

Health needs and health inequalities of offenders in the Solihull area



1331 Offenders in Solihull each year
(under the care of Probation Service)



Studies suggest at least **50%** Offenders will not be registered with a GP



163 men and **141 women** die due to alcohol in Solihull each year



69 offenders will be in enter drug treatment each year in Solihull



Studies show from OASys data that **10%** of female offenders have both drug and alcohol needs and **20%** have mental health and drug needs



45% of adults arrested for specific trigger offences tested positive for specified Class A drugs across Solihull



In the West Midlands **4%** of male offenders leaving prison have no fixed abode, **11%** are in transient accommodation and **5%** in hostels



Over **70** residents of Solihull go to Prison every year

Introduction

This document provides a summary of the current known health needs and inequalities of offenders in the local area. It is intended that this document could assist the commissioning and provision of services for offenders.

There is little community data about the health needs of offenders; this document brings together different sources of information for the first time. With some community information it is not possible to separate offenders from non-offenders. The alcohol and substance misuse information presented here provides information on the whole community. It should be noted that individuals with substance misuse or alcohol issues may not be offenders, but that a large proportion of offenders do have substance misuse issues. As such the improved provision of these services will support offender health improvements.

Within the West Midlands there are 5 PCTs with responsibility to commission healthcare services in prisons. All of these PCTs have dedicated prison health commissioners. The challenge for the future is to consider how all PCTs can ensure the needs of offenders are considered when undertaking the joint strategic needs assessment (JSNA) and when commissioning services for the community.

This document is being shared with Primary Care Trusts (PCTs), Local Authorities and Probation Staff in the region. Information is available for every locality in the West Midlands Government Region and can be accessed at www.westmidlands.csip.org.uk/healthoffenders

CSIP WM has sought to bring the information together from a wide range of sources and organisations, over time we hope to add to this available information. Any feedback or comments are welcome, please contact gemma.boraston@csip.org.uk

Numbers of Offenders

At any one time there will be approximately 1331ⁱ offenders on the caseload of the probation service in Solihull. Of these 1214 of them will be undertaking community sentences or being supported for release from prison. The remaining 117 are being supported after being released from prison.

Nationally over 80% of offenders are male, although the arrest of females is increasing at a greater rate (6%) compared to the increasing rate of arrests for men (1%).ⁱⁱ

Access to Primary Care

Across England the level of offender registration with a GP has been shown to be 40% of the offender population upon entry to prison, 50% upon leaving prison. In Solihull we should assume there are approximately 700 offenders who are not registered with their GP.

Local Strategic Partnerships have the potential to provide the coordinated approach that is needed to improve the registration of offenders with community primary care. Though there are no national targets for meeting offenders' health care needs, partnerships may improve access to community primary care for socially excluded groups through health inequalities targets. Given the links between social exclusion and offending, this should improve the registration rates within the community.

Drug and Alcohol Information

Analysis of OASys Dataⁱⁱⁱ shows that of the 629 individual assessments undertaken across the West Midlands, 266 offenders (42%) reported that they misused drugs.

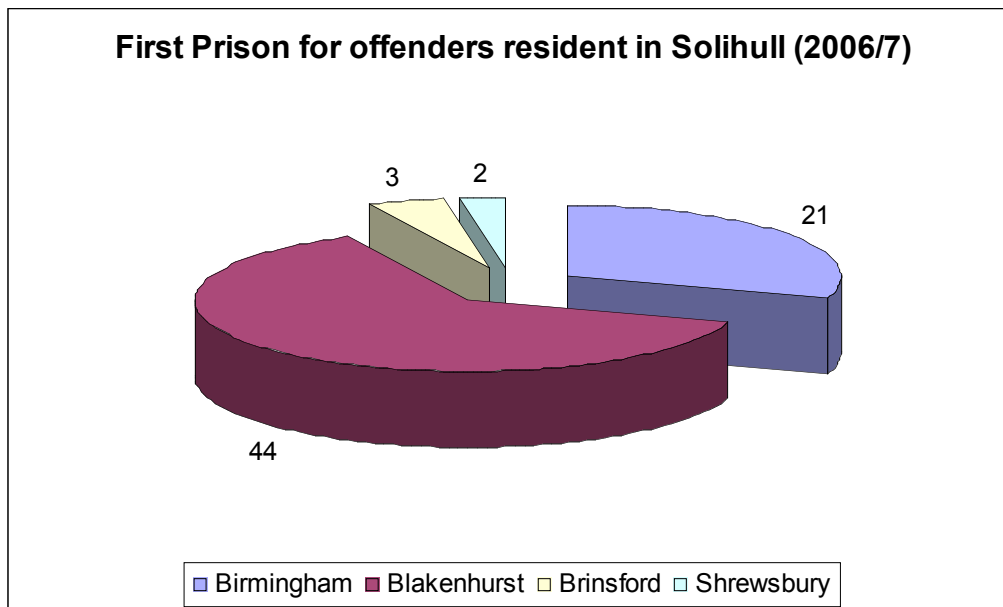
There is a strong link between substance misuse and crime (70% of crime nationally is drug related, 40% is alcohol related). Reducing the number of substance misusers will reduce the volume of crime.

Of the offenders who report using class A drugs, 8% report using Crack and 61% report using Opiates. The number of cocaine users who are injecting appears to be declining in Solihull, the use of crack cocaine is increasing.^{iv}

Of the offenders serving sentences in the community across the West Midlands nearly 25% of all adult men and 33% of all adult women will have drug misuse issues, nearly 42% of adult men and 30% of adult women will be misusing alcohol and 33% of adult men and 55% of adult female offenders will have some form of mental health need. The prevalence of drug misuse in the West Midlands is higher than the national average, alcohol and mental health needs are slightly below the national average.

Offenders with substance misuse problems and mental health problems are at a particularly high risk of suicide and/or overdose on release from prison.

Presentation of Solihull specific data



Substance misuse and mental well-being

Level of deaths attributable to alcohol

	Deaths attributable to Alcohol (in year)		Months of life lost attributable to alcohol	
	Solihull	West Midlands	Solihull	West Midlands
Male	163	4948	7.92	10.89
Female	141	3883	4.70	5.53

Level of crime that can be attributable to alcohol (per 1,000 population)

All crime		Violent crime		Sexual crime	
West Midlands	Solihull	West Midlands	Solihull	West Midlands	Solihull
10.12	9.74	7.18	4.56	0.15	0.11

Levels of co-morbidity needs by age and gender (%) across the West Midlands

Needs	Male Adult	Female Adult	Male Young Offender	Female Young Offender
Drugs and Alcohol	7.9	10	9.6	6.5
Mental Health and Drugs	9.7	18.8	6	9.30
Mental Health and Alcohol	12	17.2	14.2	20.4

*OASys data, we believe that this shows an under estimate of co-morbidity

Drug Intervention Programme (DIP)

Solihull is a DIP intensive area; ninety-five percent of adults arrested for a trigger offence are tested for drugs. Trigger offences are defined by the Home Office; which include offences of theft, fraud, misuse of drugs, attempted theft or fraud and offences under the vagrancy act. The law allows police to test for specified class A drugs.

Positive drug tests (December 2007)

	All Clients tested	Positive tests	% of positive tests
Solihull	150	68	45%
West Midlands*	2653	1023	39%
National*	16,098	6305	39%

*for DIP intensive areas

Additional Information

This is a summary of the recommendations outlined in “West Midlands Regional Offender Manager: Offender Need Data”.

- Review and improve drug interventions for female offenders
- Female offenders need interventions to reduce their risk of self-harm, which may be linked to an underlying mental illness.
- Better mental health interventions are needed both in isolation and combination with other needs such as drugs and alcohol.
- Extend the Drug Action Team’s responsibilities to include alcohol interventions. Alternatively create a separate scheme and/or organisation to address and treat alcohol use.
- All offenders that commit an offence that is a trigger offence for drug interventions should also be screened separately for alcohol problems and offered appropriate treatment and advice.

Reducing health inequalities

Reducing health inequalities for offenders is an important part of the society's goal to reduce health inequalities and to reduce offending. Many offenders, particularly those with a persistent history of offender have health and social care issues that are causally linked to their offending behaviour. In addition the level of mental health need in this population is higher than in the general population and is often linked to substance misuse behaviours.

At a local level Local Strategic Partnerships & Local Criminal Justice Boards have the potential to provide the coordinated approach that is needed to reduce health inequalities of offenders and their offending. There are a number of indicators within the national indicator set for Local Area Agreements that work with offenders would support.

CSIP WM supports the regional reducing re-offending pathway on mental and physical health and manages this jointly with the National Treatment Agency who supports the drugs and alcohol pathway across the region. CSIP WM has a specific programme of work to reduce health inequalities of offenders across the whole of the West Midlands. More information is available at www.westmidlands.csip.org.uk

References

Cleverley N (2008) West Midlands Class A Drug Test Outcomes (2007-08) April December: GOWM

Halliday, K., (2007). Community Primary Care Access for Offenders in the West Midlands Region. CSIP WM

Home Office, (2007) Drug Interventions Programme, Testing on Arrest. Tackling Drugs, Changing Lives:

Leary, R.M., Thomas, J., (2007). West Midlands Regional Offender Manager: Offender Need Data. Forensic Pathways.

NWPHO (2006): Local Alcohol Profiles for England: North West Public Health Observatory

Information represented on the first page

1,331 offenders derived from offenders on community sentences and pre/post release custody.

700 offenders without a GP, calculated from national information that shows that on entry to prison only 40% of prisoners have a GP, upon release 50% of offenders have a GP. Using figure of 1300 offenders, assuming 50% have a GP, 700 will be without a GP. This will be an underestimate of the number without a GP.

Number of individuals who die each year due that can be attributable to alcohol, taken from North West Public Health Observatory Report in to alcohol.

Number of offenders entering drug treatment each year taken from the National Treatment Agency

Adults arrested for trigger offences that test positive for drugs, data from the National Treatment Agency

Percentage of offenders with no fixed abode, transient or in hostels taken from ROM report 2006/7 West Midlands data

Number of Solihull residents in prison each year, taken from 2006/7 data. This data shows only the first receiving prison not the prison of discharge.

ⁱ Data as at 31st December 2007

ⁱⁱ Data from 2004/5

ⁱⁱⁱ Criminal Justice Risk Assessment Tool

^{iv} Data from the National Treatment Agency (NTA)