

Drugs, Prisoners and Families

Karen Whitehouse describes ADFAM's work with families of imprisoned drug users to build structures that confront the problems associated with substance misuse.

ADFAM has been working with and for families of drug users since 1984 when it was set up by the mother of a heroin user who had struggled to cope with the impact of her son's addiction. When ADFAM established a telephone helpline service for those similarly affected in 1986, it became aware of the increased contact families were having with the criminal justice system as a result of drug use.

In 1994, with the help of London Prisons Community Links, ADFAM embarked upon a wide-spread consultation exercise with prison visitors' centres and families support agencies. This confirmed that there was a need for more specific support services amongst those affected by both drug use and imprisonment. I was appointed by ADFAM in May 1996 to develop a three-year London-wide pilot project 'The Road To Release' which aimed to provide such services. Linking with prison visitors' centres at nine London prisons, the project provided access to drug specific specialist support for visitors on a regular peripatetic sessional basis.

ADFAM needed to develop therefore was the provision of accurate information about what the Prison Service was actually doing. I needed to establish the facts at both local and national level — not an easy task. In the mid 1990s prison-based drug treatment services were still delivered in an ad hoc fashion and many prisons were unable or unwilling to provide the information I was seeking. When I met with Dr. Pam Wilson at Prison Service Headquarters in 1997 to discuss prisoners' families and the part they might be able to play in helping the Prison Service to tackle drug misuse, the meeting proved to be something of a turning point. During a very interesting and enlightening exchange of views and information it became clear that many Prison Service goals were shared by families. The challenge was to find ways of enabling all interested parties to achieve them.

Having at last acknowledged that there was indeed a drugs problem so significant that it could not be ignored, the Prison Service was making headway in planning a concerted response to address the problems associated with drug activity in prisons. It had produced its first three year strategy, *Drug Misuse in*

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Working directly with visitors and alongside visitors' centre support staff it soon became clear to me that needs were even more complex than originally thought. Amongst those I have worked with the concerns, experiences and circumstances expressed have been varied — even amongst members of the same family. Whilst some expressed a sense of frustration at what they perceived to be inappropriate drug laws others said they had experienced domestic disturbance -including theft or violence - so extreme that they were left feeling immense relief at their user's removal into custody. In some cases families had no prior knowledge of a prisoner's drug or criminal activity and were left with feelings of confusion, bewilderment, anger or guilt about their lack of awareness. Publicity and anecdotal evidence about the levels of drug use within prisons add to the practical and emotional burdens for families. Families often expect the Prison Service to provide a drug user with compulsory drug treatment and a drug free environment. It can be difficult for them to accept this as unrealistic. A vital aspect of the services

Prisons, in 1995 and was soon to have a dedicated Drug Strategy Unit. The strategy outlined three key reduction aims: supply, demand and harm. For an agency whose primary function is security it was not surprising that supply reduction measures were eagerly embraced by most prisons whilst treatment provision to reduce demand for drugs lagged behind and implementing a harm reduction approach within the context of a criminal justice institution posed ethical dilemmas for many — including families.

Social visits had been identified by the Prison Service as the main or most likely route through which drugs entered prisons and were subsequently targeted for additional security measures. There is no doubt that a minority of visitors are responsible for supplying drugs during social visits. Around 1000 visitors are arrested each year for drug smuggling after entry into prisons. Such bald statistics can reinforce negative perceptions of all social visitors yet do little to tell us why some visitors are prepared to risk their own freedom to supply drugs. Inevitably financial gain and acceptance of drug use as a norm are motivating factors for some. Ignorance of the risks, lack of

available treatment for users in custody, emotional or physical pressure and drug debt have been cited as reasons by others. It is vital therefore that security measures are adequately balanced by support opportunities for families. Nobody should be put in the position of unwitting or unwilling involvement in drug supply.

By 1998 when it launched *Tackling Drugs In Prison* the Prison Service had demonstrated its willingness to liaise with ADFAM and was subsequently commended for doing so in the Home Affairs Committee report, *Drugs and Prisons* published in November 1999. An annual Partners In Prevention conference dedicated to moving this work forward is now co-hosted by ADFAM and the Prison Service.

Between October 1996 and April 1999 I worked with 485 family members but this represented a fraction of those likely to be affected. Random mandatory drug tests during that period suggested that around 20 per cent of prisoners were using drugs to some degree. It was clear that one ADFAM worker could not possibly meet the needs of those wishing to access support. In addition to producing *Prison, Drugs & You*, a comprehensive publication for prisoners' families, we established a capacity-

justice services should rise to if they are committed to reducing the negative impact of drug use on criminal behaviour.

Karen Whitehouse joined ADFAM in 1996 as Prison Project Co-ordinator and became Project Manager in 1999. Prior to joining ADFAM she spent eight years as Assistant Organiser for a prisoners' families support agency.

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building support service for staff working with prisoners' families. Drug awareness and prevention training for visitors' centre staff and closer links with emerging prison Drug Strategy Teams led to the development of protocols for management of drug activity and delivery of drug-related support within many visitors centres.

The acknowledged success of the London-wide pilot enabled ADFAM to secure funding to continue and develop its work with London prisons and to establish a national training and consultancy service in order to build capacity further afield. The project continues to adopt an inclusive and innovative approach to family support. This includes a booklet for prisoners about the impact of drug activity on others; a dedicated in-depth support project currently being piloted at HMP Holloway; and a first and last stop information shop for visitors to, and men released from, HMP Brixton. Effective social support for prisoners may provide the best opportunity for building capacity within the drug support field both during custody and after release. Welcome though they are, CARAT and other prison based drug services are unlikely to provide the necessary resources to reduce drug related reoffending. ADFAM believes that engaging, enabling and empowering families to make a positive contribution to reducing drug supply, demand and harm, is a challenge that the criminal