

TAKING DRUGS IN PRISON

A Personal View

It has increasingly become accepted, that illegal drugs have a social and economic stranglehold on British jails.

Various groupings support this contention and for their own reasons offer interpretations and suggestions. This has included HM Inspectorate of Prisons, POA, NAPO, and miscellaneous drug or offender agencies; not to mention the tabloid press. Much of this has consisted of blatant sensationalisation ie, 'More drugs inside than out', 'Wild parties at tough jails' etc.

There has been limited research among serving and released prisoners. Such research, but not all, has concluded that there exists serious cause for concern. However no baselines have ever been established.

In such a 'Land of one-eyed kings' I feel inclined to offer an opinion. At stages in time during the previous three decades I have been in prison, in this country and abroad. Before that I was in juvenile custody, as were many others with a substantial prison record. As such I have observed, participated, and discussed drug use in prison with other offenders.

My own involvement with drug use extends back to adolescence. In the 60s I socially consumed cannabis and oral amphetamines. During the 70s due to social, geographic and financial factors, I was able to extend and enhance such activities - although at that stage I had never injected nor allowed drug use to have any negative effects on my life. Also at this time most of my associates were offenders and I was able to gauge their attitudes to drugs. Drugs and

time I saw cannabis on a few occasions and LSD once. 'Junkies' admitted into custody were invariably dependent on prescribed drugs, the prison kept declaring the prescription invalid and imposing 'enforced cold turkey'. Most prisoners had no interest in drugs and many had an actual antipathy towards them.

During the early 70s I had occasional weeks in a London remand prison and it was noticeable that drugs were becoming increasingly popular and acceptable. This merely mirrored and shadowed the situation outside. However the majority of the penal population were actually anti-drug and the authorities would opportunistically respond.

In the late 70s I spent 3 years in prison. This involved time on remand, and time in various training prisons. Whilst on remand I first injected amphetamine. My cell mate had the drug and injecting equipment. In the community there exist several reasons not to inject, mainly social. These do not exist in prison. It is such a drab, grey world of boredom, frustration and pain that any escape route seems enticing. Constantly during the remainder of that sentence I encountered drugs, predominantly cannabis, but also others.

Effectively at this time drug use in prison was still a minority activity, but was no longer frowned upon. The authorities were disinclined or powerless to intervene. Significantly people in prison were enthusiastically learning about drugs and dealing, as this was perceived as a growth industry offering an attractive and profitable life-style.

In London and south-east jails around this time cannabis (ie, blow, draw, puff) took over from tobacco (ie, burn) as the unofficial currency. There has always existed within prisons a 'black economy'. The official 'pocket money' scale has never really had any influence on how people behaved. In the complex 'black economy' everything has a value, in accord with pure and applied economics. People in jail produced things ie, handicrafts, paintings etc; cash was smuggled in - but all was on the 'burn standard'.

In the south-east we moved onto the 'puff standard'. In other parts of the country this happened at more or less the same time.

At the onset of the 80s with the flood of heroin and other substances available

to professional criminals on credit, drugs became very big business. I and many others enthusiastically became involved, setting in motion a juggernaut that has not yet reached full speed. Personally, there were many advantages to be enjoyed - financial, travel etc. Rather as many publicans become over-fond of their stock, so did I.

In the early 80s I found myself once again on remand in a London prison. I had resources but also an addiction to ingestible heroin. Syringes were now openly available and I was introduced to injecting. In the community, even for offenders, there are constraints against injecting. Within prison there are none.

Although I was subsequently acquitted of the offences I was in custody for, I left prison with a 'fixing habit'. This had a disproportionate influence on my life for the next 3 years. This included two custodial interludes. In English prisons drugs of all types, plus injecting equipment, were easily available. I also served a sentence in a Dutch prison. Contrary to popular misconception, 'soft' drugs were neither easily available there nor officially condoned. 'Hard drugs' were not widely available, but were not sought as a Methadone programme was available.

At a time in the mid 80s, drugs and myself gave each other up. As in the overwhelming majority of cases this was totally independent of typically perceived agency involvement. To successfully overcome such a problem as serious opiate/polydrug dependence one has to dig very deep and go back a long way. Therefore I also examined my offending pre-disposition. This was also totally independent of typically perceived agency involvement, as it invariably is. A successful marriage was, and is, of far greater significance.

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therefore dealers and/or consumers were not then a significant part of social or professional criminal activity.

I spent 4 years in prison during the late 60s and although a drug culture had developed in society it had not been transplanted into prisons. During that

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