

INSIDERS OR OUTSIDERS: DIFFERING PERSPECTIVES ON THE DELIVERY OF DRUG SERVICES IN PRISONS

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Abstract

This article explores the delivery of drug services in prisons and considers whether prison officers or civilian drug workers should deliver these services. The data is based on a study undertaken by the Centre for Ethnicity and Health in association with the Home Office Drug Strategy Unit in 2004. Prison drug service commissioners, planners and providers provided details of the drug services via a self-completion questionnaire. Additionally 334 respondents including prisoners, ex-prisoners, prison officers, drug workers and members of the independent monitoring board were interviewed. The findings indicate barriers to accessibility due to inadequate environments for delivering drug services, the attitudes of prison officers, the dual roles of prison officers delivering drug services and inadequate training of staff. Whilst a service delivered by civilian drug workers would address most of these concerns, this article considers the measures that would increase the accessibility of the service as it is presently delivered.

Key Words: Prisons, Drugs, Drug services, Accessibility, Rehabilitation.

Introduction

The relationship between drugs and crime has been the subject of a great deal of research both in the UK and worldwide. Research has indicated that many prisoners in the UK have serious drug problems, which are often related to their offending behaviour (Burrows et al. 2001). This pattern is mirrored in many other European countries, the US and Australia. It is reported that ninety percent of prisoners in the EU (EMCDDA, 2000), and two-thirds of those in the USA (Inciardi et al., 1997) have used illicit drugs. In a study conducted by DUCO in Australia (2003) sixty eight percent of female prisoners in the sample were classified as dependent on alcohol and/or drugs, a finding corroborated by McSweeney et al. (2002). Evidence about the levels of problematic drug use amongst offenders has been a significant driver of drug policy changes in many countries including the UK, and has led to a general expansion in both the range and size of drug service provision in prisons.

Prison Drug Services

To address the needs of those who enter prison with problematic drug-using patterns, the Prison Service for England and Wales in the United Kingdom has continued to formulate drugs strategies. The most recent strategy (Issued: July 2002) requires that all prison establishments aim to: *restrict the availability of drugs in establishments; identify prisoners who have been using drugs; provide them with advice, treatment and support of appropriate intensity and prevent harm to the well-being of themselves and others (p.1)*. Prison drug services in England and Wales include the delivery of CARATS (Counselling, Assessment, Referral, Advice and Throughcare Services), the most commonly delivered, non-clinical services which are available in every establishment. Other, less widespread, prison drug services include detoxification, methadone maintenance, crack cocaine-specific services, complementary treatment, intensive rehabilitation programmes, harm reduction initiatives, and services for the families and carers of drug-using prisoners (Fountain et al., 2006). In some regions, CARATs are delivered exclusively by civilian drug workers, in others exclusively by prison officers and in some regions both work side by side in the same teams.

The debate regarding which professional group – prison officers or civilian drug workers – is best placed to deliver prison drug services reflects the complex dual role of prisons, which are simultaneously sites of punishment responsible for extracting retribution and also providers of rehabilitative interventions. Cloward et al. (1960) and Swann (1988) have argued that a conflict between custody and therapy is inevitable and Kothari et al. (2002) suggest that prisons should not be considered the setting of choice for disclosure based therapeutic activities, perhaps because of the dual roles of prisons and hence officers. Others, including Sparks and Bottoms (1995), Beetham (1991), and Tyler (1990) have suggested that this conflict is not inevitable and can be effectively managed. While incarceration itself relies on coercion, as far as day-to-day regimes, routines and services are concerned, where these social arrangements are viewed by prisoners as legitimate, they generate normative commitments towards compliance and engagement.

Neale and Saville's (2004) research compared community and prison based drug services in the UK in terms of characteristics at entry, processes within treatment and outcomes. Drug users who had received help from a community agency rated the assistance they received significantly more positively than prison treatment clients; they also experienced greater improvements. As the authors note:

Perhaps the most striking finding from the data was that the clients of prison drug treatment services had significantly more negative opinions about the help and support they had received than the community treatment drug users. This was found in respect of all aspects of the service considered: information about treatment decisions; availability of staff; encouragement/ motivation from staff; abilities of staff; kinds of support received; and overall quality of services (Neale and Saville, 2004. p.225).

The majority of in-prison drug services in the UK are managed by independent organisations which are contracted by the prison service through competitive tendering to deliver services, usually to a particular prison region. In a recent round of tendering for the provision of drug services in prison there were distinct winners and losers amongst current voluntary sector providers. As a representative of the European Association for the Treatment of Addiction (EATA) observed:

People should not fall into the trap of seeing these large-scale purchasing changes as cost neutral ... they are resource intensive, disruptive for prisoners, and ... there is a cost in getting new providers up to speed (Mason 2005).

Price driven tendering can lead to poor quality services due to providers being forced to compromise in a number of areas including investment in infrastructure and staff training.

Methods

The aim of the study from which the data for this article were extracted was to investigate and identify the factors that facilitate and hinder access to drug services in prison, and to distinguish those that particularly affect Black and minority ethnic prisoners. In order to achieve this aim, the study reviewed relevant literature and statistical data, mapped existing prison drug services, and explored a range of perspectives on the issues surrounding this provision.

During 2004, when the study was conducted, the Prison Service in England and Wales were responsible for 135 prisons and some drug services were provided in all of them. Prison drug service commissioners, planners and providers were asked to detail the drug services provided at each of the prisons they serve, and data were received from all prisons, via a self-completion questionnaire. In addition, in-depth interviews with prisoners, prison officers, drug workers, and members of the prisons independent monitoring board were conducted in eight prisons. Focus groups were held with members of Black and minority ethnic communities; interviews conducted by telephone with representatives of organisations working with prisoners, ex-prisoners and their families; and in-depth interviews conducted with ex-prisoners. In total, data on experiences and perceptions were collected from 334 individuals, who were interviewed, completed questionnaires, or participated in focus groups. They comprised sixty eight prison drug service commissioners, planners, or providers; ninety prisoners receiving drug services (forty five from Black and minority ethnic communities and twenty three females); fifty nine prisoners not receiving drug services (thirty one from Black and minority ethnic communities and sixteen females); eight Black and minority ethnic ex-prisoners; fourteen civilian drug workers delivering services to prisoners; twenty four prison officers, including eight delivering drug services; twenty five members of prison independent monitoring boards; twenty seven members of Black and minority ethnic communities; and nineteen representatives of organisations working with prisoners and ex-prisoners.

Self-completion questionnaires and interview and focus group schedules were devised containing items appropriate to each element of the sample, in order to gather data from a range of perspectives. The qualitative data on experiences and perceptions of prison drug services were collated and analysed thematically, according to the themes that most consistently arose and that are pertinent to the provision of these services.

Findings

This article identifies the issues affecting the delivery of drug services in prisons that were raised most often by the respondents. These include the lack of suitable environments for undertaking drugs work, the attitudes of prison officers, joint teams delivering drug services, issues arising out of the dual roles of prison officers and inadequate staff training.

Lack of Suitable Environments for Undertaking Drugs Work

The prison environment is one in which the competing demands for resources and space often impacted on the delivery of drug services. The availability of suitable environments for undertaking drugs work was raised by prison officers and civilian drug workers in all of the prisons visited during this study. In particular, staff commented on the difficulties of finding somewhere appropriate to conduct private one-to-one work with prisoners.

Prison Officers involved in the delivery of drug services and civilian drug workers, reported that drug services must often compete for meeting rooms located on wings with sentence planning workers, probation staff, and other groups of workers. Drug workers recognised that these competing demands are difficult to overcome, but in some cases, they reported being forced to find a corner of the wing to stand in and discuss drug-related issues with prisoners:

One of the things they lack here is a bit of privacy [there is a] need for more private spaces to interview prisoners (Civilian CARATS worker).

The problem we sometimes have is finding somewhere suitable, private and confidential, because you can't do some of those sessions on the landing... (Civilian CARATS worker).

Fieldwork observations in one prison illustrated the lack of understanding of the need for adequate spaces for drug work: prisoners who wanted to see the CARATS team had to queue outside a door in a central corridor, and speak with CARATS staff through a hatch in the presence of other prisoners and staff. In one prison, staff reported a reappointment of rooms that they suggested had placed practical and institutional priorities over the prisoners' sensitivities:

The room which was used as the holding room for Mandatory Drug Testing is now the new room for groupwork (Civilian CARATS worker).

Whilst the issue of limited space was reported to be particularly problematic in older prisons, a significant amount of building is currently underway in some prisons, with a greater provision of meeting rooms. Several prison officers and drug workers recommended that CARATS teams should be located near to or in the same building as healthcare, because this would promote interdepartmental co-operation and would afford prisoners greater confidentiality, as they could tell others they had an appointment with healthcare services rather than with a drug worker.

Attitudes of Prison Officers

In addition to restrictions created by the prison environment, the knowledge and attitudes of prison officers, who are the gatekeepers to all prison services, is a key facet of the accessibility of drug services in prisons.. The findings indicated that the knowledge of prison officers in relation to drugs and drug services was extremely limited. Some prison officers also recognised that their own knowledge was inadequate:

I did eleven weeks' training in January [as a new officer]. One day was drugs training (Prison Officer).

Prison Officers who were drug workers often recognised the attitudes of some other officers remained unsupportive towards interventions for drug users:

The main problem for me is POs [prison officers] who don't believe in the [drug] programmes - the 'bang-'em-up' brigade (Prison Officer – drug worker).

It was also reported by some civilian drug workers that the lack of co-operation from prison officers hindered their work. For example, a number of civilian drug workers reported terms such as 'Care Bears' and 'Do-gooders' used by officers to describe them:

A lot of prison officers see inmates who have a drug problem and say 'it's their problem' (Civilian CARATS worker).

Their [Prison Officers'] attitude is, 'just pull yourself together and get on with it' (Civilian CARATS worker).

The observations of civilian drug workers were often supported by statements made by prisoners. The negative attitudes of some prison officers and in particular their attitude towards drug-using prisoners were mentioned by several prisoners as potential barriers to accessing and benefiting from prison drug services:

All officers need training on drugs. They view us drug users as scum. They will turn down a cry for help (Black British prisoner).

The [civilian] drug workers here are OK, but it is not up to them - it is up to the officers. Their [officers'] attitude is, 'we will help the good guys, but the bad guys - f**k it!' (Indian prisoner).

Poor respect for confidentiality amongst wing officers was regularly reported by drug workers as an example of how the restrictive attitudes of some prison officers manifest:

We phone the wing [to contact prisoners] and they [wing officers] shout out so everyone knows (Prison Officer – CARATS worker).

Some drug workers also maintained that poor respect for confidentiality meant that some prisoners were reluctant to approach any prison service, regardless of need. Some also thought that prisoners' concerns about confidentiality were rooted in fears of being discovered and labelled as a drug user by fellow inmates, and the stigma reported by male prisoners about certain forms of drug use suggest that such concerns may be well placed.

This was one of the most frequently-cited concerns of prisoners across all prisons visited by the research team, particularly amongst those prisoners who were not in contact with drug services. Many prisoners cited practices such as drop-in sessions being conducted in a public space. A small number of prisoners suggested that drug workers would divulge details of their drug use or the content of counselling sessions not only to prison staff, but also to other prisoners. It was in this context that some prisoners thought applications to see CARATS, which are often relayed through prison staff, 'went missing' or were read by other prison staff.

Prisoners' concerns about the lack of confidentiality were validated by fieldwork observations. In two of the prisons visited, the prison officers in the CARATS team pressed the researchers for information given by prisoners during interviews. In another prison, the researchers were told details, including the prisoner's name, about a one-to-one session that a CARATS worker had just conducted. Later, the researchers overheard the same CARATS worker discuss the prisoner with a prison officer and divulge confidential information about the session.

Many prisoners and ex-prisoners were concerned that contact with drug services could result in reprisals and unwanted attention from prison officers and were particularly concerned that it might increase their chances of being tested for drug use:

Some people are put off because once you see the DSU [Drug Services Unit], the screws will be on you. You stay away to keep the heat off you (Black British prisoner).

In fact what they do, once they know you're using drugs, they'll start using you as a guinea pig, they will pick on you and test you regular (Ex-prisoner).

Some prison officers and drug workers commented on the low status of drug services in prisons which prevented drug workers from fulfilling their roles effectively. Civilian drug workers reported that problems of status were sometimes aggravated by practical difficulties in accessing prisoners:

We have to go through officers to see clients - we are reliant on officers to get to client groups (Civilian CARATS worker).

In all the establishments participating in this study, civilian drug workers commented on an initial suspicion and, in some cases, continued hostility from some prison officers towards them. Civilian staff recognised that developing positive working relationships with prison officers was critical to the success of prison drug services and most reported a gradual process of acceptance of them and their work within the prison system, largely in response to reductions in stresses within their own roles in dealing with drug users:

...they do understand that they are not getting as many prisoners withdrawing [from drugs]. Officers were at one point facing these guys first thing in the morning, withdrawing and having some real problems (Senior Prison Officer).

I think they are a lot more aware now. And there is a lot more interest shown. When I first started, we were seen as the do-gooders, but we have gone past that now and we do get phone calls from officers saying 'this person is really suffering I think he really needs to see you.' That is positive - they are actually recognising people are suffering (Civilian CARATS worker).

Joint Teams Delivering Drug Services

Despite the problems noted above, overall, drug service teams comprising prison officers and civilian staff were reported to be working well, and the officers interviewed for this study who were involved with drug services were enthusiastic about contributing to the service. Many drug workers commented upon the commitment of prison officers as an element of the success of CARATS.

Civilian workers within joint teams highlighted that prison officers' involvement had helped the process of acceptance of drug services within the prison system, although some added that this was often an operational benefit rather than something that necessarily enhanced the quality of the service:

The main benefit of having prison officers in the team is that it makes our work easy. It makes the prison system less suspicious of us, and improves our access to the prisoners. But that is actually a benefit for us, not the prisoners (Civilian CARATS worker).

Prison Officers involved in CARATS and other drug services also spoke positively of the contribution made by civilian staff to the development of drug services in prisons. The study, however, revealed differences in approach in some prisons - sometimes conflicts - between prison officers and civilian drug workers regarding the accessibility of drug services, which were due to different professional priorities. Civilian drug workers, some of whom had previously worked in community drug teams, were more likely to stress the importance of increasing the points of, and opportunities for, engagement with prisoners. Prison Officers were more likely to emphasise the twin responsibilities of care and control. While some civilian workers tolerated the prison officers' security concerns, they also suggested that the security focus of drug workers who are officers could lead to conflicts between the two groups:

When we got this office, the first thing the POs [prison officers] did was to put up a poster - 'no access to prisoners' - on the door. What message does this send?...Here, the attitude is 'at the end of the day they are just prisoners, so keep them at arm's length' (Civilian CARATS worker).

Some civilian staff suggested that on occasion security issues represented little more than a 'catch-all defence mechanism.' Two civilian CARATS workers (working in different prisons) who had been in post for a number of years, spoke at length about the frustrations of attempting to deliver quality, accessible services within a secure environment. As an example; one civilian worker reported security issues prevented them from undertaking work with prisoners' families, which they viewed as potentially beneficial in reducing the risk of post-release drug use. Several civilian drug workers suggested that pressures and disagreements with prison officers led to a high turnover rate amongst them:

You get defeated by the Prison Officer role...you get defeated by all this [security focus], that is why the turnover is so high amongst the [external drug service provider] staff (Civilian CARATS worker).

Dual Role of Prison Officers Delivering Drug Services

The involvement of prison officers in drug service delivery was often felt by civilian drug workers to be compromised by the fact that officers had other operational priorities. A number of these commented that officers tended to see themselves - and to be seen by the prison service - first and foremost as officers. One result of this situation was regular redeployment of officers to attend to other operational commitments. This was reported to cause difficulties in planning work, and also led to cancelled appointments with prisoners, often at short notice. Many prison officers and drug workers felt that CARATS would be improved if drug workers who were also prison officers had ring-fenced responsibilities:

CARATS is often only me and the other [external drug service provider] worker, because the officers could be deployed anywhere. At the end of the day, the prison officer CARATS workers are officers. If officers and civilian

workers have to work together, they [officers] have got to be fully deployed [to drug services] (Civilian CARATS worker).

They also use CARATS staff [prison officers] for fulfilling operational commitments, so on some days there are no CARATS staff (Prison Officer).

The dual role of officers meant that their involvement in the delivery of services was often inherently problematic for them because of confidentiality issues:

The prisoners may be speaking to an officer about a drug issue and in the evening the same officer may be locking them up (Civilian CARATS worker).

Some prison officers recognised that undertaking counselling roles alongside security roles often placed them in contradictory situations:

At times they [prisoners] tell you security-related stuff and what are you supposed to do? (Prison Officer – drug worker).

Another example that illustrates the conflicting roles is drug testing. In some prisons, those involved in testing were in a separate team and based in a separate location to CARATS and other drug services. This communicated a very clear message about the separate nature of these roles and of those undertaking them. In other establishments, these boundaries were more blurred. Prison Officers in some drug teams could be asked to undertake testing of prisoners, although some of these said that when this eventuality arose they asked someone else to do it:

It's a hot potato. As a CARATS worker or [rehabilitation programme] tutor we get info [on a prisoner's drug use] and then may get put on drug testing and it looks bad to the prisoners...I've always expressed that worry that it's a threat to my credibility as a tutor (Prison Officer – drug worker).

Overall, prisoners expressed similar views to civilian drug workers suggesting lower levels of trust in confidentiality - particularly about current drug use - in prisons where prison officers were involved in the delivery of drug services:

If my CARATS worker was in uniform, I would never talk to her because at the end of the day, they are still prison officers' (White British prisoner).

The issue of trust is very big ... It's easier to ask a civilian worker for help (White British prisoner).

Inadequate Staff Training

A number of officers who were working in drug services, including in detoxification units, reported to this study that they had been moved into these areas of provision with little or no appropriate training and were expected to 'learn on the job.' Many expressed concerns, as they felt this could limit the credibility, status, and success of drug services:

There are eighteen staff [prison officers] on this [Drug Services] Unit plus three seniors. Three of those staff are experienced officers, the rest are all brand new and they have had no drug training whatsoever... they should go on drug courses first... I thought it would have been a priority on a unit like this (Prison Officer).

This situation was reported to be a source of frustration for prison officers who, initially at least, felt ill-equipped to undertake such roles with confidence. Working alongside untrained prison officers was also a source of frustration for some civilian drug workers. The study found that in established drug service teams, the issue of untrained prison officers working as drug workers was raised less often.

Lack of training of some civilian drug workers was also reported. For example, in one prison, the research team were told that a member of the CARATS administrative staff had been offered the opportunity to work as a drug worker, despite their lack of appropriate training. In another prison, a member of an administrative team was conducting groupwork and assessing prisoners to determine their selection for groupwork, despite having received no training to undertake this role.

It was also reported that there was a disparity between the training available for civilian drug workers, who received this from external drug service providers, and prison officers who were also drug workers, whose training was provided by the Prison Service. Some external drug service providers were reported to be demanding minimum levels of training for all those delivering drug services in prisons, and, in one area, staff working within combined teams of prison officers and civilians had been able to access joint training provided by the external provider. This was reported to help ensure that the staff had the appropriate knowledge to undertake specific roles, and also to break down barriers between civilian and officer staff.

Those prisoners who made criticisms about staff most regularly raised issues related to the limited levels of drug service training of both civilian and prison officer drug workers:

Here, the staff [drug worker] are not trained. The counsellors have limited knowledge on addiction and motivation... [there is a] lack of understanding. It seems to cloud their judgement - 'once a drug taker always a drug taker.' I would not allow untrained staff - which does not mean two days' training - to counsel. They should get decent counsellors [who] know proper methods of reflection to bring change in people. Confrontational methods do not

work...With prison officers, it is a part of their job to be confrontational, so it does not work. That is why they need outside civilian staff for whom it [confrontation] is not their method of working... Lots of people have other issues along with drug issues, but counsellors can set the pace, help you decide the agenda (Asian - Pathan prisoner).

Prisoner Peer Support

Given the concerns expressed by the prisoners about the accessibility of drug services, particularly those delivered by joint teams, the role of peer support as an additional resource is crucial, and is only recently being recognised by the Prisons Service. In a prison in the high security estate visited during the study, a Prisoner Advice Drug Service (PADS) was in operation. This programme trains graduates of drug courses to deliver information to other prisoners about drugs and drug services. Officers co-ordinating PADS felt that it offered an important additional resource, providing prisoners with the opportunity to access drug services without approaching staff, and to obtain assistance with referral:

...this system works well. Prisoners refer others that wouldn't approach alone (Prison Officer - drug worker).

Prisoners in other establishments made requests for similar schemes:

Like the Listeners scheme, they should involve inmates rather than officers (Greek Cypriot prisoner).

Have more prisoners and ex-users, because they will get through to those who don't want to stop using [drugs] now (Black African prisoner).

Prison Officers and drug workers in prisons where such initiatives were occurring felt that they could usefully be extended:

There is a need to utilise prisoner knowledge more, empower prisoners more. There should be more focus groups where we consult them on drug issues to shape our service (Civilian CARATS worker).

Discussion

Prisons have a complex dual role as they are simultaneously sites of punishment and rehabilitation. As Malloch (2000) stresses, whilst the care and control aspects of the Prison Service are not necessarily incompatible dimensions, it is hard for them to be prioritised as equals. The Prison Service Drug Strategy (HM Prison Service 1998) reflects this duality, with its twin aims of reducing supply and demand. This situation creates problems for prison officers – insiders in the prison system – and for civilian drug workers – outsiders of the system – in equal measure. The discussion will deal with each of these occupational groups in turn before making some recommendations.

Prison Officers are insiders in the prison system, whose responsibilities reflect the dual role referred to above. The primary concern of officers is for maintaining security and thus their involvement in the delivery of drug services is understandably complex at both a personal and a conceptual level and for several reasons. In circumstances in which prison officers assume therapeutic roles alongside responsibility for security and discipline, prisoners can experience various forms of uncertainty and mistrust about their motives. Prison Officers are often transferred into roles as drug workers with little or in some cases no appropriate training and expected to learn on the job. Many in this study reported feeling vulnerable as they, initially at least, lacked the experience or understanding to carry out these roles appropriately and risked looking naïve in front of prisoners. An additional problem for prison officer drug-workers is that they seldom have ring-fenced responsibilities, thus they are regularly reappointed to attend to other operational priorities seen as more pressing, often at short notice.

Swann and James (1998) report that prison officers' attitudes may reflect a very real conflict between the health-focussed aims of drug services and the secure custody focus of the Prison Service. Many prison officer drug-workers in the current study found themselves in somewhat invidious positions; if prisoners revealed security information to them they may be obliged to pass it on, also they may be required to undertake roles such as drug testing, sometimes even on prisoners who were on their caseload as a drug worker. Thus the position for insiders in the prison system involved in the delivery of drug services is complex and in some respects contradictory. As Hucklesby and Wilkinson (2001) highlight, officers play a leading role in security and control and also in the welfare of prisoners, which:

raises issues about confidentiality and whether information ascertained for one purpose should be used for another (p.358).

The situation for civilian workers - outsiders of the system - is equally difficult. In common with Brookes, Mason and Mason (2003), staff in the current study recognised that developing positive working relationships with prison officers was critical to the success of prison drug services. In the following quote Mair and Barton (2001) emphasise, that prison officers were the gatekeepers of prison drug services, and hence civilian drug workers were essentially walking a tightrope:

If they failed to build up good relationships, it would be difficult for them to carry out their basic tasks; if they failed to follow prison rules, they would be condemned as naïve and ineffective; and if they did not learn quickly about the working of the prison again they would be unable to carry out their basic tasks (p.338).

The continuum of attitudes held by prison officers and drug workers – civilian and officer - ranges from one which views therapeutic interventions as incompatible with the wider aims of custody to support for, and even a meaningful engagement with, therapeutic

interventions. Whilst the former view was attributed to some prison officers by civilian drug workers, in all of the prisons visited in this study some prison officer drug workers stated clearly that they valued the opportunity to support prisoners and to engage in therapeutic interventions. Many prison officers also demonstrated an instrumental acceptance of therapeutic interventions due to the benefits it provided in easing the day-to-day mechanisms of custody. For many of these officers, the perceived value of prison drug services is based on its operational value in managing the symptoms of prisoners who are withdrawing from drugs or who are struggling to manage their drug use in the prison environment. Similarly, for some civilian drug workers, the benefits of having prison officers in the team is based more on their instrumental role in easing their day-to-day work including gaining access to prisoners, rather than a conceptual accommodation of the principles of custody and therapy.

Mair and Barton (2001) evaluated a throughcare project in a local prison which used civilian staff for the delivery of drug services. The findings suggested that civilian staff experienced a number of difficulties in working effectively in the prison environment. Many of these difficulties related to the views prison officers held of civilian workers. As the authors note:

The active support of prison officers was essential to the success of the project. Prison Officers are important gatekeepers – literally as well as metaphorically – and they could directly influence the work of the project (p.339).

Civilian workers in Mair and Barton's study suggested prison officers were often suspicious and certain officers were reluctant to open cell doors and allow workers to speak to prisoners. Although relationships did improve over time civilian staff had to work hard for a sustained period to develop relationships with officers and break down barriers. The Prison Service Order for CARATS (PSO 3630) stresses the importance of a multi-disciplinary make-up of individual CARAT teams, which improves the knowledge and depth of skills within the team. Successful multidisciplinary working often involves different occupational groups continuing to renegotiate roles, responsibilities and the rules of engagement. Whilst this is often difficult and time consuming, working in this way is the key to successful multidisciplinary working.

The research team in 2004, observed examples of civilian staff being recruited from within the administration teams of prison drug services. These staff had little or no relevant training and certainly had no experience of drug service delivery in the community. Recruitment strategies such as these may seem intuitively appealing because these staff have established relationships with other workers and some understanding and acceptance of the rules of engagement of the prison system, but they are far from satisfactory. Prioritising civilian staff who have an understanding of the context of custody over those who have relevant training and experience within community drug services will weaken

the value of recruiting civilian staff, at least part of the rationale for which is the different perspectives and experiences they bring to their work.

The issues raised about the makeup of staff teams were often compounded by difficulties imposed by the prison environment, a particular issue in older prisons. Poor practices, such as conducting one to ones in a quiet corner of the wing or through the hatch in a cell door with the prisoner's cell mate in the cell, appeared to represent an attempt by drug services staff to maintain a level of service to prisoners in an environment of limited and competing demands. These approaches sometimes came about due to poor relationships between civilian drug workers and prison officers highlighting the crucial role of prison officers, as gatekeepers to the prisoners, in facilitating the delivery of prison drug services.

Fox et al. (2000) examined prison drug services in the criminal justice system in the Netherlands, Austria, Scotland and Sweden. This work offers an overview of the structure of drug services in the criminal justice system in each of these four countries. Despite differences in the specific models of provision in Austria, the Netherlands and Sweden, the findings suggested that prisoners were generally happy with the structure of in-prison drug services in these countries. The majority of prisoners in Scotland, however, expressed unhappiness at being counselled by officers. Prisoners referred to 'feedback', the prison parlance for verbal abuse, lecturing, sarcasm, criticism and intolerant comments from officers.

While there may not be conclusive evidence on the causes of such a difference in the experience and views of prisoners in the UK in comparison to those of prisoners in other countries, these differences may relate to the way in which drug services are structured and delivered. In the Netherlands continuous assessment and assistance from first contact with the criminal justice system is ensured because, for drug users, probation is provided by drug treatment agencies which also provide in-prison drug services and aftercare for prisoner's on-release. Drug using offenders have the advantage of maintaining contact with one agency throughout their contact with the system. This enhances continuity in the delivery of drug service provision for offenders. It also removes a number of the conflicts inherent in the current system in England and Wales, in particular as regards the dual roles of officers who are drug workers. Despite the notable advantages of the Dutch system, adopting it in England and Wales would be far from simple due to the geographical distribution of prisoners in the UK. As Burrows et al. (2001) highlight, many prisoners in England and Wales serve their sentences at great distances from their home communities, which may well create difficulties in a system run by probation services.

A number of actions would usefully reduce some of the tensions in the current system. Firstly, it is imperative that officer drug-workers have ring-fenced responsibilities, as this will communicate a clear message to both prisoners and prison staff about the roles and responsibilities of these workers. It may also be sensible for this group of workers to wear a different uniform to emphasise the difference in their role, though this may not entirely remove officers' security responsibilities or prisoners' suspicion.

Another approach which warrants wider application is prisoner peer support for example 'Prisoner Advice Drugs Service' (PADS). This approach utilises prisoner knowledge and trust to provide information and advice to other prisoners. Prisoners who have completed drug programmes can develop new skills and expertise which may enhance their opportunities for employment. Officers co-ordinating PADS felt that it provided prisoners with the important opportunity to assess drug services and obtain assistance with referral without approaching staff. Whilst this may raise security concerns amongst some prison officers, it is significant that the example found by this study was operating in a high security establishment. Peer-led support has been identified by in the CARATS Interim Review (HM Prison Service, 2003b) and by others (Roy et al., 2006 and Home Office, 2006) as having particular value and warranting wider application. Peer support is a developing area in both community and in-prison drug services and a number of new schemes are being supported in prisons.

Conclusion

This study examines some of the issues arising out of the way drug services in a prison are currently structured and delivered, drawing upon the perceptions and experiences of prison officers, drug service staff (both civilians and officers), prisoners and ex-prisoners. The findings point to an uneasy alliance between the principles of custody and those of therapeutic interventions, and at times an inherent conflict between the two. There is evidence to suggest that attitudes amongst some prison officers as well as the structures within which officer drug-workers operate contribute to prisoner concerns about confidentiality and their mistrust of motives. Whilst many prison officer drug workers demonstrate a strong commitment to the role, they are at the heart of the dual role of prisons and hence often find themselves in invidious positions where there is a conflict between security and care. It is also apparent that prison officers and civilians within joint teams delivering drug services often prioritise different aspects of the role. Whilst a service delivered entirely by independent, civilian drug service providers may go a long way in addressing most of these concerns, there are measures that would increase the accessibility of prison drug services as currently delivered. These include ring-fencing the responsibilities of prison officer drug-workers, giving them a different uniform to demarcate their responsibilities, providing adequate and equal training to all drug service staff, providing adequate drugs training to all prison officers, prioritising adequate environments for delivering drug services and facilitating peer support schemes.

In the time since the research completed the National Offender Management Service (NOMS) and the Drug Interventions Programme (DIP) have been introduced; NOMS has developed a national Strategy for the Management and Treatment of Problematic Drug Users within the Correctional Services (2005) which aims to improve continuity of care and the handover at critical transitions, whilst DIP aims to engage drug users at all stages of the criminal justice system. The impact of these programmes on end-to-end support for drug using offenders is, as yet, unproven; however, neither programme has set out initiatives that are likely to remove the structural and perceptual barriers for prisoners, identified in this report.

Acknowledgements

Firstly, our gratitude to the National Offender Management Service (NOMS) Drug Strategy Unit (DSU) for funding the research on which this article is based. We also express our thanks for their assistance and support during the research to those in the Drug Strategy Unit at the Prison Service Headquarters and at the Home Office.

The authors also gratefully thank a total of 334 individuals - who must remain anonymous - who gave their time to be interviewed, complete questionnaires, or participate in focus groups.

We are grateful to the prison Area Drug Co-ordinators and their representatives, and to the external prison drug service providers, for completing detailed questionnaires.

Without the co-operation of the governors of eight prisons, and of those who facilitated the research team's access to prisoners and staff in these prisons, the prison-based elements of this study could not have taken place. Their assistance is much appreciated, as is that of the chairs of these prisons' IMBs who facilitated the interviews with board members.

The assistance of several colleagues with aspects of this project is much appreciated: , Nicole Crompton (Centre for Ethnicity and Health), Eleanor Peters (Centre for Ethnicity and Health), and Viv Ahmun (the Federation); and Noreen Sheikh (Lifeline Project).

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