of Van Olphen et al. (2009).

Through care support needs to be pre-arranged and accessible as soon as clients are liberated because if they have to wait for long periods of time they are less likely

to engage and potentially relapse into substance use and reoffending. A complicated referral process was identified as being a barrier to accessing through care support in the community and prison addiction services should have a clear referral pathway to community agencies. Female offenders reported that in order to make it easier for them to access community support for all of their issues there should be a 'one stop shop' approach to treatment. This would require clients having access to one single service which meets all of their needs without having to be signposted to numerous different agencies, these findings are supportive of Sword et al. (2004)

Staff views on through care focused on the need for better communication and collaborative working with community agencies. An integrated care pathway for referrals to treatment services has been found to be important by previous research (Keenan, 2006), however there is currently no review which specifically looks at referral pathways from prison to the community in Scotland. The study highlights an important area for further research on how to make a more effective referral pathway between prison and community services.

### **Barriers to Service Delivery**

Stigma was a barrier to clients accessing addiction services. Clients felt that they experienced stigma through internalized feelings of worthlessness because of lowered expectations of those around them. Stigmatisation was found to significantly influence the success of the participant's recovery by limiting their help seeking intentions, compromising access to health care and drug treatment. Stigma was found to be a barrier for female substance user's treatment by Van Olphen et al. (2009).

Stigma was also found to exist in the prison policies and procedures such as when substance users were punished for providing positive drug tests during their sentence. Both groups of participants felt that the prison services zero tolerance approach to substance use also resulted in female substance user's feeling stigmatized and demotivated to change. This supports previous studies which identify that correctional facilities have a punishment approach to care which can be detrimental to substance users (Peters & Steinberg 2000; Haigh, 1999). Substance

users were likely to experience stigma through negative attitudes from discipline prison staff. Disciplinary staff were thought to have little understanding of the psychological and physical complexities of addiction and that this resulted in them having a negative attitude towards substance users. These findings support previous research which has identified stigmatic attitudes amongst professionals towards substance users (Livingston, Milne, Fang, & Amari, 2012).

Female offenders also felt that there was a 'gate-keeping' culture with healthcare staff, particularly nurses, when trying to access healthcare with regards to substance use. Previous research has also identified a 'gate keeping culture' within prison addiction healthcare services (Plugge et al., 2008). This point was not replicated in the results of addictions staff. Remand sentences were viewed as a barrier to care for substance users. The need for more support for remand clients supports the research by McIvor & Burman (2013). Mixing stable prisoners with those who are chaotic were a barrier to recovery. Women suggested that a specialist detox unit was required in order to support clients when they are chaotic and first convicted. Services could be expanded further to support clients in the prison's open conditions. Addictions staff suggested that addiction services should be extended to support staff that may have addiction issues.

The prison regime was also seen as a barrier to care as the regime restricted access to addiction services for clients due to operational issues. These included such things as clients being on punishments and the prison regime taking precedence over care during incidents, staff training and managerial meetings. Staff specifically mentioned the impact of prison policies and procedures such as security with regards to client's confidentiality and the therapeutic relationship. There is currently a lack of literature which focuses specifically on these issues and the impact they have on client's care and recovery from addiction whilst in custody. This is an area that should be researched further.

Structural barriers such as a lack of information on services and a complicated referral process restrict possibilities for accessing care for substance misuse. This supports previous research which has identified structural barriers as being barriers

to treatment for female offenders with substance misuse issues (McHugh & Sheridan, 2013).

Clinical treatment was a specific issue identified by staff as being a potential barrier to clients engaging with substance misuse services. In order for individuals to engage fully with therapeutic interventions in the addictions service there was a need for therapeutic and medical interventions to be separated. Limited resources are also a potential barrier to clients accessing an effective addiction service. Staff reported that in order to deliver quality interventions they required to be allocated adequate resources. The current training budget was also identified as a barrier by staff to being able to deliver more specialist interventions for such things as trauma and mental health to help support clients. There is no current research that specifically looks at the effects of limited resources on the delivery of prison addiction services.

Female offenders with substance misuse issues face a range of barriers when trying to access care. Many of the structural barriers can be addressed via service development and increased resources and training. The most concerning barrier that female offenders faced was the impact of stigma. This group face incidences of stigma on a daily basis generally caused by ignorance, fear and stereotypes which have been created via the media. The psychological impact of stigma includes feelings of guilt, mistrust, anger, shame and difficulties reintegrating back into society. In order to improve service and create a trauma focused and person-centred approach to care action must be taken to address stigmatic attitudes and create a more empathetic and caring environment for clients while in custody. Psychological research and interventions have already been conducted into reducing the stigma associated with mental health and it is suggested that future research be conducted into how to address the stigma associated with substance misuse.

The identification of these barriers is an important addition to the literature as it adds to the understanding of why interventions for female offenders may not be effective. The findings are important as they could potentially be taken into consideration when the new establishment for female offenders is being developed to create a more effective prison addictions service.

## **Need for more Collaborative Working**

Therapeutic staff believed that in order for substance misuse services to be effective there was a need for more effective collaborative working between support services. In order for more collaborative working to take place between services there needs to be a better understanding of what interventions the addiction services provide and the importance of these interventions. The staff agreed that communication is key to effective collaborative working and services requires clear pathways. These findings are in line with the priorities of the NHS and the findings of Banerjee et al (2002) and how to improve communication and collaboration is an area which the study highlights as requiring further research.

## **Applying the Health Belief Model**

The study reviewed the addiction services in the context of the Health Belief Model (Rosenstock et al., 1988). The study showed that addiction services within Cornton Vale prison attempts to improve perceived susceptibility through interventions such as harm reduction sessions and educational groups. Activities such as the recovery cafe aimed to increase perceived benefits through clients discussing the advantages of being substance free. Addiction services attempted to increase client's perception of the severity of substance misuse through educational sessions on drug related harms. More interventions require to be developed to help substance users to overcome perceived barriers such as helping clients to deal with the stigma associated with substance misuse.

The Health Belief Model however also has its limitations. The model can be criticized for not taking into account individual differences in health behaviour. It is thought to be static in the way that it believes that it can fit individual's health behaviours into specific categories. The model can be viewed as assuming that all individuals follow a rational processing of thoughts when deciding whether or not to engage in a particular behaviour and doesn't take into account different motivations, emotions and social environments which can influence decision making. The simplicity of the model doesn't take into account the complexity of human beliefs and attitudes instead focusing on generalizing these issues to the beliefs of large populations.

However, even with these limitations the Health Belief Model is a useful behavioural model and must be used particularly for designing interventions for alcohol and drug education.

### **Implications for Policy**

The project has been conducted at a time of great change and progressive proposals within the SPS in the care of female offenders. The study has provided insight into the needs of female offenders with substance misuse issues. This project can contribute to the developments which are being undertaken by the SPS to modernise the female custodial estate and the interventions which female offenders can access in order to aid their recovery. The results of the study support the recommendations by the Scottish Government to create a holistic and trauma informed approach to practice. The results of the study contribute further to the findings of the Scottish Government's report by providing a more in-depth analysis of the needs of addiction services within the prison.

The study explores the use of the Health Belief Model to develop interventions in line with the Scottish Governments 'Road to Recovery' (Scottish Government, 2008). The study can contribute to the development of a harm reduction framework to underlie prison addiction services. This will help to promote the harm reduction approach that the government is advocating.

The study provides recommendations on how the service can be improved in order to help support more women into recovery. In order for these changes to be implemented successfully it is essential that addiction services are evaluated via further research. Health psychology can play a vital part in improving prison addiction services and creating more effective health policies. This project has provided a starting point in highlighting areas that can be improved via the use of health psychology. Although the prison service already has input from forensic and clinical psychologists it is important that health psychologist's specialist skills and knowledge is involved in the implementation of health behaviour change interventions. Through the introduction of health psychology's values, principles,

models and research more effective healthcare services can be provided to female offenders.

## **Future Research**

The results of the study showed that the updating of service provision is a key need of prison addiction services. The study's results revealed that female offenders require gender-specific and person-centred interventions which meet their specific needs. In order to update service provision prison addiction services should review and develop group programs and one to one interventions. Research into this area should ensure that interventions are evidence based and meet the needs of the client group. Future research should look more in depth at how these changes can be implemented and evaluate the effectiveness of the new interventions which are introduced.

The findings of the study also highlighted the importance of the therapeutic relationship between clients and staff and how case workers should be matched to the needs of the clients. This requires addiction services to conduct further research in how to develop assessment techniques that will ensure that clients and workers are matched appropriately. The study highlighted the importance of female substance users within the prison receiving educational and therapeutic healthcare interventions which reduce the harms associated with substance abuse and that are in line with current drug trends as suggested by previous research (Watson et al., 2004). Future research should explore current drug trends in female substance users and develop treatments which prioritise and are specific to these substances.

The findings of the study support the view that female offenders would benefit from specialist trauma interventions being introduced into prison addiction services. Future research should include supporting prison addiction services to create a trauma informed approach which will assess and support individuals to address the complex trauma which is related to substance misuse issues. Services require input from psychologist services to develop appropriate resources and referral pathways for continued support for service users affected by trauma as has been advised by previous researchers (Elliot, Bjelajac, Fallo, Markoff, & Reed, 2005). Once a trauma

focused approach has been developed within prison addiction services, further research should be conducted in order to monitor and evaluate the effectiveness of the interventions.

Future research should also focus on helping prison addiction services to review and develop therapeutic mental health interventions. Previous research recommends that effective programs for mental health are developed through intensive case management, longitudinal care and a motivational approach to substance misuse treatment (Drake et al., 2001). Prison addiction services should develop interventions in accordance to these guidelines. It is recommended that prison addiction services develop a variety of group programs for clients with mental health and substance misuse issues based on current evidence. These include therapeutic groups which focus on metacognitive training as previous research has found these to be effective in a forensic setting (Naughton et al., 2012). It is also suggested that groups focus on psycho education be provided in prison in order to raise awareness, support and educate clients on their mental health issues (Drake et al., 2001).

The study recommends that there is further research conducted into the health promotion and health education interventions delivered by addictions staff. Research should focus on how interventions can raise awareness of the link between substance misuse and mental health. Raising awareness of mental health issues is recommended by previous research to help to reduce stigma (Lund et al., 2010). Developing and delivering mental health training packages to addictions staff to ensure that they are able to work effectively with dual diagnosis clients is also an essential part of future research and service development. Future research should develop, monitor and review training programs.

Further research is also required to develop better through care referral pathways for clients returning to the community. Policies and procedures require be reviewed and updated in order to have a more simplistic referral process for clients of addiction services and to allow them to access support quickly when liberated to the community. Future research should also focus on creating a 'one stop shop' model of support for female substance users returning to the community as suggested by Sword et al. (2004).

Collaborative working with other support services was found to be an essential part of prison addiction services. In order to overcome the difficulties which prison addictions staff experience when trying to work collaboratively with prison and healthcare services, further research is required. Future research should focus on how better to improve communication between staff in order to integrate services.

Future research should also focus on how to support female offenders to overcome the barriers which they experience when trying to access care for substance misuse issues. Further reviews of prison policies and procedures and their impact on female substance users are required. The study highlighted a range of structural and environmental barriers that women face when accessing treatment for substance misuse within the prison. Future research should investigate these barriers further and develop solutions for how these can be overcome.

Stigma was identified as a main barrier for preventing women to access substance misuse services. Previous research has identified that effective interventions to address stigma include developing contact based training programs for healthcare staff and professionals, motivational interviewing and communicating positive stories about substance users (Livingston et al., 2012). These interventions could potentially be developed within the prison to help address stigmatic attitudes towards substance users from staff.

Future research conducted in this area could also benefit from comparing the needs of female offenders with a group of male offenders in order to assess the differences in treatment needs. Future research should also involve including the views of clinical and disciplinary staff on prison addictions services as this could potentially provide different insight into the needs of addiction services within the prison environment.

Future research is required into the needs of female offenders with substance misuse issues. More UK research into this area is required as the majority of studies in this area are conducted in North America. Critical realism highlights the importance of conducting research within the participant's natural environment and culture. This project was successful at engaging with clients within their natural environment so results were authentic and not generalised from another

environment. The project offered insight into the culture of female offenders with addiction issues in Scotland and the specific needs of this group. The research provided some understanding of the social structures and complexities that affect this group and how these impact on the development of services and policies to help to support them. Further research into cultural differences for individuals who have addiction issues would be beneficial.

Overall more research into this unique client group and their gender-specific needs is required in order to support more female substance users into recovery.

### **Study Limitations**

The study does have some limitations in that the research sample was small and particular therefore the findings of the study may not be generalised to the entire population of female offenders. Within the prison population there are different categories of prisoners including those who are remanded, convicted, open conditions, young offenders and have short term, long term, and life sentences. Although the study tried to incorporate the views of as many different categories of prisoners as possible these differences may mean that the findings of the study cannot be generalised throughout the prison population. Limitations of the study include using a qualitative methodology as the results are based on participants' perceptions and perspectives. These may have been subject to distortion due to personal bias, emotional state, self-serving responses and selective recounting of positive or negative aspects.

The use of member checking (Elliot et al., 1999) due to security restrictions may also have impacted on the findings of the study. Every care was taken to ensure that the transcribed interviews reflected the views of the participants accurately however it is possible that some errors may have occurred.

Charmaz, (2006) highlighted the importance of researcher reflexivity in qualitative research. While conducting interviews the researcher was transparent to participants about her dual role as a doctorate student and EACS caseworker in the prison substance misuse treatment services. As a current caseworker within prison addiction services this may have caused a power imbalance with participants who

are clients of the service and impacted on the findings of the study. Female substance users may not have been completely honest in their views and opinions for fear of causing offence or for fear of punishment if they felt that their views were not appropriate. The existing relationships between researcher and clients may also have had a positive influence on the research as participants are familiar with the researcher and this may have made them feel more comfortable during interviews.

There is also a more general power imbalance which must be taken into consideration as female prisoners are imprisoned within a system that is designed to institutionalise and disempower them. This may have impacted on client's responses as they may have felt obligated to respond in a certain manner. Addictions staff may also have felt unable to be completely honest in their responses as they may have felt that if they responded inappropriately then there could have been consequences within their organisation or from management. Also as the researcher was a colleague of the addictions staff this may have impacted on the participants' responses. In order to try and reduce the power imbalance it was emphasised to participants that all participation was voluntary and that all responses would be anonymous with no punishment or consequences for participating.

The researcher is aware that as a current prison addictions worker previous experience of working in this environment and with the client group may have lead to there being some personal bias when conducting the study. Through personal experience and reviewing the literature it is possible that the researcher already had views and opinions on what addiction services require in order be effective for female offenders. However, the researcher was aware of these views and opinions prior to the research taking place and care was taken during interviews to not impose these views on participants. It is hoped that this awareness prevented any influence on results.

The researcher's pre-existing knowledge of services and the client group may also have benefitted the study prior to the research taking place there was an extensive knowledge base of addiction and the female offending population. This would have given the researcher a more in depth understanding of the topics and issues raised during the interviews as well as the terminology used by clients and staff.

## **Conclusion**

In conclusion, female offenders with substance misuse issues are a complex client group with specific issues and needs. Prison addiction services are required to identify the specific needs of their population and review their service provision accordingly in order to support more women into recovery.

Prison services must take into account and holistically address the multiple and complex needs of the women, recognising that other issues co-exist with their addiction including mental health conditions and experiences of violence and abuse. Due to the high instance of trauma in these women's lives, and the level of unresolved trauma which was evident across this study's sample, services need to adopt a trauma focused approach to address the complex issues which underlie their substance misuse.

The stigma that is associated with substance misuse must be addressed in order to support more women into recovery. Services and professionals must accept that many women will lapse or stray from the paths to their future goals. These lapses in the service provided in prisons need to be reconceptualised. Attitudes and provision cultures must be changed to view lapses not as failures but as part of the journey to a new and better life situation.

It must also be recognised that the greatest risk on post release is often immediately after leaving the prison gate where support is felt to, or actually, falls away. Appropriate aftercare should be provided which allows female substance users to continue with their recovery journey when returning to the community.

Considerable changes must be made within the prison services if a trauma-focused and person-centred approach to care is to be adopted. Retraining of staff, updating of interventions, increased resources and integration of services are required in order for a new approach to the rehabilitation of offenders and recovery from substances is to be achieved.

Due to the high incidence of disadvantage and marginalisation demonstrated in the lives of female offenders, the low level nature of their offences, the fact that this

offending is often inherently linked to chronic substance abuse problems and the compounding impact of the experience of imprisonment on these women, alternatives to custody which address the real life situations and needs of these women must remain a priority. The Scottish Government is attempting to create a criminal justice system that incorporates these values however in order for these reforms to be effective they must ensure that they fully investigate and consider the needs of the female offending population. It is hoped that this study has provided some insight into what these needs are. Health psychology can play an important role in developing improved addiction services through research, training and delivering evidence-based psychological interventions. Through further research into this area, women will receive better support with their addiction issues and in turn have better psychological and physical health which will allow them to live more fulfilling lives.

## References

- Abbott, B., & Kerr, D. (1995). *Substance abuse program for federally sentenced women*. Ottawa: Correctional Services of Canada.
- Agrawel, A., & Lynsky, M. (2008). Are there genetic influences on addiction: evidence from family, adoption and twin studies. *Addiction*, 103, 1069-1081.
- Baer, J. (2002). Student factors: understanding individual variation in college drinking. *Journal of Studies on Alcohol*, 14, 40-53.
- Banerjee, S., Clancy, C., & Crome, I. (Eds.) (2002). *Coexisting problems of mental disorder and substance misuse (dual diagnosis): An information manual*. London: Royal College of Psychiatrists.
- Beck, A. T., Rush, A. J., & Shaw, B. F. (1979). *Cognitive Therapy of Depression*. New York: Guilford.
- Becker, J., & Duffy, C. (2002). *Women drug users and drug service provision: Service level responses to engagement and retention*. London: Home Office.
- Beckman, L. (1994). Treatment needs of women with alcohol problems. *Alcohol, Health & Research World*, 3, 206-211.
- Bier, I., Wilson, J., Studt, P., & Shakleton, M. (2001). Auricular acupuncture, education and smoking cessation: a randomized, sham-controlled trial. *American Journal of Public Health*, 10, 1642-1647.
- Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: research, practice, and guiding principles for women offenders*. Washington, DC: National Institute of Corrections.
- Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta-ethnography to synthesis qualitative research: A worked example. *Journal of Health Service Research*, 7, 209-15.
- Brochu, S., Guyon, L., & Desjardins, L. (1999). Comparative profiles of addicted adult populations in rehabilitation and correctional services. *Journal of Substance Abuse Treatment*, 2, 173-182.
- Carroll, K. M. (1996). Relapse prevention as a psychosocial treatment: A review of controlled clinical trials. *Experimental and Clinical Psychopharmacology*, 4, 46-54.

- Carroll, R. M. (1998). *A Cognitive-behavioural Approach: Treating Cocaine Addiction*. London: Rockville Press.
- Caulfield, L. S. (2012). *Life histories of women who offend: A study of women in English prisons*. Unpublished doctoral thesis, Loughborough University, United Kingdom.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- Commission on Women Offenders (2012). *Final report 2012*. Edinburgh: Scottish Government.
- Corston, J. (2007). *The Corston Report*. London: Home Office.
- Covington, S. S. (2007). The relational theory of women's psychological development: Implications for the criminal justice system. In R. T. Zaplin (Ed.), *Female Offenders: Critical perspectives and effective interventions* (2nd ed., pp. 135-164). Sudbury, MA: Jones and Bartlett.
- Critical Appraisal Skills Program (CASP) (2014). *Critical Appraisal Skills Programme (CASP): Making sense of evidence*. Retrieved from <https://casp-uk.net>
- Cropsey, K., Eldridge, G.D., & Ladner, T. (2004). Smoking among female prisoners: an ignored public health epidemic. *Addictive Behaviours*, 29, 425-31.
- Curran, H., Kleckham, J., Bearn, J., Strang, J., & Warnigarate, S. (2001). Effects of methadone on cognition, mood and craving in detoxifying opiate addicts: A dose-response study. *Psychopharmacology*, 154, 153-160.
- Drake, R. E., McHugo, G. J., Clark, R. E., Teague, G. B., Xie, H., Miles, K., & Ackerson, T. H. (1998). Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: A clinical trial. *American Journal of Orthopsychiatry*, 68, 201-215.
- Drake, R. (2006). *Treating co-occurring disorders (The clinical innovators series)*. Center City, MN: Hazelden.
- Drake, R. E, Goldman, H. H., Leff, H. S., Lehman, A. F., Dixon, L., Mueser, K. T., & Torrey, W. C. (2001). Implementing evidence-based practices in routine mental health service settings. *Psychiatry Service*, 2, 179-82.
- Elliot, D., Bjelajac, P., Fallot, R., Markoff, L., & Reed, B. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33, 461-477.

- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publications of qualitative research studies in psychology and related fields. *The British Journal of Clinical Psychology, 38*, 215-229.
- Eshrati, B., Rahim, T., Dell, C., Afshar, P., Millson, P., Kamali, M., & Weekes, J. (2008). Preventing HIV transmission among Iranian prisoners: Initial support for providing education on the benefits of harm reduction practises. *Harm Reduction Journal, 5*, 5-21.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Koss, M. P. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine, 14*, 245-258.
- Fereday, J., & Muir-Cochrane, E., (2006) Demonstrating rigour using thematic analyses: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods 5*, 80-92.
- Garland, E., Schwarz, N., Kelly, A., Whitt, A., & Howard, M. (2012). Mindfulness Orientated Recovery Enhancement for Alcohol Dependence: Therapeutic Mechanisms and Intervention Acceptability. *Journal of Social Work, 12*, 242-263.
- Gilbert, L., El-Bassel, N., Manuel, J., Wu, E., Go, H., & Golder, S. (2006). An integrated relapse prevention and relationship safety intervention for women on methadone: Testing short-term effects on intimate partner violence and substance use. *Violence and Victims, 21*, 657-672.
- Glaze, E., & James, D. (2006). *Mental Health problems of prison and jail inmates*. Washington, DC: Bureau of Justice Statistics..
- Goodheart, C. D. (2006). Evidence, endeavour, and expertise in psychology practice. In C. D. Goodheart, A. E. Kazdin, & R. J. Sternberg (Eds.), *Evidence-based psychotherapy: Where practice and research meet* (pp. 37–61). Washington DC: American Psychological Association.
- Goodman, R., Calderon, D., & Angela, M. (2012). The use of mindfulness in trauma counselling. *Journal of Mental Health Counselling, 34*, 254-268.
- Green, B., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency, 51*, 133-151.

- Greenfield, S. F., Kuper, L. E., Cummings, A. M., Robbins, M. S., & Gallop, R. J. (2013). Group process in the single-gender women's recovery group compared with mixed-gender group drug counselling., *Journal Groups Addiction Recovery*, 8, 270-293..
- Grella, C. E., Lovinger, K., & Warda, U. S. (2013). Relationships among trauma exposure, familial characteristics, and PTSD: A case-control study of women in prison and in the general population. *Women & Criminal Justice*, 23, 63-79.
- Haigh, R. (1999). The quintessence of a therapeutic environment: Five universal qualities. In P. Campling, R. Haigh, & Netlibrary, Inc. (Eds.), *Therapeutic communities: Past, present, and future* (pp. 246-257). London: Jessica Kingsley Publishers.
- Hamersley, R., Forsyth, A., Morrison, V., & Davies, J. (2006). The Relationship between Crime and Opiate use. *British Journal of Addiction*, 84, 1029-1043.
- Harris, M., & Falloot, R. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey-Bass.
- Hay, G., Gannon, M., McKeganey, N., Hutchinson, S. & Goldberg, D. (2005) *Estimating the national and local prevalence of problem drug misuse in Scotland*. Glasgow: Centre for Drug Misuse Research
- Hedderman, C. (2004). The Criminogenic Needs of Women Offenders. In G. McIvor (ed.), *Women Who Offend* (pp.227-244). London: Jessica Kingsley.
- Hedderman, C., Gunby, C., & Shelton, N. (2011). What women want: The importance of qualitative approaches in evaluating work with women offenders. *Criminology and Criminal Justice*, 11, 3-19.
- Herman, J. L. (1992). *Trauma and recovery*. London: Pandora.
- Her Majesty's Inspectorate of Prisons (2011). *Follow up Inspection Report on HMP and YOI Cornton Vale*. Edinburgh: Scottish Government.
- Her Majesty's Inspectorate of Prisons (2015). *Report on HMP & YOI Cornton Vale*. Retrieved from: [https:// www.prisonssinspectoratescotland.gov.uk/](https://www.prisonssinspectoratescotland.gov.uk/).
- Hutchison, S. J., Roy, K. M., Wadd, S., Bird S. M., Taylor, A., Anderson, E., Shaw, L., Codere, G., & Goldberg, D. J. (2006). Hepatitis C Virus Infection in Scotland: Epidemiological Review and Public Health Challenges'. *Scottish Medical Journal*, 51, 8-15.

- Irvin, J. E., Bowers, C. A., Dunn, M. E., & Wang, M. C. (1999). Efficacy of relapse prevention: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 67*, 563-570.
- Kaufmann, P., & Kaufman, E. (1992). From multiple family therapy to couples' therapy. In: E. Kaufman and P. Kaufmann (Eds.), *Family Therapy of Drug and Alcohol Abuse* (2nd ed., pp. 85–93).. Boston, MA: Allyn and Bacon.
- Keenan, P. (2006). *A Process evaluation of community addiction teams (CAT) in East and North East Glasgow during the first year of operation*. Edinburgh: Scottish Executive Social Research Substance Misuse Research Programme.
- Khantzian, E. J. (1985). The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence. *American Journal of Psychiatry, 142*, 1259-1264.
- Kline, A. (1997). Profiles of criminal justice clients in drug treatment: implications for intervention. *Addictive Behaviours, 22*, 263-268.
- Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective: A review of empirical data. *The International Journal of Psychoanalysis, 86*, 841-856.
- Lester, C., Hamilton-Kirkwood, L., & Jones, N. K. (2003). Health indicators in a prison population: Asking prisoners. *Health Education Journal, 62*, 341-349.
- Light, M., Grant, E., & Hopkins, K. (2013). *Gender differences in substance misuse and mental health amongst prisoners: Results from prisoner crime reduction (SPCR) Longitudinal cohort study of prisoners*. London: Ministry of Justice. .
- Livingston, J., Milne, T., Fang, M., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction, 107*, 39–50.
- Loucks, N. (2004). Women in prison. In G. Mclvor (Ed.), *Women Who Offend* (pp. 142-158). London: Jessica Kingsley.
- Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science & Medicine, 71*, 517-28.
- Marlatt, G. A., & Gordon, J. R. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviours*. New York: Guilford.

- McClellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug Dependence, a chronic medical illness: implications for treatment, insurance and outcomes evaluation. *Journal of the American Medical Association*, 13, 1689-95.
- McHugh, R., & Sheridan, S. (2013). *Tracking the needs and service provision for women ex-prisoners*. Association for Criminal Justice Research and Development Ltd.
- McIvor, G., & Burman, M. (2011). *Understanding the drivers of female imprisonment in Scotland*. Glasgow: The Scottish Centre for Criminal Justice Research
- Mead, N. and Bower, P. (2000) Patient centeredness: a conceptual framework and review of empirical literature. *Social Science and Medicine*, 52, 1087-110
- Menzes, P. R. (1996). Drug and alcohol problems among individuals with severe mental illness in south London. *British Journal of Psychiatry*, 168, 612-619.
- Messina, N., Burdon, W., Hagopian, G., & Pendergast, M. (2006). Predictors of prison therapeutic communities' treatment outcomes: A comparison of men and women participants. *American Journal of Drug and Alcohol Abuse*, 31, 7-8.
- Miller, J. B. (1990). *Connections, Disconnections, and Violations*. Work in progress. No. 33. Wellesley, MA: Stone Center, Working Paper Series.
- Miller, N., & L., Najavits. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3. doi: 10.3402/ejpt.v3i0.17246.
- Najavits, L., Crits-Christoph, P., & Dierberger, A. (2000). Clinicians' impact on substance abuse treatment. *Substance Misuse*, 35, 2161–2190.
- Najavits, L. M., Gastfriend, D. R., & Barber, J. P. (1998). Cocaine dependence with and without PTSD among subjects in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *American Journal of Psychiatry*, 155, 214-219.
- National Records of Scotland (2015) *Drug-Related Death in Scotland* Retrieved from: <http://www.nrscotland.gov.uk/news/2016/drug-related-deaths-in-scotland-in-2015>

- National Collaborating Centre for Methods and Tools (2008). *Quality Assessment Tool for Quantitative Studies*. Hamilton, ON: McMaster University. (Updated 13 April, 2010) Retrieved from: <http://www.nccmt.ca/resources/search/14>
- Naughton, M., Nulty, A., Abidin, Z., Davoren, M., O'Dwyer, S., & Kennedy, H. G. (2012). Effects of group metacognitive training (MCT) on mental capacity and functioning in patients with psychosis in a secure forensic psychiatric hospital: a prospective-cohort waiting list controlled study. *BMC Res Notes*, *18*, 5-302.
- Neighbour, R. (1987) *The Inner Consultation*. London: Petroc Press.
- Nelson-Zlupko, L., Dore, M. M., Kauffman, E., & Kaltenbach, K. (1996). Women in recovery: Their perceptions of treatment effectiveness. *Journal of Substance Abuse Treatment*, *13*, 51–59.
- Noblit, G. W., & Hare, R. D. (1988). *Meta-Ethnography: Synthesizing Qualitative Studies*. London: Sage.
- Nurco, D. N. (2006). Drug Addiction and Crime: A Complicated Issue. *British Journal of Addiction*, *82*, 1-7.
- Oladele, D., Clark, A., Richter, S., and Laing L. (2013). Critical realism: a practical ontology to explain the complexities of smoking and tobacco control in different resource settings. *Global Health Action*, *6*, 1-14.
- Parks, M.J. (2016). Sexual attitudes and behaviours among US adults with and without jail experience: Implications for health promotion. *Behavioral Medicine*, *29*, 1-11.
- Perkins, K. A, & Scott, J. (2008). Sex differences in long-term smoking cessation rates due to nicotine patch. *Nicotine and Tobacco Research*, *10*, 1245-5020.
- Peters, R. H. & Steinberg, M. L. (2000). *Substance Abuse Treatment Services in US Prisons: An international perspective*. Amsterdam: Harwood Academic Publishing.
- Plugge, E., Douglas N., & Fitzpatrick R. (2008). Imprisoned women's concepts of health and illness: the implications for policy on patient and public involvement in healthcare. *Journal of Public Health Policy*, *29*, 424-39.
- Ramsay, R., Welch, S., & Youard, E. (2001). Needs of women patients with mental illness. *Advances in Psychiatric Treatment*, *7*, 85-92.
- Reckart, M. L. (2005). Sex work harm reduction. *British Columbia Centre for Disease Control*, *17*, 2123-34.

- Rickford, D. (2003) *Troubled Inside: Responding to the mental health needs of women in prison*. London: Prison Reform Trust
- Rosenstock, I.M., Strecher, V.J., & Becker, M.H. (1988) Social Learning theory and the Health Belief Model. *Health Education Quarterly*, 15, ,175-183.
- Ross, H. E., Glaser, F. B., & Germanson, T. (1988). The prevalence of psychiatric disorders in patients with alcohol and other drug problems. *Archives of General Psychiatry*, 45, 1023-31.
- Royal College of Psychiatrists (2007). *Prison Psychiatry: Adult prisons in England and Wales*. London: Royal College of Psychiatrists.
- Sayer, A. (2000). *Realism and Social Science*. London: Sage.
- Scottish Government (2008). *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*. Retrieved from; [www.gov.scot/Publications/2008/05/22161610/0](http://www.gov.scot/Publications/2008/05/22161610/0)
- Sheehan, R., Mclvor, G., & Trotter, C. (Eds.) (2007). *What works with women offenders*. Cullompton,: Willan.
- Simpson, D. D. (2002). A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment*, 22, 171-182.
- Smith, B., & Marsh, J. (2000). Client-Service matching in substance abuse treatment for women with children. *Journal of Substance abuse treatment*, 22, 161-168.
- Steffensmeier, D., & Allan, E. (1998). The nature of female offending: Patterns and explanations. In R.T. Zaplin (Ed.), *Female Offenders: Critical perspectives and effective interventions* (pp. 5-29). Gaithersburg, MD: Aspen Publishing.
- Sword, W., Niccols, A., & Fan, A. (2004)."New Choices" for women with addictions: perceptions of program participants. *BMC Public Health*, 5, 4-10.
- Torchalla, I., Linden, I. A., Strehlau, V., Neilson, E. K, & Krausz, M. (2015). "Like lots happened with my whole childhood": Violence, trauma, and addiction in pregnant and postpartum women from Vancouver's Downtown Eastside. *Harm Reduction Journal*, 10, 1-12.
- Van Olphen, J., Eliason, M. J., Freudenberg, N., & Barnes, M. (2009). Nowhere to go: How stigma limits the options of female drug users after release from jail. *Substance Abuse Treatment Policy*, 10, 4-10.

- van Olphen J, Freudenberg N, Fortin P, Galea S. (2006). Community re-entry: perceptions of people with substance use problems returning home from New York City jails. *Journal of Urban Health*, 83, 372-81.
- Von, A. D., Ebert, S., Ngamvitroj, A., Park, N., & Kang, D. H. (2004). Predictors of health behaviours in college students. *Journal of Advanced Nursing*, 48, 463-474.
- Wanigaratne, S. (2003). Relapse Prevention in Practice. *The Drug and Alcohol Professional*, 3, 11-18.
- Wanigaratne, S. (2006). Psychology of Addiction. *Addiction Psychiatry*, 5, 455-460.
- Ward, A., & Roe-Sepowitz, D. (2009). Assessing the effectiveness of a trauma-oriented approach to treating prostituted women in a prison and a community exiting program. *Journal of Aggression, Maltreatment & Trauma*, 18, 293-312.
- Watson, R., Stimpson, A., & Hostick, T. (2004). Prison health care: A review of the literature. *International Journal of Nursing Studies*, 41, 119-28.
- Weaver, T., Renton, A., & Stimson, G. (1999). Severe mental illness and substance misuse comorbidity: research is needed to inform policy and service development. *British Medical Journal*, 318, 37-38.
- WHO (2015). *Prevalence for Substance Misuse and Substance use Disorders*. Retrieved from <http://www.who.int>
- Willig, C. (2005). *Introducing Qualitative Research in Psychology Adventures in Theory and Method*. London: Open University Press.
- Yalom, I. D. (1995). *The Theory and Practice of Group Psychotherapy* (4th ed.). New York: Basic Books.
- Young, M., Waters, B., Falconer, T., & O'Rourke, P. (2005). Opportunities for health promotion in the Queensland women's prison system Australian and New Zealand. *Journal of Public Health*, 29, 324-327.
- Zlotnick, C., Clarke, J., Friedman, P., Roberts, M., Sacks, S., & Melnick, G. (2008). Gender differences in comorbid disorders among offenders in prison substance abuse treatment programs. *Behavioral Science & Law*, 26, 403-412.

## **Appendix 1: Interview Schedule**

### Interview Schedule Views on Addiction Services

1. What are your views on the current addiction services in Cornton Vale?
2. What are your views on the services for drug users in Cornton Vale?
3. What are your views on the services for alcohol users in Cornton Vale?
4. What are your views of harm reduction interventions in Cornton Vale?
5. What are your views on services for blood borne viruses in Cornton Vale?
6. What are your views on the Naloxone Program which is currently being run in Cornton Vale?
7. Do you feel addiction services could be improved in Cornton Vale? If so how?
8. Do you feel that there are any barriers to accessing treatment in prison? If so what?
9. Any other comments?

## Appendix 2: Information Sheet



Queen Margaret University College  
EDINBURGH

“Views on addiction services”

### Invitation

You are being invited to take part in this research project. Before you take part it is important for you to understand why the project is being carried out and what it will involve. Please take the time to read the following information carefully. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part in the project. Thank you for reading this.

### What is the Purpose of this Project?

The aim of this study is to understand the views of staff and clients on the addiction services that are available at HMP &YOI Cornton Vale. The length of the project is six months and you will be asked to participate in one interview. In order to assess views of addiction services and another to evaluate what the positive and negative aspects of these services are.

### Why have I been chosen? Do I have to take part?

I aim to involve 8 clients and 8 staff members in the project. Your participation in the project is voluntary and your response anonymous. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are free to withdraw at any time and without giving any reason. A decision to withdraw at any time, or a decision to not take part, will not interfere in any way with your employment or access to addiction services.

### What will happen to me if I take part? What do I have to do?

Your involvement in the study will be taking one interview, to gain insight into your views and opinions about addiction services within the prison. The Interviews are expected to last for around 30 minutes each and will take place in the links centre for clients and the staff office for staff. Notes will be taken during interviews for further analyses. All the information collected during the course of the interviews will be kept strictly confidential. Your name will be replaced with a participant number, and it will not be possible for you to be identified in any reporting of the data. All notes will be destroyed after completion of the project. The

information you provide will not be shared with anyone outside the research team and you will not be identified in the reporting of the gathered data. The results of the study will be reported to Phoenix Futures, SPS and NHS management and could potentially be presented in conferences or published in an academic journal. In this case quotes from interviews may be used however quotes will be anonymous and any information that may identify you will be removed.

The information gathered from the project will be used in order to make recommendations on how to improve addiction services and as a result it is hoped that services will be improved.

Thank you for taking the time to read this information sheet.

### **Contact for Further Information**

Should you have any further questions please contact :

Researcher: Claire Findlay

Email; [Claire.findlay@btinternet.com](mailto:Claire.findlay@btinternet.com)

Project Supervisor: Professor Chris McVittie

Email [cmcvittie@qmu.ac.uk](mailto:cmcvittie@qmu.ac.uk)

Secondary Supervisor : Dr Joanne Fox

Email [jfox@qmu.ac.uk](mailto:jfox@qmu.ac.uk)

Independent Adviser: Dr Vivienne Chisholm

Email [vchisholm@qmu.ac.uk](mailto:vchisholm@qmu.ac.uk)

## Appendix 3: Consent Form



Queen Margaret University College  
EDINBURGH

### “Views on addiction services”

I understand that I am under no obligation to take part in this study.

I understand that I have the right to withdraw from this study at any stage without giving any reason. I understand that if I withdraw, all my data will be destroyed.

I understand that small sections from my interview may be used for publication in scientific journals. I understand that should this happen, I will not be identified by any of the information provided.

I agree to participate in this study.

Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

Date: \_\_\_\_\_

Name of researcher:

Researcher: Claire Findlay

Supervisor : Professor Chris McVittie

## Appendix 4: Scottish Prison Service Ethical Regulations

### REGULATIONS CONCERNING RESEARCH ACCESS TO PRISON ESTABLISHMENTS FOR THE PURPOSES OF CONDUCTING RESEARCH

All access to prison establishments for the purposes of conducting research is conditional on the researcher(s) agreeing to abide by the undernoted requirements.

1. All data and research material arising out of the study must be dealt with on an anonymous, unattributable and confidential basis. No individual should be named or identified. Researchers must comply with the Data Protection Act (1998).
2. If the study is to involve interviewing of subjects, all such subjects must give voluntary consent and be informed of the purpose of the study; anticipated uses of data; identity of funder(s) (if applicable); and the identity of the interviewer.
3. All research data and material of whatever kind (i.e. interview notes, questionnaires, tapes, transcripts, reports, documents, specifications, instructions, plans, drawings, patents, models, designs, whether in writing or on electronic or other media) obtained from the Scottish Prison Service shall remain the property of the Crown. Information collected during the course of a research project must not be supplied to another party or used for any other purpose other than that agreed to and contained in the original research proposal. All confidential research data obtained from SPS must be destroyed within 12 months of completion of the research project.
4. All researchers must abide by the ethical guidelines of their profession or discipline and must nominate below the guidelines to which they will adhere. (e.g. Social Research Association, British Sociological Association etc.) All researchers must arrange to be Disclosure Scotland cleared.
5. Where appropriate, research proposals may require to be submitted to the Ethics Committee of the local Area Health Board (or MREC) and to receive its approval before access is granted.
6. The Chair of the SPS Research Access and Ethics Committee (RAEC) must be informed in writing and agree to any changes to the project which involve alterations to the essential nature of the agreed work.
7. The Scottish Prison Service reserves the right to terminate access to SPS establishments at any time for any Operational reason that may arise or for any breach by the researcher of the Access Regulations or for any failure on the part of the researcher to conduct the study as agreed with the RAEC. In the event of access being terminated for any reason whatsoever, all data obtained from SPS during the course of the research shall be returned to the Scottish Prison Service.
8. The Scottish Prison Service will not have liability in respect of any loss or damage to the researcher's property or of any personal injury to the researcher which occur within SPS premises. The researcher (or,

if applicable, the researcher's institution or organisation) will be responsible for arranging all relevant personal indemnity to cover the conduct of research within SPS premises.

9. It is a condition of access that a copy of any final report or dissertation or other written output arising from the research MUST be submitted to SPS to be lodged in its Research Library. Any material resulting from access which is intended to be presented publicly must also be submitted to SPS. In principle, the Scottish Prison Service supports the publication and dissemination of research findings arising from approved work, but the Service reserves the right to amend factual inaccuracies.
  
10. Reports and presentations should be sent to the Chair of the Research Access and Ethics Committee, Analytical Services, SPS Headquarters, Calton House, Redheughs Rigg, Edinburgh EH12 9HW.

Ethical guidelines nominated \_\_\_\_\_

I have read the above regulations and agree to be bound by them.

\_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)