

Issues facing prison service



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I consider the major challenges facing the prison service over the next 5 years, are preventing the introduction of drugs into prisons and managing prisoners with drug problems. Drug finds in prison doubled over the last 5 years, i. e. approximately 6 drugs finds per day in Scottish Prisons. 69% of the prison population report drug use compared to 8% in the community. Research has identified defined routes into prison. The main routes being visits, mail, prisoners on admission, over the wall, prison staff and concealed in clothing sent in.

These routes are organised and concealed by individuals using illicit mobile phones, which are free from monitoring and provide real time direction. The prison service has the difficult task of allowing prisoners' access to their families in decent humane surroundings, whilst at the same time preventing the introduction of drugs into the prison. Some prisoners` apply pressure on their friends and family to introduce drugs at visits; this may be done reluctantly and has serious consequences for the drug mule if he or she is caught.

Basic tools such as observation, intelligence, CCTV out with the visit area and x-ray equipment can disrupt this practice, however, is not wholly effective. Items concealed in mail and include clothing sent in through the postal service, are well known to prison staff who routinely x-ray all items. This practice is risky for the small amount of drugs that can be concealed in these items. The searching constraints on prisoners on reception from court who have drugs concealed in body orifices is a difficult practice to tackle and can involve sizeable amounts of drugs being brought in through this route.

Packages thrown over prison walls during exercise periods have become a profitable route of introduction. Prison staffs are advised not to intervene during this highly populated and sensitive period, but to monitor and deal with the recipients after the event; this allows the package to be secreted before intervention. Corrupt prison staff, for a variety of reasons i. e. debt, pressure or blackmail, introduce drugs, moneymobile phones etc into the prisons. This relatively safe route is extremely problematic as the quantities involved are dependent on the reasons, nerve and desire of the corrupt staff member.

For those participating in drug use in prison, there is a financial and health cost. Limited supply and high demand result in inflated prices. The debt incurred is paid for through a variety of means i. e. through canteen purchases, payments from families outside, selling or trading their own belongings or trading services i. e. inflicting violence on a nominated individual or acting as a drug runner, collecting debts or distributing drugs. The health costs are those associated with drug use i. e. blood-borne viruses from sharing equipment, anxiety, depression, paranoia, weight loss and malnutrition. Reducing drug introduction and managing drug users, are different sides of the same coin and cannot work in isolation. These drug markets are associated with violence and intimidation, continued drug use in prison will increase the chances of dependent drug use when released. It is generally regarded that the take-up of treatment services in prison is correlated to the availability of drugs within the area.

Increased security measures without adequate drug treatment programmes could be problematic. A robust clinical person centred detoxification scheme

coupled with investment in a Counselling, Assessment, Referral, Advice and Throughcare service (CARAT) have shown to have a positive impact in drug use reduction. Drug free blocks, coupled with voluntary drug testing, have also shown to significantly reduce drug use amongst the population. Enhanced regimes which include employment and greater privileges have also proven successful.

My recommendations to reduce the introduction of drugs into prisons and to manage prisoners with drug problems are as follows; * Nominate a Drug Strategy co-ordinator whose key role is to give equal weight to drug treatment and supply reduction measures within the establishment. * Have dedicated Drug Supply Reduction Teams. Motivated teams produce better results than less interested teams. * Improved liaison with local police, important for tackling all routes of external supply and should be included in the local prison drug strategy. Established prisons should move the prisoners to exercise areas away from prison walls. New builds should be designed to protect the exercise yard away from prison walls. * Security in and around the visit areas should be enhanced by the use of passive drug dogs, on site CCTV and trained motivated dedicated Drug Supply Reduction Teams. * Literature for visitors and prisoners on the impact, consequences and penalties of drug use and supply should be displayed and available for perusal. Passive drug dogs should be used in the searching of prisoner's property, mail and accommodation area as a matter of course. * Cultivate a greater awareness amongst staff of the use and importance of intelligence reporting and feeding this into the National Intelligence Model. * Where possible block mobile phone signals, however the use of the Body Orifice

Scanner System (BOSS) Chair should be used in all searches to detect plastic and metal. Identification and tracking of vulnerable staff should be addressed by the Drug Strategy Co-ordinator in collaboration with local police. * All prisons should have a person centred clinical detoxification scheme with recognition of the potential for misdirection and misuse of prescribed intervention. * Follow up and aftercare is as important as pharmaceutical detoxification, CARAT services with investment in staff is crucial to the effectiveness of work undertaken. Links and referral to Throughcare Addiction Services (TAS) will ensure continuity of treatment and care on release. Voluntary Testing Programmes provide support and incentives for drug users to remain drug free, resources should be allocated to continue the service. With skilful co-ordinated intervention, the reduction in drugs being introduced into prison will result in an increase in drug users seeking intervention. The challenge is to constantly review and adapt strategies to block new routes of introduction and to offer alternatives and support to those who wish to remain drug free.