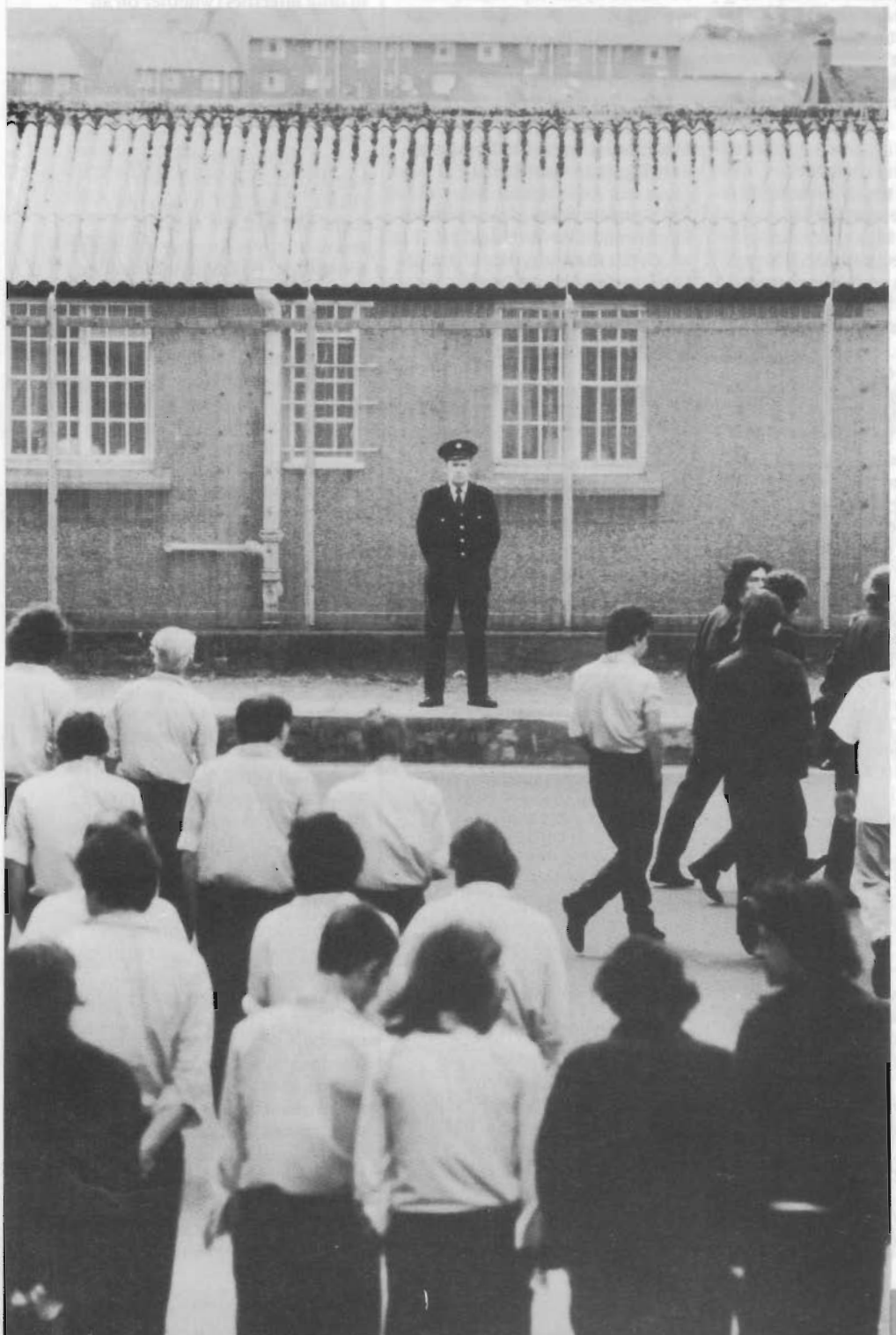
WHY NOT WORK IN PRISON?

Mike Trace

Last year an important Home Office policy statement helped open the way for drug services to work in prisons. Just one agency in Britain specialises in this work. Its coordinator argues that prison or the threat of prison creates intervention opportunities that must be seized, and shares his experience of how to go about working in prison.



THIS YEAR, 6-7000 people will be sentenced to terms of imprisonment for drug offences. A few of these will be traffickers, but most will be in trouble because of their use of illegal drugs. Parole Release Scheme figures show that half the prisoners who approach us for help with a drug problem had been convicted, not of a drug offence, but for 'fundraising' offences such as burglary, shoplifting and cheque fraud. Extrapolation leads to the estimate that this year 10-12000 people will pass through the British prison system as a result of their illegal drug use. Not all of these will be drug *dependent*, but all will have a drug *problem* — for many their only problem will have been getting caught. Nonetheless, the solution to their problem lies in changing the lifestyle and habits surrounding their use of drugs.

A significant proportion of prisoners seek the help of drug rehabilitation services to achieve these changes, but most don't get access to specialist help. Despite extensive contact with the criminal justice system, 60 per cent of the Parole Release Scheme's clients have never contacted a drug service. It is important to change this situation: recidivism among known drug abusers is predictably high, and nothing will stop the cycle of prison–drugs–crime as long as someone needs £100 a day to buy drugs. It is the role of the services — in this case a combination of the prison authorities, the probation service and the voluntary sector — to give prisoners the opportunity to break this cycle.

Intervention by drug services while clients are in prison is opportune because:
— the client is relieved of physical dependence and removed from what is often a chaotic lifestyle while outside;
— imprisonment is a stark reminder of the hazards of such a lifestyle;
— prison imposes a routine, giving inmates plenty of time to think about what to do with their lives.

Also, the time is ripe for voluntary drug services to increase their work with prisoners as this is now being supported by the prison service itself. A statement issued jointly with the probation service last September called for better cooperation in the throughcare of prisoners with drug problems and for increased use of specialist services within prisons and on release (summary on facing page). Intervention by drug services could take place before sentence, during sentence, or in preparing for the prisoner's release.

The author has been the coordinator of the Parole Release Scheme since April 1987, having previously worked as a residential project manager in a hostel for parolees. The Parole Release Scheme is a non-statutory agency which aims to increase the opportunities available to people leaving prison who have a history of drug problems. Its advice and referral service is at 148-150 Penwith Road, London SW18 4QB (phone 01-871 4299) and its hostel is at 30 Sisters Avenue, London SW11 5SQ (phone 01-223 2494).

Before sentence

Representing a client in court and suggesting drug rehabilitation as an alternative to custody is not a new idea, but it is also not yet widespread. Apart from court work by Lifeline in Manchester and Release in London, and the induction teams of Phoenix and Alpha House, little is done to persuade judges and magistrates that imprisoning people with drug problems is an expensive waste of time if offenders don't get a chance to deal with the real cause of their crimes.

Few rehabilitation services see themselves as playing an 'alternative-to-custody' role. This is for two reasons: they have plenty of applicants who are *not* in trouble with the law; and they lay a heavy emphasis on *voluntary* motivation to change. It is widely believed that if the motivation is provided by the threat of imprisonment then the client will be trouble.

I would dispute this. Obviously some people will try to exploit the system, but it is possible to spot this at an interview. It is also possible that trying to avoid imprisonment is a valid reason for applying to a drug rehabilitation service. Studies of therapeutic community residents in the USA have shown that the degree of 'success' (not offending or taking drugs after treatment) increases with the time they spent in the programme — and on average clients sent for rehabilitation through a court order stayed longer than those that went voluntarily. Tangible motivations, such as the threat of a prison sentence, can more reliably achieve a client's commitment to treatment than a voluntary decision to change.

In Britain thousands of drug offenders add to overcrowding in prison; most don't need to be there. Many would benefit from spending that time looking at their problem in a positive way, but ways to divert them from custodial sentences do not exist.

Remand prisoners on their way to court. If drugs is their problem they have little chance of a 'therapeutic' sentence.

During sentence

People with drug problems require much the same range of services whether they are inside or outside prison. In prisons, as elsewhere, it is unrealistic to think that the authorities can eradicate drug abuse. Smuggling — through visits, packages, home leaves and little clingfilm packets thrown over the wall — continues to make drugs of all kind prominent in prison life.

Some of the problems associated with drug use in prison are, however, more worrying than outside prison. Sale and barter of drugs causes control problems for prison authorities, and the concentration of an HIV high risk group in insanitary conditions with only a handful of needles (much harder to smuggle in than drugs) constitutes a serious AIDS risk.

Prison medical officers interview each prisoner on arrival. Those identified as a drug misuser (most misusers are not identified) are offered a supervised withdrawal. In most cases, the prisoner then sits out the sentence to be returned to their old way of life — without much hope, and with a dangerously reduced tolerance level.

If they are lucky, prisoners with drug problems will hear about or come in contact with a drugs group run in prison by the probation service or by a local drug counselling service, but these are few and far between in the 120 prisons in England and Wales. This is a pity because interest is high (sometimes only as a way out of

THROUGHCARE OF DRUG MISUSERS IN PRISON: HOME OFFICE POLICY

In September 1987 a Home Office policy statement on drug misusers in prison was sent to all prison governors, prison medical officers and chief probation officers in England and Wales.[1] The main points were:

► The Home Office recognises its responsibility to make "the most of the opportunities which can be developed within the facts of custody and available resources to encourage drug misusers to give up their drug habit."

► "It will be the responsibility of the governor to facilitate the establishment of a coherent system for the management of drug misusers in the establishment and to ensure in discussion with the medical officer and seconded probation officer its satisfactory development . . . The governor will wish to be satisfied that the optimum use is being made of opportunities and support such as are available from within the prison establishment . . . and from suitable drug counselling facilities whether statutory or voluntary from the local community."

► Requests from drug services to visit prisons will be considered in the light of a 1979 circular on ex-offender welfare workers. This says agencies which wish to send an ex-prisoner should consult the prison governor, who will decide each case on its merits taking into account a number of criteria to assess whether the visit is likely to be of positive benefit to the inmate.

► The prison medical officer and seconded probation officer should work together to "develop satisfactory arrangements for the continuing care and support of the drug misuser."

► The medical officer should examine the prisoner and if need be set in train "appropriate withdrawal arrangements" in accordance with their own clinical judgment.

► If the prisoner consents they should be referred to the seconded probation officer "who may know of outside agencies or potential self help groups which might . . . assist the prisoner's social rehabilitation."

► The probation officer has a "key role" in the continuing care and personal support of inmates for whom the medical officer has confirmed a drug misuse problem. Throughout the sentence the probation officer should monitor factors which might influence the success of the support programme for the prisoner and keep the medical officer informed.

► Before discharge the prisoner should be seen by the medical officer who will offer clinical advice. Together with the probation officer, they will also draw the prisoner's attention to appropriate specialist advisory centres or support groups in the community. Early warning of discharge should be sent to the outside probation officer who will be responsible for taking forward the support programme, including arranging for the prisoner's non-clinical needs to be met during the "particularly vulnerable months immediately following release."

► Before discharge (and for remand prisoners, before sentence) the medical officer or probation officer should hand a drug advisory card (reproduced on page 8) to the prisoner and use its contents to help offer guidance.

1. Home Office Prison Service. *Policy Statement on Throughcare of Drug Misusers in the Prison System*. 1987. Copies from HM Prison Service, Cleland House, Page Street, London SW1P 4LN.

prison routine), and the audience is definitely there for the dissemination of harm minimisation advice, the discussion of drug issues, and the provision of individual counselling and support, particularly through long sentences.

Many prisoners take advantage of visits by Narcotics Anonymous volunteers, and think that their methods are pursued by all drug services. Work in prisons by drug advice agencies has grown over the last couple of years and in some cases the Home Office has been willing to fund it, but resources for this area of work are still overstretched. The Parole Release Scheme is the only drug agency specifically set up to work with prisoners. It covers 21 prisons in the South East, and good work is done by the street agencies in York, Bristol, Exeter and Bury St Edmunds, but this is still a drop in the ocean.

Planning release

Even with improved resources, the effectiveness of rehabilitation efforts in prison must be limited. Decisions made in the prison environment may not be kept to once a prisoner is released; and creating a supportive and therapeutic feeling in the prison culture of machismo and self reliance is nigh impossible.

So in working with prisoners, it is important to concentrate on preparing them for release back into the real world. This may involve advice on harm reduction and giving addresses of needle exchanges and self help groups, or arranging applications to residential rehabilitation services — a prison sentence naturally breaks all previous contacts and makes a rehabilitation programme seem an attractive proposition to the client.

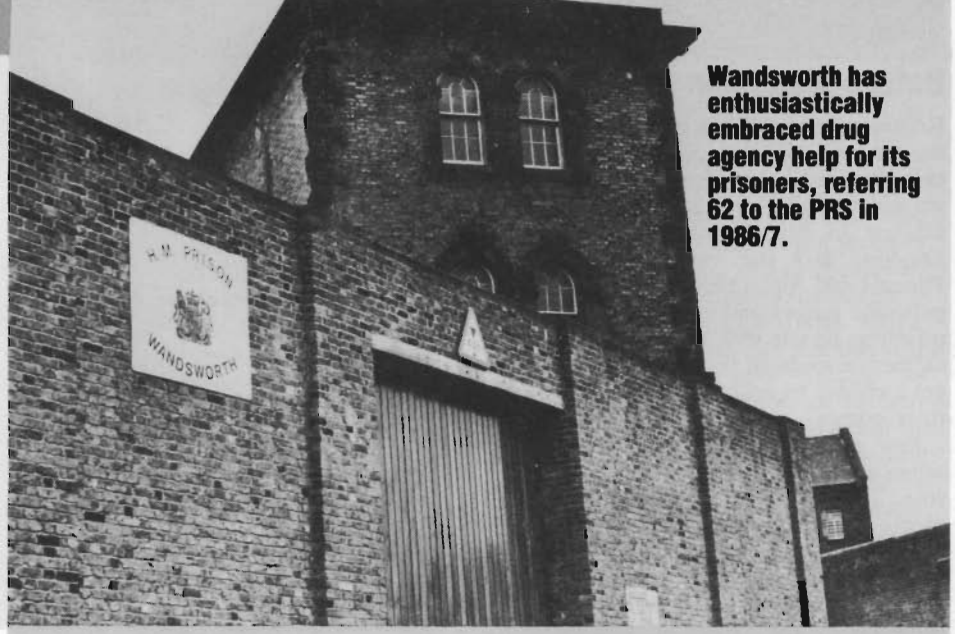
Prison referrals to residential projects present particular difficulties. The first hurdle is the policy of some projects not to take clients direct from prison. Presumably this is to do with fear of prison culture and institutionalisation affecting the project's atmosphere, but people imprisoned for their drug problem are no different from the general drug using population, and have as much right to treatment. Trying to arrange a release plan that involves a few weeks back in the community before a placement is offered is usually impractical — and, if the client survives this interlude without disappearing, they have probably shown that they do not particularly need residential support.

The next problem is how a project can assess the appropriateness of an application. The best way is for the client to visit the project to be interviewed by the staff and, in some cases, by the residents as well. Although not always possible, this happens more than you might think through the relaxation of home leave and temporary release regulations — another example of the prison service's cooperation. These concessions now allow prisoners to be interviewed at a project during a day out, or even to stay there for a couple of nights. Interviews of this type mean inappropriate referrals are usually soon discovered.

Where in-house interviews are not possible, residential project staff have two options: to visit the prisons themselves, or to enter into agreements with agencies like the Parole Release Scheme to interview the prisoner on their behalf and bring back a recommendation plus any relevant paperwork.

Many hostels find bedspace planning difficult because of the uncertainty of parole dates, and find it easier not to deal with prison referrals until a definite release date is nearer. The solution is not to hold bedspaces open for prison applicants, but to give them a positive release plan to look forward to as early as possible in the sentence and to make the offer subject to a vacancy.

MORE COOPERATION between prisons and drug services is needed because of the increasing number of drug users receiving custodial sentences, the wastefulness of the crime and prison cycle, and the threat of the spread of AIDS. At a time when making drug services accessible to groups who haven't previously made contact is so important, we have thousands of people passing time in prison because of a drug problem who, for the first time, are willing to approach such services if given the chance. □



Wandsworth has enthusiastically embraced drug agency help for its prisoners, referring 62 to the PRS in 1986/7.

GETTING STARTED

How to make contact with prisons/prisoners

For one off visits to clients, either:

— get the client to send you a Visiting Order for a specific appointment in the general visiting area, where all social and family visits take place; or
— if you need more privacy, some prisons can allocate you an interviewing room or cubicle. First check with the governor's office that your organisation, and the person visiting, are acceptable, then book the visit by asking the prison switchboard for the office that coordinates 'official visits'.

For more information contact the PRS for a copy of A Guide to the Prison System for Residential Drug Projects, *by Steve Taylor of the Parole Release Scheme.*

For entering into a working relationship with a prison:

It is important to first get the appropriate consent from the governor's office by writing to them outlining the work that you plan to do. It also helps if one of the groups within the prison is particularly supportive of your intentions. Most welfare work is the responsibility of the probation staff, but the education office, the prison medical service, or the prison officers themselves might also be involved, depending on the nature of your work. You can publicise the service to prisoners through posters within the prison, or through leaflets kept by probation officers or included in prisoners' reception information packs.

Drug advice card recommended by the Home Office for prisoners.

- You have now been off drugs for some time. That's a big plus.
- Now you owe it to yourself to keep off drugs permanently.
- Whether you do or not is largely up to your own efforts. It won't be easy. But help is available if you need it.
- If you feel you need help don't get disheartened. Contact your local drug treatment or advisory centre. A telephone number is below.
- Remember that if, sadly, you decide to return to drugs your body is no longer used to them. It will be positively dangerous to start using the same amount as before you stopped. Your tolerance will be reduced and you will overdose.
- Be aware too that if you inject drugs you are in a high risk AIDS group. Do not share equipment.

Telephone No .....