



## All stick and no CARATS

**The government's throughcare for prisoners is under fire. A CARATS worker lifts the lid on the service and questions the validity of outsiders giving services on the inside.**

**T**aking a look at the figures, with the entire prison estate now officially rammed to the rafters (over 71,000 held in custody), it would seem that the three year old CARATS (counselling, assessment, referral, advice and throughcare services) initiative has fallen well short of offering support and solutions to drug users within the criminal justice system. Of course, drug services were in prisons well before CARATS. But with the dawn of CARATS services, and the acknowledgement, finally, that a national strategy is required for drug users in the prison system, things are not going well. Was it really to be expected that what amounts to a brief intervention and referral service would make any significant inroads

into drug use and offending? If there were ever a situation where the odds were stacked against providers, working in prison has to come top of the league.

### Bars to progress

To understand the almost impossible position providers have in delivering an effective service within the prison estate, it is important to acknowledge the landscape with which they co-exist. Prisons are a closed community. What goes on behind the walled parameter fence of most prisons is a mystery to most – rights for criminals and drug users are hardly on the top of any politician's agenda. Large sections of the public would opt for the reinstatement of public hanging given half the chance. No one really

cares what happens to people once they've been sent to prison. Lock 'em up and throw away the key. And this fact in itself – that no one is really interested in standards of care or quality of services in prisons – becomes tantamount to facilitating the most appalling waste of resources and the turning of a blind eye to the shocking abuse of human rights that prisoners experience on a daily basis.

For an outside provider delivering CARATS services, we cannot forget that the prison estate calls the shots. They set the targets, they provide the facilities, and when civil servants sit at their desks in the Drug Strategy Unit coming up with 'good ideas', there seems to go hand in hand an utter lack of awareness or thought in regard to identifying and challenging the operational factors that will always inhibit CARATS services from achieving as much as they can.

The discipline staff in most establishments are inherently suspicious of outsiders who they call

'care bears'. Many prison staff are resentful that people are brought in to do the interesting/rewarding work, when they draw the short straw ticking boxes, counting names and locking doors. Discipline staff want to know why they can't be trained to do this job. And this hostility can make life very difficult for a typical CARATS drug worker, who arrives in a prison setting championing user

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rights and a client centered approach. Client centered is a concept, however, that just cannot be used in a prison setting. Even prisoners that need to take medication for HIV are not allowed to do it when they need.

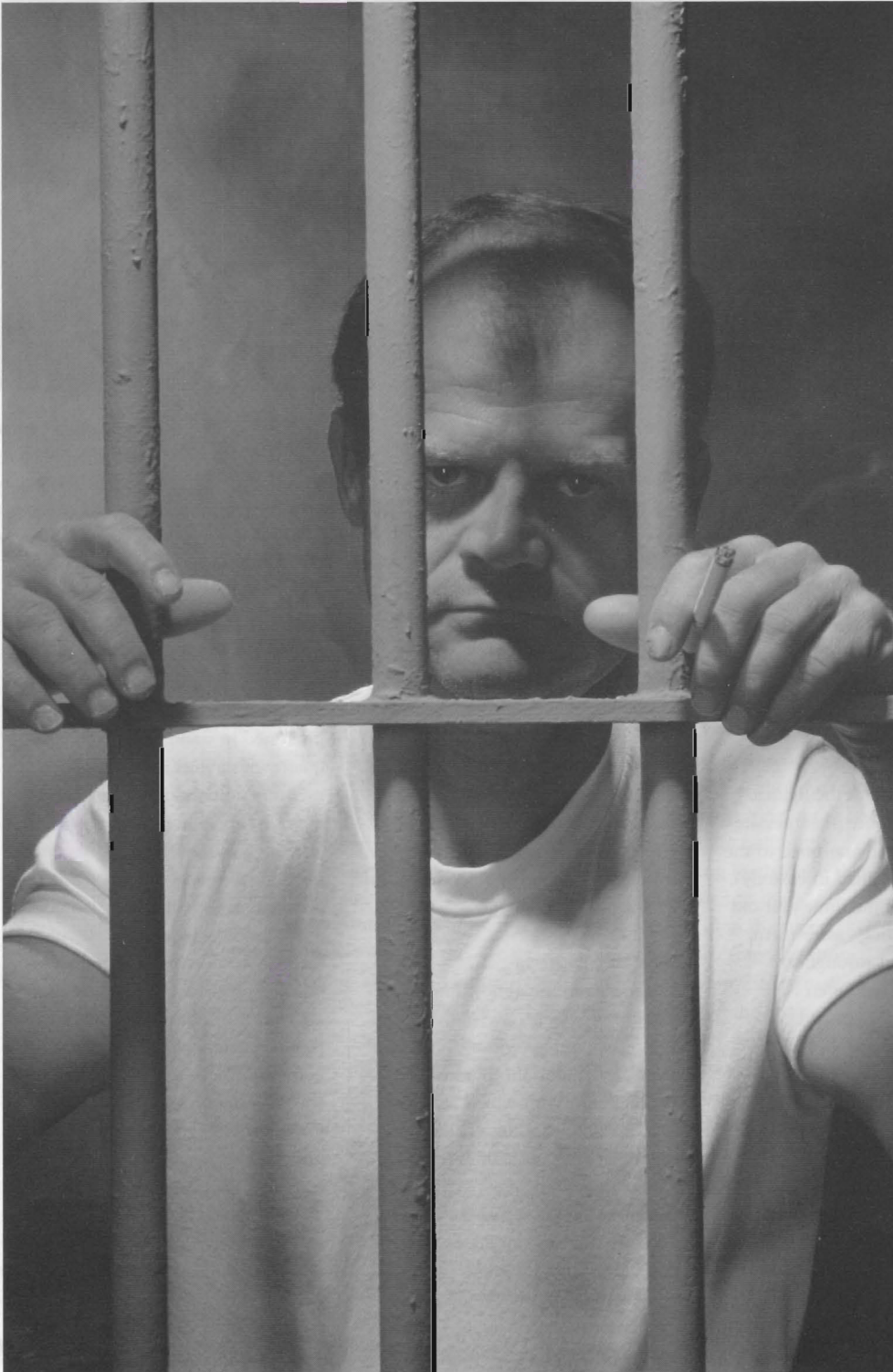
They have to take it at the allocated time slot. No argument. Establishment need must and always does come before the need of the individual.

#### **No drug free space**

On an operational level, throughout the prison estate, there are staffing problems, difficulty recruiting and retaining, and many on long term sickness. These all impact on the human resources that can facilitate your average CARATS worker getting access to a client. Very few providers were given the appropriate space to actually undertake their work, so once the worker has got access to the client, they may well have to do the assessment interview against a wall, in a corridor. Confidentiality simply does not exist in a prison setting. You have to do the work where you can, when you can. This is also true for prison staff. Prisons are bursting at the seams.

Due to lack of space throughout the entire estate, it is a joke to suggest that in any establishment there are safe, drug free spaces, where those prisoners who want to get and remain drug free can be located. A governor will fill any available space out of utter necessity, which leads to the inevitable situation where drug free spaces get compromised with new arrivals carrying drugs and therefore corrupting the integrity of an entire unit. Even when located on a voluntary testing wing, prisoners are only tested roughly once a month, which means that those who are clever enough can continue to use and make a laughing stock of the whole voluntary testing initiative. It really is outrageous imprisoned drug users are punished by the very system that cannot stem the supply of drugs within its own walls.

Mandatory drug testing only encourages drug users to avoid smoking cannabis and take (mainly) opiates. In doing so, prisoners have less chance of getting caught due to the quickness with which opiates leave the body. This deterrent



therefore penalises dependency without offering the individual any opportunities to sort things out for themselves.

### Too little, too late

In busy dispersal prisons, most CARATS clients are presenting with primary opiate use, secondary crack cocaine. Most are in for petty to moderate crimes on short sentences that leave the CARATS worker unable to do little else, other than attempt to ease the discomfort of withdrawal and make the appointment at the community service – which the client will rarely turn up to. Many community care assessors will not assess clients on remand, which inhibits any opportunities of bartering for a community sentence option in the courts, attending treatment on license. Magistrates have sentencing guidelines that do not take into account the time it can take to get access to funding, assuming there is any. Local authorities have such limited resources to pay for treatment that priorities go to those on their last legs – which sends a very clear message to clients. If you want help, you have to get as ill and desperate as possible. There are no brownie points for being motivated, clean, willing and vulnerable.

Sentenced drug using prisoners should be sentenced planned and dispersed to a suitable prison identified where they can receive some treatment and gain access to the rehabilitation they 'need'. However, with the prison system in gridlock, and even without the problem of not being able to get anybody shipped out to suitable environments, the quality of the content of what is actually on offer should really be taken into consideration.

Prisoners with bad behavioral records will be excluded and often the entrance criteria for many internal prison rehab programs exclude the most needy and vulnerable clients. Will a few relapse prevention groups and a workshop on the Cycle of Change really assist the client in managing their drug use? Going by the statistics, quite frankly it hardly look's like it.

### Quantity not quality

So where to now? Maybe the big organisations in the field of prison drug work need to take a long, hard look at why and what they are doing in the prison system. Not because there is of a lack of need for drug services to exist within a prison setting, but because it could be argued that the prison system itself is fundamentally in opposition to identifying and meeting the needs of clients so obviously in need of help. It would seem, however, that those involved in the current delivery of contracts for the CARATS initiative are determined to keep those contracts. The money generated is obviously substantial and a distraction from trying to shape and develop the way drug users are treated in prison.

Quality is not really an issue. All monitoring for the contracts is quantitative, so meeting targets does not mean that a good job is or has to



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be done. The purchaser sets the targets and is happy to know that 'x' amount of prisoners accessed the CARATS service. They do not seem the slightest bit interested in the fact that the contact was handing out a leaflet, or that after assessment it was identified that an inappropriate referral had been made.

Most CARATS teams are full of hard working, dedicated staff that work in prisons because they want to try to make a difference. Salaries for CARATS staff do not rate very well with many project worker posts in the community, even though working within a prison environment carries with it a whole range of stresses and strains not applicable to a community setting. Many staff are recruited into the job with little or no experience in the drug field, which is often a very dangerous reality. Many CARATS workers have struck up inappropriate relationships with prisoners due to lack of awareness around boundaries and a lack of maturity or professionalism. The younger the staff when they embark on a prison role, the more likely and

with greater ease they can become institutionalised, ending up treating clients in a highly punitive fashion. Where is the motivation to do any real work when the purchasers don't really care what happens after the point of initial assessment? Where's the carrot?

### Failed system

The prison system does not work. It is an archaic, expensive, offensive waste of vast quantities of money. While prisons exist, of course there is a need for drug professionals to be in there, attempting to facilitate the healing of may damaged people. But as a profession, I believe my vocation, having gone into the prisons to see what it really was all about, should really say no.

I believe no external provider that espouses to have a genuine affiliation to the concept of duty of care should even think about soiling it's hands with the dirty work of the state. By grabbing the contracts we do not challenge anything. CARATS does the best it can with some good staff making what little difference they can with the clients they see. On the whole, there is no way the service can do anything other than tell people what services are out there – despite most being staffed by stressed managers losing sleep about becoming QuAD's compliant.

In all this talk of hitting targets and key performance, best value, joined up thinking, perhaps we need to have a reminder about what our profession is about. We want to make people well, and prisons do not do this. A surgeon using dirty tools will kill the patient.

Money should not be a good enough anaesthetic for drug services to settle for mediocrity at best.

*If you are a service provider – how do you respond to the charge that it is impossible to provide decent care for drug users in prison? Do all CARATS workers feel the same as the author? Write to Druglink.*

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