

It Takes Two to Tango

Steve Hamer describes what is necessary to implement the Prison Service Drug Strategy.

Tackling Drugs in Prison, the current Prison Service Drug Strategy introduced in 1998, set out a range of measures to tackle both the availability of drugs within prison and the treatment and rehabilitation needs of prisoners. It displayed an understanding of the treatment and rehabilitation process that was absent in its predecessor, *Drug Misuse in Prisons* (1995) and was resourced sufficiently well from successive Comprehensive Spending Reviews (CSR) to be realisable. Perhaps most importantly, it corresponded directly to *Tackling Drugs to Build a Better Britain*, the national drug misuse strategy, signalling a desire for integration with action on drugs in the community that hitherto had not been much in evidence. The Prison Service was encouraged to take greater action on drug misuse from as long ago as 1980, most notably by the Advisory Council on the Misuse of Drugs, and finally produced a coherent and cohesive plan for meeting the needs of drug misusers, which was welcomed with cautious optimism at its launch. (Select Committee on Home Affairs 1999).

As a result of *Tackling Drugs in Prison* and the

investment of CSR funds, the expansion of treatment provision was intended to establish:

- the new CARAT (Counselling, Assessment, Referral, Advice and Throughcare) service in all prisons, increasing coverage from the 43 prisons where similar services had been operating prior to 1999;
- detoxification services in 35 prisons, increasing provision by over three fold;
- rehabilitation programmes and therapeutic communities in over 65 prisons, more than doubling earlier levels of provision.

The targets for this new range of services were for the CARAT case-load to reach 20,000 prisoners per annum, for 30 new rehabilitation programmes to be operating and for 5000 prisoners a year to be going through treatment programmes by 2002 (Select Committee on Home Affairs).

In implementing its strategy since 1998, the Prison Service has tried to take a significant step towards establishing a contemporary treatment framework for drug misusers that is not only comparable to arrangements beyond the gates but which also has the potential to obtain the objective of integration between prisons and the community that is vital to the effective resettlement of prisoners. With the best part of four years' experience of delivering the strategy under its belt, it is useful to consider whether the Prison Service has managed to achieve its objectives and in so doing identify the factors that have contributed to the outcome. The headline on the Prison Service strategy to date is a story of success, indicated principally by the greatly improved degree of service coverage that has been established since 1999. By May 2001, the Prison Service Drug Treatment Directory listed over 180 treatment services that were operational in establishments across England and Wales, including CARAT services in every prison, and rehabilitation programmes and therapeutic communities in 45 prisons. The website for *Tackling Drugs to Build a Better Britain* (www.drugs.gov.uk) reports that by 2002 treatment services in prison had provided 37,000 assessments of treatment need under CARATs, treated 30,000 prisoners in detoxification programmes and had admitted over 3000 prisoners to rehabilitation programmes.

Although there are other criteria by which *Tackling Drugs in Prison* should be judged, for example the delivery of the key social and health outcomes that are the longer term objectives of *Tackling Drugs to Build a Better Britain*, it would be a niggardly assessment of the period from May 1998 that failed



Julie Grogan photo courtesy Wandsworth Police

to appreciate the performance of the Prison Service thus far in establishing and making operational so many new services. Indeed, the extent of service coverage in prisons, whilst not as numerically great as in the community, provides a degree of access to treatment that took several decades of investment to develop in the community.

Given that, prior to 1995, the Prison Service had little or no strategic vision for tackling drug misuse and had invested few of its own central resources in providing treatment, one must wonder how it was able to make up for lost time in such an effective manner.

External treatment providers

The key to the success of the strategy, both in its development and its implementation, rests with the involvement of external treatment providers, who have worked with prisons over many years to develop models of care for the treatment and resettlement of drug-using prisoners and by virtue of the contribution of their specialist knowledge and expertise, have influenced policy and practice within the prison system.

In fact, the Prison Service strategy did not suddenly materialise as if from nowhere but crystallised, into a single national programme, many existing anti-drug activities that had been put in place by far-sighted prison governors and external providers from the early 1980s onwards. In the main these partnerships (which formed the cornerstone of drug treatment provision within the prison system until 1995), were made at prison or area level and were often paid for with health authority, probation service or charitable funds. By 1991 there was a large number of external treatment providers in England and Wales delivering some form of care to drug-using prisoners. At least six of these providers were developed for just that purpose (Hamer 1992). Whilst much of this activity was not focused on treatment within the prison walls, firm links back into treatment in the community upon release were provided where a prior relationship with the prisoner had existed. Perhaps of greater significance is that at least two of these external treatment providers had been specifically commissioned to deliver throughcare for drug misusers.

Since 1999 external treatment agencies have provided the expertise and resources to make operational the new Prison Service treatment framework; of the 183 treatment services available within prisons in England and Wales over 90 per cent rely on external agencies for their delivery and only seven programmes are provided exclusively by in-house teams.

Drug Misuse in Prison, the Service's first attempt at addressing drug misuse problems service-wide, endorsed the role of external providers and directed prisons to make partnerships in that direction: "As so much of the care outside prison is provided by specialist voluntary groups (and many of their clients will have had custodial sentences), their expertise and advice will prove invaluable in deciding what type of programmes might prove beneficial". Whilst the 1995 strategy referred in part to models of care, the definitions given were very general and were clearly not part of an over-arching treatment framework.

The evaluation of the Pilot Drug Treatment Programme (PDM Consulting 1997), set up in 1996 by the Prison Service in response to increasing pressures on external funding sources, finally provided the model treatment framework that is now embodied in *Tackling Drugs in Prison*. The evaluation reported favourably on the majority of treatment services operating within

the pilot programme and defined a model of progressive stages of treatment that integrated programmes of care within the prison system as well as between prison and the community. The Pilot Drug Treatment Programme was built around a small but diverse number of existing services that were based on models developed and managed by external agencies, including the forerunners of the CARAT service. Without their contribution, the journey to the current treatment framework within prisons would have been all the harder.

Partnership between prisons and external providers has been the mainstay of drug treatment for prisoners over the past two decades and remains the greatest hope for the future integration of prison and community provision. Over the years the relationship has benefited prisons, treatment providers and above all prisoners, and holds the promise of more to come, as is clearly recognised by government: "The use of the voluntary sector is rapidly increasing throughout government, and the potential for developing partnerships between prisons and the voluntary sector is enormous. The significance of these partnerships in helping us to deliver constructive regimes and meet targets cannot be overemphasised". (The Hon. Paul Boateng MP, then Minister of State for Prisons and Probation, speaking at the Prison Service Conference in February 2000).

The strategic value of partnership is that it connects the prison service to the outside world, influencing policy and practice on both sides of the gate and rooting *Tackling Drugs in Prison* in the most practical way to the wider national strategy. This is most important because whilst much has been achieved by putting services in place, the benefits of their activities are yet to be seen, not least those relating to throughcare. It is clearly in all our interests that prisons and external providers continue to develop their partnership.

As *Through the Prison Gates: A Joint Thematic Review* by HM Inspectorates of Prison and Probation put it, "Although there are good examples of partnership projects with community based organisations, including voluntary agencies, such initiatives appear to depend to a large extent on the approach of individual prison governors and probation areas. Strategic oversight is needed to ensure that the potential of such organisations to address the resettlement needs of offenders is realised."

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