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MANDATORY DRUG TESTING IN PRISONS

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January 1997

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Published by the Centre for Research into Quality,
The University of Central England in Birmingham,
90 Aldridge Road, Perry Barr, Birmingham, B42 2TP

British Library Cataloguing-in-Publication Data.
A catalogue record for this book is available from the British Library
ISBN 1-85920 +++ +

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EXECUTIVE SUMMARY

Policy context and research aims

The White Paper *Tackling Drugs Together* (HM Government, 1995) sets out the strategy of HM Prison Services for the control of drug misuse in prison. It involves a two-pronged approach:

- 'tough' control measures;
- provision of access for drug users to appropriate services and treatment programmes.

A research project was undertaken at one large local prison to explore the strategy and to consider, in detail, the impact of mandatory drug testing (MDT).

Aims

The general aims of the research were to:

- obtain information about the misuse of drugs by the prison population and to consider changes in drug misuse in the light of the introduction of mandatory drug testing;
- collect views from prison staff and prisoners about the supply of drugs in the prison;
- discover prisoners' and prison staff's understanding about drug misuse and the risk of viral infection;
- assess the arrangements currently available for the treatment of prisoners who have a drug problem.

Rising prison population and increasing drug usage

The prison population of England and Wales is currently rising and is set to continue to rise during the rest of this decade. Events within the prison, for example, sharing needles and unprotected sex, have a direct bearing on the spread of the HIV virus within the wider community. The issue of drugs in prison, with the associated risks can no longer be ignored and the government has begun to take the issue of drugs in prison more seriously than in the past.

Action plan

The Government's main objective is to reduce the level of drug misuse within prisons. HM Prison Service has developed an action plan for use in prisons which includes effective measures to control supply, implementation of mandatory testing, training for multi-disciplinary teams of staff and participation in local multi-agency partnerships to tackle drug misuse.

Mandatory Drug Testing in Prison (MDT)

Mandatory drug testing was introduced for all prisons from February, 1996. The rationale for MDT is to deter the use of drugs within prison; to identify those to treat and those to punish and also to provide information on the level of drug use within the prison and the type of drugs being used. All prisoners are subject to the random testing programme and prisons are required to test 5–10% of their population each month. Refusal by a prisoner to be tested will lead to up to 28 days loss of remission. The urine tests are sent outside the prison for testing to a central laboratory. A positive drug result means that the prisoner is sent for adjudication which will generally result in an automatic loss of remission (14 days for cannabis, 21 days for opiates) plus loss of privileges.

Several potential problems with MDT have been identified, including the following.

- MDT will redirect effort away from treatment and to prevention and have an adverse effect on treatment regimes.
- MDT will concentrate attention on 'non-problem' use of cannabis where the resources would have been better used in helping to control heroin use.
- The test will provide an incentive to switch to the use of harder drugs.
- Outside agencies may refuse to accept referrals from MDT because prisoners will be forced into programmes because of positive test results.

Methodology

To provide an evaluation of the effectiveness of current Home Office policy in the local prison the research explored the perceptions of both prison staff and prisoners. Quantitative data was derived from a questionnaire distributed to staff and qualitative elaboration of the outcomes was obtained through in-depth interviews with staff and focus groups with prisoners. 109 staff responded to the questionnaire, 28 staff were interviewed in depth and a total of 89 prisoners were involved in focus groups.

Drug use in prison

Prison staff consider that there is a substantial amount and a wide range of drugs being used in the prison with cannabis as the most heavily used drug. Heroin and crack/cocaine were thought to be fairly widely used within the prison. Prisoners were in no doubt that heroin was easily available and widely used.

Prisoners in the focus groups confirmed that most, if not all, drug use took place in the cells and both officers and prisoners indicated that there is a high likelihood of some prisoners starting a drug habit in prison as a result of boredom and non-coercive peer pressure.

Impact of MDT

A majority of officers thought that mandatory drug testing (MDT) would reduce drug use a little but that it would have very little impact on heavy users of 'hard' drugs. Prisoners did not think that MDT would act as a deterrent, and, furthermore, it is likely to increase anger, frustration and tension.

About a third of the prison staff thought there would be change from 'soft' to 'hard' drug use. Many indicated that there is already a noticeable shift from 'soft' to 'hard' drug usage, not least because of the prevalent view that 'hard' drugs were less easily detectable than cannabis: a view to which the prisoners concurred.

Information, selection and punishment

The majority of staff thought that prisoners had been adequately informed about the MDT processes and their rights but two-thirds were of the view that prisoners regarded the selection procedure for MDT as unfair and the punishments as unreasonable.

The MDT process was considered by some prisoners to be reliable but the process was seen as degrading. There have been some mistakes which raise some doubts about the results. The large number of positive tests and the rapid accrual of extra days on a sentence has led to a reconsideration of the punishment regime, which in turn undermines the effectiveness of the whole process**.**

Drug-treatment programmes

Half the prison staff thought that MDT would lead to more use being made of drug-treatment programmes but three quarters thought that prisoners are requesting a place on a drug treatment programme because of positive drug-testing results rather than a genuine desire for help with their drug-related problems.

Many staff and prisoners were of the view that drug-testing has been introduced without linking it into any planned drug-treatment programme. Prisoners were particularly scathing about the follow-up to MDT and considered the second stage of the process to be a farce. Some of the prison staff were of the opinion that the lack of drug-treatment initiatives were due to under-resourcing.

The control aspects of MDT are only half the battle and there is a pressing need for properly resourced and effective follow-up that enables prisoners to get off drugs and to stay off them. What is currently on offer falls a long way short of what is needed.

Taxing, bullying, violence and tension

Three quarters of the staff thought that 'hard' drug use had increased the incidence of taxing, bullying, violence or tension in the prison and that MDT would have little or no impact on these activities. Prisoners suggested that violence would increase, or had already increased, as a result of MDT.

Although a majority of officers thought MDT would have no impact on tension in the prison, just over a quarter thought that tension would increase, a view endorsed by the prisoners.

Demand and supply of drugs

For many of the participants in the research, reducing the demand for drugs and restricting supply was seen as far more important than drug testing. However, few respondents thought that any of the available measures were likely to be very effective at reducing drug use in prison. Medical examination on admission to prison to identify current drug users and the promotion of a multi-disciplinary approach, via training and education of prison staff, to combat drug usage were seen as the most effective measures.

Most officers were of the view that direct intervention is likely to have more impact on demand for drugs than the provision of information and support. Prison staff tend to see prisoners as unresponsive, not because they do not understand the risks, but because they operate in a milieu where drug usage is extensive and there is little alternative stimulation.

Prison staff preferred interventionist rather than informative approaches to restricting the supply of drugs into prison. The use of 'closed' visits, drug-detection dog units, strip searches, closed circuit television and the provision of lockers for visitors' baggage were all seen as being effective.

Services available in the prison

A substantial majority of staff support the availability of a drug-free wing, information, counselling and support groups for HIV-positive prisoners, although there is some doubt about the effectiveness of a drug-free wing.

Providing information in accessible form is important, and according to some prisoners, does encourage them to find out about drugs. One recent, apparently successful, experiment was to

provide inmates with a calendar that provided drug information using art work from other prisoners. Harm reduction measures like the provision of needle exchange and disinfecting tablets are not measures considered favourably staff.

Some of the officers interviewed saw a caring role as part of their job. However, prisoners were less than enthusiastic about officers taking on a counselling role and pointed out that changes in personnel meant there was little opportunity to build up rapport with any officer, even if their was any mutual trust and respect.

Most staff thought that the prison management did not provide support for initiatives on drug problems. Very few staff thought that prison is adequately equipped to deal with people who have a drug addiction because of lack of resources, lack of staff time and expertise. None the less, most staff thought that the prison could develop an in-house service, given appropriate external support, via the training of drug liaison officers. However, training and development for staff has a low priority, in practice, due to pressures from cut-backs in funding and consequent reductions in staffing.

Staff moral and the changing nature of the job

Mandatory drug testing involves a two-pronged approach: testing and follow-up. The provision of access for drug users to appropriate services and treatment programmes involve prison staff time and resources. The introduction of MDT was not well-timed in this respect, as it coincided with cut-backs in the prison service and low staff morale.

Almost all the officers interviewed were unhappy with cuts in funding and the way these impacted on the nature of their jobs. Cuts were seen to effect the success of security measures like cell searching, to reduce the time available to work with prisoners and to adversely affect the standard of the prisoners' environment. Even routine activities like escorting prisoners to have showers was no longer possible on a regular basis.

Conclusion

MDT was established in an attempt to reduce the amount of drug use in prison. Resources and effort have, as predicted been focused on testing and restricting supply and little has been done in relation to follow-up. With a lack of adequate counselling facilities, the programme provides no real attempt to address drug use in prison, indeed it simply adds to tension by randomly penalising people for using drugs — notably cannabis — to an extent that goes well beyond any sanction that would be applied for the same offence outside prison.

Overcrowding and underfunding stops any effective treatment and worsens the environment, reducing the opportunity for prisoners to do constructive activity. Prisoners consistently argue that drug-taking is directly linked to inactivity.

In summary, the MDT process is counterproductive. It deflects attention from the real issue of the purposes and funding of the prison system. Drug testing also deflects attention from other crucial areas like the spread of HIV and AIDS in prison. MDT increases tension in prisons, appears to be encouraging a shift from 'soft' to 'hard' drugs, is adding to the workload of an already overburdened staff, is costing a lot of money that could be better spent and is failing to provide adequate treatment and follow-up procedures. It is, thus, primarily an indiscriminate punitive regime that is adding to the overcrowding in British prisons by effectively adding extra weeks to prisoners sentences. Indeed, the introduction of MDT was heavy handed, resulting in many prisoners having days added to their sentences, that the process has had to be radically modified. This has led to a fundamental questioning of the feasibility, practicality and relevance of MDT.

Chapter 1
POLICY CONTEXT AND RESEARCH AIMS

The White Paper *Tackling Drugs Together* (HM Government, 1995) sets out the strategy of HM Prison Services for the control of drug misuse in prison. It involves a two-pronged approach:

- 'tough' control measures;
- provision of access for drug users to appropriate services and treatment programmes.

One of the key points of *Tackling Drugs Together* is the requirement to assess the local situation in individual prisons.

A research project was undertaken at one large local prison to explore the strategy and to consider, in detail, the impact of one element of it: the introduction of mandatory drug testing (MDT), for which provision was made in the 1994 *Criminal Justice and Public Order Bill.*

The research focuses on both the control aspects of the policy (for example, the views of prison officers and prisoners on tightening security, the introduction of mandatory urine testing) and the implementation of the treatment programmes.

The assessment included in this report provides a picture of the situation within one prison and contributes to the development of an effective strategy at the local level.

Aims

The general aims of the research were to:

- obtain information about the misuse of drugs by the prison population and to consider changes in drug misuse in the light of the introduction of mandatory drug testing;
- collect views from prison staff and prisoners about the supply of drugs in the prison;
- discover prisoners' and prison staff's understanding about drug misuse and the risk of viral infection;
- assess the arrangements currently available for the treatment of prisoners who have a drug problem.

Rising prison population and increasing drug usage

The prison population of England and Wales is currently rising and is set to continue to rise during the rest of this decade. Prisoners are only temporarily removed from the community and will eventually go back. Therefore, what occurs in prison will also effect the wider society so it cannot and should not be ignored. Inmates who may have injected drugs or had sex within the prison, upon their release, resume sexual relations with their partners and continue to use drugs. Events within

the prison, for example, sharing needles and unprotected sex, have a direct bearing on the spread of the HIV virus within the wider community.

Recent research has estimated that approximately 15 per cent of prisoners:

> are dependent drug users at the point of reception, though this percentage is commonly believed by drug specialists to be a considerable underestimate. It is likely that as many as 70 per cent of all prisoners will use a controlled drug at some time during their time in custody. (Hewitt, 1996, p. 1)

There is also research that indicates that there are a large number of dependent drug users in prisons who will inject and share needles while in prison (Dolan *et al*., 1991; Maden *et al*., 1991, 1992). Research on the prevalence of HIV infection in Western European countries suggests that injecting drug users are a critical link in potential transmission within prisons (Harding and Schaller, 1992). In a study of a Scottish prison an HIV prevalence rate of 4.5% was documented (Bird *et al.,* 1992) with a prevalence rate among injecting drug users of 25%. The consequence of injecting risk behaviour in prison is emphasised by an outbreak of HIV infection among drug injectors at Glenochil Prison in Scotland. A screening exercise identified 13 inmates infected with HIV through sharing injecting equipment while imprisoned. This may be an underestimate of the real figure of HIV-positive prisoners in Glenochil prison at the time since not all prisoners took the HIV test: the probable number was between 22 and 43 (Scottish Affairs Committee, 1994).

It is not easy to find out exactly how much illegal drug use takes place in prisons but several studies have indicated that drugs are easily available within prison (Turnbull *et al*., 1994; HM Chief Inspector of Prisons, 1992).

The issue of drugs in prison, with the accompanying risks associated with drug use like HIV and hepatitis, can no longer be ignored. The Government has begun to take the issue of drugs in prisons more seriously than in the past.

Evolving policy on drugs in prisons

It is important to consider the social context within which the Home Office Drug Strategy originates. In 1993, the Home Secretary, Michael Howard, in his speech to the Conservative Party Conference, 'Prison Works', outlined 27 new criminal justice proposals one of which was the introduction of mandatory drug testing (MDT). This 'crackdown on drugs in prison can be viewed as simply one example of this broader 'toughening' of penal policy' (Seddon, 1996, p. 328).

The Government's main objective is to reduce the level of drug misuse within prisons. To achieve this the police, probation and prison services were asked to develop, by March 1996, explicit strategies for tackling drug misuse, including appropriate training and participation in local multi-agency partnerships.

With its emphasis on control, the White Paper and the *Criminal Justice and Public Order Bill* have effectively shifted the emphasis from a harm reduction model to a total abstinence model.

Harm reduction

Harm reduction is an approach to working with drug misusers where the primary aim is not to eliminate drug use but to reduce the harm done to the misuser and others. It is recognised that some continued use of drugs is likely, the aim being to minimise the damage caused. In practice, harm reduction may involve the supply of clean injecting equipment to users or the prescription of

substitute drugs to reduce the individual's need for illicit drugs.

During the 1970s strategies were developed in order to work with drug users who wished to continue using drugs. These strategies formed the basis of harm-reduction approaches. The basic principles are as follows:

- providing accurate information about drug use and its risks;
- developing the skills of safer drug use;
- promoting more accepting attitudes towards drug users.

With the advent of HIV in the 1980s the same principles were adopted to reduce the spread of infection, additional strategies were also introduced:

- needle exchange—allowing injecting drug users access to free, sterile injecting equipment;
- safer sexual practices—education and information easily available as well as access to free condoms, lubricants etc.;
- prescribing—higher profile for prescribing services, promoting use of oral substitutes and provision for proscribed injectables.

All of the above encourage existing and potential drug users to discover safer ways of using drugs, thus reducing harm.

Abstinence Model

The abstinence model is based on the premise that a person will become and remain drug free. This gives excellent opportunities for those motivated to stop using drugs. Although therapeutic treatments for drug dependency have improved greatly during the last ten to fifteen years, only a small percentage of drug users (10–20%) are either willing or eligible to enter into detoxification programmes.

The British Government has shifted to an abstinence approach but it is based, in practice, on penalising continued (mis)use rather than providing appropriate regimes that encourage or facilitate abstinence.

Action plan

As a result of the *Criminal Justice and Public Order Bill*, HM Prison Service included in its 1995-96 Business Plan an action plan to reduce the level of drug misuse. This action plan demonstrates how HM Prison Service's national policy and guidelines on drug misuse are implemented by prison establishments. In particular, local strategies should include:

- effective measures to control supply, such as improved perimeter security, use of dogs to check for drugs, searching and supervision of visits;
- consistency with the mandatory elements of the Prison Service's national strategy. This is particularly important in respect of control and safety within prisons and the treatment and 'throughcare' of prisoners with drug problems. Consistency should still allow the necessary flexibility to meet local circumstances;
- training for multi-disciplinary teams of staff on drug-related issues including measures to control supply and the treatment of drug misusers;
- participation in local multi-agency partnerships to tackle drug misuse in general and, in particular, to discourage young people from using drugs;
- a commitment to take account of the equal opportunities implications of tackling drugs in prison.

Mandatory Drug Testing in Prison (MDT)

A mandatory drug testing programme for prisoners has been introduced by the Prison Service. Following a pilot programme, compulsory drug testing was introduced for all prisons from February, 1996. The rationale for MDT is to deter the use of drugs within prison; to identify those to treat and those to punish and also to provide information on the level of drug use within the prison and the type of drugs being used.

A number of performance indicators have also been introduced relating to MDT, these include:

- changes implemented after the review of existing action against drug misuse in prisons by prison governors;
- number of positive urine samples collected each year as part of the mandatory drug testing policy;
- availability in each prison of cost-effective drug treatment services as defined by the Department of Health's Effectiveness Review;
- use of drug services compared with assessed level of drug misusers in prison.

Prisoners are required to provide a urine sample for testing purposes and, for the first time, it has become a disciplinary offence within prison for a prisoner to use a controlled drug without the authorisation from the medical staff.

All prisoners are subject to the random testing programme and prisons are required to test 5–10% of their population each month. Refusal by a prisoner to be tested will lead to 28 days loss of remission. The urine tests are sent outside the prison for testing to a central laboratory. The testing programme is run to a strict procedure where tampering with samples is very difficult.

A positive drug result means that the prisoner is sent for adjudication which will generally result in an automatic loss of remission (14 days for cannabis, 21 days for opiates) plus loss of privileges.

The testing regime is supposed to promote security and treatment in prisons but the treatment component is not as yet fully developed. [1]

The cost of MDT and 'frequent testing' programmes in prisons is very high (DCJF, 1995). Frequent testing has a mandatory and voluntary element where known drug users are randomly tested more frequently than the rest of the prison population. In the same way as the MDT programme prisoners with a positive result are placed on report (Hewitt, 1996).

Several potential problems with MDT have been identified, including the following.

- MDT, in the current climate of limited resources, will redirect effort away from treatment and to prevention. Although it espouses a dual approach, MDT will have an adverse effect on treatment regimes.
- MDT will concentrate attention on 'non-problem' use of cannabis where the resources would have been better used in helping to control heroin use.
- The test will provide an incentive to switch to the use of harder drugs.
- Outside agencies may, in some cases, refuse to accept referrals from MDT because prisoners will not necessarily be voluntarily asking for help but will be forced into programmes because of positive test results.

This research, among other things, considered these criticisms based on the views and opinions of both prison staff and prisoners at a large local prison.

Chapter 2
METHODOLOGY

To provide an evaluation of the effectiveness of current Home Office policy in the local prison the research explored the perceptions of both prison staff and prisoners. Quantitative data was derived from a questionnaire distributed to staff and qualitative elaboration of the outcomes was obtained through in-depth interviews with staff and focus groups with prisoners.

Staff

The aims of the study were to collect information from prison staff about their views on the introduction of mandatory drug testing within prison. Information was collected from a variety of prison staff including governors, prison officers from a variety of areas within the prison, for example, the gymnasium, the workshops, the landings and so on. Two main measures were used to collect the information: a questionnaire and in-depth interviews.

Staff Questionnaire

All prison staff were provided with a questionnaire attached to their May, 1996 payslip (Appendix). A follow-up letter requesting staff to return their questionnaires was attached to the next month's payslip. The questionnaire was used to give all members of staff working in the prison an opportunity to participate in the research.

Prison staff were divided into four categories: governor grade, prison officer, prison officer auxiliary staff and non-uniform staff. In total 625 questionnaires were distributed and 109 were returned. The majority of the respondents were prison officers and only two auxiliary staff replied (Table 2.1). This is not surprising as auxiliary staff felt that they had little or no knowledge of drug use within the prison as contact with prisoners did not form part of their job. The response rate from prison officers was approximately 25%, which is reasonable given previous response rates to questionnaires and that officers were in the throes of industrial action.

Prison staff were asked how long they had worked in the prison service. Nearly half the sample had worked in the prison service for ten or more years and just under a quarter for less than five years (Table 2.2)

Table 2.1: Job category of prison staff in the sample

	frequency	*% of sample*
Governor	9	8.3
Prison auxiliary	2	1.9
Prison officer	75	69.4
Non-uniform	22	20.4

Table 2.2: Length of service within the Prison Service

	frequency	*%*
less than 5 years	24	22.0
5 – 9 years	33	30.3
10 years or more	52	47.7

In-depth interviews with prison staff

Due to the amount of time that staff currently have to commit to staff training it was considered highly unlikely that staff would be able to attend focus-group sessions. It was agreed, therefore, that a sample of prison staff should be interviewed in-depth at their place of work (on the wing, in the gymnasium , in the workshop and so on).

A semi-structured interview was used and covered the following areas: extent and nature of drug usage; developing a habit inside; resource issues of controlling drugs; external issues and their impact; mandatory drug testing; strategies for reducing drug use; role of prison officers in dealing with drugs; alternatives for prisoners with drug problems and key issues for the prison service.

A sample of prison staff were interviewed by four researchers who worked specifically for this project. Interviewers received training prior to the start of the research. 22 prison officers, from each wing and area within the prison, were interviewed in-depth. In addition, five governor-grade staff and one Prison Visitor, were interviewed.

Prisoners

Focus groups were used to collect information from prisoners as questionnaires were not seen to be appropriate. Focus groups were used rather than in-depth interviews for a variety of reasons. The use of focus groups enabled us to gather the views of more prisoners and logistically it was easier to gain access to groups from various areas of the prison than it would have been to arrange for the interviewers to be escorted to visit individual prisoners, especially during a period of industrial action.

It was decided that the 10% of prisoners who have been randomly selected for MDT should be interviewed using focus groups. In total nine focus groups occurred and a total of 89 prisoners were involved. There were two researchers involved in each focus group. The sample of prisoners included focus groups on five different wings of the prison, in the workshops and the Health Care Centre.

Confidentiality and anonymity

Confidentiality was a key issue because the study took place during industrial action initiated by prison officers. This made establishing the independence of the researchers from the prison service particularly important. Prison staff were asked to return their completed questionnaires directly to the researchers at the university to guarantee confidentiality. Prison officers were also told that the information given during the in-depth interviews would be confidential and any comments used in the report would be attributed anonymously.

Prior to the research there were a number of short articles included in the prison staff's weekly information bulletin, which explained the reason for the research and stressed the independence of the researchers from the prison service. A variety of posters were also displayed in key information points around the prison for prison staff.

Prisoners were also given information about the study prior to the research via posters on the wings asking for their co-operation and explaining that the research was independent and confidential.

It was very important to guarantee the confidentiality of the focus groups. Although prison officers escorted the researchers to the meeting rooms, they were very co-operative and did not remain in the rooms once the focus groups commenced. Confidentiality of the ensuing discussions was achieved to the satisfaction of the researchers and the prisoners in all focus groups.

In order to retain anonymity, quotes derived from the interviews and discussions that are used in the report are referenced using the following designations:

FG = focus group of prisoners (9 different groups)
P = in-depth interview with prison officer (22 respondents)
G = in-depth interview with governor grade, and medical officer (5 respondents)
V = in-depth interview with a member of the Board of Visitors.

Chapter 3
DRUG USE IN PRISON

Prison staff consider that there is a substantial amount and a wide range of drugs being used in the prison. The vast majority of questionnaire respondents (95%) consider there to be a fairly or very extensive drug problem in prisons. Generally speaking non-uniform staff tend to think that the different drugs are used more extensively than do prison officers.

Overwhelmingly, prison staff regarded cannabis as the most heavily-used drug with 94% indicating that it was either fairly or extensively used within the prison (Table 3.1).

Similarly, prison officers interviewed thought that cannabis was the main drug used and that, in general, prisoners used it at night.

> They seem to take it late at night they know that's the quietest time and they're not gonna be disturbed they just take it during the night and have a quiet night. In the day time there isn't much about, it's well hidden away.... That doesn't mean to say the drugs are condoned. (P8)

> Yes, it is like a sociable drug, isn't it, cannabis. Although I don't agree with it. It is the harder drugs which are now coming into the prison, the heroin and the crack that has supposed to have been found in here, those are the ones that will cause a problem with the staff. That is a concern because you never know what these people are going to do. I went on a course last week and they showed us the effects of cocaine and heroin on people and it was horrendous. I would not like to be put into a position where I enter a cell and someone has just taken heroin, half an hour after they have taken it, and started getting high, because some of these are very aggressive inmates. (P9)

More than a third (38%) of the prison staff respondents thought that heroin was being used fairly or very extensively. 42% of prison staff also considered that there was fairly, or very, extensive usage of crack/cocaine within the prison.

> The drugs have always been here but recently — it just reflects society as a whole on the outside — there are more hard drugs coming in, a lot more, like heroin, cocaine and crack.

Table 3.1: Which of the following drugs do you think are being used in prison?

	almost no usage	*minor usage*	*fairly extensive usage*	*very extensive usage*	*don't know*
cannabis	4.6	1.8	13.8	79.8	0.0
heroin	6.6	37.7	37.7	9.4	8.5
crack/cocaine	12.4	42.9	34.3	7.6	2.9
benzodiazapiens	9.0	39.0	22.0	5.0	25.0
steroids	37.0	29.0	10.0	4.0	20.0
LSD	30.3	35.4	9.1	4.0	21.2
amphetamines/speed	15.2	41.0	29.5	3.8	10.5
ecstasy	29.3	35.4	12.1	3.0	20.2
barbiturates	11.8	45.1	16.7	1.0	25.5
alcohol	43.6	42.6	6.9	1.0	5.9

> We are finding more of it from doing cell searches, finding bits of silver foil with 'Chasing the Dragon' on. I can go into a cell any day of the week and find some of that. (P11)
>
> If you were lucky enough to be able to pull the amount of cannabis in prison you would probably find that there were a few bucketful's of the stuff. But out of that, if I was in a security department and I had two buckets of cannabis and I had a cupful of heroin I would be looking as to where the heroin came from, if I was looking at anything at all. (P17)

Prisoners were in no doubt that heroin was easily available and widely used:

> *We've talked about heroin is anyone injecting heroin? I'm not asking you if you're injecting but is that happening in the prison?*
> - Yes
> - *And is it easy to get....*
> - Yes (laugh).
> - She hasn't even finished the sentence. Yes it's easy to get hold of. (FG5)

Prisoners in the focus groups confirmed that most, if not all, drug use took place in the cells. They also indicated that heroin was in use and that some people injected it, sharing needles in the process, despite being aware of the risks:

> *The drug use that goes on, where does it happen?*
> — It happens in the cell
> — Yeah it happens in the cell, habits develop in the cell. If you're not in your cell you're likely to cut your habit down. You aren't going to do it front of the screws you aren't going to do it while you are playing pool. There you are, gov! (laugh)
> *Are people mainly smoking heroin?*
> — There is a bit of jacking up going on but I wouldn't say that there is much.
> *Is it easy to get needles in here?*
> — Is it easy to buy a pint of milk?
> *This is your stock answer isn't it?*
> — If you've got the means and the ways you can get anything. You've got to understand that we might be in prison but there are still means and ways of getting everything.
> *But they don't find many needles in here, do they?*
> — But you could break up a needle and throw it out the window.
> *So if people are using needles are they sharing them?*
> — Yeah, sterilising them in salt water probably. That's what they think they are getting away with.
> *If people are still doing that then are they aware of the risk?*
> — They don't give a shit.
> — They should want to know where it's been and if they don't they are a complete prick.
> — It depends if they have got a stronger mind than the person who had it first. The stronger minded person is going to persuade the weaker minded person.
> — At the end of the day, if you are banged up for 23 hours a day then you'll do anything.
> — Anything to help you fill the day.
> *What would help?*
> — Freedom. (FG7)

Some prison officers were of the opinion that some drug use also took place outside the cell:

> Blind spots and exercise yards, in the cell, particularly after lock up when you have only got one night officer on, it is obviously the favourite time for drugs to be used. But more or less anywhere where they can slip these substances with some degree of privacy. But for the most part they go back into their cell and they use it in the cells. Cannabis, I have known cannabis

> to be smoked in the workshops. Now you may have 40 or 50 inmates in a workshop and this is a situation that has happened in the last two or three days, and you can smell it, it is pungent in the air but you cannot detect who exactly it is that is smoking it. Now the only way you could stop that is by completely stopping smoking in the workshop.(P15)

Using drugs for the first time

Prison officers think that there is a high likelihood of some prisoners starting a drug habit in prison:

> If you don't already take them [drugs] when you come inside you're certainly entering a culture that's gonna say: "give it a go, you've got nothing to lose". And people believe it. What they don't realise is, it's starting a habit that they might never kick, and potentially could get worse. (P13)

This is a view reinforced by prisoners in the focus groups:

> You do get people who take drugs for the first time in prison. (FG1)
>
> I did for example. I don't really smoke things on the out.... Here it helps me to sleep and my head was shocked and now I use smack and I am loving it but I didn't get addicted to it... Then I woke up one morning and I thought what am I doing to myself? Other geezers are too weak for that and they just carry on with the heroin and become addicted to it. (FG4)

Peer pressure and boredom are given as the main reasons why prisoners, who might not otherwise have taken drugs, begin to use them in prison:

> I don't doubt some people will start the drug habit whilst they are here, out of boredom, out of peer pressure, etc. It's just something they will do, especially the young ones, they might not take drugs. They go into a cell where somebody is smoking cannabis and it is only a case of "here try this" and it's something they will probably carry on doing. (P11)
>
> You have people three to a cell. People who wouldn't generally use it outside mixed in with somebody that does. Having to spend the long night time behind a door and the opportunity is then given to them and I think most people would probably take it, wouldn't they? If only to relieve the boredom. Then the system is wrong for not giving them constructive time in prison. (P7)
>
> For many people coming here, it is a traumatic time and this is a depressing place. I have never used drugs in my life, but I would imagine if you get locked up here and the first night somebody offers you something it must be quite tempting. (G1)

This is a view reinforced by prisoners in the focus groups:

> Behind the closed door, you have got nothing else but if you have a draw you can fall asleep. ...You may be tooled up with someone you can't handle so you have got to have something to pass the time. (FG4)

One prison officer raised the issue of whether prisoners who are non-users are pressured into using drugs:

> I know that there are inmates on the wing that hadn't used drugs prior to coming into prison, and have certainly used it since they came onto G-wing. Well I don't know whether they're under direct pressure or whether it's just an influence, but they are certainly trying it. Whether it's under duress or not, I don't know. (P14)

The prisoners in the focus groups were clear that no-one is coerced into using drugs, but given the level of boredom and inactivity and the emotional stress that can be heightened by visits, there is considerable incentive to resort to drug use.

No one will force him. Nothing's forced on him but after a while if he asks: "How do I do this", I'll tell him. After visits he may be in pieces and I'll say: "Have a little bit of that. That will get your head down". Its never forced on anyone. You'll wake up in the morning and go: "I had a good sleep last night". It just helps you along, relieves tension. Because there is nothing. You are in a cell twenty-three hours a day. You get an hour's exercise if it doesn't rain. Otherwise you are in the cell all day. You are going nowhere. So it is between you and that man in that cell. You have got to get through twenty-four hours of the day. So if you can have a smoke to get your head down... And it isn't easy. You have to eat, shit all in the same place and wash — all in the same place. In a cell that is half the size of this room and that is a big cell. (FG1)

Chapter 4
IMPACT OF MDT

Three-fifths of the questionnaire respondents were of the view that mandatory drug testing (MDT) would reduce drug use a little. This figure was consistent across all three job types. Twice as many respondents were of the view that MDT would make no difference as thought it would have a major impact (Table 4.1). One or two people thought it would lead to a small increase in drug use but no one thought it would lead to a substantial increase.

The prison officers interviewed did not expect MDT to have a significant impact on usage.

> To a certain extent it obviously will stop it. But it won't stop it completely because there's no way to completely stop drugs coming in. But it does have an effect. There are a few inmates who have been tested two or three times and it's come up positive and I've had those that have actually said to me: "this can't go on, I'm trying to come off it, you know" or: "I'm gonna stop it because I can't continue to have days added on". And, of course, they're getting it from the other side as well — from their wives or family. ...The cleaner on 2-landing, he said the day drug testing came in was the day he stopped smoking cannabis. He wasn't a cleaner before and now he is and he has been drug tested twice since then and been negative both times. So it has worked for him. But again, the hard core say: "If I get caught I get caught, I'm still not going to stop using drugs". (P8)

Not all prisoners will react in the same way to MDT as a deterrent. Those on longer sentences and addicted users are likely to have a different response from those on short-term sentences or casual drug users:

> For some, when you get these people who are doing, let's say, five years and over, then 28 days is nothing to them. When you get the people who are doing six months, they are out after three months and they have got to do another 28 days, another month on top, it's the shorter term thing that it affects. The longer term, I say five years, seven years and over, I don't think it would bother them, I honestly don't. 28 days here and there, say if they get caught every three or four months. (P9)

> Prisoners doing long-term or life sentences, they don't really care less about drug tests in prison for the simple reason, if they have got a recommended 15 years for example, they could stay on hard drugs for 12, 13, 14 years, keep getting found guilty on drug testing. Then 12 months before they are due up for parole they start behaving, come off the drugs if they can, and then go to the parole board hearing and hopefully walk out. So there is no punishment there for a lifer. (P3)

Table 4.1: Effect of MDT on drug use in prison

	Reduce a lot %	*Reduce a little* %	*Make no difference* %	*Increase a little* %	*Increase a lot* %	*Total n*
Governor	12.5	62.5	25.0	0.0	0.0	8
Prison officer	12.0	60.0	26.7	1.3	0.0	75
Non-uniform and auxiliary	12.5	58.3	29.2	0.0	0.0	24
Totals	12.1	59.8	27.1	0.9	0.0	107

Significance: Pearson p=.998

> MDT is not necessarily going to have an impact. It's worrying the drug users but whether it stops them is another matter altogether. Some of them are quite prepared to lose 28 days to have their smoke or a little bit of heroin or whatever they're using, because they just don't care. In some circumstances–it's not that they don't care, it's that they can't do without. (P13)

Less than a quarter of the questionnaire respondents (21.7%) thought MDT would significantly reduce the amount of 'hard' drug use in the prison.

Prisoners, in the focus groups, did not think that MDT would act as a deterrent, and, furthermore, it is likely to increase anger, frustration and tension:

> MDT is not seen as a deterrent because even when you know the test is coming you still need to smoke heroin. (FG1)
>
> I tried to come off it [cannabis] and I did for six months but it's just impossible. How can you when there's so much tension and no association or nothing? You can't even escape. Cannabis helps.
>
> It makes everyone get worse. And your attitude changes. After they have had you once, had you twice, you start to think: "Oh, fuck this, I'll just carry on , I'll lose days anyway". So there is no way of solving it. There is no way you can beat it. The Governor say you should just stop, like that. Can you tell me that you can stop breathing, like that? He tells me to stop smoking, and I said I will stop breathing. He told me to just not do it. (FG1)
>
> How many days have I lost? One hundred and odd. I can know they are going to come in tomorrow and I ain't going to stop smoking. If someone gives me a smoke, so that I'll sleep when I can't sleep, I am going to have it. I know that I am losing sixty days or forty days. So what is that telling you? It isn't working is it? It is physical, I mean, you are feeling pain. It is like medication. It is like not giving diabetics their insulin. The degradation, you feel like you are going to die. It is worse than dying, it is real pain. Belly aches all sorts of things, cramps. ...Someone comes along and says they will buy my canteen or give me heroin, give me a bag I'm taking it. You know what I mean? If he comes and he says: "I like your trainers", he can take 'em. (FG1)

One officer argued that MDT was not working because:

> We are transferring problems. They have now started to use harder drugs which are less detectable. Once that starts to happen if somebody is getting a regular dosage of heroin they are more in need of that than they are regular doses of cannabis. More violence, more money changes hands. There will be more involvement with outsiders outside the prison in getting the drugs together and getting them into the prisons as well, because of the amount of money that is changing hands and the degree of sophistication that you need to get it in. So, for all the good intentions of MDT we are pushing them, in my opinion, the wrong way. There will be those that I think will give up cannabis but they will be in a minority. These people have very little enjoyment in life and they are in a very totally unnatural environment and they would want some kind of stimulus other than playing table tennis.
>
> The guys that like a drink or smoke a bit of cannabis on the out, it is more difficult for them to get it in and get it here. Also they are away from their family and their friends, they don't have any direct contact with women — for years, some of them — which in itself can be quite a problem. So I don't think MDT is the way to go about it.
>
> *You don't think it will reduce drug use?*
>
> No, not at all. (P18)

Irrespective of whether MDT will or will not have any impact on drug use, one respondent considered MDT to be entirely the wrong way to deal with the issue:

> I think MDT is rather stupid. It's part of the plan that I think came out at the time of Mrs Thatcher. Where there was a social problem it was not the Government who did very much about it, it was up to the community members to do something about it. For example, when burglaries went up, what did Mrs Thatcher say we were to do, she said we ought to install burglar alarms, it was up to us to defend our property. Instead of saying the other way was to make burglary less attractive. It's the victim that has to take preventive action to social problems not the perpetrator. You get the same thing in this mandatory drug thing, the victims are the people who are taking the drugs, the perpetrators are the ones that are pushing it through the prison. What do we do about them? You see the point I am making, instead of going to the source of the drug, we are going to those who take it, and I don't think that is a very clever way of going about the problem... The problem of drugs in prison, is drugs in prison, how do drugs get into prison? If we stop the drugs getting into the prison you would not need the mandatory drug testing. (G2)

Another prison officer was also of the view that tackling supply was the real issue and that was a problem that went beyond the prison walls:

> It's just stopping it coming in. If you stop the supply you stop the problem. That is a national problem. (P11)

Switch to 'hard' drugs

When asked which, of a range of outcomes was likely to result from the introduction of MDT, about a third of the respondents (35%) indicated that they thought there would be a change from 'soft' to 'hard' drug use (Table 4.2).

Prison officers interviewed also indicated a noticeable shift from 'soft' to 'hard' drug usage, not least because of the prevalent view that 'hard' drugs were less easily detectable than cannabis.

> Certain comments from other members of staff have indicated that prisoners are now going on to using 'hard' drugs because they stop in the system less time whereas cannabis remains and can be traced for quite a long time after it's actually been used. Some of the 'harder' drugs don't and therefore you've got less chance of getting caught so they are now using 'harder' drugs because there is less chance of actually being tested positive. (P14)

> We had one lad, 'Bradley', and he was as dopey as they come. You could tell he used to use cannabis. He was, like, smashed out of his head. Now it is heroin and he'd openly admit it, that he'd taken it the night before, because he's not gonna have cannabis because he's already lost 50 days using cannabis. He uses heroin now because if he gets tested in the next couple days it's all out of his system. (P5)

A small proportion of respondents (15%) thought the change would go from 'hard' to 'soft' and a similar number (17%) thought there would be a switch from 'soft' drugs to alcohol. Very few respondents (5%) thought that 'hard' drug users would switch to alcohol as a result of MDT. Two fifths of the respondents thought that there would be no change in the type of drugs used as a result of the introduction of MDT.

Table 4.2: Expected change in drug use

	Yes %
From 'soft' to 'hard' drugs	34.9
From 'hard' to 'soft' drugs	14.7
From 'soft' drugs to alcohol	16.5
From 'hard' drugs to alcohol	4.6
No change	40.4

> I would say that alcohol in prison has been replaced by cannabis. And now cannabis is being replaced by 'harder' drugs, and there is some evidence of a reversion to alcohol but not a lot. (G2)

Half the sample of prison officers (50.5%) thought that MDT concentrates attention on 'non-problem' use of cannabis where the resources would have been better used to control heroin use.

> It all depends how you define the problem, when you talk about cannabis as a problem, I do not necessarily agree. Cannabis is a comparatively mild drug, and alcohol and tobacco are probably more dangerous than cannabis. But, from a security point of view, the initiative regarding 'hard' drugs is good. If you actually look at the community, it's not cannabis that is the problem it is alcohol. I am not a cannabis user by the way. (G2)

The prisoners, in the focus groups, were much more inclined to the view that there was an increase in 'hard' drugs at the expense of 'soft' drug use:

> — Cannabis used to be rife throughout the jail but there is less and less cannabis and more and more heroin and things like that.
> — All you are doing is turning more people to smack. I have never known so many smack-heads in all my life. And what happens to these people when they have got a habit in jail, they leave and they have got to feed that habit when they get out? It causes more problems for society at the end of the day. (FG1)

Information, selection and punishment

The vast majority of respondents (92.4%) thought that prisoners had been adequately informed about MDT and virtually the same proportion (91.5%) agreed that prisoners had been adequately informed about their rights in regard to MDT.

Almost two-thirds (63.8%) of the questionnaire respondents were of the view that prisoners regarded the selection procedure for MDT as unfair and the same proportion (65.4%) thought that prisoners considered the punishments for a positive test (or refusal to be tested) to be unreasonable.

The fairness of MDT was disputed by some prison officers who were interviewed, who noted that not all people who take cannabis are regular drug users,

> As far as the Prison Department is concerned, if they think that the prison has a big cannabis problem, we have to hit them hard and give them 28 days every time we find them in possession. Now you could have had one guy that was just experimenting. We still get a few of them that are just experimenting, like they do everywhere, so they will have a couple of smokes and they get 'MDT-potted' and "You have lost 28 days, son". If you did it on the outside nobody would know you had taken it and you would not have got anything anyway because if you were found with a small amount on you the police would not even caution you. You know? The police get it into perspective. I think the Prison Department have got to get it into perspective, there is no doubt about that. Cannabis, I would not have thought it would be that much of a problem compared to the 'harder' stuff. There you go. That is not my decision. (P17)

There was some suggestion from prisoners that, although they were aware of the different reasons for being tested (reasonable suspicion and frequency testing), some prisoners were picked out more than others. One prisoner had been tested six times in five months. (FG2)

The MDT process was considered by some prisoners to be reliable but the process was seen as degrading. There have been some mistakes which raise some doubts about the results. On the

whole the process was seen to be 'professional' (FG2). Ironically, prison officers were less convinced about the reliability and validity of drug-tests, as several officers, from a variety of prisons, indicated at the recent 'Drugs in Prison' Conference in Birmingham (21 November 1996).

The large number of positive tests and the rapid accrual of extra days on a sentence has led, in practice, to a reconsideration of the punishment regime, which in turn starts to undermine the effectiveness of the whole process:

> They're suspending the sentences for positive MDT result, they've had to. At the end of the day you've got to have a carrot haven't you? It's no use just whirling a stick, because if you kick a dog often enough the dog is gonna turn on you. So you've got to have that carrot and I think that's what they're doing now. It is a mockery in some respect, but they've still got the threat of it hanging over their heads. That is the deterrent. And that little lad there, with 135 days, that's a thick deterrent, that is. He knows that if he messes up in 6 months, they're gonna hit him with 135 days. (P12)

> I agree with it certainly, whether it's working or not. I think it started to work initially, but because of the number of inmates that were coming up showing positive — and there were a hell of a lot, in the first two months or there about, they took a phenomenal amount of remissions off inmates — if they had they carried on like that they would have had to open up new prisons just to hold the people that were losing remission. Obviously they had to water down the penalties for showing positive because they just can't cope with it. So now, I wouldn't say it's totally useless and a waste of time, but it certainly could become useless and a waste of time if that tendency is allowed to continue. (P14)

> If we can impose more or longer sentences on the inmates we are going to clog up the system even more than it is being clogged up by the judicial system. The prison service are making 4000 redundant and the job will undoubtedly become harder and with less staff, less control over the drugs, less searching. They can say what they like on paper about key-point indicators, but that is a political exercise to satisfy the big people. What actually happens on the ground, on the landing is a totally different ball game. So, no, MDT is counterproductive. (P18)

Drug-treatment programmes

Half the sample of prison staff (51.4%) thought that MDT would lead to more use being made of drug-treatment programmes but three quarters (76.0%) thought that prisoners are requesting a place on a drug treatment programme because of positive drug-testing results rather than a genuine desire for help with their drug-related problems.

However, one prisoner in a focus-group session suggested that drug-testing has been introduced without linking into any planned drug-treatment programme.

> They're doing the test before they have implemented the action that the person needs. If you're gonna do something like that then first of all I would have said introduce a programme of alternatives strategies for them to deal with the problems, first of all finding out if they actually see it as a problem. (FG1)

A view reflected in an interview with a prison officer:

> They have done everything backwards like they always do. Rather than setting up a drug unit at each jail, a drying-out unit where they can detox, rather than set the unit up first and then bring in the drug testing to find out the ones that are on it, they have done it the wrong way around. They have done the testing first. We know who's on the 'hard' stuff. We know who is totally addicted to it. We know who the regular users are but we have got

> nowhere to treat them. They have spent the money backwards. If they had done the detox first and then brought in the drug testing, it would have made more sense. (P3)

The second part of MDT — counselling and support — certainly seems to be lagging well behind the punitive side.

> In the meantime we try to get him [an addict] as much counselling as we can but it's difficult in a large prison like this. You're probably aware that we've got about eight staff trained properly to do counselling. I think there are eight more being trained this week. There are two young ladies coming from the outside, they do a lot on health care. So we're trying to get a lot of them on counselling but it's still very difficult although we are improving. (P2)

> They've got to do it [provide the follow up treatment from MDT Test] and I am surprised the Governor is not inundated with solicitor's letters, because we are not giving them that facility. We get so frustrated with it that, in the end, you think to yourself: "Oh shit, why do I bother?". Why should we put ourselves out, sit in our dinner times when we are here, when we could be doing something else? (P5)

> It's like a lot of other things, if you're gonna do something, you've got to go the whole hog and be fully committed to it regardless of costs and the drain on manpower. With all the best intentions in the world, they've started this, they've got it up and running and now they're realising what it could cost in terms of time, manpower and resources. They are starting to water it down already, I think. (P14)

The prisoners in the focus groups certainly agreed with this view. They were scathing about the follow-up to MDT and considered the second stage of the process to be a farce:

> — You get tested positive, down the block back from the block into the same situation. There is no counselling so nothing is going to change.
> — At the end of the day, if they want you to stop using drugs, they have got to get you out of your cell doing something. Because when you go back to your cell the pressures are back. There you are going to want to use drugs again. (FG1)

> — The wages are so low here and the regime (being locked up all the time and no association) drives people to drugs. The only way they can afford to use is to sell drugs. It gets boring being locked up behind a steel door. So people take drugs. So before the Government goes into testing surveys on the drug problem you should first of all put in place a programme to help people who have got a problem to go straight into association and education. Doing it about face won't work. (FG4)

> — If you get a positive test then no help is offered. You may get put on a course but that's it. It isn't followed up.
> — The people who run these course don't know anything about drugs either. We know more than they do, so it's a waste of time. It's just a farce. It's no help to me. You need help on how to come off drugs not just information about drugs. We know all that.
> — They are all so anti-drugs. They've never experienced them themselves so how can they lecture us about it?
> — I personally have asked for help before. I want to give up my habit but can't in here. Nobody wants to know.
> — Yeah, the course just makes you look at the long-term effects and then there is no support or anything after the course. (FG8)

Some of the prison staff interviewed were of the opinion that the lack of drug-treatment initiatives were due to under-resourcing and the need to put effort into achieving well on centrally-imposed performance indicators. One of the interviewees took this further and located the issue in a more general criticism of both government policy and society at large:

> There are a 1000 men in this prison and I don't think society really cares what happens to them and what condition they are in when they come out. I don't mean a physical condition, I mean a rehabilitated condition because it costs money and I don't think people want to spend the money on prisoners. Well the day he goes to prison, everybody wants him to be hanged and a little while later everyone wants him released because of the inhumane conditions in prison and the nasty prison officers, a little while after that nobody cares and, I think, that is the problem. We are enclosed in walls, we are at the mercy of whatever government policy is of the day, whether it is austere conditions or more relaxed conditions. They go backwards and forwards and every initiative seems to lose its way, so they stop it and find another initiative. (G1)

In short, the control aspects of MDT are only half the battle and there is a pressing need for properly resourced and effective follow-up that enables prisoners to get off drugs and stay off them. What is currently on offer falls a long way short of what is needed:

> I would say all MDT has done is highlight the drug problem initially. The Government have known that it has been a problem for years. We have known that it has been a problem for years but we have tended to turn a blind eye to it for the simple reason that there wasn't a lot we could do because the government wouldn't acknowledge that there was a problem. So, therefore, we can't do anything until they say yes there is a problem and here is some money to do something about it. Now that they highlighted the problem, the next stage is tackling it. Yes it is all very nice having your drug awareness teams set up and your counselling sessions but the ones that are actually totally addicted to the 'hard' stuff, any one in their right mind is stupid to think that they would come off it with a couple of counselling sessions in prison because as soon as they walk out, they are having it shoved down their throat again. Yes it is all very well having these little cosy chats, but it doesn't do any good. (P3)

Taxing, bullying, violence and tension

Prison staff were asked whether they thought that 'hard' or 'soft' drug use had led, within the last year, to an increase or decrease in various types of events. Three quarters of the respondents thought that 'hard' drug use had increased the incidence of taxing, bullying, violence or tension in the prison. A slightly lower number thought that use of 'soft' drugs had increased the incidence of taxing, bullying, and violence but a *significantly* smaller number thought 'soft' drugs had led to an increase in tension (Table 4.3).

Prison officers and non-uniform staff agree that 'hard'-drug use is leading to increases in taxing and bullying. However, non-uniform staff (91%) are more likely than uniform prison officers (75%) to think that think that the use of 'hard' drugs leads to violence.

Three quarters of the respondents thought that MDT would have no impact on the incidence of taxing and bullying. Of the remaining quarter, slightly more, in both cases, thought it would lead to

Table 4.3: Incidence of events and type of drug use

	'Hard' drug use			*'Soft' drug use*		
	Increase	Decrease	No change	Increase	Decrease	No change
Taxing	70.0	1.0	29.0	62.0	3.0	35.0
Bullying	77.5	1.0	21.6	66.3	1.0	32.7
Violence	78.8	2.9	18.3	62.5	3.8	33.7
Tension	71.8	1.9	26.2	54.3	6.7	39.0

Table 4.4: The impact of MDT on the incidence of events

	Increase	*Decrease*	*No change*
Taxing	9.0	17.0	74.0
Bullying	10.5	16.2	73.3
Violence	16.2	14.3	69.5
Tension	29.1	12.6	58.3

a decrease than to an increase (Table 4.4). A slightly smaller proportion (70%) thought that MDT would have no impact on the incidence of violence, and of the remainder, slightly more thought violence would increase rather than decrease.

> *Does it create problems for the prisons like bullying and taxing, stuff like that?*
> Yes, definitely. People get into debt via the drugs, they buy off the Baron, get into debt and then, you know, anything can happen. Then they start to carry weapons to look after themselves because they know they are going to get pressurised to pay.
> *Weapons?...*
> There has been experience within this prison with inmates carrying weapons purely for protection, yes. (P16)

Comments in the prisoners' focus groups tended to suggest that violence would increase, or had already increased, as a result of MDT:

> If you get a positive result you lose earnings and canteen privileges. This has further implications as you are then put in a position where you can no longer pay for drugs thus debts begin to accrue which may result in violence from the lenders. (FG2)

> There are muggings on the yard. I have seen it twice and it is getting worse. Getting mugged on the yard for heroin. Stealing other prisoner's property to pay for drugs. It has got a lot worse recently. I saw a geezer get his watch took off him as well so he could get a bag [a small amount of heroin]. I have seen one geezer getting really done where they took the bags off him. And he was a non-user. And the day before he got chinned on the yard and the day before he had the bags took off him. So they shipped the geezer out.... There are huge debt problems causing prisoners to be moved. (FG4)

> Everyone's getting more violent. People are taking bags — I'm not — and kicking off. So you get fights breaking out. Everybody's getting grief. They probably want this place to kick off.
> *Who do?*
> The screws. They want a riot here. I reckon they must do. And when there's a riot here, Strangeways is going to have nothing on this place. (FG7)

Over a quarter of the staff respondents to the questionnaire (29.1%) thought that MDT would lead to an increase in tension in the prison . Most of the rest thought there would be no change and only one in eight (12.6%) thought that tension would decrease as a result of MDT (Table 4.4).

Prisoners, similarly, thought MDT would lead to an increase in tension:

> Cannabis was accepted before the introduction of MDT we used to smoke in front of the senior medical officer. The atmosphere was different then, there was less trouble. Now there's more tension and it's harder to do your bird but you can't afford to do more so you go on 'harder' stuff [because it is less easily detectable]. That's when the rows start and all the problems. People haven't got the money, the gear is expensive. They end up having to get money off the missus and buying stuff out of the canteen — you have to pay off your debts. (FG8)

> People who are trying to stop using are causing waves leading to tension between inmates and also between officers and inmates. (FG2)

Chapter 5
DEMAND AND SUPPLY OF DRUGS

For many of the participants in the research, reducing the demand for drugs and restricting supply was seen as far more important than drug testing.

Demand

Questionnaire respondents were asked which, of a range of measures to reduce demand, would be cost effective. Few respondents thought that any of the suggested measures were likely to be very effective at reducing drug use in prison (Table 5.1).

> We were locking up 1000 people in days gone by and there were three to a cell. There wasn't the drug problem that there is today. It's a problem that it's not just growing up inside prison, it's in the culture outside and it's just reflected in here because it's concentrated. (P13)

Table 5.1 Which of the following would you consider to be effective in reducing drug use in prison?

	not at all effective	*not very effective*	*reasonably effective*	*very effective indeed*	*don't know*
Medical examination on admission to identify current drug users	12.5	19.2	47.1	17.3	3.8
Promotion of a multi-disciplinary approach via training of prison staff	12.6	23.3	42.7	15.5	5.8
Medication to help with symptoms of withdrawal	12.4	27.6	47.6	8.6	3.8
Substitute drug prescribing e.g. methadone	22.1	37.5	26.0	7.7	6.7
Compulsory education about drugs for the whole prison population	21.9	39.0	27.6	7.6	3.8
HIV/AIDS information (identification of risk behaviours)	22.1	39.4	30.8	5.8	1.9
Counselling on harm minimisation	25.0	44.2	20.2	5.8	4.8
Work with families/visitors	27.6	37.1	23.8	5.7	5.7
Liaison with outside agencies	26.9	36.5	28.8	4.8	2.9
Provision of practical information to promote drug awareness	22.1	45.2	25.0	3.8	3.8

About one in six prison staff (17%) thought that medical examination on admission to prison to identify current drug users would be very effective and nearly a half (47%) thought it would be reasonably effective in reducing drug use. A similar proportion (16%) thought that promotion of a multi-disciplinary approach, via training and education of prison staff, would also be very effective, with another 43% agreeing that it would be reasonably effective (Table 5.1).

Less than one in ten, thought any of the other measures would be very effective, although in total just over a half (56%) thought that medication to help with symptoms of withdrawal would be reasonably or very effective.

The other suggestions, ranging from 'substitute drug prescribing' through 'counselling on harm minimisation' to 'working with families or visitors' were seen as being not very or not at all effective by around two thirds of the respondents.

The prison officers who have been in the service for the least time are less likely to think that information about HIV/AIDS will be effective in reducing drug use within prison.

The implication of these views on the effectiveness of demand is that direct intervention is likely to have more impact than the provision of information and support. It suggests that prison staff see prisoners as unresponsive, not because they do not understand the risks, but because they operate in a milieu where drug usage is extensive and there is little alternative stimulation.

Supply

The predominance of the interventionist over the informative view is reinforced when it comes to identifying what prison staff consider to be effective means of reducing the supply of drugs into prison.

The use of 'closed' visits, drug-detection dog units, strip searches, closed circuit television and the provision of lockers for visitors' baggage were all seen as being effective (Table 5.2). The vast majority of respondents (86%) thought that 'closed' visits would be very effective and just over half (51%) were of the view that dog units would be very effective.

Most prison officers interviewed thought that, in the main, drugs came into prison through visits and some respondents wanted the introduction of 'closed' visits:

> Visits are probably the main way drugs get in despite the fact that [visitors] are searched — in some circumstances, strip-searched. And yet it still gets in because you can't do an internal or body search. If they want to get it in unfortunately they will get it in. (P13)
>
> It's coming in through visits without a doubt, the majority of it. I can't say all officers are clean and all staff who come into the prison are clean. Ninety-nine percent are, but you have always got somebody who is prepared to take the risk. If I was in charge, closed visits would be brought in straight away, for everybody. (P11)
>
> As a member of the Board of Visitors, in our reporting, we have to submit an annual report to the Home Secretary. In 1994 we said then that, OK, it is very humane to allow an inmate to hug and kiss his wife and fondle the baby, but we know for a fact that drugs come in in all sorts of ways including inside the baby's nappy, in the baby's bottle and all this sort of thing. We felt that there should be a screen, as there used to be in the old days. And in our 1995 report, we have again stressed the fact that we still think that it is not wise to allow them to kiss and cuddle and fondle each other because that is the way that the

Table 5.2: Which of the following would you consider to be effective in reducing the supply of drugs into prison?

	not at all effective	*not very effective*	*reasonably effective*	*very effective indeed*	*don't know*
Use of 'closed' visits	1.9	2.8	6.5	86.0	2.8
Use of drug detection dog unit where appropriate	2.8	4.7	39.3	51.4	1.9
Strip searching of prisoners on suspicion following visits	2.8	19.8	46.2	29.2	1.9
Use of closed circuit television	6.5	25.2	37.4	29.0	1.9
Reducing the demand for drugs within the prison	8.9	21.8	32.7	26.7	9.9
Lockers for visitors' hand baggage	12.3	25.5	34.0	26.4	1.9
Informed and diligent staff surveillance of visits	21.9	39.0	27.6	7.6	3.8
Education and information for prisoners' families and visitors	23.6	44.3	23.6	5.7	2.8
Information provided in the visitor centre	27.6	44.8	21.9	2.9	2.9

> drugs are coming in. We have got a dog trained for drugs but, unfortunately, because of the cut-backs we cannot use it. Its absolutely ludicrous and he has been trained to sniff out the drugs in the visitors' area upstairs. I think the way to do it is to frighten the visitors with a big alsation dog or something like that. This is a little spaniel actually, he wags his tail and sits down, if he sniffs drugs he sits down in front of the person. He does not bark or anything. But I think a big fiery alsation might frighten them to death. I mean we have had evidence of people, not at this prison but in another prison, where they put a dog in and it was not even a drugs dog, it was just a dog, and they put it just inside the entrance where they could see it and they said the number of people that saw the dog and fled, you know, presumably because they were bringing drugs in. They thought it was a drugs dog. So I think we have obviously got to have some sort of deterrent in the visitors area, as a start anyhow. I am not saying that would cure the problem, I am sure it would not, but it might be a start. (V1)

On the other hand, one respondent thought that visits was not the source of the majority of drugs.

> Rubbish, it's [drugs] being brought in by people that work here. You would only get tiny bits through visits, but big chunks don't come through visits, they come by people bringing it in and charging them £100. I could get anything in here. I could get guns in here.... Every time you open the front gate you get things in and you've got people walking round the yard, you have one auxiliary escorting a lorry, well you can only escort one side of that lorry you can't escort both sides of it. (P19)

Prisoners in focus groups suggested that there were various means by which drugs came into the prison.

> *Where do the drugs come from?*
> — People have them brought in on visits.
> — At one stage you could even get them off the screws.
> — I know, at one stage, I could go to a screw with a ten pound [note] and get a good deal. (FG5)
>
> — They come in through the courts.
> — Off the streets straight from remand being kept in over the weekend.
> — On a Friday night they've already got drugs on them when they were arrested and they come in like that. (FG7)

Only just over half the respondents to the questionnaire thought that reducing the demand for drugs would be an effective way to reduce supply. This might be because of cynicism about the possibility of reducing demand in the current climate. The prison officers who have been in the service for the least time are significantly more cynical about how reducing the demand for drugs will have an impact on reducing the supply of drugs in prison.

More diligent staff surveillance of visits was seen as likely to be considerably less effective than the more intrusive interventions, with only a third (35.2%) of the staff thinking it would be reasonably, or very, effective.

> the chances of being picked up [bringing drugs on visits] are very minute. A little bit, obviously, at the reception, but that depends on how good the reception staff are when they do their searching: as simple as that. (P19)

Less than a quarter of the questionnaire respondents thought that providing prisoners' families and visitors with education and information on the problems of drug abuse within prison or providing information in the visitor centre would have any effect.

Chapter 6
SERVICES AVAILABLE IN THE PRISON

The majority (80%) of prison officers in the sample said that they were aware of what facilities are available in the prison for people with a drug problem. Almost as many (72%) were aware of facilities available for prisoners with HIV and AIDS and just over half (52%) for those with hepatitis. Perhaps more worrying is that, of the nine governor grades, two said they were not aware of what was available for drug problems, HIV/AIDS or hepatitis (Table 6.1).

Table 6.1: Awareness of facilities available to prisoners with drug problems, HIV/AIDS or hepatitis.

	Drug problems		*HIV/AIDS*		*Hepatitis*	
	n	%	n	%	n	%
Governor grade	7	77.8	7	87.5	7	87.5
Prison officer	52	80.0	48	71.6	34	52.3
Non-uniform and auxiliary	8	36.4	9	39.1	3	13.0

Services that should be made available

A substantial majority of respondents in all job categories support the availability of a drug-free wing, information, counselling and support groups for HIV-positive prisoners (Table 6.2). However, there is some doubt about the effectiveness of a drug-free wing as expressed by one officer:

> It [drugs] is spread all over. We would be daft to think it was in one place. It is all over the place. You have got G-Wing, initially set up as a long-term wing, anything over four years and inmates sign a package to the effect that they wouldn't touch drugs, but everyone over there is on drugs. The proof of the pudding is in the MDT and most of the inmates that are tested on G-Wing come back positive for cannabis. (P3)

Table 6.2: Services that should be made available by job category

	Governor	*Prison Officer*	*Non-uniform*	*Overall Total*
Drug-free wing	77.8	83.1	79.2	**81.9**
Hepatitis information and vaccination	88.9	76.4	95.5	**81.7**
Group drug counselling	77.8	78.1	87.5	**80.4**
Support groups for HIV positive prisoners	77.8	80.6	72.7	**78.8**
Information about risk behaviours	77.8	79.2	77.3	**78.8**
Individual HIV counselling	66.7	75.3	90.9	**78.1**
Individual drug counselling	66.7	70.8	83.3	**73.6**
Training programmes on risk behaviours	88.9	71.8	68.2	**72.8**
Access to outside agencies	88.9	56.9	72.7	**63.5**
Self-help groups	66.7	62.0	59.1	**62.1**
Peer education	44.4	54.3	56.5	**54.4**
Disinfecting tablets and how to use them	37.5	23.3	31.8	**26.9**
Clean needles	22.2	11.1	45.5	**20.2**

Providing information in accessible form is important, and according to some prisoners, does encourage them to find out about drugs. One recent experiment was to provide inmates with a calendar that provided drug information using art work from other prisoners.

> — Up until last year we were actually given a calendar. A lot of the information was all designed and put together by inmates, the information on that is the most information that I have ever seen in one place available to me on drugs and the effects in relation to HIV.
> — The thing is, Miss, when you're locked up in your pad and you're in a long time you've got nothing to read you think. "Oh, there's some funny pictures, I'll have a look at these" and you read it and you read the back of it and it gives you information. (FG5)

Harm reduction measures like the provision of needle exchange and disinfecting tablets are not measures considered favourably by any of the job categories within the prison. Non-uniform staff are the staff most in favour of providing clean needles.

> *Do you think there is evidence of sharing, people using the same equipment, do you think that is becoming a problem?*
> Yes. No doubt about it.
> *And how do you think the prison will react to that?*
> The prison will react to that by doing nothing. You see you are opening up another can of worms. Now, if you say that we are now going to give them all clean needles, you raise two problems: are we then condoning it? and what is Joe Public in the street going to say? And if you start dishing out needles, you increase the number of needles available to 'needle-stick' members of staff. So those are very strong reasons why we won't do it. (P6)

Prison officers as a group are the least in favour of providing access to outside advisory groups with only 56.9% in favour compared to 88.9% of governor grade and 72.7% of non-uniform staff.

In terms of knowledge about drugs it appears that the longer the staff have worked for the prison service the less they are able to recognise the misuse of drugs. Furthermore, those people who have served less than five years in the prison service are twice as likely to want to become trained care and support officers (Table 6.3).

Caring role for officers

Some of the officers interviewed saw a caring role as part of their job:

> I would say so yes. I don't know if anybody else would share that view, but certainly when I did my initial Prison Officer training, way back in 1977 we seemed to do a lot of psychology. On the other hand I would say that in a prison the size of this one, where we can be quite busy, you don't really have the time on your hands to do a lot of counselling and I think that is a problem. I don't know if they have problems in any other prisons, which have smaller numbers than we have, and have a fixed population and a fixed regime of programmes for prisoners, but certainly within the local prison I don't see that I would have a lot of time to do a lot of counselling. From my personal point of view it is part of my job. (P10)

Table 6.3: Drug misuse recognition and training requirement by length of service

	Recognise drug misuse		*Would like support-officer training*	
	n	%	n	%
less than 5 years	10	100.0	6	66.7
5 – 9 years	20	80.0	11	47.8
10 years or more	22	73.3	7	35.0

> There is a role for prison officers to be counsellors. I am biased, because I was actually a prison officer before I became a governor and I have actually got a lot of respect for the skills of the prison officer and I also know how to talk to prisoners. People on the out do not know how to talk to prisoners because not only are they individuals they are also a common peer group and have got to be able to recognise all those things, we have got this thing in common that we live and work in Prison, for example. But the other side of it is that the prison officer has a disciplinary role as well. If you are talking about catching him with drugs, putting him on a report and taking days off him today and tomorrow coming along and saying "Come on, let me help you with your problem" I could see that the prisoner would find that a difficult one to actually feel at ease with. So it probably needs to be somebody who has not got an actual role and I would guess the Health Care Department or Probation Department, with maybe prison officers playing a role because I still think they have got an expertise in communicating with prisoners that a lot of other agencies have not got because they do not actually work amongst them day in and day out. (G1)

At the recent 'Drugs in Prison' Conference in Birmingham (21 November 1996) several prison officers noted that MDT had resulted in less communication between prisoners and officers about drug problems.

Prisoners in the focus groups were less than enthusiastic about officers taking on a counselling role and were rather disinclined to believe that officers wanted that role:

> — There is no way we would talk, there's just no trust, there are a couple on the wing who are OK but the majority aren't. There are no officers who are counsellors on this wing. There is no way you could trust someone who locks you up.
> — They don't want to help, anyway. If you need to talk they just slam the hatch on you.
> — It's like they don't want to know. (FG8)

As one focus group of prisoners pointed out, there was little opportunity to build up rapport with any officer, even if their was any mutual trust and respect:

> — But they're not there.
> — There is always a different screw running round on the landing.
> — They're not for you they are against you.
> — They're like farmers with a bunch of sheep: they're just flocking them up and banging them up. They don't want to speak to you. They just give you the orders and that's it.
> — As somebody said, the older ones, they might listen but it's only because they are coming out of the service. They don't want no hassle. If you hear the bells go off you never see the old ones running after them, it's always the young ones
> — They're the ones with the attitude and the cheek. (FG7)

Drug initiatives in prison

Less than half the questionnaire sample (44%) thought that prison management provided support for initiatives on drug problems.

> I've got another 30-plus years in this job and I wanna get something out of it. I don't want promotion, I'm far from promotion but I just want a bit of interest and I just feel that the drug issue in prisons is horrendous. It wasn't so long ago that they stood up in Parliament and said there is no drug problem and now there's a change of tack all of a sudden and they've said: "Yes, there is a problem we've got to do something about it". But if they're saying that then they've got to give us the resources to do it and not only the resources, they've got to give us the push. (P12)

> *Do you think you get the support from management to do the courses?*
> Definitely not, no. Well they think it is just time off the wing so you can go and enjoy yourself for two days. Yes, and they think when you complete a course that your skills are not utilised. The prison service is often a second career and if the department were to utilise the skills and knowledge that people bring into the service from other parts of society and other areas of work, we would have a prison service, I believe, that would be the best in the world. (P18)

Only one respondent in five (20%) thought that prison is adequately equipped to deal with people who have a drug addiction. Lack of resources, lack of staff time and expertise were viewed as the main reasons why prison is inadequate in this respect. One officer noted that the emphasis [in prison] is on retribution rather than rehabilitation and drugs are 'too easy to get in prison'. Two thirds (67%) of the respondents considered that prison is an appropriate place for a drug-addicted criminal because, for example, prison provides a controlled environment where addictive behaviour could be addressed allowing them to 'break the habit' and 'drug addiction should not be seen as an excuse for crime'.

> In general, I think it's a choice they make being a drug addict or a drug taker or cannabis smoker or whatever it is that started them. So no, there shouldn't be so much effort. But people who have a psychiatric problem that's a different kettle of fish. In those circumstances they need psychiatric help that prison doesn't give them because they're not solving their problem. (P13)

Almost three quarters (73%) of the respondents thought that the prison could develop an in-house service, given appropriate external support, via the training of drug liaison officers.

> *There seems to be a lot of emphasis on prison officers taking a crucial role in drug education and counselling. Do you think this is a good initiative?*
> Yes, absolutely without doubt.
> *Is it resourced?*
> Not really.
> *Do you think prisoners actually want to talk to prison officers, do they actually find them a useful resource?*
> Very difficult question to answer. I think some prison officers have caring qualities, but some don't. So training is important. As far as I am aware it is a five day course they are offered. (G2)

However, it would seem that training and development for staff, in general, has a low priority, in practice, in the prison service:

> I would like to go on some courses. I've tried to go on a couple of courses but I have been turned down because of lack of staff. Priorities are in the jail. Outside or even internal courses get put back. At the moment they are saying training does take up a major part of the day, but it is still one of the first tasks to be dropped, because you need the staff. (P11)

A point borne out by managers in the prison:

> With the budget cuts there is not enough staff. We have shift patterns and if it takes 36 officers to work the shift pattern and you have got, say, four vacancies that you have not filled because of the budget, add to that somebody on sick, somebody on leave and take somebody out to go on a training course and then you, as a manager, have suddenly got a crisis because you cannot man a landing. What are you going to do? You are going to cancel training because you have got little option. I know that, sometimes, it could be better managed and I am sure it can be on occasions but the bottom line is, obviously, if you have not got the staff to manage then you cannot put people on training. (G1)

> I have got one officer on here, out of 36, who is interested in doing drug counselling. He will get the support, but he will not get the time because we need him to do the basic job. On the one hand they are trying to take officers off us you see. I have not got enough officers to run the place now. Have you seen the size of this place, tonight I have two officers. For a place this big with 280 inmates, with two guys, it's difficult. I have got two officers on each landing and that leaves me five officers, out of those five officers I have got to supply three officers to visits, so they are not free and the others are going to the crown court.
>
> That 'phone call I took just now was the training department asking me how many staff I could supply to go to training. I could supply one officer in the afternoon on Thursday to go for suicide training. We don't very often have spare staff to do training. (P17)

Half the questionnaire respondents (50%) thought that prison management provided support for HIV/AIDS initiatives but only one fifth (20%) thought that prison is adequately equipped to deal with people who are HIV positive.

More then half the respondents (56%) thought that probation officers should play a part in the provision of services for prisoners who have drug-related problems.

However, there was little enthusiasm for the role of some outside agencies. Over half the questionnaire respondents (57%) did not think *Drug Line* provided effective services and only 1% thought they were 'very effective'.

> They [Drug Line] only get a day a fortnight and they spend something like five minutes with each inmate — ludicrous. And half the inmates don't want to see them anyway. They would rather see us because they see us everyday. They [Drug-Line worker] are just a face that appears once a fortnight and they sit there for five minutes — "have you got any problems?" and that's it. Then they go and they don't see them again for a fortnight. (P5)

One prison officer made an important point about the need for outside agencies,

> I think you need outside counsellors to come in because it takes away the uniform aspect. Well the thing about it is you are not supposed to take drugs. Anybody in uniform is authority. Now there is no way you are going to be able to sit in there with three guys that have got a habit of some sort and try and get through to them because you are not. I have been in this prison service for most of my life and you will find that a lot of officers are similar so I have not got the right to sit there and tell some guy that has had a problem since he was 12 years old, for example, and tell him where he is going wrong. I have not got the right really. (P17)

Prisoners indicated that they viewed 'outside workers as trustworthy' (FG2) but agreed that workers from outside agencies did not spend enough time in the prison:

> [The woman from Drug Line] comes every second Monday. You are only in there two minutes. That is no good. She has got so many people to see in other parts of the jail. You can't explain your problems in two minutes. (FG4)

An important point came from the researchers' participation in one of the Drug Liaison group meeting which operates within the prison. The group includes both representatives from outside agencies and personnel within the prison who have a responsibility for working with drug-related problems. The workers from Drug Line (an outside drug agency) raised the issue that they found it difficult to find confidential rooms on the wings in which to talk to prisoners who had requested to see them. They felt that there was some problems of co-operation from officers on some wings in the prison. This could become a more serious problem in the future as more responsibility for organisation of the wing is devolved to individual staff on the wings.

Chapter 7
STAFF MORALE AND THE CHANGING NATURE OF THE JOB

Mandatory drug testing involves a two-pronged approach, 'tough' control measures — testing and follow-up with the provision of access for drug users to appropriate services and treatment programmes and these involve prison staff time and resources. The introduction of MDT was not well-timed in this respect, as it coincided with cut-backs in the prison service.

Staff morale within the prison during the time of the research was seen to be at an all-time low.

> To be perfectly honest with you and to be perfectly blunt, I've been in this job for 21 years and I have never known staff morale like it — the pits. I think, for the most part, that's because of cut backs. You've got people with control and influence over the prison service, who think they're dealing with a commodity like on a supermarket shelf. But you're not, you're dealing with human beings. You can't deal with them like boxes of cornflakes. You will make 10 per cent cut backs, or whatever cut backs, this year and next year and the year after and they don't really give a toss what effect that's gonna have on the morale of not just us, but these guys. If you affect these people it's gonna have a knock-on effect to us and how you're able to do your job. At the moment it is literally the pits. (P14)

Almost all the officers interviewed were unhappy at the cuts in funding to prisons, consequent resource issues and the way these impacted on the nature of their jobs. The staff cuts were seen to affect the success of security measures like cell searching. One respondent made the point that it was no longer always possible to carry out security tasks as efficiently as previously:

> Yes, times are changing and new things are being introduced all the time and staff are being put under more pressure to do things and staff are being taken off the landing to do them. Basically we have less time to actually do our jobs. There is such a large workload on the average officer now, we are dealing with probation problems, just everyday advice, visits, domestic problems that may need a 'phone call or a 'phone call monitored, that type of thing. Security information reports, all sorts of things and that is quite apart from your everyday routine like locks, bolts and bars and cell searches which is a fundamental part of a prison officer's job — security. We do have regular drug finds as a result of cell searching but obviously if your time is limited then you cannot do your job properly. You may do two or three cells and then have to move on to something else. So the inmates get wind of the situation and if they have got anything in that cell that should not be there, it has long gone by the time you get there. (P15)

Some prison officers felt that there was less time to work with prisoners and this was cited as both a source of dissatisfaction with their job and as a cause of stress:

> We are asked to do things that are not involved in the day-to-day running of the prison. We should not really be doing them. My job is to deal with inmates and some of the time we

> are not allowed to do it. For example, there is god-knows how much paperwork that we have been asked to do and I do not consider that to be something that we should be doing. (P16)
>
> The main stress for me is telling people "No". It becomes the first word out of your mouth. Even if you mean "Yes", you say "No, but I will get back to you". I mean if somebody said: "Can I clean the cell out?" "No" — and that's just to clean the cell out! I could have said "Yes" but it is part of the job to say "No". We have so many cut-backs you say "No" to everything. (P1)
>
> Morale is certainly rock bottom. That is a combination of lots of things, the way staff are treated by prisoners, lack of help from management, i.e., changing the goal posts every day. We don't know where we stand. A lot of it is stress, mental not physical, we do very little in the way of physical work. It is stressful even though you don't realise it, sitting around on the landing waiting for something to happen, it is the anticipation on a 12-hour shift and it gets to you after a while. (P3)

The reduction of the number of officers working on the wings was the main reason given for the declining standard of the prisoners' environment and the facilities provided for them. Officers no longer felt that they had the time to establish relationships with prisoners, to get prisoners out of their cells or to be involved in wing activities. Even routine activities like escorting prisoners to have showers was no longer possible on a regular basis. Overcrowding was also given as a reason for the declining prisoner environment:

> They [prisoners] are banged up in their cells for longer you see. Its not true to say that they are banged up for 23 hours a day, they are not. I am always meeting men who are saying: "Oh, its all right for you Miss, but I am banged up here for 23 hours a day", but they are not. It is quite wrong to say that they are. But having said that there are days when they do not get their association, they do not get to work, they don't get their gym because of staff shortages, so they are banged up. (V1)
>
> Shortage of staff, overcrowding put those two combinations together and you have got a jail going into the ground. (P3)
>
> You can get a feel for the tension that MDT is causing I think there is a very real need for MDT but I think we are into the situation now where staffing levels are being cut as well and this is not helping. If we have got a full contingent of staff we could probably absorb the problems a lot easier but because we have not got staffing levels as they used to be then obviously it is opening the floodgates for all sorts of problems. (P15)

Cuts in the prison service were also seen to be having an effect on long-term staff morale. Budget cuts were seen as having both a direct and indirect effect: not only are there fewer staff to do the job but in the long term low staff morale would result in the Prison Service not getting the dedicated and committed staff that it would need following the next three years of projected budget cuts:

> I don't think that the actual staff on the landing will have any greater problem or lesser problem in communicating with the inmates and in doing what is required but the amount of drive and motivation, because of the poor morale, will perhaps mean that the job won't get done so well. It is no good the Department saying: "You are paid £19,000 to do your job, Mr, so go and do it or we will sack you" because that is going to make it even worse. They have eroded the wages over the last eight years. They have held us back to half the Civil Service pay rise. We have to fight for a pay rise every year anyway so it is always delayed by an extra six months, so over three years you have lost a year's pay rise and it is only half anyway, so the money has gone down. They have converted the leave into hours which over a twelve-month period means you lose three or four day's leave. The shift patterns have altered to make life difficult, in a lot of cases, for staff. Redundancies are on

> the horizon. It is not good for morale. No, it is not, but they still expect the dedication and motivation. They were surprised, so I read in the paper, about the amount of applications for redundancy. I can only infer from it that they expected the younger staff to want to stay and it was the younger staff who wanted to go. Its all related to the drug problem because we have got to do our job properly and there just isn't enough training or time. (P18)

Current government policy combined with its implementation by prison management has severely affected staff morale. This has serious implications for the introduction of the second part of MDT, that of treatment where the burden often rests on prison staff who have received training as drugs and HIV counsellors.

> Management are told what to do and they tell us what to do. I think morale has dropped so low that staff don't care less, they really don't. Once that has happened they don't care less what the Government says, they will just do it like robots without any thoughts. Because morale is low they tend to lose interest in their job. Management are in a losing battle because if they haven't got the support of their staff, they can't get anything done and that's what is happening. This drug testing should have been brought in years ago but at the time they had to follow opinions of the day. In the past six months, we have gone back 30–40 years as we have gone back to 23-hours lock-up (a) because we have got no staff, (b) because of the amount of money that is being provided. Policy dictates that they would rather have the private sector running the jail — making money out of prisoners, which you can't do, it is a non-product. (P4)

> What we need, like every other industry really, is a bit more finance and more staff to allow us to put on more counselling. We're only scratching the surface because of financial restraints. When we started looking at this policy, about September last year, we were gonna run counselling classes nearly every day. Since then we have had the massive budget cuts. The staff themselves were gonna do this, we are prepared to train them and are still training them. But once we've trained them and bring them back to the wings, it's finding the time for the staff to actually do this, some of them have got no time whatsoever to do it. We had our drugs meeting last week and I brought it up and said they have got to be given at least a minimum of two hours per week. That is a request. Wherever they find the time from, I'm afraid I don't know. (P2)

Chapter 8
CONCLUSION

MDT was established in an attempt to reduce the amount of drug use in prison. It has two elements, testing and follow-up. Initial misgivings about MDT suggested that it would focus on control rather than treatment, would concentrate effort on cannabis rather than 'hard' drugs leading to a consequent switch from 'soft' to 'hard' drug use in prisons and also lead to a reluctance by outside agencies to accept referrals through the MDT process.

Resources and effort have, as predicted, been focused on testing and restricting supply and little has been done in relation to follow-up. Treatment, which should go hand-in-hand with testing, is, on the whole, missing. The emphasis of MDT has been, in practice, punitive rather than preventative or rehabilitatory. Insufficient counselling and support services were put in place prior to the introduction of testing.

With a lack of adequate counselling facilities, the programme provides no real attempt to address drug use in prison, indeed it simply adds to tension by randomly penalising people for using drugs — notably cannabis — to an extent that goes well beyond any sanction that would be applied for the same offence outside prison. Indeed, compulsory testing gives prison officers powers greater than those of the police.

The overall emphasis appears to be on control and as a result the prison is unable to provide the support and the access to support that they would like because they are struggling with lack of resources. This is nothing new as treatment within prisons has always been underfunded and over-stretched. The referrals that come from MDT are unable to be dealt with by the existing services and are putting a heavy burden onto the outside agencies, not least because all prisoners are offered help whether they have a positive result for cannabis or opiate use. Some agency workers are concerned about the extent to which their efforts are being directed towards prisoners who actively want help with a drug problem.

Some officers conceded that MDT might slightly reduce drug use. However, most thought that punishments for a positive result were far too indiscriminate. A failure to make a clear distinction between casual cannabis users and 'hard-drug' addicts seemed to contradict common-sense. Most officers see cannabis as relatively harmless and, to some extent, a substitute for tobacco. A punishment regime that heavily penalised cannabis use would, they considered, be more likely to shift users to less easily detectable 'hard' drugs.

> 'Soft' drugs, i.e., cannabis does to a certain extent keep the lid on the place. It does have a mellowing effect. I don't condone 'hard' drugs, I don't think there is a place for them in prison. (P11)

Many staff were concerned about under-resourcing and the changing nature of their job. For them, MDT is just another 'annoying' interference into the running of the prison, which will have very little impact on the 'problem' it is supposed to tackle. Some prison staff were of the view that MDT has been imposed on the prison system by people 'out of touch' with what really happens within prisons.

More to the point, officers are annoyed by the use of scarce resources on what they regard as the relatively expensive process of drug testing.

> MDT is costing a fortune as far as I can see — it's wrong — I don't know how much it is, people have said £70 [per test] to me. (P19)

This was a view echoed in the participant workshops at the recent conference, 'Drugs in Prison' (November, 1996). The view was expressed that many prison staff were angered that so much money had been wasted on drug testing, which had dubious validity, when the money could be spent in much better ways, not least providing a secure level of staffing in prisons. Concerns were also raised that the results from the test were not always accurate. Furthermore, participants informed the conference that in their particular prisons, due to staff shortages, it was not possible even to test the required 5–10% quota of the prison population.

Much more important to prison officers in the sample is maintaining a sensible level of staffing to allow the prison to continue to be run in an acceptable and humane way giving opportunities for prisoners to engage in meaningful activity without adding enormously to the stress of the staff:

> We are always chasing our own tails to get jobs done. We like to give them all a shower a day, but you haven't got the staff to do it. You are left with one officer on the landing, whereas ideally you should have two. (P11)

Overcrowding and underfunding stops any effective treatment and worsens the environment, reducing the opportunity for prisoners to do constructive activity, be it in workshops, education sessions or in the gym. Prison staff repeatedly pointed to the cut-backs in expenditure in the prison service, at a time of increasing prison population, as the fundamental problem.

> From my point of view the problem lies with staffing levels. I think we would reduce problems and situations a lot more if we had got a proper contingent of staff and I think most prison officers would agree with that comment. I think it is a Government failing. It is no good having MDT tests and things like that if you have not got the resources to back it up. And by resources, I mean adequate staffing levels, to search and maintain security levels, which has a direct result on drug trafficking...Rather than tests, we need to get people trained to deal with the drug situation. (P15)

In essence, MDT is an aside to the real issues facing the prison service. It is dealing with one small aspect of a problem that has been evident to the prison staff, if unacknowledged by the Home Office, for years. Drug use is a problem that is not specific to prisons but reflects the wider society. Placing emphasis on an approach that tests users and punishes them deflects attention from the real issue of what the prison service should be doing and what the role of local prisons should be:

> At the moment I think the whole issue is nothing to do with drugs or even prisoners, it is to do with budgets, staff reductions and management structures. Until they are cleared, we have a big fear about how we implement any other policies... .You pay for a prison service and you get what you pay for. If you want one that does more than just locks people up (with a minimum number of staff and a minimum number of initiatives) — if you want to invest in these peoples' future — then you have got to put money into it. That means paying prison officers to develop these skills and employing enough prison officers to free people up to actually deliver the skills. And you have got to have a policy where you have got enough prison places so that you are not squeezing people in like we do here, all over the place. I think we can deliver almost anything that they want us to deliver if they actually allowed us to give our best.
>
> The whole place needs to change. It is like a transit camp, I am sad to say. There are a 1000 guys who come in, who get locked up and get unlocked and go out and really there is not an awful lot of things in between. Our culture is that we are not geared up to do anything

> constructive with that time. We have not got the resources because we are not staffed to do anything constructive, we are staffed to process people. So you have got to change (a) the resources and (b) the culture. (G1)

Prisoners endorse this view of constructive activity, consistently arguing that the amount of drug-taking is in indirect proportion to the amount of activity and association they are permitted:

> If you are out your cell for a few hours you aren't smoking a draw or jacking up, are you? ...I was here before for nine months and it was a lot smoother then, the jail was a lot smoother then, there was more flexibility. You could talk to your mates or whatever but now it's a lot more controlled. But that's how they want it. If they have less staff we have got to have more bang-up. So, because we have more bang-up, they're complaining that there are more drugs and it's going to get worse and worse and worse. If we have more association and more to pass the time then, even if it was just classes, anything to take the boredom out the day instead of being just stuck in your cell, then there would be less drugs. (FG7)

In summary, the MDT process is counterproductive. It deflects attention from the real issue of the purposes and funding of the prison system. Drug testing also deflects attention from other crucial areas like the spread of HIV and AIDS in prison. MDT increases tension in prisons, appears to be encouraging a shift from 'soft' to 'hard' drugs, is adding to the workload of an already overburdened staff, is costing a lot of money that could be better spent and is failing to provide adequate treatment and follow-up procedures. It is, thus, primarily an indiscriminate punitive regime that is adding to the overcrowding in British prisons by effectively adding extra weeks to prisoners' sentences. Indeed, the introduction of MDT was so heavy handed, resulting in many prisoners having days added to their sentences, that the process has had to be radically modified. This has led to a fundamental questioning of the feasibility, practicality and relevance of MDT.

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Endnotes

[1] A Drug Rehabilitation Unit has been set up in the prison. This will provide a four-week treatment cycle for ten prisoners with opiate addiction. A total of 130 prisoners will be treated in one year. The research was unable to evaluate this programme.

[2] There are few differences between different types of staff in relation to most areas of the questionnaire. Where there were statistically significant differences, as for example in this case, they have been noted in the report. Statistical probabilities have generally not been included to avoid overburdening the report with numerical detail. Where comparisons between groups are made these are all significant at p=0.05.

Appendix
QUESTIONNAIRE

Prison Staff Questionnaire: Drug Use and Prevention in Prisons

Please place a cross **x** *in the appropriate box(es) for each answer*

1 **Which of the following categories best describes your job?**

governor ☐ prison officer auxiliary staff ☐
prison officer ☐ non-uniform staff ☐

2 **How many years have you been working in the Prison Service?**

Less than 5 ☐ 5 to 9 ☐ 10 or more ☐

Drug usage

3 **How extensive would you estimate the overall drug problem to be in this prison?**

almost non-existent ☐ a minor problem ☐
fairly extensive ☐ very extensive ☐

4 **Which of the following drugs do you think are being used in the prison?**

Please rate the usage on the following scale:

1 almost no usage 2 minor usage
3 fairly extensive usage 4 very extensive usage

	1	2	3	4	Don't know
alcohol	☐	☐	☐	☐	☐
amphetamines/speed	☐	☐	☐	☐	☐
barbiturates	☐	☐	☐	☐	☐
benzodiazapiens	☐	☐	☐	☐	☐
cannabis	☐	☐	☐	☐	☐
crack/cocaine	☐	☐	☐	☐	☐
ecstasy	☐	☐	☐	☐	☐
heroin	☐	☐	☐	☐	☐
LSD	☐	☐	☐	☐	☐
steroids	☐	☐	☐	☐	☐
other	☐	☐	☐	☐	*(please specify)* _____

5 **Do you think that <u>hard</u> drug use within the prison is leading, in the last year, to an increase or decrease in incidence of the following?**

	increase	decrease	no change	
taxing	☐	☐	☐	
bullying	☐	☐	☐	
violence	☐	☐	☐	
tension	☐	☐	☐	
other	☐	☐	☐	*(please specify)* _____

6 **Do you think that <u>soft</u> drug use within the prison is leading, in the last year, to an increase or decrease in incidence of the following?**

	increase	decrease	no change	
taxing	☐	☐	☐	
bullying	☐	☐	☐	
violence	☐	☐	☐	
tension	☐	☐	☐	
other	☐	☐	☐	*(please specify)* _____

Mandatory drug testing (MDT)

7 **Do you think that MDT will reduce drug use in prison?**

reduce it a lot ☐ reduce it a little ☐ make no difference ☐
increase it a little ☐ increase it a lot ☐

8 **Do you think prisoners' drug use will change as a result of MDT?**
(please place a cross in as many boxes as appropriate)

from 'soft' to 'hard' drugs ☐ from 'hard' to 'soft' drugs ☐
from 'soft drugs' to alcohol ☐ from 'hard drugs' to alcohol ☐
no change ☐ other (*please specify*) _____

9 **Do you think that prisoners have been adequately informed about MDT?**

yes ☐ no ☐

10 **Do you think that prisoners have been adequately informed about their rights in regards to MDT?**

yes ☐ no ☐

11 **Do you think that prisoners regard the procedures for selection for MDT as**:

fair? ☐ unfair? ☐

12 **Do you think that prisoners regard the procedures for punishments for a positive test (or refusal to be tested) as:**

reasonable? ☐ unreasonable? ☐

13 **Do you think that MDT will lead to more people making use of drug-treatment programmes?**

yes ☐ no ☐

14 **Do you think that prisoners are requesting a place on drug programmes because of positive drug test result rather than a genuine desire for help with their drug related problems?**

yes ☐ no ☐

15 **Do you think that MDT will affect any of the following problems associated with drug use in the prison?**

	increase	decrease	no change
taxing	☐	☐	☐
bullying	☐	☐	☐
violence	☐	☐	☐
tension	☐	☐	☐
other	☐	☐	*(please specify)* _____

16 **Do you think that:**

MDT concentrates attention on 'non-problem' use of cannabis where the resources would have been better used in helping to control heroin use?

yes ☐ no ☐

MDT will significantly reduce the amount of hard drug use in the prison without diverting attention to less problematic soft drug use?

yes ☐ no ☐

Demand and supply of drugs

17 **Which of the following would you consider to be effective in <u>reducing drug use</u> in prison?**

Please rate the effectiveness on the following scale:

1 not at all effective 2 not very effective
3 reasonably effective 4 very effective indeed

	1	2	3	4	Don't know
Medical examination on admission to identify current drug users	☐	☐	☐	☐	☐
Substitute drug prescribing e.g. methadone	☐	☐	☐	☐	☐
Medication to help with symptoms of withdrawal	☐	☐	☐	☐	☐
Counselling on harm minimisation	☐	☐	☐	☐	☐
Liaison with outside agencies	☐	☐	☐	☐	☐
Work with families/visitors	☐	☐	☐	☐	☐
Provision of practical information to promote drug awareness	☐	☐	☐	☐	☐
HIV/AIDS information (identification of risk behaviours)	☐	☐	☐	☐	☐
Compulsory education about drugs provide for the prison population not just known drug users	☐	☐	☐	☐	☐
Promotion of a multi-disciplinary approach via training and education of prison staff	☐	☐	☐	☐	☐
other *(please specify)* _____	☐	☐	☐	☐	☐

18 **Which of the following would you consider to be effective in <u>reducing the supply of drugs</u> into prison:**

Please rate the effectiveness on the following scale:

1 not at all effective 2 not very effective
3 reasonably effective 4 very effective indeed

	1	2	3	4	Don't know
Reducing the demand for drugs within the prison	☐	☐	☐	☐	☐
Use of closed circuit television	☐	☐	☐	☐	☐
Strip searching of prisoners on suspicion following visits	☐	☐	☐	☐	☐
Lockers for visitors' hand baggage	☐	☐	☐	☐	☐
Informed and diligent staff surveillance of visits	☐	☐	☐	☐	☐
Use of 'closed' visits	☐	☐	☐	☐	☐
Use of drug detection dog unit where appropriate	☐	☐	☐	☐	☐
Provision of education and information on the problems of drug abuse within prison to prisoners' families and visitors	☐	☐	☐	☐	☐
Information provided in the visitor centre	☐	☐	☐	☐	☐

Services available in prisons

19 **Are you aware of what is available within the prisons for prisoners with**:

	Yes	No	if yes, *please state what is available*
drug problems?	☐	☐	_____
HIV/AIDS?	☐	☐	_____
hepatitis?	☐	☐	_____

21 **Which of the following services do you think should be available for prisoners?**

	Yes	No	Don't know
Group drug counselling	☐	☐	☐
Support groups for HIV-positive prisoners	☐	☐	☐
Individual drug counselling	☐	☐	☐
Individual counselling for HIV	☐	☐	☐
Self-help groups	☐	☐	☐
Peer education	☐	☐	☐
Drug-free wing	☐	☐	☐
Clean needles	☐	☐	☐
Disinfecting tablets and how to use them	☐	☐	☐
Information about risk behaviours	☐	☐	☐
Training programmes on risk behaviours	☐	☐	☐
Access to specialist outside agencies	☐	☐	☐
Hepatitis information and vaccination	☐	☐	☐

22 **Have you had any training to recognise the misuse of drugs?**

yes ☐ no ☐ If yes, *please specify* _____

23 **Are you a trained care and support officer for drugs/HIV?**

yes ☐ no ☐ If no: **would you like to be?** yes ☐ no ☐

24 **Do you think that there is support from the prison management in providing and supporting initiatives with regards to**:

	yes	no		yes	no
drug problems?	☐	☐	HIV/AIDS?	☐	☐

25 **Do you think probation officers should play a part in the provision of services for prisoners who have drug-related problems?**

yes ☐ no ☐

26 **Do you think that the services provided by Drug Line are**:

not at all effective	☐	not very effective	☐
reasonably effective	☐	very effective indeed	☐

27 **Do you think that prison is adequately equipped to deal with people who**:

	yes	no		yes	no
have a drug addiction?	☐	☐	are HIV positive?	☐	☐

28 **Do you think that prison is an appropriate place for *drug-addicted* criminals?**

yes ☐ no ☐ why/why not? _____

29 **Do you think that the prison can develop an in-house service given appropriate external support via drug liaison officer training?**

yes ☐ no ☐

Glossary

Association	A period of free time when prisoners can associate with each other, watch television, wash clothes etc.
Bag	A small amount of heroin
Banged up	Locked up
Chasing the dragon	Inhaling burning heroin fumes
Closed visits	Visits where no physical contact is permitted between prisoners and their visitors.
Controlled drug	Illegal drug
Detox	Detoxification: a short withdrawal programme aimed to get an addict off drugs, such as alcohol, heroin etc.
Drying out	Stop using drugs
Jacking up	Injecting heroin
MDT-potted	Selected to be tested under MDT programme
Needle-stick	A form of assault using a needle as a weapon
On the out	Outside of the prison
Remission	Time reduced from your sentence
Rule 43	A special wing where vulnerable prisoners are housed
Smackheads	People who are using heroin
SMO	Senior Medical Officer
Suicide training	Staff training about how to deal with prisoners who may be suicidal
Taxing	Extortion
Tooled-up	To share a cell with