

He has spent 25 of the last 30 years committing petty crime to fund a drugs habit – only to be locked up in jails teeming with drugs. But **Peter Wayne**'s dealings with a disjointed criminal justice system look set to end. In an exclusive dispatch from his prison cell, he reveals how the rot has been stopped by a controversial methadone project at HMP Wandsworth

# Methadone in the madness

**P**ERSONALLY, I never imagined with my long and ignoble criminal antecedents, that I'd be writing a piece that was broadly supportive of my captors. But credit where it's due.

The last time I came to stay as a prisoner in Wandsworth, there had been a mere 12 beds available for heroin withdrawal, hidden away in a small ward in the prison infirmary. When I arrived to start my present sentence – yet another three years to add to my undistinguished tally stretching back over a quarter of a century – I was astonished to discover the whole of the longest and highest wing in the gaol had been set aside for the 72-bed substance misuse unit, fenced and gated off from 'normal locate' like a concentration camp in the sky. And this was fine by me.

Too often in the past I had managed, through a combination of foolhardiness and obligatory submission, to manoeuvre myself into all manner of precarious predicaments. To put it bluntly, there were a whole host of unsavoury characters who, were I to bump into again, might use the occasion to settle old scores. I had been dreading a return to prison for all it was bound to entail, so for the time being at least, I was glad to be locked in the unit.

## POLICY PUZZLE

Sitting neatly on the doctor's desk at my induction interview the next morning, I was pleased to see a fax confirming my community methadone prescription. It was, nevertheless, far from certain that my medication would be automatically continued. Despite an updated government Drug Strategy in 2002, one of whose main objectives (through controlled intervention) was to reduce harm by increasing the number of problem drug users in treatment, there remained a puzzling ambiguity in procedural policy. Home Office drugs minister at



the time Bob Ainsworth chose to ignore this advice insisting that "overwhelmingly if [opiate addicted prisoners] are going in and the length of sentence is such that detox can be completed, then whether or not they have been on maintenance before they go in, then detox is the road we want to be looking at".

These views were subsequently encapsulated in Prison Service Order 3550, a grammatically mangled, almost Prescottesque internal memorandum that addressed the oft-disputed provision of clinical services to substance misusers. It said methadone maintenance is reserved "for those on remand or with short sentences who have been maintained on methadone in the community and evidence if engaged in community treatment programmes and who do not have evidence of using other drugs in addition, pregnant women, HIV +ve, and terminally ill."



On previous visits to Wandsworth, and, so far as I was aware, across the southern region, Ainsworth's way held sway. For the vast majority of heroin-addicted prisoners, the administration of methadone was a fleetingly reductive process: 30mls to zero in under a fortnight. If you were serving a medium to long term sentence, whether you had been prescribed methadone in the community for ten weeks or ten years, it made no discernable difference.

So was it any wonder that within hours of this fast-track detox completion (remember that despite countless assurances to the contrary, the Prison Service has never been able to provide the drug-free gaols of many a minister's imagination), desperate prisoners would go running to the ever-accommodating arms of multitudinous drug dealers who ply their trade with impunity on every landing in every prison in England?

The plain facts of the matter remain simple if unattractive: heroin addicts in prison are, for the most part, heroin addicts who have reached the end of the line. The probation officers, the DATs and the courts will have explored every possible alternative before finally assigning a man to gaol.

Even liquid methadone can be regurgitated and sold on at handsome prices

Ainsworth and his gang, had day to day, ground-zero penal experience of dealing with the ruinous consequences of the erstwhile minister's pigheadedness. At the time of my arrival, to my knowledge at least, nobody else had had the nous, and courage, to defy the official line.

Mulholland himself took up his post at Wandsworth at a time of great upheaval and uncertainty about the prison's future. After being forced to undergo an embarrassingly public performance testing assessment, the Prison Service had only held onto the management of its flagship jail by the skin of its teeth. There followed a vehemently critical report by the Prisons Inspectorate which painted a grim picture of life inside this great basilica of human discontent, noting, *inter alia* that the scores of drug-addicted prisoners held at the jail had every right to expect (but were not receiving) effective support and treatment throughout their stay in custody. This view was reflected in a leading article in the *Observer* which claimed their reporter had witnessed "many inmates battling drug dependency [who received] little help in tackling drug problems". All in all, for the new



As the unit's consultant psychiatrist confided as we got to know each other over time, amongst the 2000 or so addicts who annually pass through Wandsworth are "some of the most difficult, problematic and chaotically advanced heroin users in the country".

**Wayne's World:**  
Peter Wayne during a brief spell out of prison over Christmas 2004

**MULHOLLAND'S DRIVE**

Which was why I felt faintly encouraged by the word going around on the prison grapevine about the new governor at Wandsworth, Ian Mulholland. There was nothing on his CV (previous posting Exeter Prison in bucolic Devon) to suggest the imminence of a radical shift in policy. Indeed, writing this article 12 months into what materialised as a daily 55mls methadone maintenance script, it might seem axiomatic to describe Mulholland as an engaging, forward-looking pragmatist prepared to follow the advice of expert members of his staff who, unlike

governor, things inside the prison really couldn't have got much worse.

However, (and any criminal will tell you there's always room for hope whenever you hear this word from your place in the dock), in a remarkable example of expeditious spring cleaning, when the Inspectorate returned to Wandsworth unannounced a couple months later, they found the new look Kearney up and running with "64 prisoners subject to methadone regimes and a further 7 to buprenorphine". Most of these men, the inspectors were pleased to announce, were on maintenance programmes.

I was one of them. On hearing that reassuring sentence, "you'll be placed on a maintenance prescription", the feeling of relief was palpable. Unlike the deliberately headline-seeking 'Theodore Dalrymple' (see *Druglink* November-December 2006) – whose *nom de plume* is as ridiculous as his assertion that the effects of ... 14



the lemming-like rush of quick-fire detoxed addicts to the designer-labelled bosoms of prison dealers

13 ❖ opiate withdrawal are “trivial... largely psychological in origin” – I have been through this several times. The idea that one should be allowed to let nature take its course, grit one’s teeth and lie back and think of England is quite frankly ludicrous in the extreme, as the lemming-like rush of quick-fire detoxed addicts to the designer-labelled bosoms of prison dealers clearly, and at times, tragically, illustrates.

The substance misuse unit is not a conventional rehabilitation unit. If that’s what you’re after, then the RAPt 12-step abstinence-based programme continues to run at full capacity. Also available in Wandsworth (for those with less time to serve) is the short term drug harm minimisation module, the crack awareness course, regular NA meetings and one-to-one CARATs counselling sessions. This array certainly contradict the impression given in the Observer’s misleading leader on the prison’s lack of institutional support. No, the Kearney exists, came into being, for men like me: sentenced to middling terms of imprisonment, fed up to the hilt with the millstone of addiction and all that entails in the penal microcosm, but without perhaps the mental apparatus (and it is hard to admit this about oneself in public) to go cold turkey in one fell swoop.

Whatever the authorities say about increased seizures, decreased positive drug tests and more stringent pro-active security measures, heroin is as rife today in prison as it has ever been. Mulholland, realising that most addicts would not or could not say no regardless of the consequences, took the bit between his teeth. What was the lesser of the two evils? The pre-eminence of gangsterdom through unassailable illicit marketeering or the relative calm and ordered efficiency of supervised methadone maintenance schemes?

### STOP THE ROT

Thankfully, he chose the latter. So, for heroin addicts on the substance misuse unit, as long as they keep themselves clean, there is no longer any need to wake up shivering, to spend each day chasing what may (or may not) be heroin around the landings and exercise yards, paying outrageous prices with money they don’t necessarily have; to bully friends and family into bailing them out – yet again, to plead, to beg, and when that doesn’t work, to suffer the way of all hopeless debtors – to live on in fear of retribution, and when it comes, as it will, to exist in disgrace amongst the grasses and sex offenders on vulnerable prison wings.

Which is not to say the unit at Wandsworth is a flawless utopia. Some people go to inordinate lengths to take advantage of what’s on offer, chasing the ‘buzz’ for its own sake, living off the government-sponsored fix (as some screws refer to methadone) and stealing the places of others in genuine need. There are, in any community, the few rotten apples who don’t have the sense to realise when they are well off and continue to subvert and destroy as they follow their own

perverse agendas. There are those who sell their medication (which is bound to happen notwithstanding supervised consumption). Subutex, especially in pill form, has become a much sought after commodity in lieu of heroin. Crushed or snorted, two or three mls (for a half ounce of tobacco) will do the work of two or three prison bags of heroin at a tenner apiece. Even liquid methadone can be regurgitated and sold on at handsome prices. It’s a *laissez-faire* economy, inside or out.

Throughout this article I have relied on my own first hand experiences, rather than the press releases and manipulated statistics available to normal home affairs commentators. It does not appear that harm reduction is winning over compulsory abstinence, which is not to everybody’s taste to be sure. But I can stand here with my hand on my heart and declare that I’ve been wholly clear of illegal drugs for over a year. I have never managed so long before, outside or in, so I have a lot to be grateful for.

### MAGIC WANDSWORTH

If the Prison Service is serious about wanting to ameliorate conditions by creating drug-free zones and achieving the Public Service Agreement target of “reducing the harm caused by illegal drugs... by... increasing the number of drug misusing offenders entering treatment in the criminal justice system”, then they could do a lot worse than follow the example of the methadone maintenance scheme on the Kearney Unit here in Wandsworth and effectively separate the dealers from their clients, freezing them out of their lucrative market.

Last November, as reported in *Druglink*, the promised £40 million budget for the Integrated Drug Treatment System was slashed by almost three quarters to £12 million. As it is, the Kearney is run on a sixth of that allocated to an equivalent unit in the community. It is such a thankless task I’m sure those running it wonder why they bother. Maybe it’s the ‘them and us’ mentality that lies at the heart of the problem. At Wandsworth, both sides have gone some way in accommodating each other’s needs and breaking down those quintessentially English social barriers. That’s good. And there is room for optimism if protagonists present and future are able to keep an open mind and learn from what works. ●

*Peter Wayne has spent 25 of the last 30 years in prison for offences related to his addiction to heroin, such as robbery, burglary, deception and shoplifting. He is to be released from his current stretch in HMP Wandsworth, where he has been on methadone for 14 months, in August. He hopes to take up residence at the University of East Anglia on a fellowship.*

*His articles and book reviews have appeared in the New Yorker, New Statesman, Prospect, British Journalism Review and the Times. He is currently working on the screenplay of his novel, April Fools.*