CENTRE FOR POLICY STUDIES

Inside Out

How to get drugs out of prisons

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2008

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Acknowledgements

Support towards the research on which this report is based was given by the Institute for Policy Research.

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ISBN No. 978-1-905389-75-9

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Printed by 4 Print, 138 Molesey Avenue, Surrey

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SUMMARY

- Drugs are widespread in British prisons, undermining any attempt to clean up prisoners from pre-existing addictions, greatly increasing the chances of recidivism and corrupting staff.
- From a drug user's perspective, the "dealer" can be an illicit trader or the state. Both harness the power of the drug to influence behaviour. The former says commit crime to get money to buy drugs; the latter says stop committing crime and we will give you drugs for free. Both want control. Neither offers freedom.
- In terms of both treatment and containing supply, the Government appears to be more interested in managing the problem than in eradicating it. Hence treatment is focused not on stopping addiction but on prescribing substitute drugs (such as methadone). Similarly, interrupting supply is focussed on trying to keep up with the drugs trail through prison, rather than by eliminating the drugs market completely.
- The Government has committed more resources in an attempt to stop the supply of drugs into prison. And yet today there are probably more drugs in prison than ever before.
- Mandatory Drugs Tests (MDTs) – a key part of the Government's strategy – are both unreliable and potentially

dangerous. They are also incompatible with the Government's current treatment strategy of substitute prescriptions such as methadone. In addition, MDTs encourage the use of Class A drugs over cannabis (traces of the latter stay in the body for longer than traces of the former).

- MDTs in Scotland have been abandoned.
- MDT results have become statistics that prisons publish in order to demonstrate the meeting of targets. They should not be considered as reliable indicators of drug use in prison.
- Other methods of controlling the supply of drugs into prisons are also failing. Sniffer dogs and CCTV cameras, for example, are too often unreliable.
- The Government's approach is *reactive* and is not working. At the moment:
  - no one knows how many people are using drugs in prison; what drugs they use and how often; how the drugs get into prison; how they are stored and sold;
  - there is very little communication between prisons on the prison drugs market;
  - the Prison Service hardly speaks to external agencies about drugs in prisons (HMPS is, for example, not implementing the National Intelligence Model, an approach designed to help law enforcement agencies share information);
  - responsibility for stemming the supply of drugs into prison is confused between various levels of management.

- In contrast, drug dealers are organised, highly motivated, clearly focused. They have built effective alliances for mutual benefit and profit.
- A new pre-emptive intelligence-led approach is needed, one which would:
  - start from the premise that all illicit drugs should be eliminated from prisons;
  - establish the ability for prisons to share information on the supply of drugs throughout the system;
  - enable prisons to work with the rest of the law enforcement community to develop intelligence systems that mirror those of their law enforcement counterparts.

CHAPTER ONE

INTRODUCTION

Our prisons are literally being overrun by our drug problem. There have been occasions when approaching 100% of the prisoners in Corntonvale have a drug problem. Increasingly our prisons are becoming the holding stations for thousands of our addicts and in the process the very nature of our penal institutions is being changed beyond recognition.

Neil McKeganey, Professor of Drug Misuse Research, University of Glasgow, speaking at a presentation to the Conservative Party Conference in Scotland, 23 May 2008.

I FEEL PRIVILEGED TO WORK in the drug field, given my background. For many years, I expected to get a tap on the shoulder and for someone to say, "Sorry son, we made a mistake, you're not supposed to have this job".

Drug addiction, and all that it entails, is such a profound experience to go through that it leaves a lasting mark. But having got help to break free of my own addiction, I at first wanted nothing more to do with drugs in any shape or form.

Later, I was fortunate to be given the chance to work in drugs treatment. But then, back in 1993, it was a cottage industry, compared to the corporation it has now become.

Along the way it has struggled to keep the client (and his or her best interest) at the centre of things. Drug treatment has slipped from a health-based intervention to a crime reduction tool. Drug users seem constantly to be in the hands of the dealers that suck them in, in all sorts of imaginative and enticing ways.

Interestingly, from a drug user's perspective the dealer can be an illicit trader or the state. Both want to harness the power of the drug to influence behaviour. The former says commit crime to get money to buy drugs; the latter says stop committing crime and we'll give you drugs for free. Both want control. Neither offers freedom.

Yet what the drug user craves *is* freedom, normality and independence – a job, a home and some meaningful relationships.

Treatment, from a drug user's perspective, is therefore a means to an end. Treatment expansion in prisons, where it is linked to rehabilitation and resettlement activity, has been good. But the main factor, stifling its effectiveness and driving re-offending rates, is the easy accessibility of drugs in prison.

The level of ignorance

The Government is committing more and more resources in its efforts to control drug supply to prison. There are Mandatory Drugs Tests and sniffer dogs and CCTV cameras. And there are probably more drugs in prisons today than ever before.

But the problem is that no one really knows what is going on. While each of these initiatives may or may not have their merits, all they do is follow the trail of drugs as they circulate prisons. The demand for drugs is so great and the system so porous that this will only cause minor disruption. Drug dealers in contrast are organised, highly motivated, clearly focused. They build effective alliances for mutual benefit and profit. As their resources grow, so does their buying power – and their capability to corrupt more staff.

Prisons, on the other hand, are isolated both from each other and from other law enforcement agencies. They are vulnerable.

What is needed is a far more sophisticated and intelligence-led approach, one which is based on a true understanding of how this powerful market works; and one which can then dictate how to eradicate this damaging failure of the state.

INTRODUCTION

It matters

Solving this problem is important for many reasons.

First of all, it would be humane. Prisons should be able to give drug users a chance to break their addiction. If drugs are widely available in prisons, then this will not happen.

Secondly, it would be moral. Prisons are institutions of the state. The state should surely discourage drug use, not encourage it.

Thirdly, it would be to everyone's benefit in terms of reduced recidivism if people released from prison were free of drugs.

Fourthly, it would save money in the medium term. About £80 million a year is spent on drug treatment in prisons.[1] Much of this is currently wasted because of the availability of drugs in prisons.

Finally, drug use in prison causes violence among prisoners and against staff; and is the main driver of staff corruption.

This report is not meant to be an exercise in prison bashing. Prisons are far too easy a target for that. Often they are not allowed to reply as candidly as they would like. Besides, Her Majesty's Prison Service is often left to implement policy formulated elsewhere by people who have little experience of working in prisons, with prisoners, or in the wider drug treatment or drug supply sectors.

Nor is it meant to tarnish the great majority of prison officers who are honest, diligent and, in the main, tolerant. However, the fact remains that there is a small proportion of prison officers who are corrupt and who have a disproportionately great influence on the management of prisons.

But prisons do need to combat illicit drug use, not just because it is right to do so, but because there is so much riding on it.

And what is required to solve the problem of drugs in prison is political will. And a new approach.

[1] Ministry of Justice, *Prison Policy Update*, January 2008. This report says the figure for treatment has increased from £7 million in 1997/98 to £80 million in 2007/08. See www.justice.gov.uk/publications/prison-policy-update.htm

CHAPTER TWO

FROM HACKNEY TO WESTMINSTER

PRISONS HAVE PLAYED a big role in my life. As a young boy from three to eight years old my dad was in prison, serving five years for manslaughter.

I was born in Hackney to a Turkish Cypriot family. My father had came over from Cyprus in the late 1950s to build a new life for his family. My mother and two sisters followed him in due course, and, in July 1963, I was born. We settled in Stoke Newington, North London where I grew up.

Despite the illusion of normality I knew we were different. For instance, my big sister, not my mother, took me to school, did most of the chores round the house and filled in the forms that needed to be filled in. My mum never really engaged with the outside world, mainly because she couldn't speak English properly. She never really understood life in England or how its institutions worked. After all, she had come from a small village and a very simple life in Cyprus.

My early life up until I was about eight was spent with my mum and sisters. The road we lived on was very lively, diverse and friendly. I played outside with friends but never strayed far from the house and in many ways life was at times idyllic.

Then my dad was released from prison and came home. His re-entry into our lives brought tension into our relatively stable little world. From the start he lived apart from my mum in one of

the downstairs rooms. I spent my time at home going between my mum upstairs and my dad downstairs. I remember him taking time to explain decimal money to me.

He finally settled into work and life beyond prison. But one day he threw my mother out of the house. He came home, came straight upstairs, packed my mum's things, left them at the front door and locked it shut. I remember my mum screaming and hammering to get in but he just sat there ignoring her shouts. My sisters and I wanted to let her in and I remember him saying, "I dare you to open the door". We were rooted to our seats and did not move.

Life was fairly traumatic for a while. My dad had a reputation for being single-minded and had a mental toughness which he could and sometimes did back up with physical aggression. He had been in the local militia in Cyprus and had done a stint with the British Army before coming to England. Add to that a term in prison and he wasn't someone we wanted to mess with.

My big sister however was like the French Resistance. She would regularly stand up to him following mum's departure. She also used to let mum into the house during the day to see us all after school and before dad came home. One day my mum asked me if I wanted to go shopping with her for clothes. I was so nervous about her being in the house, and possibly being discovered by my dad, that I agreed.

We never went shopping at all. We went to Heathrow and boarded a flight for Cyprus.

My sisters caught the full force of my dad's rage when he discovered what had happened. But it was too late. I was gone.

Arriving in Cyprus was like being whisked off to Mars. It was hot, the people were strange and despite being able to understand Turkish, I could not understand what people were saying. I soon

realised from their names that they were Greek and that I had been taken to the Greek side of Cyprus.

After about six months in Cyprus, and various official meetings, (initiated I assume by my dad in an effort to get me back via official channels), he took decisive action. He drove over to the Greek side with his old militia mates, kicked ten bells out of everyone around me, shot a horse that was in the way, bundled me into a car and drove off to the Turkish side of Cyprus. After a short stay there he brought me back to England, now as strange to me as Cyprus had been when I landed there.

Anyway, I was back and after about a week, rejoined life in my old primary school, St Matthias in Stoke Newington, North London. I loved school and excelled at anything I put my mind to. I was also lucky to move to Upton House School for boys, where one teacher stands out in my memory, Keith Adjegbo (now Sir Keith Adjegbo). He was an inspiration for me and many others, for example running after school tennis clubs where we would not only play tennis but would discuss literature, life and a whole lot more.

Descent

Despite this I began to drift into the wrong crowd. Life at home was a drudge which I tried to avoid by staying out and being with my friends more. I started smoking, began to get involved in petty crime and began experimenting with drugs and alcohol.

It was the wrong behaviour at the wrong time in my life. I should have been focusing on learning, taking exams and planning a future. But I went down hill quickly.

My dad died when I was 18 and I found myself alone again. The extended family blamed his heart attack on me for the pressure I had put him under by my lifestyle. Looking back I was not a good son (or brother to my sisters) at that time and I take responsibility for the additional stress I placed on everyone by my actions.

His death, while painful, was liberating. Without him (the only constraint I had in my life), I was accountable to no one. I remember being arrested once (before my dad's death) and was more worried about my dad finding out than what the police or the courts could do. Shopkeepers could no longer say when I stole or misbehaved, "I'll tell your dad". Now no one could tell me what to do.

Following his death, I sank deeper into the drugs and crime lifestyle, eventually so deep that I did not know who I was anymore. My friends and my addiction were all that was left. We had begun as a proper 'firm' that looked out for each other. We had grown up together and trusted each other. Through one friend or another, the network of contacts available to anyone of us stretched far and wide and covered many disciplines, both legal and not so legal. But as we sank into the depths of addiction we ran around in ones and twos. Friendships became more like temporary alliances. Our addiction to heroin and free-based cocaine caused splits between friends. Many went to prison and some died. It was a desperate and dangerous time.

Despite being arrested several times, I was very lucky not to be sentenced to a term in prison, given the type of lifestyle I was living then. But visiting my friends I became acquainted with Borstals (as they were then) and prisons up and down the country. I also went to more than my fair share of funerals.

Fortunately for me I had one lifeline left intact. His name was John Piercy.

He was a minister with the London City Mission. I had known him from an early age when his mission used take children from the streets to a local Sunday school, which I attended with my sisters. John had been in the background of our family for many years and had befriended us, which was odd as we were nominally

a Muslim family (meaning that if asked, we would say we were Muslims, because our parents were Muslims).

He was there when my dad kicked my sisters out for letting my mum take me to Cyprus and arranged care for them, at first with church members and then with the local authority. He was there when my dad had his first heart attack and brought him home from hospital. He was there when I needed help with my addiction. We are still in touch today.

Ascent

With John's help I got into Yeldall Manor, a residential rehabilitation centre in Wargrave, near Reading. It was a Christian centre which, despite my Muslim background, and possibly because of positive memories of attending a Church of England primary school, seemed fine by me.

Entering rehabilitation in 1986 was daunting for me. Yet the process was simple. John had a phone number, we called it and made an appointment, filled in some forms, attended an interview at the rehab and after a short wait I was given a date to come in. I detoxed at my sister's flat with no substitute prescribing, which was awful but bearable. Until that detox I had been using between £100 and £150 of heroin and free-based cocaine (now known as crack) a day – and had been for about six or seven years.

The programme was tough, involved lots of work, sport, getting up early, discipline, church attendance, counselling and yet more work. It was a challenging place but the staff cared for the residents. It's not what most people would call conventional treatment but it had many of the key ingredients that are crucial to the recovery process. I kicked against the system and thought of leaving on more than one occasion. I relapsed once near the end of the 11 month course but they took the decision to let me stay if I started again, which I did. It was a tough place.

I finished Yeldall after a further 11 months which meant I had spent nearly 23 months (continuously) in treatment. But when I left it was with a job, a new circle of friends and a home. It was not easy, but with a job and good support structures I made my own choices and progressed in life.

In time I qualified as an electrician, started a small building business and lived happily, enjoying my new life and friends, paying tax, doing the shopping. I even got a mortgage for a house.

I've done the economic calculations many times over and judge that I am now in "credit", meaning that I have now more than paid back the cost of my care.

Client to provider

In 1993, I decided to enter the world of drugs again.

This time, it was as a worker. The Community Care Act had became law in 1993 and local authorities had little idea about the new legislation. They were fumbling their way through their responsibilities but I read the act and all the literature I could find. Eventually I got the job as referrals co-ordinator back at Yeldall and they had their best year ever.

I worked at Yeldall for five years and loved most of the time I was there. But in the end, I wanted to work more and more with chaotic users, those that never made it to rehab, those that ended up in the criminal justice system. The idea of referring an offender for treatment on his arrest was just starting to take hold. I got a job with SMART Criminal Justice Services in Oxford. This was one of the first arrest referral teams around and it was innovative. Their CEO at the time was an ex-user. He was an amazing role model for me, living proof that ex-users could aim high.

My biggest frustration during that time was taking clients from custody to see staff at the local community drug teams. I expected them to be sympathetic; and the police to be hard. But it was the

other way round. I had to beg the social workers to see the prisoners. It was weird. The police, who I thought I would never get along with, were professional, courteous, compassionate and caring.

But many times the clinical or social services staff were hard and unrealistic. They wanted the clients virtually to heal themselves or to achieve such high levels of stability before seeing them that many just failed or left because they couldn't jump through all the hoops. Then I knew I needed to be a Drug Action Team (DAT) Co-ordinator – to get hold of the budgets and influence change in local services.

I went on to co-ordinate a total of three DATs (Windsor & Maidenhead, Bracknell Forest and Slough). I found that the DAT idea made sense, local partners coming together to pool resources and expertise and to tackle the problem together (becoming more than the sum of their parts).

By the time the National Treatment Agency (NTA) came along in 2001, Arrest Referral Teams had highlighted a previously hidden population of "problem drug users" not in touch with existing treatment provision. These were now pro-actively targeted, with the key objective of reducing crime – not treatment as a means to independence but treatment as a crime reduction initiative.

The irony was that residential rehabilitation (relabelled by the NTA as 'Tier 4 services') was never really developed. The game was to find, engage, motivate, refer and stabilise offenders primarily in the community. The imposition of targets was to ensure the process was being adhered to. I remember in rehab being asked in a group setting, "when is a thief not a thief?" "Simple" we answered, "when he stops stealing". "No", the facilitator said, "a thief is no longer a thief when he has a job and supports himself legitimately".

When I think about crime reduction, I remember that group. Most of the time, the government has seemed to want addicts to stop committing crime and are prepared to provide a substitute drug as a means of doing that. Much drug treatment is now in danger of becoming an end in itself when it should really be a means to an end – a route back to independence, back to getting some sort of a life back.

Going inside

In 2002 I applied for the job of Drug Strategy Co-ordinator for the seven London Prisons. By now I had been 16 years out of rehab. I had worked successfully across the drugs sector. I was ready for the challenge.

Just before my interview, I convinced myself that they would go for someone better, more qualified, more acceptable and that I didn't have a chance. Feeling I had nothing to lose I decided to speak my mind. I would not just say what I thought they wanted to hear. We used to have saying where I grew up, "the kids that had all the kit, couldn't play". Well, I felt like I had no kit, but I knew I could play. All I had to do was to forget the setting, and put my best foot forward.

Before we got started, I needed to get my past out in the open. I handed them a letter I had drafted containing a list of my previous (and by now, spent) convictions. It explained that I had been a former drug user and that I had undergone rehabilitation and no longer used any drugs. I was used to applying for jobs that were exempt from the Rehabilitation of Offenders Act. I said, "If there is anything in there that disqualifies me from this post please let me know, and we can save ourselves a pointless interview". They asked me some candid questions and we carried on. To my amazement I was offered the job.

For the next four years I enjoyed the work of the prison service Drug Strategy Co-ordinator in London. It was a productive time as far as treatment was concerned. We increased rehabilitation programme places in London from 326 to 1,198 over a two year period working mainly with short programmes to fit the transient nature of the prison population.

I worked hard to introduce fundamental improvements where I could. Because of my past I always pictured myself or a close relative or a friend in the place of the prisoner. It meant I was more straightforward with those in higher authority than I might have been. So when I was asked by the Governor at the end of a visit to Wormwood Scrubs to give a view on drug services at the prison, after a bit of dithering and some positive comments about other aspects of treatment in the prison, I told him: I thought the detox was awful, reminiscent of some eastern block sanatorium.

Not long after that visit, a prisoner committed suicide. I was tasked by the Governor and the Area Manager to try to sort things out.

In quite a short time and without spending any extra money, we managed to close the 12-bed detox unit and opened a new 45 bed unit. We moved quickly to ensure proper clinical standards were introduced and the prison (and prisoners) reaped the positive benefits as a result.

I was amazed, at how much could be achieved when senior people were determined to change the way things worked. It was no longer a case of being influenced by petty rules, existing practices or 'more-than-my-jobs-worth's' attitudes.

Things can be done, given will and leadership. Sadly in the time I was there, there was no similar effort to either facing or tackling the flow of drugs into prisons. All the efforts we were making with expanding treatment were being jeopardised.

CHAPTER THREE

DRUGS IN PRISONS

PRISONS ARE THOUGHT OF as secure institutions. The gates, locks and fences are intimidating, and at first glance do seem secure.

However, it is a fact that there are illicit drug markets operating in all of our large prisons. On closer inspection, prisons should not be considered as secure institutions. The following entry routes for drugs entering prison are not uncommon:

- drugs coming over the wall and being "fished up" by prisoners;
- drugs coming in through visits (personal and official);
- drugs coming in through the post (including official letters or those masquerading as official);
- drugs coming in through those returning to prison from the courts;
- drugs coming in through corrupt staff.[2]

And there are many other routes. Given the myriad ways there are for drugs to come into prison it can be like trying to stop a leaky hose: as soon as you get your hand over one hole, another leak springs up elsewhere.

[2] This is a major trafficking route into prisons. Corrupt staff in any prison can bring a substantial amount of drugs in by various means – and make a lot of money in the process.

An admission of defeat?

However, just because something is difficult does not mean that it should be tolerated. First and foremost there must be a policy commitment not to tolerate drugs in prison. Yet, looking at the National Offender Management Service (NOMS) Drug Strategy from 2005 (the last published strategy),[3] this does not seem to be the case. Instead, the NOMS strategy says:

> *NOMS will do what it can within its powers to reduce the amount of illicit drugs reaching PDUs* [Problem Drug Users].

That statement is not a firm policy commitment to keep prisons free from illicit drugs. The strategy goes on to say:

> *In prisons, the total eradication of drug supply is unlikely.*

This seems an admission of defeat. The reasons given for this statement are as follows:

> *Prisons need to admit contractors, receive mail, food supplies and other deliveries, and prisoners must receive visits from family and friends. "Closed" visits, which deny prisoners physical contact with their visitors, are used where there is suspicion of drug smuggling by a visitor, but this could not become the norm without damaging decency and family support.*

Despite, it seems, tolerating a degree of drug use in prisons, the NOMS Strategy also states that illicit drug use in prisons is falling. It quotes the Mandatory Drug Test (MDT) rate, which had fallen from 24.4% in 1996/97 to 12.5% in 2003/04. More recently it has supposedly fallen to 8.8%. Yet, as will be seen, these figures need to be treated with great caution.

[3] NOMS, *Strategy for the Management and Treatment of Problematic Drug Users within the Correctional Services*, 2005.

A step in the right direction?

In a recent policy update,[4] the Ministry of Justice said:

> *Ministers are now urgently considering what further measures we need to take over controlling the supply of drugs into prisons, such as reviewing the criteria for open/closed visits across the prison estate, with a particular focus on local prisons. This will be intrinsically linked with the "contract" we will create between offender and the community. It will look at introducing more rigorous searches, including the provision of more sniffer/search dogs. In spite of significant falls in the level of drugs detected by random mandatory drug tests in prison – our prisons should be drug free.*

This positive commitment to making prisons drug free is new and of course welcome, as is the current Blakey review.[5] But the detail of policy remains the same. The measures proposed – more MDTs, more sniffer dogs, and more CCTV cameras and searches – are similar to those outlined in the 2005 strategy. There are still no plans to assess the situation to determine what action is required to reduce or seriously curtail in-prison drug use.

More of the same will lead to more of the same.

Problems with Mandatory Drug Testing

There are three types of drugs testing used in prisons: Mandatory Drug Testing, whereby prisoners' are required to give a sample of urine on a supposedly random basis (when it known as "rMDT"); voluntary drug testing (VDT), whereby prisoners can volunteer to be tested (in return, for example, for qualifying for privileged

[4] See Ministry of Justice, *Prison Policy Update*, January 2008.

[5] See www.justice.gov.uk/news/newsrelease110308d.htm

prison jobs); and clinical drug testing where prisoners have a clinical test, usually on admission, to assess dependency. Of these three types of test, only the figures for MDT are published although they are the least reliable of the three.[6]

Despite this, MDT is the lynch pin of the Government's drug control strategy. The Government's key target for the reduction of drug use in prisons is set by an aspirational MDT 'positive' rate. As well as measuring the extent of drug use in prisons MDT is also meant to act as a deterrent.

The Prison Service Order detailing MDT looks impressive, runs to many pages and seems to cover everything required for running a successful MDT programme.[7]

Yet the current MDT regime has two crucial flaws: firstly, it provides highly unreliable statistics; and secondly it inadvertently encourages *greater* Class A drug-taking.

Problems with MDT statistics

The testing regime is subject to manipulation. The prison service is the only criminal justice or health system in the UK that still relies on urine testing (rather than mouth swabs). But under the terms of the Human Rights Act (and associated articles) prison staff cannot directly view the urine sample being given. Chapter 2, section 18 of the PSO states that:

[6] All three datasets have their flaws. For example, the VDT target is the number of tests per prisoner per month and not the percentage testing positive (or not). Nevertheless, all testing figures should be published to allow a truer picture of drug use in prison.

[7] The process for Mandatory Drug Testing in prisons in England and Wales is set out in the Prison Service Order (PSO) 3601, available online at www.pso.hmprisonservice.gov.uk/PSO_3601_mandatory_drugs_testing.doc

Legal advice has been sought on this matter and a requirement to provide a sample of urine (sections 6.25-6.29) in the direct view of a prison officer of the same sex would amount to inhuman or degrading treatment. Indirect observation is more appropriate.

This loophole enables prisoners to switch samples. There can obviously be little point to MDTs if it is not possible to confirm that the sample given comes from the prisoner being tested. The problem of observation is even more delicate when testing women or young people.

Testing regimes are also predictable. Not enough weekend or variably timed testing goes on. Once the system is predictable then people can get around it. Yet opiates are not detectable in the body after 24/36 hours. Testing should be truly random, going to wherever the prisoner on the list is, pulling him out after work or education or whatever, and saying, 'you need to be tested now'. In some places that happens. In others it doesn't.

Random testing, testing on reception, testing on suspicion and targeted testing are all possible. But too often they simply do not happen.

Problems with encouraging harder drug use

The Government's MDT policy is also directly undermined by its use of synthetic opiates (such as methadone) as the backbone of its treatment policy. In 1997 less than 14,000 prisoners in any one year were on detoxification programmes (also known as 'maintenance' prescribing). Today that number is over 51,000.

Maintenance prescribing involves the use of substitute synthetic opiates. If a prisoner takes these, then he can successfully claim that the MDT is positive because of the medication. The MDT test becomes insecure and will be negated on adjudication.

MDTs have also been counter-productive, encouraging cannabis users to "trade up" to harder drugs (cannabis traces stay in the body for longer than opiates). As the PSO itself states:

> *While MDT has shown some success in deterring cannabis misusers, it has made less impact on the misuse of hard drugs.*

Another Home Office study echoed this:[8]

> *The overwhelming majority of prisoners and ex-prisoners who had ever used drugs in prison stated that the threat of punishment from a positive rMDT did not deter them from using drugs. There was a general consensus that the deterrent effect of mandatory drug testing (MDT) had been reduced for two main reasons. First, a European Court of Human Rights ruling in 2002 led to the transfer of power to impose additional days as a punishment from prison governors to independent adjudicators. Second, prisoners have learnt a number of procedural and legal ways in which a positive test can be avoided or challenged, including refusing to do the test (which attracts a lesser punishment), or ensuring they are being prescribed opiate-based medication through healthcare (to cover illicit opiate use). Prisoners may also be released before the appeal process has been exhausted and a punishment can be imposed.*

According to the 2004/05 Scottish prisons *Annual Report*,[9] 82% of prisoners tested negative for drugs in 2004. However, there was no pretence that this reflected the true figure of drug use: the Scottish authorities recognised that this figure was misleading; and

[8] Home Office, *Tackling Prison Drug Markets: an explorative qualitative study*, 2005. See www.homeoffice.gov.uk/rds/pdfs05/rdsolr3905.pdf

[9] Scottish Prison Service, *Annual Report and Accounts*, 2005. See www.sps.gov.uk/multimediagallery/2071AFCD-8069-4AA2-99DC-5EBC04136FD3.pdf

that prisons were still full of drugs. As a result, prisons in Scotland have abandoned MDT (after 10 years of trying to make it work). In addition to the problems with encouraging heroin use Scottish Prison Officers believed that it also discouraged take-up of drug treatment programmes.[10]

Similarly, on the proposed introduction of MDT to Irish prisons, the Executive Director of the Irish Penal Reform Trust Rick Lines commented:

> *Drug use in Irish prisons is a serious problem requiring a serious solution. While gimmicks like MDT may be attractive to pollsters and to politicians insulated within the walls of Government Buildings, to those working to develop comprehensive and effective responses to drug use and HIV/Hepatitis C in prisons they are an unhelpful distraction. Faced with the mounting evidence that MDT is at best ineffective and at worst dangerous, the Government must abandon its plans to impose this failed scheme.*

HMPS however remains committed to this outdated policy

Problems with sniffer dogs

Passive and active drug dogs are also used to try to try to control drugs in prisons.[11] Like MDTs, this seems a sensible approach, at least superficially. However while drug dogs do have the ability to find drugs on people or in various places, and while they do have a certain deterrent value, few prison drug finds are the result of drug dog involvement.

[10] See www.iprt.ie/press/1352

[11] Passive dogs are normally on a lead and are trained to sit down when they detect drugs on people; active dogs are off the lead and are used to search rooms or other places where drugs might be hidden.

Drug dogs spend a lot of time on training, or travelling between prisons, or at the vets or resting. And even when they do identify drugs on someone visiting a prison, there is no fixed response. Some positive indications were explained away, some resulted in a closed visit, and other responses included banning the visitor or calling the police.

CCTV Cameras

CCTV cameras can be a great asset as part of a wider information-gathering system. Yet they are labour-intensive and can also be unreliable (picture quality is not always good enough to secure a conviction).

Current problems with intelligence

Prisoners' phone calls have always been subject to possible monitoring and recording and can provide valuable intelligence. Each prisoner is issued with a Personal Identification Number (PIN) which will allow them to dial any one of up to 20 numbers they supply. However, as with CCTV cameras, listening to PIN phones is a labour intensive exercise, and can be neglected when staff numbers are stretched.

Yet this is an isolated example of intelligence gathering. More acutely, there is very little useful communication between prisons, between prison regions and/or nationally.

The low status accorded to intelligence is indicated by the failure of the prison service to comply with the requirements of The Regulation of Investigatory Powers Act (RIPA).[12] The Office of Surveillance Commissioners (OCS) said in its annual report for

[12] RIPA legislates methods of surveillance and information gathering used in the effort to prevent crime and permits the interception of communications and the carrying out of surveillance.

2006/07[13] that there is much to be done before they could report a satisfactory level of compliance with RIPA by HMPS.

In addition, the Prison Service is also not implementing the National Intelligence Model (NIM).[14] The NIM is an attempt to professionalise and improve intelligence work across the law enforcement agencies, and to enable the compilation of standardised intelligence products. It should be of the utmost value of the Prison Service and NOMS in their attempts to control the supply of drugs in prisons.[15]

The situation is compounded by the lack of data available on the size and scale of drug use in prisons. It is unrealistic to expect any system to work unless the following information is available:

- how many people are using drugs in any prison;
- what drugs they use and how often;
- how they use them;
- what are the effects of use;
- what resources are required;
- what resources area available;
- what are the priorities for treatment.

Little of this information exists within the prison service. There is quite simply no understanding of the size of the problem.

[13] Office of Surveillance Commissioners, *Annual Report of the Chief Surveillance Commissioner to the Prime Minister and to Scottish Ministers*, 2007. See www.surveillancecommissioners.gov.uk/docs1/OSC%20Annual%20Rpt%202006-07%20final%20version.pdf

[14] ACPO, *Guidance on the National Intelligence Model*, 2005 See www.acpo.police.uk/asp/policies/Data/nim2005.pdf

[15] See Home Office, *NIM: key lessons from early research*, 2004.

In addition, lines of responsibility for supply reduction are blurred. At a local level it currently falls between the prison drug strategy co-ordinator and the security department. Regionally the Area Drug Strategy Co-ordinator has some responsibility as does the Area Intelligence lead. Nationally NOMS has the policy lead, shared in part with HMPS head of security and the HMPS professional standards unit. Priority and authority is confused and confusing, resources are not clearly defined.

CHAPTER FOUR

A NEW APPROACH

HEINZ IS IN THE BUSINESS of selling baked beans (among other things). To do so, it spends fortunes on market research and on marketing. It does this so that it can sell more baked beans.

Part of its marketing operation is tracking the baked beans as they move through the retail system. But this is only a small part of its marketing. It is also concerned with anticipating customers' present and future needs and wants, with manufacturing and selling a product or service that people not only desire, but are willing to buy. It involves advertising and branding, direct marketing, distribution, market research, public relations, sales, transport and warehousing. Even Heinz would soon be out of business if it suddenly stopped all of its marketing activity.

So why shouldn't the Prison Service adopt the same approach in reverse? And apply the lessons of marketing to stopping the supply of drugs in prison? To do this would require a new strategy, with the clearly stated aim of eliminating completely all illicit drugs from all prisons. This should be based on:

- understanding of the size and nature of the prison drug trade; and,
- the identification and disruption of activities that underpin or facilitate the illicit drugs market operation.

An intelligence-led approach to the prison drug trade

It is not possible – *with existing intelligence* – to quantify the value and size of the prison drug market. NOMs has stated that 55% of all prisoners can be classified as Problem Drug Users (PDUs).[16] But how much is consumed is unknown, as are the type of drugs, as are the cost and purity of drugs.

This is not good enough. Up to date market information is required, and can only be got through good intelligence. This would include analysing market trends and characteristics for issues such as:

- the number of prisoners using drugs in prison;
- the size of the prisons drug market;
- the types of drugs used in prisons;
- the frequency of use of drugs in prisons;
- the price of drugs used in prisons;
- regional and prison-by-prison variations for all of the above.

None of this basic information is currently available. Far more also needs to be known about the systems that underpin the market and allow it to operate. This would include knowledge of:

- communication within the drugs market;
- supply routes into, and distribution within, prisons;
- drug storage in prison;
- the movement of drugs around the prison;
- sales methods in prison;
- payment mechanisms;

[16] This is the estimate used by NOMS, op. cit., 2005.

- the use of drug paraphernalia (necessary for drugs to be consumed).

Currently, little or no attention is paid to these features. There is therefore no proper overview of the illicit supply trade in prisons either locally/regionally or nationally and no baseline from which to measure progress.

If routine data about levels of drug use in prison were collected and analysed, along with data on the cost of drugs and purity levels in prisons, then some trend data and market characteristics could be compiled. In time, guesses could be replaced by facts.

Normal market rules apply; if drugs in a particular prison or region are relatively cheap, say against a community/locality comparator, and are of good quality (purity) then it would usually be safe to assume that it is a buyers market either because dealers are stimulating demand or because the market is healthy and competitive. If drugs are expensive and of poor quality then it is usually safe to assume it is a sellers market and that drugs are in short supply.

Identify and disrupt the market

If Heinz knows that baked beans are not selling as well as they should in, say, Wales, it can do something about it. Similarly, if the Prison Service knew – from its intelligence gathering – that there was a buyer's market for one particular drug in one particular prison, it could do something about it. Good intelligence would allow the targeted allocation of resources in order of priority.

Without reliable information, it would be foolish for Heinz to embark on a marketing campaign in Wales. Equally, without reliable information on the prisons drug market, it would of course be foolish to suggest specific new policies to disrupt this market. But, given the information, it can be done.

Conclusion

A new strategy would entail:

- having the political will to eradicate altogether the drugs market from prisons, and ensuring that this is known to very person involved in the prison system;
- abandoning the current 'follow the drug policy' and recognising that current methods cannot be made to work simply by allocating more money and more resources to systems which are already failing;
- adopting the NIM and working with the rest of the law enforcement community. Prisons need data capture and intelligence systems that mirror those of their law enforcement counterparts and ministers need to resource and champion this work;
- recruiting experts from the law enforcement agencies who are skilled in this work and who can work with HMPS and NOMS to build the competence and confidence of prison staff;
- developing a new treatment strategy which may start with harm reduction measures but which has the ultimate aim of helping prisoners to move away from addiction altogether.[17]

Endnote

In 2006, at a "Prisons and Beyond" conference in Leicester, the Head of the NOMS Drug Strategy Team stated that:

> *For every £10 spent on drug treatment, up to £6 is lost due to illicit drug supply.*

Given the ineffective strategy for controlling the supply of drugs into prisons, it is surprising that it is not more than that.

[17] This will be the subject of a later CPS paper.

CPS PRISON AND ADDICTIONS UNIT

THIS REPORT IS THE first report issued by the Centre for Policy Studies' Prisons and Addictions Policy Forum (PandA).

Its aim is to challenge the prevailing wisdom on drug policy; and to advocate the reform of and reduction in the role of the state in this area of policy. Despite unprecedented treatment investment and intervention over the Government's ten years in office, this period has seen the number of hard addicts rise sevenfold, a drug death rate rising to 18 times higher than the Netherlands plus the highest rate of school age drug use in Europe.

Initial Statement

An analysis of the failure of the current drugs strategy is available at www.cps.org.uk/newsarchive/news/?pressreleaseid=79

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