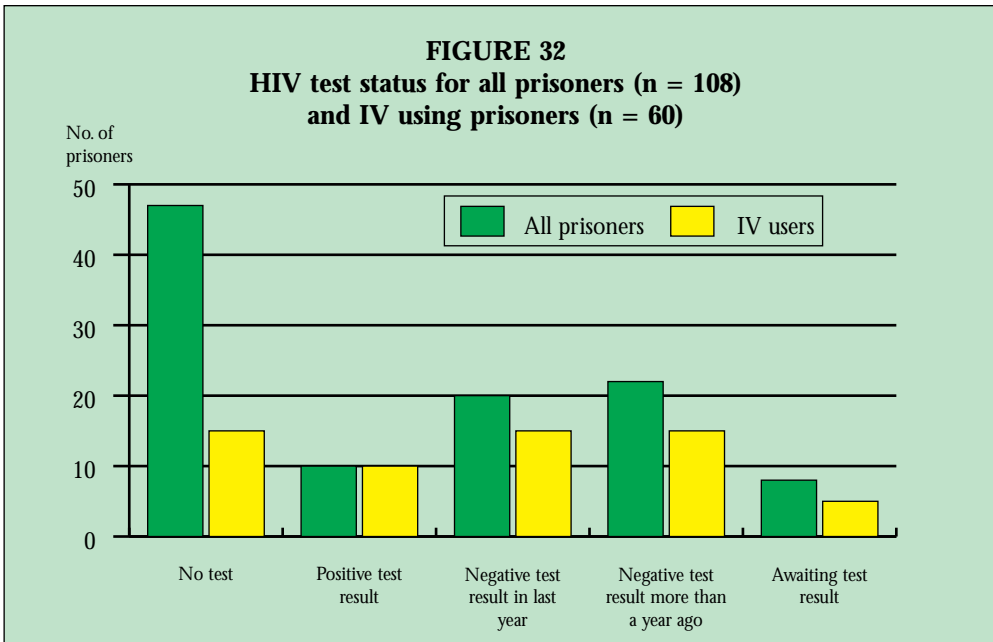


Chapter 6

Drug-Related Health Problems and Other Health Issues

a) Sharing syringes and HIV status

Of the 60 prisoners who had used drugs intravenously, 46 (77%) admitted to having shared syringes and needles and so very probably put themselves and possibly others at risk of HIV infection. This amounts to 43% of the total sample. Of this group who had shared syringes, 13 had never taken an HIV test and were unaware of their HIV status. Two, who had tested positive yet continued to use intravenously, claimed never to have shared since finding out that they were HIV positive.



These figures are very high in comparison to the results of the US Survey of State Prison Inmates [12], which found that less than half of the inmates who had injected had ever shared a syringe or needle. In terms of the total populations this indicates that the rate of all American prisoners who had shared (12%) is less than a third the equivalent rate for Mountjoy prisoners (43%). In the Second Scottish Prison Survey [11] only 4% of prisoners admitted to having shared a syringe in the previous 6

months in prison. However, these comparisons should be treated with caution since they compare one single prison with a concentrated drug problem with the national situation elsewhere.

Thirty-seven prisoners, or about one in three of all prisoners, had used intravenously in prison on this occasion and of these 31, or 84%, admitted to sharing a syringe, while the remainder kept their own syringe and claimed never to share it.

Altogether 61, or 56% of the total sample, had undergone at least one HIV test. Ten prisoners had had a positive result (indicating HIV infection), 42 had had a negative result and the remaining 9 were currently awaiting the outcome of the test. This amounts to 9% of the sample who knew they were HIV positive. This is 3 times the rate found in the 1986 survey of Mountjoy.

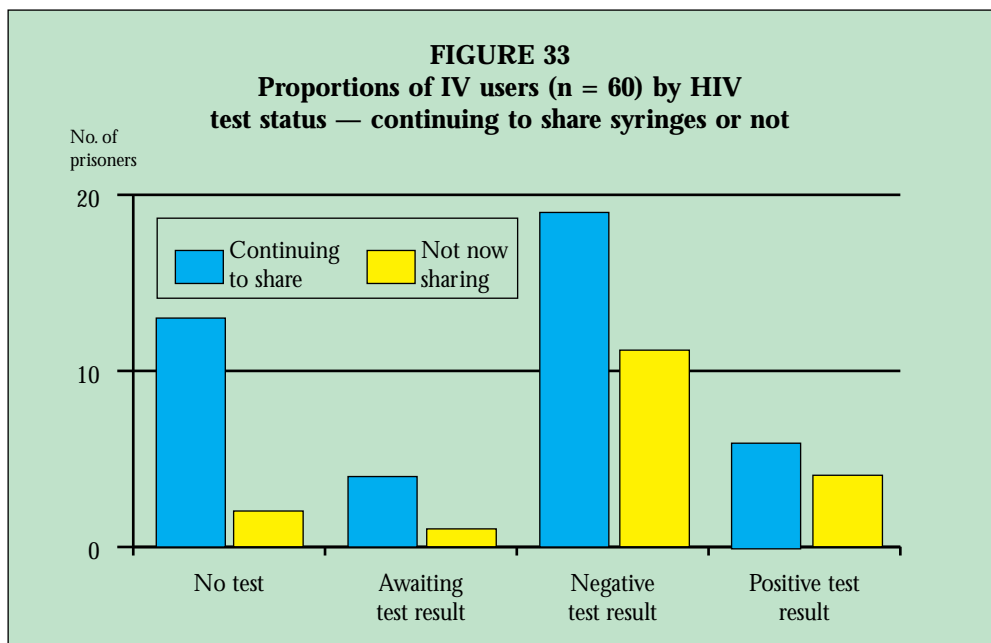
This result suggests an absolute minimum of 50 HIV positive prisoners in Mountjoy at the time of the survey. The number is likely to be considerably larger since this estimate does not include possible HIV positive people amongst the quite large number currently awaiting results, or amongst those who have put themselves at risk and never taken a test, or amongst those who have had a negative test in the past but since put themselves at risk.

As Figure 32 indicates all those who were known to be HIV positive were in the IV drug using risk group. In all, precisely one quarter of the IV users who had been tested and knew their results, tested positive. This result is not much different to the results of HIV testing of 19000 Spanish prisoners (presumably in high risk groups) which indicated that 30% were HIV positive [68]. It is much higher than the results in the US Survey of State Prison Inmates [12], which showed that 51% of inmates had been tested for HIV, but that only 5% of IV using inmates, who had been tested and knew the result, tested positive. In the U.S. study 1% of non-IV using prisoners tested positive.

It is worth noting that in Mountjoy exactly a quarter, or 15, of the IV using prisoners had never had an HIV test and a further quarter had not had a test in the last year and most of the latter group had put themselves at risk by sharing in that period. This is the case despite the ready availability of confidential HIV testing within the prison and despite a continuing educational programme to encourage IV users to undertake the test.

Forty-two people were regularly sharing syringes either in or outside the prison and 31 in the prison. Figure 33 graphs the distribution of the 60 intravenous users with respect to HIV test status and whether or not they have shared syringes since they took an HIV test, if they ever did so. It is clear that a very large majority (85%) of those who had never taken a test or were awaiting test results continued to share,

putting themselves at great risk of infection.. However, although still a majority, a considerably reduced majority (63%) of those who had had a test result, either positive or negative, continued to share syringes. Most notably and most alarmingly, 60% of those with positive test results continued to share. These prisoners, of course, being already infected, were not putting themselves at risk but were possibly risking infecting others.



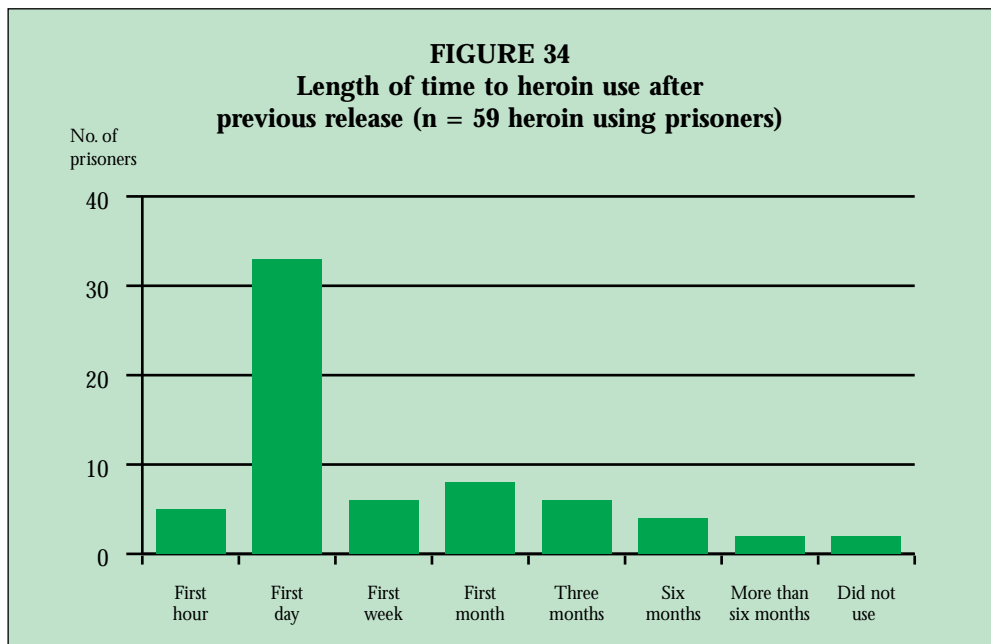
Hepatitis was also a very serious problem for the IV drug using prisoners. Thirty had tested positive for one or other of the varieties of hepatitis. This is 28% of the total sample. Ten other IV users and two non IV using prisoners felt that they might have the disease or strongly suspected that they had it. Of the group of 40 IV using prisoners who either knew they had hepatitis or suspected that they did, 29 were continuing to share syringes, thus putting others at risk of infection.

b) Other Drug-related issues

Altogether, 43 prisoners reported that they had suffered some kind of drug-related illness or disorder, including HIV, hepatitis, and other problems such as abscesses, collapsed veins etc. Two said they had suffered mental illnesses that had been precipitated by drug use.

Thirty-seven prisoners had suffered at least one overdose episode during their drug using career. This means that a little over half of the heroin users had overdosed, and many of them had done so frequently. Sixty prisoners had undergone a medical programme of detoxification, 57 of them in prison.

The heroin users were asked how long it had been until they used heroin when they last left prison. Sixty-six prisoners responded to this question and 7 of these said they had not been using heroin at that time. Of the remainder only 2 said they did not go back on heroin. The majority of the others used within a day of release from prison. The distribution is presented in Figure 34.



Approximately half (36) of the prisoners, who had had or still had a serious drug dependency, said that they had experienced periods of abstinence from the drug unforced by circumstances, such as arrest and imprisonment, since they first developed the habit. Seventy-four prisoners responded to a query about whether or not they would want to be in a drug free zone within prison. Fifty-four, or 73%, said that they would want to give a drug free zone a try, 2 said they were not sure and only 18, or 24%, said they would have no interest in going to a drug free zone.

Seventy-five drug users responded to a question about whether or not they intended to give up drugs. Sixty-six, or 88%, said they they did intend to give up. Only 3 said that they could not see themselves giving up and 6 others equivocated — one, for example, said that he intended to give up but not now while he was in prison. However, to a follow-up question asking “But do you really think you will give up?”, only 11 replied that they did, 46 said no, and 16 were unsure. These results are interesting and point to the deep-seated ambivalence towards their habit that has been identified [69] as a common feature of the addict mentality. A very large majority have the intention to get free of drugs and a large majority would welcome

the opportunity presented by drug free zones within the prison. However, their anti-drug intentions and inclinations clearly coexist with a sense of fatalism and self-directed scepticism with regard to their capacity to abandon drug use.

c) Treatment for drug problems

Forty-one of the 71 heroin using prisoners had experience of some form of treatment other than detoxification. This is 58% of the heroin using group and represents an advance on the results for the 1986 Mountjoy survey which showed that 48% of the opiate users that had been exposed to treatment other than detoxification.

However, in a number of cases the contact with treatment agencies had been minimal and short-lived. For example, 9 of the 41 had only experienced Narcotics Anonymous or less frequently counselling within the prison setting and several of these prisoners claimed to have only attended once or twice. The largest single category of substantial treatment experience was methadone maintenance. Twenty of this group had been on a maintenance programme. In 9 cases the programme was run by a General Practitioner and in 11 cases it was run by a Health Board clinic. Three of this 11 had also received maintenance treatment from a General Practitioner. Six of the twenty with experience of a maintenance programme spoke of ancillary treatment, 5 mentioning attendance at Narcotics Anonymous, and 3 mentioning group and individual counselling. However, a number pointed out that they had continued to inject whilst on the maintenance programme.

The substantial exposure to maintenance programmes represents a total departure from the 1986 survey results in which no prisoner claimed experience of maintenance. This change is clearly related to the fact that methadone maintenance has only become widely available in Ireland since 1986. As indicated by the Health Research Board studies in the area [61], the treatment services have greatly expanded in recent years and numbers in treatment, especially maintenance, have increased as have new contacts with treatment services. The fact that about a third of the heroin using prisoners have experience of maintenance no doubt reflects the changes in the provision of services in society.

Eight prisoners, who had not been on a maintenance programme, spoke of attending Narcotics Anonymous or group counselling or in one case a psychiatrist outside of the prison. Finally, 4 prisoners had been residents in the Coolmine Therapeutic Community, an abstinence based programme. These 4 prisoners tended to have a wide experience of various kinds of treatment in addition to Coolmine. Twenty-five of the 41 prisoners, who had received some form of treatment, claimed that it had been of some value to them, helping them to understand their problem and in some cases helping them to be abstinent for a period. The remaining 16 prisoners said they had got nothing out of treatment.

The prisoners were also asked whether there were any services or facilities they would like to see provided in the prison for their drug problem. Seventy-five drug using prisoners gave a response to this question. By far the most common answer was that maintenance programmes should be provided within the prison. Twenty-two prisoners made this response. On the other hand, 3 prisoners were opposed to the idea of maintenance and thought that prisons should be drug free and 6 more emphasised the need to develop the drug free unit concept. For example, one of these said that there should be a separate drug free prison because you “can’t have a successful drug free unit linked into a prison” and 2 said that the drug free units should be extended but alongside this there should be a policy of tolerance for softer drugs such as cannabis.

Twelve prisoners focused on the detoxification procedure and suggested it could be better. One remarked that the new 2 weeks long detoxification was a marked improvement over the previous 5 days but this group were still generally dissatisfied with it. One said “Two weeks is a load of crap — the birds (in Mountjoy Womens’ Prison) get 6 weeks”. One prisoner specifically sought a detoxification programme at the pre-release stage.

Eleven prisoners spoke of the need for more rehabilitation and counselling and 5 of the prisoners that were seeking maintenance programmes and better detoxification also mentioned that this should be accompanied by more counselling. One each said they would like to see more psychiatric help, more sport, and better pre-release programmes. One prisoner seemed most concerned about education on drugs saying “ I’d like to know an awful lot more about it and what it does to you”.

Seven prisoners said they did not know or had no idea what could be done, although one of these said “If they went about things the right way, it wouldn’t be so bad”. In addition, 5 prisoners took the view that getting off drugs was something that could only be achieved by the individual addict and there was little or nothing useful the prison system could do to help. For example, one said: “No one will give up drugs unless they want to. There’s not a lot you can do.”, and another said: “There’s noone but yourself can help you”.

Although there would appear to be more emphasis on treatment for addiction in Mountjoy in 1996 than in 1986, the provision of treatment for drug using prisoners does not compare well with provision in U.S. State prisons. The US Survey of State Prison Inmates [12] indicates that just over half of all prisoners who had used a drug in the month before admission (in fact 33% of all prisoners) had participated in substantial treatment programmes, ranging from “intensive inpatient programmes, through individual or group counselling with a professional, to self-help groups and drugs awareness training.” Forty-four percent of recently drug-using U.S. prisoners had been in professionally led treatment programmes since their arrival in prison.

d) Other health-related issues

The prisoners were asked if they had a serious illness or disability apart from HIV and hepatitis. Only 14 (13%) said that they did; 2 had TB, 2 asthma, 1 eczema, 1 epilepsy, 4 had lower back pain and 4 had depression or nervous disorder.

Thirty-four prisoners, or just under a third of the total sample, were currently on medication. The most common medication was sleeping pills, which were prescribed for 20 prisoners in total, or 19% of the total sample, many of who were receiving other types of medication. Four prisoners were currently receiving physeptone (methadone) as part of the detoxification process, one of who was prescribed a sleeping tablet and another medication for epilepsy. Sixteen prisoners were prescribed anti-anxiety drugs (tranquillisers), 11 in combination with sleeping tablets. Three prisoners were prescribed a painkiller. Two were in receipt of anti-allergy medication, and one each was receiving AZT (an anti-AIDS drug), an antibiotic, medication for TB, and medication for a stomach problem.

The prisoners were asked: "How long after committal was it until you were physically examined by a doctor?". Sixty-nine prisoners, or 64% of the total sample, said they had not been physically examined at any point after reception into the prison. Twenty-five said they were examined on the first day in prison, 7 more sometime in the first week after the first day, and 7 more at some point after the first week. It should be noted, however, that most of the prisoners saying that they had not been examined had in fact seen a doctor after reception but they were responding to the exact wording of the question and their point was that they may well have spoken with a doctor but did not consider that they had been physically examined.

In response to the separate but linked question about whether they had attended the doctor since coming into the prison, 81, or 75% of the total sample, said they had. Most of these had seen the doctor on several occasions. Twenty-seven, or exactly a quarter of the sample, said they had never seen a doctor in the prison. It should be noted that a sizeable minority of these prisoners had been only a very short time in the prison.

A large number of prisoners — 43, or 40% of the total — had attended one of the psychiatrists from the Central Mental Hospital, who provide a visiting psychiatric service to the prison. However, only 12 prisoners said that they had been seen by one of the Department of Justice psychologists and only 5 more prisoners said they had been seen by other therapists, such as drug counsellors. While 50 prisoners said that they had spoken with a Probation and Welfare Officer, who offers important advice and aid to prisoners in areas such as communication with families and outside agencies, the majority, 58 or 54% of the total sample, said they had never spoken with a Probation and Welfare Officer.

The prisoners were asked the question: ‘‘Have you ever discussed why you committed your offence with a Welfare Officer or other member of staff’’. In the Mountjoy sample only 17 prisoners, or 16% of the total, said that they had discussed why they committed their offence with any staff member. This result is perhaps a reflection on the lack of rehabilitation programmes that involve some element of confrontation of criminal behaviour.

Twenty-two of the prisoners, or almost 1 in 5 of the total sample, had been an inpatient in a psychiatric hospital outside the penal system. Eleven prisoners had been an inpatient in the Central Mental Hospital, Dundrum whilst imprisoned, though several had been there for a brief stay for assessment only. There was some overlap between these two groups and 27 prisoners, or precisely one quarter of the sample, had been in either a psychiatric hospital or the Central Mental Hospital.

e) Suicidal Behaviour

Suicide and parasuicide (gestures at suicide) have in recent years become problems of major concern within prison systems. In Ireland, over the last 15 years prison suicides have risen from minimal levels (one every few years) to usually between 3 or 5 a year. Coid [70] reported that in Britain 43 male prisoners per year commit suicide for every 100,000 prisoners. He estimated that this rate is more than three times greater than the rate for the general adult male population. The Irish prison suicide rate tends to be higher than the rate in Britain.

Parasuicidal gestures are even more common in prison and have reached epidemic proportions within specific inmate subcultures in individual institutions. For example, Ross and Mackay [71] describe one institution for delinquent girls in Canada where 86% of all inmates cut themselves during one particular period. Lloyd [72] has provided a valuable review of the literature on prison suicide and Liebling [73] has published an empirical study of the problem in British prisons. Another book [74] has been produced recently looking at international perspectives on the problem.

Little is known, however, about the suicidal behaviour of prisoners, when they are not in prison. It is uncertain whether the unusually high suicide rate and high rate of parasuicidal behaviour, which appears to apply to prisoners when in prison, is maintained, increased or decreased when they are at liberty. It is not clear to what extent prison suicide rates reflect the rates of the specific subgroups of the general population who are disproportionately represented amongst prisoners such as young male drug abusers from disadvantaged areas. Equally, it is not known to what extent prison suicide is a consequence of the peculiar stresses of prison life. It is now well-established, however, that the suicide rate for young males in Ireland has been rising quite rapidly in recent years [75]. Research in Ireland and elsewhere [76] also strongly

indicates that remand prisoners are at much greater risk of prison suicide than convicted prisoners.

The seriousness of the suicide problem in Irish prisons has been officially acknowledged. There has been an internal research review of the problem [77] and an Advisory Group on Prison Deaths has published a report [78], which has led to a new policy of suicide prevention, including the establishment of a suicide awareness group in each prison. In England and Wales, a similar committee has published a valuable report on the area [79]. A Council of Europe study [52] has compared prison suicide rates in Europe. Over the period 1983 to 1991 the Irish average was found to be in the lower range in a comparison of 15 countries. However, that situation has changed in recent years and in a comparison of 17 countries for 1991, Ireland had the fifth highest suicide rate per 10,000 prisoners (18.9). This rate was approximately twice the rate in Italy, England and Wales, and Scotland, three times the rate in Northern Ireland, and more than four times the rate in Sweden.

In the present sample, 30 prisoners claimed that at some point in their lives they had made a suicide attempt. This is 28% of the total sample. The prisoners were further asked if the attempt had been serious and 22 stated that it had. The remaining 8 had all cut their wrists or arms on at least one occasion, but did so as a 'cry for help' and not with any real intention of ending their lives. Of the 22 people who had made a serious attempt on their lives, 6 had overdosed and required stomach-pumping, including one who had been found 'dead' and was in a coma for a week; 7 had cut themselves severely — often severing arteries — and including one who had cut his throat; 6 had been found hanging; 2 had jumped into a river but been rescued; and 1 had placed a shotgun barrel in his mouth and fired but the shot had not gone off.

Nine prisoners claimed that they had made a suicide bid during the present period of imprisonment but in two cases the attempt had been in a prison other than Mountjoy. Only one of these prisoners had never made a suicide attempt outside of prison. Four of these prisoners had slashed at their wrists and described their behaviour as more a 'cry for help' than a genuine attempt on their lives. One had very seriously cut his throat requiring 197 stitches. Three had attempted to hang themselves, one while in an isolation (strip) cell. One of these men described how he had prepared a rope from sheets early in his sentence when he was in withdrawal from heroin but "had not had the bottle to go through with it". The final man had made a obviously serious attempt to blow himself up in his cell using a homemade explosive device put together from domestic substances of which he had managed to get hold.

In the 1986 Mountjoy survey, by comparison, 16 of 95 prisoners (18%) claimed that they had made a serious attempt on their own life, 4 of them on the current sentence. Griffiths and Rundle [80] surveyed a random sample of 100 'run of the mill' male prisoners in London. Of this group, only seven reported having attempted suicide.

The results for both Mountjoy surveys are clearly very significantly higher than those for this London study.

All but one of the 9 prisoners who had made a suicide attempt during the current imprisonment had attended one of the prison psychiatrists. Only 9 of the other 21 prisoners with a history of suicidal behaviour had done so.

There was no clearcut relationship between drug use and suicidal behaviour, since 4 of the 9 prisoners who had attempted suicide during the current prison stay and 11 of all 30 suicide attempters were non-drug users. For the whole group of 30 suicide attempters a chi-squared test indicated no relationship between being a drug user and suicidal behaviour (chi-squared = .57, ns). On the hand there was a strong relationship between suicidal behaviour and whether or not the prisoner had been a psychiatric inpatient outside of prison (chi-squared = 11.6, prob. < .001). Thirteen of the 22 prisoners who had been a psychiatric inpatient had a history of suicidal behaviour.

Summary of main findings

- Of the 60 prisoners who had ever used drugs intravenously, 77% admitted to having shared syringes and needles. Of this group who had shared syringes, 13 had never taken an HIV test and were unaware of their HIV status. Of the 37 prisoners, who admitted to using intravenously in the prison on this sentence, 84% said that they had shared syringes.
- Altogether 56% of the total sample had undergone at least one HIV test. Ten prisoners had had a positive result (indicating HIV infection), 42 had had a negative result, and the remaining 9 were currently awaiting the outcome of the test. However, it was estimated that there were at least 50 HIV positive prisoners in Mountjoy and probably many more. A considerable number of these would not have been aware of their HIV status.
- Exactly a quarter of all the ever IV using prisoners had never had an HIV test and a further quarter had not had a test in the last year. Most of the latter group had put themselves at risk by sharing in that period and a large majority of those never tested continued to share syringes.
- Thirty of the prisoners (28%) had tested positive for one or other of the varieties of hepatitis and 37 prisoners had suffered at least one overdose episode during their drug using career.
- The heroin users were asked how long it had been until they used heroin when they last left prison. Of sixty-six, 7 said they had not been using heroin at that time. Of the remainder, only 2 said they did not go back on heroin. The large majority of the others used within a day of release from prison.

- Forty-one of the 71 heroin using prisoners had experience of some form of treatment other than detoxification. Twenty of this group had been on a methadone maintenance programme.
- Fifty-four of 74 drug (other than cannabis) using prisoners said that they would want to give a drug free zone within the prison a try; 2 said they were not sure about this; and only 18 said they would have no interest in going to a drug free zone.
- Eighty-eight percent of drug using prisoners said they they intended to give up using drugs but only 15% answered in the affirmative to the question, “But do you really think you will give up?”.
- Only 14 of the prisoners (13%) said that they had a serious illness or disability apart from HIV and hepatitis. Their stated illnesses were as follows: 2 had TB, 2 asthma, 1 eczema, 1 epilepsy, 4 had chronic lower back pain and 4 had depression or a nervous disorder.
- Thirty-four prisoners, or just under a third of the total sample, were currently on medication. The most common medication was sleeping pills, which were prescribed for 20 prisoners. Sixteen prisoners were prescribed tranquillizers and 11 of these were also in the group receiving sleeping pills.
- Sixty-nine prisoners (64%) said they had not been “physically examined by a doctor” at any point after reception into the prison. On the other hand, 75% of the total sample said they had attended the doctor since coming into the prison.
- A large number of prisoners (40%) had attended one of the psychiatrists from the Central Mental Hospital, who provide a visiting psychiatric service to the prison. Twenty-two of the prisoners had been an inpatient in a psychiatric hospital outside the penal system. Eleven prisoners had been an inpatient in the Central Mental Hospital.
- Only 16% of the prisoners said that they had ever discussed the reasons why they offend with a welfare officer or other member of staff.
- Thirty prisoners claimed that at some point in their lives they had made a suicide attempt. The prisoners were further asked if the attempt had been serious and 22 stated that it had. Nine prisoners claimed that they had made a suicide bid during the present period of imprisonment, but in two cases the attempt had been in a prison other than Mountjoy.
- There was no clearcut relationship between drug use and suicidal behaviour, since 4 of the 9 prisoners who had attempted suicide during the current prison stay and 11 of all 30 suicide attempters were non-drug users.