

## Inquiry into women's health and well-being in prisons

Inclusion is a national organisation that works with individuals, families and communities who are affected by addiction, crime, mental health or need treatment for their sexual health. Whilst providing comprehensive and inclusive support and treatment we work with service users and staff teams to achieve the best outcomes we can.

Our services support women in prisons, providing psychosocial interventions for women with drug or alcohol misuse and dependence. I currently support these services in three female establishments including both open and closed environments.

Women currently engaging in our services in each of these establishments is a high percentage of the prison population at approximately 75% at each site. Of the 75% of women on our caseloads 90% are prescribed medication to support drug dependence including Methadone or Buprenorphine.

Women who engage with our psychosocial interventions are usually dependant on drugs, substances commonly used include Heroin and Crack Cocaine, and it is common for these women to have a long history of problematic substance misuse.

Many women who engage with our service are regularly coming in and out of custody usually for short periods of time, 80% of this cohort of women will return to prison within 6 months of release after committing a further offence causing disruption to their recovery journey.

There are key issues facing women in the criminal system. A high amount of women are remanded in custody for non-violent crimes statistics show that on average 82% of women sentenced have committed a non-violent crime, a lot of women spend periods of time on remand but are never sentenced causing issues if released with regards to housing and can cause disruption to engagement with drug and alcohol treatment and recovery services as they may be released to an area they are not familiar with.

Women spend time in custody causing children to be removed again causing disruption. Having children removed and or leaving children in care due to spending time in prison is traumatic and contributes to troubling cycles of offending and drug taking to deal with emotional distress.

We have identified from supporting service users that there has been an increase in women engaging in sex work to fund their drug and alcohol use, COVID has caused barriers for this cohort of women due to limited interactions with services and other support for example with contraception.

Women being sentenced to a period of time in custody can often find themselves in prisons located far away from their home area, this can cause barriers in continuing with their drug and alcohol treatment support on release simply by having to commute so far. Previously it was more successful for women to continue with engagement on release if they had been able to meet with their drug and alcohol worker prior to release in some cases being picked up from prison on their release date.

A recent collation of data was taken to identify common areas for release, the results of this highlighted that women were released often out area. This is not the same scenario for male prisoners where we work with men predominantly located in a prison not far away from their home. The location of these women means that family contact is affected and in turn they can use drugs and alcohol as a coping mechanism to deal with these emotions of loss and isolation.

In custody it is important that we offer person centred treatment to all women however, we often have women sentenced to short periods of time in prison. Therefore harm reduction work is key to keeping them safe because short sentences do not always provide us with the opportunity to facilitate long programmes. In the female open prisons we have identified that because service users spend a longer period of time in custody prior to transfer to the open establishment they are at a different stage in their individual recovery journey. We have had lots of successful completions out of treatment with this cohort of women who have had more time and are stable in custody, these are often those who have received longer serving sentences and can engage with structured interventions for a number of months.

Women offenders will often display an array of complex issues that have a direct influence on substance misuse issues, emotional regulation in women regularly impacts on their thoughts, feelings and how this processing impacts on emotions and consequently their behaviour around their individual substance misuse and addiction.

Relationships with women offenders is key to their recovery. Women regularly come into prison already homeless and often have children under the care of social services. This can be a barrier for engagement into treatment for their addiction as they feel they have nothing left. It is common for women who are frequently in

custody to have already regularly accessed all elements of support and this can act as a barrier to engaging in treatment as they believe they have already tried all elements of support previously and this has been unsuccessful or not met their needs.

We understand the importance of giving service users the opportunity to feedback to us their comments about services and support we provide, in a recent survey about barriers into treatment following release from custody the following quotes were received:

“I will only end up back in prison as I’ve nowhere to live on release”

“I have to travel miles for my appointment”

“It would help to if I got picked up on release”

“No being able to get myself to my appointment”

Working with women in custody it is now evident that gambling addiction is also an increasingly problematic factor. There are an increasing amount of women who would benefit from accessing support for gambling issues, in the female open prison we introduced GA (Gambling Awareness) into the establishment to offer support, we also had a peer mentor in the establishment with a history of problematic gambling and they were able to offer informed support to that group.

Working with female offenders it is important to recognise the high level of trauma some women have experienced prior to beginning a period of offending, and that these women are very often victims of offending themselves. This includes being victims of abuse with problematic home lives that can set them on a road to addiction, women very often use substances as a way to block out these distressing emotions, and this in turn can be the hardest barrier to them successfully accessing treatment with supportive services. It is vital that these women can access services that are reflective of their situation and needs which is easy to access, proactive and offers a holistic approach to their individual needs for their recovery journey to be successful.

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