

"In California, in 1994, researchers calculated that every dollar invested in treatment saved 7 dollars in other costs whilst the individual was in treatment and during the year afterwards."

and levels of management have taken part in these events and networks have been established. A number of documents have been produced, notably a set of draft standards, relating to the provision of drug services to prisoners, which we are seeking to have adopted by the Prison Service. The enthusiasm and involvement of Prison Service staff in the process, working collaboratively with other agencies, including those from the voluntary sector, has been encouraging and shows that many have embraced the idea of partnership which under-pinned *Drug Misuse in Prison*.

In conclusion I believe that there is an increased awareness of the problems associated with drug use in prison, which is matched by a willingness to adopt a collaborative approach to dealing with it within establishments. What I would also like to see is an acknowledgement that prisons are part of the community and an investment made to support their role in reducing the impact of drug related crime and other harm caused by drug misuse. The whole strategy for dealing with drugs, both in prison and in the wider community, is currently under review by the Anti-Drugs Co-

ordinator. My agency and others will be making strong representations to him, as part of the process, to encourage him to develop a balanced, realistic and effective strategy to an increasingly difficult problem.

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Bert's story

Alan Dearling reflects on the experiences of a long-term drug-user, in and out of prison.

Until recently, Bert was yet another prison number in Dorchester jail. He received a six month sentence on a variety of counts relating to intent to supply cannabis and cannabis resin, and possession of LSD tabs ("I'd forgotten I had them"). The sentence included one month for production - growing cannabis plants, and one month for allowing his premises to be used for drugs use. His conviction came at the end of a seven year period living in the small Dorset coastal town of Lyme Regis. "I was gassed up by neighbours," Bert told me.

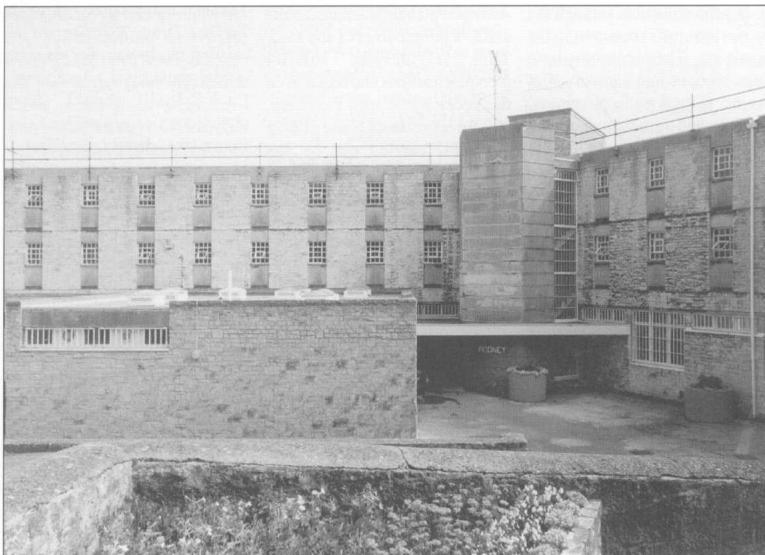
In the community

Bert first smoked cannabis when he was 15 and says he's been "on and off ever since." That's 32 years. He describes his pattern of drug use.

"I popped a lot of pills when I was a mod in the 60s, and I used LSD in the 70s, but I feel I've outgrown it now. I like a little dabble in amphetamines. I'm not a great lover of coke, but will mix with amphetamines if offered. I've never touched heroin or opium. I'm a pretty bad asthmatic and amphetamines and cannabis help a lot with my breathing. I never need my inhaler at parties! I'm too old now to experiment with Ecstasy. Alcohol is my worst drug."

Bert's 'pic n' mix' usage of drugs is not at all uncommon. Neither is his belief that using cannabis and 'soft' drugs is part of a lifestyle, not a crime.

Most of the respected researchers and writers on the misuse of drugs in the UK such as Nigel South, Nicholas Dorn and Carol Martin have made regular pleas that harm reduction and an acceptance of a notion of 'normalised drug use' (Martin, 1995) should become major planks in intervention strategies. Added to this, are the increasingly vocal opinions of senior police officers such as Michael O'Byrne, Chief Constable of Bedfordshire, who has called for far more resources for tackling drug distribution or for an end to police involvement. However, it still seems unlikely



Julie Grogan

that there will be any swift move towards either legalisation of more drugs on the prescribed list, or decriminalisation of their use.

All the available statistics about the use of drugs in the community confirm that there is a rise in drug taking across the whole community and across the broad spectrum of drugs. The Health Education Authority reported the first findings from a new research study of 5,020 households (Drugs Forum Focus, June 1997). These showed that 55% of the 16-19 age group have now used drugs at some time, compared with 46% in the 1994 British Crime Survey. The use of combinations of drugs, often called poly-drug use, is rapidly growing: cannabis with amphetamines and alcohol, or dance drugs like Ecstasy and LSD with alcohol being among the favoured concoctions.

Drugs inside

These figures can be supplemented with findings from research in prisons. The 1994 survey in Holloway prison found that over 40% of prisoners in their research sample had previously used non-prescribed drugs, with 75% having used cannabis; 61% crack cocaine; 55% opiates; 44% barbiturates; 42% amphetamines and 34% hallucinogenics. As ever with research based on self-disclosure interviews and questionnaires, the figures may be inaccurate, but are more likely to under-represent use than to exaggerate it.

In 1996, it was reported in *Hansard* that there were 8,120 prisoners in jail on drug offences. 1,019 for class A drugs; 7,020 class B, and 81 for class C. With longer sentences and more use of custodial sentencing the prison population looks set to include even more inmates on drugs-related charges. This is despite Prisons Minister, Joyce Quin, saying that "'Prison Works' is just a mindless slogan" and that there is a desperate need to reduce the numbers on remand. Anthony Hewitt reported in *Druglink* 1996 11(3), that of the 53,000 prisoners in the UK's jails, some 15% were dependent on drugs at time of receptions, and, "as many as 70% of all prisoners will use a controlled drug at some time in custody."

"The screws know who the dealers are. They make jokes about it. They don't do much about it. It keeps the prisoners quiet."

SCODA have estimated that drug misuse costs £36,000 a year per person in the criminal justice system and they argue that treatment, prevention and education, rather than enforcement are the only pragmatic way to deal with drug misusers. Some commentators have argued that the use or abuse of drugs in itself is a crime without a victim. However, maintaining a drug habit can be an expensive affair and crimes associated with drug use are very common, whether it is theft, criminal damage or violence to others. SCODA estimate that crimes committed by drug users cost up to £884 million per year.

But, is a jail sentence for involvement with drugs a real deterrent? And secondly, is the current Mandatory Drugs Test (MDT) effective in either reducing supply or use of drugs in the UK's jails?

On the wings

Bert's observations, although anecdotal, do shed some light on current practice.

On current drug use: "When I did time in Wandsworth in 1991, heroin and coke were treated with respect. Now there's much more open use, smoking in the store room, exercise yard, even when there's four screws around."

The prison population's got younger. The youth have got no respect. But the youth isn't treated with respect. Parents got nothing, you've got nothing, what a bum life."

"The 4's are the only drug free landing, but the 2's and 3's are for getting stoned. No-one is really taking the drug testing that seriously."

On Mandatory Drug Testing: "On arrival I saw a nurse. She asked about medication, asked about use of drugs outside;

"What?"
I said, 'Cannabis and amphetamines.'
'When?'
'Last night.'

"I was never tested. I decided to say 'no' to drugs at Dorchester. I did them at Wandsworth. If I'd been banged up for 6 months I'd have done some, but 13 weeks... so, MDT did work as something of

a deterrent for me."

"The MDT's weren't having much effect at all on the longer term prisoners. They're younger and there was much more open use of drugs; all sorts; use of buckets, a Heinz salad cream bottle as a bong; amazing little pipes; a squeeze bottle being used as an inhaler - really ingenious."

"Then there's people coming into prison, they'd only dabbled with cannabis or E or something outside, they end up getting hooked on heroin and coming out addicted to smack."

Maggie Lee, reported in *Druglink*, 1996, that:

"The irony is that drug testing may actually be creating a drug problem in prisons where there wasn't one before, as people switch from easily detectable cannabis, to less detectable opiates."

In *Hansard* 23/3/97 it was stated that errors had occurred in the first sets of performance indicator figures showing the levels of positive tests in the MDTs, and it suggested that there were no firm indications about whether cannabis use was declining or that a switch to opiates was occurring.

"At Dorchester there is a treatment programme, but it's for very heavy users. I said, 'I've not got a problem with drugs - you've got a problem with drugs.' If I'd been offered, in court, a programme of frequent tests while staying out, I'd have accepted that."

On dealing: "The screws know who the dealers are. They make jokes about it. They don't do much about it. It keeps the prisoners quiet. I'd say that if they cut out the drugs testing and allowed everyone, say, an eighth of hash a week, that would pretty much cut out the heroin and methadone use. Anyway, why should the smackheads be given methadone and molly-coddled? Put them in a padded cell 'til they come down. Why should cannabis users be crucified, when smackheads are left with their crutch?"

Prison works?

So, how is the Home Office's strategy for *Tackling Drugs Together* (Home Office, 1995) working?

That aimed to take action by vigorous law enforcement, accessible treatment and a new emphasis on education and crime prevention to:

- increase the safety of communities from drug related crime;
- reduce the acceptability of drugs to young people and

- reduce the health risks and other damage caused by drug misuse.

The answer is that it isn't. Even Raymond Kendal, head of Interpol, has called for, "an end to prison sentences for drug use." A thorough look at the 1971 Misuse of Drugs Act may lead to more positive responses to the misuse of drugs both in the community and our prisons. Criminalising drug users and increasingly extending their drug repertoire from soft drugs to hard drugs is no answer. It may be that the pragmatic responses towards decriminalisation of soft drugs in places like Amsterdam, Hamburg, Frankfurt, Zurich and to some extent, Copenhagen, may offer some solutions, albeit, politically difficult ones.

Or, perhaps as Bert says, "all drugs should be decriminalised. Treatment shouldn't take place in prisons; move it to specialist centres in the community. Why should I change my lifestyle because they want me to? I'll change it if I want to. I'm just an old rebel."

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