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The mandatory drug testing programme in prisons

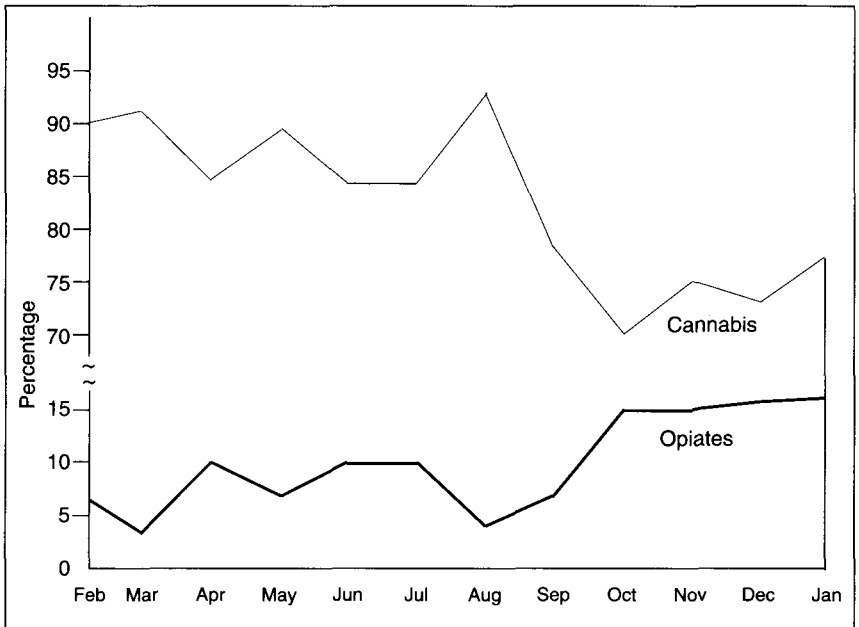
Alex Stevens

Talk to people who work with imprisoned drug users about the mandatory drug testing programme, and you will hear words like 'iniquitous', 'pointless', 'unethical, inefficient, ill-conceived' and 'a complete waste of time and money'. The policy that inspires these comments now includes every prison in England and Wales, and is being extended to those in Scotland as well. The publication of the test results from the eight prisons where mandatory drug testing (MDT) was initially introduced has fuelled the debate on whether this programme can be justified and whether it is consistent with the wider prison drug strategy.

The aims of testing

Announcing the introduction of MDT, Michael Howard told prison governors that it 'will give you a powerful tool for the control of drugs'. It was included in the Prison Service's 1995 strategy document, *Drug Misuse in Prison*. The aims of this strategy are to reduce the damage that drugs cause to the health of prisoners, staff and the wider community. Under the mandatory testing programme, 10% of the population of each prison is selected at random by computer. Selected prisoners are required, without warning, to provide a urine sample. Prisoners can also be required to give a sample on induction, on suspicion, or as part of a frequent testing programme for known drug users. Prisoners who test positive are liable to punishment on adjudication, and can be given up to 42 days extra imprisonment for each offence. MDTs part in the overall drug strategy is to deter prisoners from using and to provide an accurate picture of drug use in prisons.

Doubts have been expressed about how successful MDT is in achieving these aims. Figures published in *Druglink*, from the initial phase of MDT show that the rate of positive tests was higher in the second six months of the year than in the first six. Richard Tamlyn of the Exeter Drugs Project says that MDT 'appears to have had little effect on prisoners' drug use... it has deterred the weekend dope smokers, but it's not them that we're worried about'. The punishment of prisoners who test positive gives them a strong incentive to avoid giving true samples if they have been using drugs. This further distorts MDT's picture of drug use, which is already skewed by the difference between the half lives of different drugs.



Opiate and cannabis positives as a proportion of all positives in testing carried out in prisons between February 1995-January 1996. There were 1435 positive results from 3785 tests in the eight 'pilot' prisons in England and Wales.

Source: Druglink May/June 1996, ISDD

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Worrying consequences

There is also evidence that MDT produces effects that contradict the strategic aim of reducing damage to health. There have been reports that prisoners have eaten soap, chalk, vinegar and products containing bleach in attempts to mask their drug use. The most worrying aspect of MDT is seen in this prisoner's words: 'The people who do use cannabis, they turn to using hard drugs because cannabis stays in your system for 28 days, whereas hard drugs stay there for two or three days, so there is less chance of you being caught'. Dr Sheila Gore, Senior Statistician at the Medical Research Council Biostatics Unit, gives evidence on the danger of this in an article she has written, with colleagues Dr Graham Bird and Amanda Ross, for the British Medical Journal. She points out that heroin, used intravenously for maximum effect, is much more dangerous to health than smoking cannabis. Prisoners who inject often share equipment and risk transmitting HIV and viral hepatitis. Dr Gore has diligently gathered figures from the initial phase of MDT that show a statistically significant and potentially frightening rise in the proportion of positive tests represented by opiates and benzodiazepines. From 4.1% in the first four months of the programme, this proportion of the random tests grew to 7.4% in the next six months. She told me that 'they would eliminate the reason for switching if they ceased testing for cannabis. That would also halve the costs'.

Dr Pam Wilson, of the Prison Service's custody group, acknowledges that there is concern that prisoners may switch to heroin use. The Prison Service

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is considering removing the incentive to switch drugs by increasing the punishments for using heroin and by educating prisoners to tell them that cannabis only stays in the system for up to a month if it is used heavily. As John Boddington, Chairman of the Prisoners Officers Association says, 'we cannot countenance the use of any drugs in prison'. But his support for the programme is qualified. 'Along with MDT,' he told me, 'we must have the resources to help those who want to help themselves get off drugs. Without that it's a pointless exercise'.

Appropriate support programmes

And there is the rub, for in most prisons there is very little provision for the problems of imprisoned drug users. 'We are concerned,' said Paddy Costall, Head of Criminal Justice Services at The Cranstoun Projects 'at the rapidity of the introduction of MDT, compared to the other parts of the prison drug strategy'. Agencies that provide drug services in prison around England and Wales recognise that the level of provision is nowhere near that which is needed by the thousands of prisoners who have drug problems. North of the border, MDT will be introduced in all prisons 'as and when each is ready to begin and has the appropriate support programs in place to assist those prisoners with drug problems'. However, Anne McCorquodale, who delivers part-time drug work in one of the Scottish prisons where MDT has already been introduced, commented 'I don't know what they think appropriate support is, but they haven't got it here. There's me and a closed detox unit, so there's not much that a woman who tests positive can do'.

Some prisoners, who cannot stop using and are subject to frequent testing, find that their sentence is increasing faster than they serve it.

The Prison Service estimates that, this year, MDT will cost £4.5-5.2 million for staffing and testing. Its initial estimate of the costs of extra imprisonment was £11 million per year (although this may be revised downwards). These resources are not targeted on those prisoners with serious drug problems. 62% of the tests in the initial phase were negative. 81% of the positives were for cannabis, which is rarely problematic for those who take it. To provide the balance of security and treatment called for by *Drug Misuse in Prison*, money will also have to be spent on provision for the needs of imprisoned drug users. But many prisons, faced with the demand to cut budgets by 13.3% over the next three years, will not be able to provide drug services when they have to spend so much money on MDT.

A cause for concern

Civil liberties and penal reform groups have more concerns about MDT. Carol Ewart of the Scottish Council for Civil Liberties declares that it is 'a clear contravention of Article 8 of the European Convention on Human Rights' (the right to privacy). Nick Flynn of the Prison Reform Trust criticises what he sees as the creation of two justice systems. As another prisoner put it, 'if you get caught with certain drugs on the street, nothing happens to you, you get cautioned. In here you get slammed straight away. If they give you 42 days in here, it's like a judge giving you twelve weeks'. Some prisoners, who cannot stop using and are subject to frequent testing, find that their sentence is increasing faster than they serve it.

The benefits of MDT are unproven, and the potential for it to cause harm is high. Dr Gore says 'the onus is on the Prison Service to prove that the policy is not harmful'. So far, it has failed to do so. This unjustified programme diverts attention and resources away from those prisoners who have drug problems that damage their health and contribute to their offending. A rational Home Secretary would drop it. ■

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References:

Gore, S M Bird, A G Ross, A J (1996) Prison Rights: Mandatory Drugs Tests and Performance Indicators *British Medical Journal* Vol 312 No. 7043 pp 1411-1413