MCA
FOUNDED 1967

ISSN 1351–0541

Alcoholis

THE BULLETIN OF THE MEDICAL COUNCIL ON ALCOHOL

Committed to improving medical understanding of alcohol-related problems

Volume 27
Number 3
September 2008

In this issue

Editorial 1

The impact of alcohol on prison services

Alcohol and crime: a prisoner's account 1

Alcohol in prison: a governor's perspective 3

Medical aspects of alcohol problems and prisoners 4

This bulletin will be published quarterly. Items for publication to be forwarded to the Editor

© Medical Council on Alcohol 2008

MCA
5 St Andrews Place,
Regent's Park,
London NW1 4LB
Tel: 020 7487 4445
Fax: 020 7935 4479

Registered Charity Number 265242

FROM THE EDITOR

Dr Guy Ratcliffe

There have been a number of reports about the continued increase in alcohol-related hospital admissions recently, particularly from the Department of Health. The Public Health Minister has unveiled a new alcohol strategy, Changing our Drinking Culture, which, among other things, includes a call for the drinks industry to follow a mandatory code on unit labelling and health warnings. The industry's response is to emphasise the impact of raising prices of alcoholic beverages to reduce alcohol consumption as unfair on the majority who drink responsibly. I remain to be convinced that this so-called majority is totally aware of their quantitative consumption. Estimations on the number of units in a bottle of wine, for example, is to some extent guesswork.

Variation in price of alcoholic beverages dependent on site of purchase remains a major concern. My local pub sells a pint of the local bitter for £2.90, while the local supermarket sells the same beer in 500 ml cans, four for £3.98, which is the equivalent of £1.14. Such disparities need addressing in order to reduce alcohol consumption.

In this issue: the link between alcohol and crime and violence has received much recognition of late. The consequences are well known, especially the impact of alcohol-fuelled crime and violence on our prison services. The authors of this issue receive my grateful thanks for their contributions which highlight this area of grave concern. The prisoner who has written his personal account wishes to remain anonymous, nevertheless, his story is a powerful one.

The impact of alcohol on prison services

Alcohol and crime: a prisoner's account

This is a sobering story of a man whose life was driven by drink. Whether behind bars or not, alcohol was his jailor until he finally managed to break free.

My first drink was when I was 14. It made me feel good – tipsy. At weekends I started to get carry-outs with mates, paid with the money I made as a milk boy. At first it was a bit of a laugh, but as my drinking progressed it changed my attitude, thoughts and feelings. By the time I was 16 I was drinking every weekend and would end up in fights. I was loud and wanted to be the centre of attention. If there was trouble I had to get involved. The drink gave me a feeling of bravado and I would embarrass myself and others. But when I was sober the next day, I would feel guilty about my actions and deny them.

Out of control

When I was drunk I didn't care – I wanted a fight, an argument. When the police lifted me I had an audience, it was something to brag about to the lads. I hated the police and would be verbally abusive. Me and my best mate did everything together – we fought, we got lifted, we committed offences that I don't wish to put on paper. Everything we did was drink-fuelled. One time we used a crushed-up spark plug to smash a car window and steal the car; it turned out to be a doctor's car, with medic tools to

Continued overleaf

save people's lives. The next day we realised the seriousness of our actions; the doctor had been on call and could have needed his car and tools to save someone's life. The stuff we took from the car we left in a place where it was found and returned, as drugs was not our thing, it was drink. I needed another drink to take away the regret and panic. A few years later that same doctor attended my son when he was ill. I still carry the guilt to this day for my actions, but I continued to drink and my verbal abuse got worse. I was lifted five times in one week for being a drunken menace. I've lost count of the times I woke up to see what dog I was laying next to or what cop shop I was in.

By age 18 or 19 in my drinking career I had lost relationships, no girl would put up with me. I had a Jekyll and Hyde personality – sober I was a nice guy and would swear off the drink, but come the weekend I was back on it. Me and my mate would go to any lengths to get a drink; we robbed his mother's electric meter, gas meter and TV meter on different occasions, and put steel washers in the box so she would hear the 'ching' of money. When the guy came to empty it all hell broke loose. The hassle we put that woman through just to get a drink. We even conned shops and swapped bottles of vodka with water. We did it with bottles of wine too and never got caught. Weeks later you would hear that someone had accused the shop of selling them water instead of vodka or wine.

My first time in prison was Polmont Youth Offenders Institution, and I wore my time like a badge of honour. It was an achievement and was the first of a few occasions that I ended up in prison, and, of course, so did my friend. When we were released it was party time, although by this stage we were barred from every pub in town. We bought our drink to take away, and bragged about our time inside – who you met, what you did.

As the years went on, the drinking got worse and so did our crimes – more assaults, stabbings, baseball attacks.

Broken lives

As I hit my early 20s I slowed my drinking down a bit, but I still lost friends and relationships. I had a domestic with the girl who had my first son. He is 18 now but was only two years old at the time. She had told me to get out and threw my clothes out of the window as I left. I had nowhere to go as I knew no one would take me in; my family would not accept me drunk. I had an outstanding warrant for 14 days in jail so I decided to hand myself into the cop shop, but when I got there it was empty. I sat on a chair and waited and while sitting I noticed a cop hat and overcoat hanging up. I decided to have a bit of a laugh, so I messed up the place a little and left dressed as a copper. My mate and I laughed about it for two days until the police came hunting me down. I was scared so I needed a drink and when I sobered up I needed drink to numb the guilt.

I ended up in a hostel in order to live out of my area, start afresh, get my own house. But it wasn't long before I started on the drink and made new mates in the hostel who all had drink and behaviour issues. This became a cocktail for hassle and I started popping downers with the drink; I'd lose two or three hours and couldn't remember anything I'd done. One morning I woke up and the warden wanted to see me. While sitting with him he put on a small tape recorder and when asked why he replied, 'I have to look after number one, you threatened to rip me apart and smash the place up'. I had no recollection of this. I'll never know why I said this except that I was drinking and popping pills.

I ended up in prison for police assault through drink. I had got my own home, done it up the way I wanted, then smashed the whole place up for no reason, got pissed and woke up in a cop shop. I had to start again all because of the drink. Why could I not stop drinking? I was wrecking my life and could not see it. As I hit my late 20s I slowed down a lot and so did my volatile behaviour. I started working on doors at weekends and this job stopped me from drinking as much. I saw people coming into the club sober and leaving drunk. I could point out guys and say to the lads, 'There's me, that's what I'm like on drink'. It opened my eyes to what drink did to me. I could relate a lot of people's behaviour to my own and this made me stop and think. Now I was stopping fights rather than getting into them. I got a lot of respect from people for the way I changed my attitude. I started to gain new friends and I would watch how much I drank and be the sober one at the end of the night. That made me feel good.

Getting it all back

I was learning a lot working as a bouncer. I was more assertive, I stopped fights, I gained respect. But my best mate, the guy who was like a brother to me, continued to drink. One day, after picking up my second son to another partner, I got a call – he had been found dead. He had been dead for three or four days before anyone found him. He died from liver and kidney failure through drinking. This was a big loss to me, but we knew it would happen if he did not stop drinking and maybe I'd have gone the same way if I hadn't stopped. Like myself, he was a good guy sober. A good guy in many ways, but no one got to see the good in us when we chose to drink. As much as I am responsible for every action I took, drink played a big part in the way I thought, felt and acted. Doing a course in constructs psychology has made me realise and regret my past drinking behaviour. It gives me more reason not to let drink play any part of my future. ■

Alcohol in prison – a governor's perspective

Bill McKinlay, Governor, HMP Barlinnie

While rare, instances of drinking in prisons have a disproportionate impact on prisoners and prison staff. This drives the need for continual awareness. Bill McKinlay explores the governor's perspective of alcohol behind bars.

As long as there is imprisonment, prisoners will be involved in the illegal production of 'hooch'. Perhaps this entrepreneurial spirit should be applauded, it has parallels with the time of prohibition in the USA in circumventing of the authorities to produce some form of substance that can be consumed. Using commodities to hand such as pizza bases and fruit to ferment into an alcohol concoction not only 'gets one over' on the authority but brings some form of personal satisfaction and reward. While such substances are not palatable and best avoided, it shows the power of alcohol and the need to have access to it even in the worst of circumstances.

Alcohol in prison is neither allowed, accepted or condoned. It is against prison rules. When it is produced or consumed by a prisoner it causes staff concern due to the associated unpredictable behavioural consequences. The psychological and physical impact on the person who has been drinking is exaggerated because of their mental health background and chaotic lifestyles. In the controlled environment of prison, alcohol consumption and its consequences are more of a concern to staff than the use of illegal drugs.

General alcohol consumption impacts on us all at some time. While there may be a growing tolerance of increased levels of consumption, a consequence is the damaging drinking patterns and behaviour being exhibited outside prison walls. Inside prison, management and staff exercise zero tolerance of prisoners drinking alcohol. Of concern is the significant proportion of adult male and young offenders in prison who record high intakes of alcohol, almost a half of which (45%) would accept help for what they perceive as an alcohol problem. On average in HM Prison, Barlinnie each day, there are 16 male prisoners on a prescribed detoxification programme, usually librium or diazepam depending on their clinical assessment. Others are referred to the enhanced addictions programmes and/or counselling.

Fulling crime

Current indicators are that the more problematic drinkers fall into the younger age scale – prisoners in their early 20s. Offensive behaviour due to increased alcohol consumption of prisoners prior to sentences has worsened over the last few decades in the adult male population and young offenders. The level of alcohol consumption in the community has also risen, but, in the past, this has not always received the same level of attention or focus as the use of illegal drugs. Alcohol use has largely been pushed to the margins, while the political and societal focus has been on drugs.

There is no blurring of boundaries with drug abuse, it is clearly seen as dangerous, bad and illegal. From the perspective of a prison practitioner, the associated problems and cost of alcohol consumption outweighs those of illegal drugs. This is not to minimise the importance of national and local drug strategies, or the impact of such in terms of damage and economic cost. Drugs are clearly related to criminal behaviour and, therefore, retain a prominent position in society as a problem to be dealt with. But there is growing realisation that alcohol consumption should not be seen as a secondary issue or dismissed lightly. Alcohol is identified as a major problem for many adult and young people serving sentences in prison. Cost, strength, availability and consumption patterns have all influenced the rise in alcohol-fuelled crime and violence. The influence of alcohol consumption on individual offending and on offences themselves is alarming.

Asking for help

The 10th Annual Prisoner Survey 2007 reported that 45% of prisoners admitted they were drunk at the time of their offence, 45% would accept help if offered in prison to deal with their alcohol problems and 34% believed drinking problems had affected their relationships with their family. Initial results from an ongoing study commissioned by the Scottish Prison Service (SPS), and undertaken jointly with the Glasgow Centre for the Study of Violence at Glasgow Caledonian University, have indicated that there have been unexpected changes in the patterns of drinking in groups of young offenders (16–21 years of age) over the past three decades from 1979. Of the 2007 group, 56.8% blamed the offence on drinking and 77% stated they were drunk at the time of the offence. This compared with 29% and 47% respectively of the 1979 group. In terms of getting drunk daily, figures show that 7% admitted this in 1979, compared to 40% in 2007. As the

individual needs of prisoners are assessed within the SPS, it is clear that there is an increased need to focus on excessive alcohol consumption and its associated problems.

Why has the problem of alcohol been ignored? Perhaps it is because of attitudes towards drinking in general. Maybe there is a part in all of us that deflects us from scrutinising our own drinking patterns and levels of consumption. The overall effect of increased alcohol consumption on the general population has a more negative impact on those who can least afford it and those from deprived backgrounds – our prison base.

The problem is known – the size of it, the cost and associated health issues – so why does it remain the poor cousin to illegal drugs when it comes to finding solutions? The target group is the young male adult offender in custody, or more importantly prior to custody in order to influence their drinking behaviour. Proposals under the Government's Alcohol Strategy will start to target this group in a practical way, but the issue requires a major cultural shift. Research shows that young offenders drink more often and in different ways to adults; drug use, especially heroin, is also less in this group than in adult offenders. Within the younger age group there is more alcohol-fuelled offences.

Time to act

As a society, we have to accept the dangers of alcohol and the challenges it presents. If not managed properly, the costs associated with alcohol abuse will rise. For some alcoholics, imprisonment offers some respite and the opportunity to focus on their individual problems for the first time. We need to accept the challenge inside prisons in dealing with those with alcohol dependency and associated problems. The focus has to be on early intervention and the need to change societal behaviour and practices. West Scotland has learned through experience the effects of high alcohol consumption and binge drinking. From a prison perspective, it has had a major impact on the rise of the prison population.

Alcohol has been with us for thousands of years and will remain a part of society. We cannot ignore it and within the prison environment, we will continue to search out 'illegal brewers' and their product. But this is a miniscule task in relation to seeking the solution to the wider problem of alcohol and its effects that we all face. ■

Medical aspects of alcohol problems and prisoners

Dr Andrew Fraser, Director of Health and Care, Scottish Prison Service

Dr Lesley Graham, Public Health Specialist, Information and Statistics Division, NHS Scotland

The link between alcohol and violence is at last getting through to public consciousness. The relationships between alcohol, violence, health and social problems and the consequences for health and care services are now generally agreed. But less well recognised is the proportion of people committing serious crime who have a drink problem, or were drunk at the time of their offence. These alcohol-associated problems carry into prison, for people caught and deprived of their liberty. The alcohol goes away, but the problems may not. Through routine reported data and our own studies, we set out to demonstrate these factors:

1. Alcohol problems are common among prisoners.
2. The profile of people with alcohol problems are different inside and outside prison.
3. Alcohol problems are masked by the prominence of drugs and other addictions among prisoners on admission, and by the reduced availability of alcohol compared to drugs in prison.
4. There is a mismatch between the scale of the problem and the response of prisons in dealing with it.
5. There are gaps in knowledge about what is needed, and what might work, in the prison setting.
6. Effective action to address alcohol problems among prisoners has to be put in context. Prisoners have many problems, of which alcohol may be just one and they may be in prison for a short time.
7. Re-integration into society is a particularly great challenge for a person with an alcohol problem.

Prison health is public health

The most common age group going to prison is between 20 and 24. The general public drink heavily in this age group: 40% of men and 33% of women drink more than double daily limits on their heaviest drinking day. Two out of five male prisoners are problem drinkers compared to one in eight men in the general population. The population most likely to come to prison – from our most deprived communities – are those from places where the concentration of heaviest drinking, alcohol-related hospital admissions and alcohol-related deaths occur.

Continued overleaf

The impact of alcohol on prison services

The relationship between alcohol and crime is complex. There is no agreed definition of an alcohol-related offence. It is comparatively straightforward to define drink driving, drunkenness and offences under licensing laws as those associated with alcohol. It is more difficult to attribute assaults, murders, domestic abuse, fire-raising and the common crimes of knife carrying, or breach of the peace, as alcohol fuelled. However, published data accept that 62% of domestic abuse incidents, 17% of road death drivers, 38% of pedestrian fatalities and over half of murders occur when the perpetrator is drunk.

In successive years of surveying, prisoners themselves report that 44% were drunk when they committed their main offence. It is less generally appreciated that the cost of alcohol to criminal justice and emergency services (police, fire, ambulance) is greater than the cost to health services. In a health economic study, the estimated total cost to public services in Scotland was over £2.2bn due to alcohol-related disorder. Costs attributed to health services were £405m, while £385m was attributed to criminal justice and emergency fire services. Further, the United Kingdom Alcohol Treatment Trial (UKATT) study estimated that £1 spent on NHS alcohol treatment saves £5 in the public sector – the systems are interdependent, and the criminal justice system benefits when the NHS rises to the challenge of alcohol dependence in the population.

Clinical problems for prisoners with alcohol

An offender on admission to prison will routinely be assessed for their risk of withdrawal from addiction, and their risk of suicide. Withdrawal is commonly taken to be from drugs, as is the case in the majority, but that is often reported as the most immediate problem and drug withdrawal protocols cover alcohol withdrawal simultaneously. Relatively few prisoners undergo detoxification for alcohol problems, and they are often well known as repeat visitors to local prisons on short sentences and remand periods.

Apart from alcohol withdrawal, assessment can reveal physical trauma. Many prisoners have been the victims of violence, as well as the perpetrators of violent crime. An alarming proportion of offenders coming into prison are also thought to have brain damage, and much of this is related to alcohol. Inside prison, alcohol problems may be reported when other, more acute problems, have subsided. It becomes evident that the panoply of problems faced by the prisoner – encompassing health, social, housing, relationships and other dimensions of their lives – mean that alcohol problems take their place in a multilayered picture of basic, urgent needs and potential responses. Multisystem physical and mental damage may become evident. General mental and physical condition is very poor. An estimated 20% of the prison population are hepatitis C carriers, and heavy drinking can accelerate the decline of liver function in this large sector of the population.

Immediately after release, alcohol is a common accompaniment to drug-related death or suicide. The risk of dying within the first two weeks of release from prison is 30–50 times background levels. Almost half (40–50%) of people in drug-related and suicide categories will have taken alcohol prior to dying.

The clinical response to prisoners with alcohol problems starts with assessment and stabilisation, along with detoxification where required. Prisoners receive general and specific health promotion according to their needs and problems. Subsequent problems, once healthcare teams 'scratch the surface', reveal layers and layers of other problems and underlying causes. Only if a prisoner stays for a considerable period is it likely that the prison regime can address all these problems adequately. The need to prepare for release usually comes forward rapidly, and that throws up its own challenges.

In Scottish prisons, the initial basic assessment will detect and manage alcohol withdrawal. For prisoners staying more than a month, referral can be made to addiction services and a care plan drawn up. The range of interventions for alcohol problems include group work, one to one motivational interviewing and a recently introduced cognitive behavioural therapy (CBT) programme. Women and young offenders with alcohol problems staying less than a month can be fast tracked to Throughcare Addiction Services provided by the local authorities.

A further phenomenon in prison is the availability of illegal drugs. Drugs may be illegal outside and inside prison, but they are highly marketable and therefore available. Tobacco is similarly addictive and highly marketable, being legal to over 18 year olds outside and inside prison. In contrast, alcohol is a legal substance outside the prison, illegal inside the prison, and much less available. It is less marketable, less able to pass into the prison, and to conceal when in prison. As a consequence, the majority of prisoners do not continue to use the substance. Self-reports suggest that 7% or less of prisoners will have access to alcohol in any month.

Almost half (46%) of prisoners are willing to accept help for their alcohol problems in prison, 36% were offered help and 20% took help. Therefore, there is evidence that prisons are gearing up to address problems, but capacity falls short of ideal. Further, almost a quarter (23%) of prisoners

Continued overleaf

The impact of alcohol on prison services

think they will have a problem with alcohol dependency after their release.

These self-reports lie within 4–15% of ratings for drugs and drug problems. Therefore, alcohol problems are not in the shadow of drugs, as one might suppose.

Conclusion

Prisons have begun to grip the scale of alcohol problems among their patients, but there is more to do. Particular areas for action entail scaling up our response to alcohol problems including screening and activating referral pathways, preparing people for release and a return to readily available alcohol, and sticking by those who are vulnerable in the hours and days after release in order to support their decision to refrain from alcohol.

The picture of alcohol in prisons is changing. Just as drug problems reflect those in the community, so do alcohol problems. There is clear evidence that prisoners are willing to disclose alcohol problems and seek help to address them. Even so, it is probable that drugs are the agent that creates the need to offend, while alcohol fortifies and anaesthetises the urge to commit crime. Poly-drug misuse most certainly involves alcohol and it should not be forgotten among the toxic substances, even though the substance is legal. ■

Further reading

Scottish Executive. *Alcohol misuse in Scotland: trends and costs*. London: Scottish Executive/Catalyst Consultants, 2001.

Scottish Prison Service Surveys. Annual Prisoner's Surveys. www.sps.gov.uk/default.aspx?documentid=21190703-e7b4-4abc-bc83-44b5d0f06f69 (last accessed 15 August 2008).

The Scottish Government. *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*. 2008. www.scotland.gov.uk/Publications/2008/06/16084348/0 (last accessed 15 August 2008).

UKATT Research Team. Cost effectiveness for treatment for alcohol problems: findings of the randomised UK alcohol treatment trial (UKATT); *BMJ* 2005;331(7516):544.

The Scottish Government. *Homicide in Scotland, 2006–07*. Scottish Executive Statistical Bulletin. www.scotland.gov.uk/Publications/2007/12/14114316/0 (last accessed 15 August 2008).

Prison Statistics Scotland 2006–07; GO/2007/7;Scottish Executive Statistical Bulletin

Zador D, Brian K, Hutchinson S *et al.* *National investigation into drug related deaths in Scotland, 2003*. Edinburgh: Scottish Executive, 2005.

Houchin R. *Social exclusion and imprisonment in Scotland: a report*. Glasgow Caledonian University, 2005.

MCA AGM and Seminar

The 2008 AGM will be held in the Royal College of Physicians on Thursday 27 November. The third Max Glatt Memorial Lecture will be delivered by Dr Bruce Ritson, who will be speaking on 'Passive Drinking, Alcohol and Collateral Damage'. The post-lunch seminar will concentrate on the introduction of the Physicians Health Programme established by the National Clinical Assessment Service (NCAS).

Full details will be forwarded to all members at a later date.

NOTICE

Michael Frowen Memorial Essay Prize Competition Winners 2007–2008

The topic of this year's essay was: 'Discuss the roles of religion and ethnicity in patterns of alcohol consumption in the UK'.

First Prize £300:
Christina Ferdinand, Imperial College

Equal Second Prize £150:
Asma Khalil, Kings College London
Fawziya Huq, Kings College London

Many thanks to the judges for their deliberations. The winning essay will appear in this year's annual report.

The Medical Council on Alcohol is a small national charity committed to improving the medical understanding of alcohol-related problems

5 St Andrews Place, London NW1 4LB
Tel: 020 7487 4445 Fax: 020 7935 4479
Email: mca@medicouncilalcol.demon.co.uk
Website: www.medicouncilalcol.demon.co.uk

Registered Charity Number 265242

Alcoholis, the quarterly bulletin for medical and allied professions is published by the Medical Council on Alcohol, in association with the Royal College of Physicians. Views expressed by contributors are not necessarily those of the MCA who, nevertheless, welcome comments from other parties and will publish selected signed correspondence.

This bulletin has been supported by an unrestricted educational grant from Archimedes Pharma UK Ltd.