

# Prison leavers: Experiences of accessing drug and alcohol services



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# SUMMARY

**Prison leavers shared their experiences of accessing support from drug and alcohol services, and how they could be improved.**



**Awareness of drug and alcohol services needs to be improved to encourage people using drugs and/or alcohol get the help they need.** Most participants found out about drug and alcohol services through the criminal justice system and were supported by the system to access support upon their release from prison.



**Lack of motivation and/or willpower was the greatest barrier to accessing support.** Only a small number of participants faced physical barriers which prevented them from accessing drug and alcohol services, with most stating that support is easily accessible.



**Receiving timely support is crucial for preventing relapse.** All participants were able to access drug and alcohol services in a timely manner, with many receiving immediate support upon their release from prison.



**Participants had very positive experiences of receiving support from drug and alcohol services.** In particular they praised the care they received from staff and key workers. Areas for improvement included reducing the turnover of key workers, encouraging attendance at peer support groups, and providing easier access to methadone prescriptions.



**Accessing support to reintegrate into society and the community is a significant challenge.** Participants shared the areas they have struggled with since being released from prison – including finding appropriate housing, registering with a GP, accessing financial support, rebuilding relationships, and finding employment.

**Public Health at Hertfordshire County Council has welcomed this report and the findings will feed into the Council's Drug and Alcohol Strategy delivery plan, along with other recommendations we have made to support the improvement of service provision. Additional reports on drug and alcohol services can be found on our [website](#).**

## Background

In December 2022 the Government announced dedicated funding for three years to deliver the new 10-year drugs strategy 'From Harm to Hope' to cut crime and save lives. The strategy takes a whole systems approach to reducing drug use; cutting off the supply of drugs, preventing and reducing drug and alcohol use, supporting continuity of care for people who leave prison into community drug and alcohol services, and developing a world-class treatment and recovery system for those battling drug/alcohol use.

Hertfordshire County Council received funding from the Office of Health Improvement and Disparities (OHID) to address aims relating to treatment and recovery. There are various programmes of work being undertaken by the Council, however the specific aim of this report was to hear from prison leavers who had accessed drug and alcohol services to gain insights on the following:

- The ease of access to drug and alcohol services and understanding what barriers they faced in accessing support
- Understanding how drug and alcohol services have supported them and what could be improved
- Gather feedback to create positive change and influence wider decisions

## Methodology

A collaborative approach was undertaken with Public Health at Hertfordshire County Council, Healthwatch Hertfordshire, and Viewpoint, working in partnership to hear from prison leavers who have accessed drug and alcohol services.

Focus groups were conducted and facilitated by an independent representative from Viewpoint. Change Grow Live (CGL) and Druglink supported with the recruitment process and enabled focus groups to be held within their services. This engagement was then transcribed and thematically analysed by Healthwatch Hertfordshire to identify key themes.

Between June – August 2024 we engaged with 15 service users through three focus groups. Given the sensitivity of the topic and the importance of retaining anonymity, demographic information was not collected from participants. Due to the transient nature of this population and the desire to engage in meaningful conversations to gather qualitative feedback, the sample size was relatively small.

# GLOSSARY

**Methadone** – a substitute drug used in the treatment of morphine and heroin addiction.

**Script** – an informal colloquial term for a methadone prescription. Many service users will receive a prescription for methadone from drug and alcohol services to help with their withdrawal from drugs and/or alcohol.

**Rehab** – a course of treatment for drug or alcohol dependence, typically at a residential facility.

**Recall** – a recall to prison is when someone who has been released on parole or license is taken back to prison for breaking the terms of their probation.

**Discharge plan** – a prison discharge plan covers what happens when an individual leaves prison.

# KEY FINDINGS

## Awareness of drug and alcohol services

*The majority of participants found out about drug and alcohol services through the criminal justice system and were supported by the system to access support upon their release. Although receiving this information was valuable, some participants suggested that there could be greater awareness of drug and alcohol services in the wider community to encourage people using drugs and/or alcohol to get the help they need.*

Most participants discovered drug and alcohol services either through the police or during their time in prison. This included signposting from police officers, fellow inmates, and receiving letters during their sentence detailing the support available to them whilst in prison and upon release.

***“From jail init. They gave me a letter saying do you want help.”***

***“They do it in police stations anyway. When they are dobbing you for shoplifting, they come around and they say you have a drug problem – you need this information.”***

Prison support workers were also essential in ensuring participants had information about drug and alcohol services and could access the support available. Around half of the participants said the prison support workers were “helpful” while the remaining felt the contact and support they received was limited.

***“Yeah, I’d say 7 out of 10. They give us a letter and fetch the script.”***

***“While I was in prison they gave me one of these, slid it under my cell and went look, when you get released come to see us, so yeah that was good.”***

However, the majority of participants were not aware of drug and alcohol services prior to being sentenced to prison. Participants emphasised that individuals only seem to be aware of and/or receive support once they have committed a criminal offence and were concerned that other people with a lived experience of substance use may not know what help is available to them. They also stressed that this lack of awareness could be a key barrier preventing people from accessing support.

***“It’s improved loads in the past 5 years, you know the stupid thing is, it’s like until I started committing crime prolifically, I started getting help.”***

***“I found out through word of mouth, there is so much help out there, but you only get it if you get told.”***

By comparison, a few participants felt that there is enough information about the support available and argued that people need to be more proactive and willing to act on this.

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***“I think if you want the help, the help will find you.”***

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## **Barriers to accessing support from drug and alcohol services**

*Only a small number of participants faced physical access barriers which prevented them from accessing drug and alcohol services. The majority commented that support is easily accessible, and that the greatest barrier they had to overcome was finding the willpower and/or motivation to seek help.*

### **Willpower**

For almost all participants, the main reason for not initially accessing support from drug and alcohol services was because they did not have the motivation to access support or the willingness to accept, they needed help with their drug and/or alcohol use. Participants emphasised that they were often in denial which prevented them from seeking help sooner. They stressed that having willpower is essential, and that individuals need to be determined and prepared to engage with treatment and the recovery process.

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***“If you go and put the effort in and look for it, there’s a lot there, but you need to be prepared.”***

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Most participants said they were motivated to access drug and alcohol services because they were fed up with their lifestyle and wanted to change. A few participants wanted to start receiving support in order to rebuild relationships with their family, friends and/or children.

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***“I don’t know, something just snapped inside of me, and I’ve had enough of it. I really have.”***

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### **Location and Travel**

A third of participants commented that the location of drug and alcohol services and the cost of physically travelling to these services initially prevented them from accessing support, which can stop or deter them from attending appointments and/or group sessions. Participants commented that although some drug and alcohol services reimburse travel costs, this does not remedy the issue, as they still need to have the money in the first place.

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***“I miss quite a lot of appointments because of the distance.”***

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***“You have to ask. They don’t give you the money upfront, they pay you back, which is quite hard.”***

Positively, the majority of participants suggested that drug and alcohol services used to be challenging to access, and in recent years have become far more accessible to the public.

***“I’ve been addicted to drugs for such a long time. I’ve been on methadone or substances for such a long time, it’s much easier to access, whether it’s St. Albans, Hatfield, Stevenage or Hertford. There’s enough of them about for you to access, whether you are in a village somewhere, wherever you are. It’s so easy to get hold of a drug and alcohol service.”***

### **Shame/Stigma**

When asked whether feelings of shame and/or stigma had prevented them from initially accessing drug and alcohol services, the majority of participants commented that this may have been a factor for them a few years ago, but they do not have concerns about this now. A few participants also felt that stigma around drug and alcohol use had significantly improved in recent years.

***“Yeah, maybe 10 years ago, not now mate, that stigma has gone, and you know what, that stigma has lessened in general.”***

## **Accessing drug and alcohol services**

*All participants were able to access drug and alcohol services in a timely manner, with many receiving immediate support upon their release from prison. Participants emphasised how crucial it is for people to be able to access drug and alcohol services promptly to prevent them from potentially relapsing in the interim.*

Positively, all participants were able to receive support very quickly, with many accessing drug and alcohol services as soon as the next morning after leaving prison. Often this was support was pre-arranged for them before their release. A few participants suggested that prison leavers are often keen to receive support from drug and alcohol services as this one of the only ways they can receive their prescription for methadone.

***“We’re given the support before we even leave the gate. Here’s your appointment time and we know if we don’t turn up, we are not getting our script, so we’re guaranteed to turn up.”***

Many participants also acknowledged that drug and alcohol services are now much easier to access, with waiting times for appointments significantly reduced. Participants emphasised how essential it is that prison leavers (and other members of the public) are



able to access drug and alcohol services promptly and argued that any delays in accessing support could encourage people to relapse.

***"In Hertfordshire you ring up and you get one within a week or so. In another county I asked for an appointment, and they rang me a month and a half later. I'm telling you how much it has progressed and how much easier it has become."***

***"If you want to stay off the streets, you need it the day after, if it was a couple of days later, you would start something again."***

## **Experiences of accessing drug and alcohol services**

Participants were generally very positive about the support they have received from drug and alcohol services. In particular, participants praised the care they have received from staff and key workers. Key areas for improvement included reducing the turnover of key workers, encouraging greater attendance at peer support groups, and providing easier access to prescriptions.

Participants praised the support they have received from drug and alcohol services, emphasising that their experience has been "very positive" and felt privileged to have this support available to them. Many said the services have helped them to stop and/or reduce their use of drugs and/or alcohol and have given them the tools they need to progress in their recovery journey.

***"I'm in a really good place now. I feel really strong, motivated and focused. I am becoming a lot more self-aware."***

***"I'm going through trauma therapy now. I have quite bad traumas. I am dealing with it, it's all working. I'm ready to accept it. I'm using the tools they give me everyday."***

In particular, participants praised the staff working for drug and alcohol services, commenting that they go "above and beyond" to help people using the services, are easy to talk to, and treat them with kindness, compassion and empathy.

***"I think it's spot on. I think it's great. They go above and beyond, and they help all the time."***

***"Above and beyond man, they talk to you with compassion, consideration, empathy."***

### **Key workers**

Participants had been allocated key workers and they stressed the importance of having this one-to-one support in addition to group work to enable them to build a personal

relationship and to have someone they could confide in about any concerns or challenges they may have.

Most participants praised the care and support they have received from their key worker, emphasising that they are easy to talk to and go out of their way to help them. A few participants identified that their key worker is a core reason for their positive progression with the recovery journey.

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***“My key worker, personally. They look out for me left, right and centre. They are as good as gold. They’re younger and they’re on their game mate, they’ve done a lot for me. They’ve done rehab for me; they’ve sorted trauma therapy – they’ve done that for me. They’re in touch with me, rings me when I don’t have an appointment, like how are you feeling, they’re so supportive. When I tell them things it’s good news to them, you can tell they’re genuinely happy for me, it’s not like ah that’s sweet. You know what I mean they’re passionate about their job. It means a lot to me.”***

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When asked what makes a supportive key worker, many participants suggested that having common interests and good people skills was important to them. They also emphasised the value of key workers who have their own lived experience of drugs and/or alcohol and stressed that these key workers could provide much greater empathy and understanding.

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***“It would be a good idea to have peers that have been through the system to the stage of sobriety to say look this is where I the help is and this is what I did, I was in the same place as you, I was doing this, but this is what I’ve done about it and this is where I am now.”***

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A few participants said inconsistent key worker or communication hindered their recovery. Participants also commented on the turnover of key workers, meaning they have had multiple key workers since they first started accessing drug and alcohol services. Participants said that new key workers are often not given information about them, meaning they have to retell their personal information which they can find quite distressing.

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***“It’s hard enough to tell your stories to one (person).”***

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### **Access to Prescriptions**

Although participants were able to access drug and alcohol services very quickly, they were not always able to receive their prescriptions as easily.

Participants added that waiting for a prescription may cause people with a lived experience of using drugs and/or alcohol to relapse. Participants called for drug and alcohol services to provide prescriptions more quickly to prevent people from continuing to use drugs and/or alcohol, and/or from changing their mind to get the support they need.

***“It’s the aftermath of the call as in the time between you plucking up the courage to make the call and getting in the mood to say ‘ok I want to sort myself out’ and then them saying you have to wait 6 days.”***

***“These moments of determination like ‘I’m going to do it’, don’t come around too often.”***

Participants also suggested that drug and alcohol services should provide same day prescriptions, as well as same day appointments. They emphasised that this would encourage people to stay engaged with services and again, may prevent people from potentially relapsing.

***“Same day appointment, same day script, that’s what’s needed.”***

## **Priorities outside of drug and alcohol services**

*Participants shared the areas they have struggled with since being released from prison. This included finding appropriate housing, registering with a GP, accessing financial support, rebuilding relationships and finding employment.*

### **Housing**

Housing was a key issue for the majority of participants, with many agreeing that finding somewhere to live was one of their most pressing needs upon their release from prison. Some participants said they were fortunate enough to have a home to return to, and others received housing support which they expressed immense gratitude for.

***“Not being homeless is the main thing, isn’t it?”***

Concerningly, many participants had been released from prison without a home to go to. Not having this stability encouraged a cycle of committing crimes to escape homelessness. One participant shared that they were homeless for several years and would commit criminal offences to simply escape being homeless in the winter months.

***“90% of the inmates are worried about if they are going to have a place to live. I was only out of jail for 6 days when I did my last crime and that’s because they released me homeless, and I said okay – I’ll just do a worse crime.”***

***“I was just outside the system trying to get in and then every winter I would commit a crime just to get into prison and it doesn’t look good on my record now because I have been to jail now 26 times or something.”***

Participants emphasised how having a secure, stable home often prevented them from committing further criminal offences as they would not want to lose having somewhere to live.

***“I’d never leave. You know what I mean? I wouldn’t be going back to jail because you’d lose your flat and that’s an even bigger incentive to not go back to jail because otherwise, you’d lose your yard.”***

***“Even the room I have means I don’t want to go back to jail.”***

### **Registering with a GP**

Another fundamental problem participants faced was registering with a GP practice. Some participants had to re-register with a GP practice upon their release and had not been informed that they had been taken off their GP practice’s patient list. In some cases, participants were told this process would take several weeks and/or that their GP practice was not accepting any new patients.

Not being registered with a GP practice often delayed participants from receiving their prescriptions for their medication and prevented them from accessing the support they needed upon release from prison. Participants emphasised that the process of registering with a GP needs to be quicker to prevent people from potentially relapsing.

***“If you’re in an area that isn’t your area because you are engaging with CGL you have to be with a doctor in the area, you have to register with a doctor. That’s difficult, it’s taken two weeks to a month to get registered, to get your script, everything and your medication. If they really don’t want you to use drugs again, they have to speed it up.”***

### **Employment**

When asked about employment, although some participants missed working, the majority agreed that they felt it is not possible to be employed while they are trying to recover, with participants simply prioritising getting through each day without using drugs and/or alcohol. Participants suggested that when they have progressed with their recovery, they may feel in a better position to start looking for employment opportunities.

***“To be honest with you when it comes to employment we don’t even bother, our minds don’t even go to I want a job, we’re so in it or coming out of it, it doesn’t even enter my mind.”***

A few participants commented on the practical barriers they face in terms of finding employment. This included stigma, with some employers reluctant to take on individuals with a criminal record, and working hours, with some jobs conflicting with the time they need to pick up their prescription.

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***“You have to wait for the script to come in at 9 o’clock and some jobs can start at 7 or 8.”***

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## **Finances**

Most participants did not face any barriers in accessing benefits and financial support, with many accessing this information whilst in prison. Upon release, the majority of participants received their benefits within a matter of days.

Participants emphasised the importance of being released from prison with some access to money as without this, some people may be tempted to commit another criminal offence to earn money.

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***“I’ve been released homeless before and you know if you’re on recall, you don’t get a discharge plan. So not only are they releasing you onto the streets, but they are also releasing you with no money. So within an hour or so you are breaking the law again because you have no money. I’ve been in that situation loads of times. I’ve even gone back to jail the day I got out.”***

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## **Relationships**

Participants had varying relationships with their families and friends. Some had family members and friends who were supportive of them, while others had become estranged. For some participants, mending and rebuilding relationships with their families, friends and children was a key motivator for them to recover.

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***“I come from a travelling background as well and when they found out I was doing heroin, they disowned me and wanted nothing to do with me. But I feel like I have a fresh start here.”***

***“I got a 15-year-old that won’t talk to me at the minute, and they have every right to be like that, but that’s what I fight for, if they weren’t in this world I don’t even think I would.”***

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In general, participants suggested that it would be useful if drug and alcohol services could support them with their reintegration into society upon their release from prison. In particular, participants called for signposting information to help them understand how they can access the support and services they need.

## Conclusion

The findings from the report are generally very positive. Participants shared how they were informed of drug and alcohol services during their prison sentence, with appointments often pre-arranged prior to their release. Participants emphasised how important this is, as even the slightest delay in accessing support could lead to a potential relapse. Although awareness of drug and alcohol services appears to be promising amongst prison leavers, participants suggested that other people using drugs and/or alcohol outside of the criminal justice system may not know of the support available.

In terms of access, participants praised the accessibility and availability of drug and alcohol services, and the majority did not experience any barriers to accessing service provision. The most significant barrier was an individual's own motivation and willpower to seek support, rather than external and physical factors such as location and travel.

Regarding their experience of receiving support, participants shared many positive stories of accessing drug and alcohol services. In particular, participants commented that the staff go "above and beyond" and praised their kindness, compassion and empathy. They also praised the support they have received from their key worker and emphasised the importance of their key worker having their own lived experience. Key areas for improvement included reducing the turnover of staff, improving attendance at peer support sessions, and improving access to prescriptions.

Participants also shared the difficulties they faced upon their release. This included finding appropriate housing, accessing financial support, finding employment, registering with a GP practice and rebuilding relationships. Participants suggested that drug and alcohol services could provide more signposting information to help prison leavers with their reintegration upon release.

The report has cited a range of positive experiences, and it is important that this standard of care is upheld and there are opportunities to explore and implement the recommendations raised by prison leavers.

Public Health at Hertfordshire County Council has welcomed this report and the findings will feed into the Council's Drug and Alcohol Strategy delivery plan, along with other recommendations we have made to support the improvement of service provision.