15. Alcohol and prisons

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Key points

- The harmful use of alcohol is a major public health problem in Europe.
- The link between alcohol and crime, particularly violent crime, is strong.
- The prevalence of alcohol problems in prisoners is high.
- The prison setting is an opportunity to detect and treat those who are hard to reach.
- Delivering interventions for alcohol problems in prisoners has the potential to reduce alcohol problems, reduce re-offending and tackle health inequalities.

Introduction

Health problems in prisoners mirror and often magnify those of the wider population. The same is true for alcohol problems.

Alcohol in Europe

Alcohol is a psychoactive, toxic and potentially addictive substance *(1)*. It is a causal factor in over 60 diseases and injuries and accounted for 6.4% of all deaths in the Region in 2004 *(2)*. Some consequences, such as intoxication or injury, are acute while others, such as liver disease and cancers, result from longer-term consumption. As well as the impact on individuals, the consequences of alcohol consumption may result in harm to others, such as drink–driving *(3)*.

In most European countries, the drinking of alcohol is common in the adult population, with 80–95% drinking at least occasionally *(4)*. Over the past two decades average population consumption has been stable, although in countries such as France and Italy there has been a decrease and in others (Estonia, Ireland and the United Kingdom) levels have been rising *(5)*. Average population consumption is linked to the number of heavy drinkers and to the levels of alcohol-related harm *(1)*. In 2004, the one-year prevalence of alcohol use disorders (alcohol problems which can be defined as hazardous drinking, harmful use or dependency *(6)*) in the Region was 1 in 20 (5.5%), with a higher proportion in men (9.1%) *(2)*.

Alcohol and crime

The link between alcohol and crime, particularly violent crime, is strong and evident in all European countries. Alcohol-related crime is both common and costly. In 2003, alcohol-related crime in Europe was estimated to cost €33 billion *(7)*.

Table 8 shows the percentage of all crimes and violent crimes related to alcohol in selected European countries. As there is no standardized definition of alcohol-related crime, caution should be taken in drawing comparisons.

Alcohol-related crime can be described in three broad categories: (i) where there is a direct causal relationship (alcohol-specific offences such as drunk–driving and drunkenness); (ii) where alcohol is a contributory factor (with alcohol a trigger or facilitator to offending, for example, assault, antisocial behaviour); and (iii) where there is a co-existent relationship (the offender's alcohol consumption has no relation to the crime) *(8)*.

The relationship between alcohol and crime is not, therefore, a simple causal one. With regard to violence where alcohol is recognized as a contributory factor, theoretical models based on empirical evidence have grouped factors into the following four broad areas *(9)*:

Table 8. All alcohol-related crimes and violent crimes in selected European countries (%)

Country	Alcohol-related crime (%)	Alcohol-related violent crimes %)
Belgium	20	40
Finland	47	66
Germany	7	24
United Kingdom (England and Wales)	25	48

Source: Anderson & Baumberg *(7)*.

- physical and psychological effects of alcohol on the individual:
  - reduced impulse control and impaired motor functioning;
  - impaired cognition, less self-reflection, impaired ability to process multiple cues and solve problems;
  - alcohol-induced myopia (short-sighted focus on the immediate situation);
  - greater willingness to take risks;
- personal characteristics:
  - impulsiveness;
  - frustration;
  - anxiety;
  - drinking patterns;
- situational context within which alcohol is consumed:.
  - poor layout of bars with increased likelihood of crowding;
  - low staff-to-patron ratio;
  - encouragement to drink large quantities;
- cultural context:
  - acceptance of public drunkenness;
  - acceptance of violence;
  - unstructured drinking;
  - beliefs about personal responsibility when drunk.

Measures to tackle alcohol-related crime need to include interventions at the level of the individual as well as broader interventions aimed at the social, physical and cultural environments.

Alcohol problems in prisoners

The prevalence of alcohol problems in prisoners is high, although the evidence base to date is limited. An international systematic review found that 18–30% of men and 10–24% of women prisoners had alcohol problems, but the studies were noted to be heterogeneous *(10)*. In the United Kingdom (Scotland) in 2011, 50% of prisoners reported that they were drunk at the time of their offences, an increase of 10% over the previous 5 years *(11)*. Nearly half (48%) said they would accept help for their alcohol problems if it was offered in the prison. Further Scottish research found that 73% of prisoners had an alcohol-use disorder, with 36% possibly being alcohol-dependent *(12)*. A further breakdown showed differences, with younger drinkers less likely to show habitual and addictive forms of behaviour, which is of importance for the delivery of appropriate interventions *(13)*.

The prison setting is an opportunity to detect, intervene or direct into treatment prisoners who have alcohol problems which may or may not be directly linked to their offences but who are often hard to reach. Prisoners often come from disadvantaged areas where alcohol mortality can be disproportionately high. Tackling alcohol problems in prison has the potential not only to reduce such problems but also to reduce health inequalities and re-offending.

Effective detection

The first step in addressing an alcohol problem in a prisoner is to be able to identify it. The routine taking of a clinical history can be augmented through the use of a validated alcohol screening tool, although there is limited evidence of the testing of screening tools in the prisoner population. A rapid literature review identified three screening tools as having good validity and reliability in offending populations, although no single tool was identified as superior *(12)*. The WHO Alcohol Use Disorders Identification Test (AUDIT) screening tool *(14)* (Table 9) was considered to be the most promising, although more than one screening tool may be required for this diverse population. One small-scale study has shown that the timing of the screening may be relevant: screening immediately on reception into prison, a time of competing demand and stress, is perhaps less effective *(15)*.

Effective interventions

Interventions for alcohol problems need to be effective for the type of alcohol problem identified. They can range from brief interventions for hazardous drinking, to cognitive-behavioural approaches for more harmful and dependent drinkers, to pharmaceutical treatment for acute alcohol withdrawal or prevention of relapse. Current evidence about effective interventions in the prisoner population is limited as many studies conflate alcohol and drug problems, making it difficult to identify alcohol-specific outcomes. There is evidence of the effectiveness of therapeutic communities, but only for those with alcohol and drug problems, and they can be costly and time-intensive to provide. The highest quality evidence base is that for alcohol brief interventions. Some studies have been conducted in the wider offender population but the effectiveness of these interventions in prisons has yet to be established *(12)*. There is some limited evidence that alcohol interventions can reduce re-offending *(16)*. Further details about interventions targeting prisoners with an alcohol problem can be found in the WHO publication *Alcohol problems in the criminal justice system: an opportunity for intervention (17)*.

Integrated care

The detection and treatment of, and interventions for, alcohol problems in prisons are optimized when delivered with an integrated, person-centred approach. What care is delivered by whom, when and where can be mapped out in an alcohol care pathway. This enables care delivery to be seen as a whole system, promoting appropriate access and continuity of care. The key elements should include screening on arrival, detoxification for those in need, triage, a range of effective interventions and throughcare *(12)*.

Table 9. The WHO Alcohol Use Disorders Identification Test (AUDIT): interview version

1. How often do you have a drink containing alcohol?
   (0) Never *[Skip to questions 9–10]*
   (1) Monthly or less
   (2) 2–4 times a month
   (3) 2–3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8 or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily
   [Skip to questions 9 and 10 if total score for questions 2 and 3 = 0]

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

Issues and challenges with alcohol problems in prisons

Alcohol services in prisons, as with all prison health delivery, take place within the constraints of a custodial regime where security and order are necessary. Prisons can often be overcrowded and with a high turnover that can make access to treatment and continuity of care more difficult to achieve. Many prisoners have other complex needs, such as drug misuse and mental health problems, which can make treatment all the more challenging. Literacy problems can limit understanding of, for example, health education materials, or make self-referral to

services difficult if this has to be by written request. On first arrival, the absence of alcohol in the prison environment and other pressures can mask alcohol problems, except in the case of those who develop alcohol withdrawal symptoms. Prisoners can also be unwilling to admit to alcohol problems at any point in their incarceration. On release, there is the risk of relapse into previous drinking behaviour as prisoners return to their communities.

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