

**Drug-related knowledge and attitudes of prison officers' in Dublin  
prisons**

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## **Abstract**

### **Background**

Economic and social development in Ireland over the last 30 years has seen the emergence of a new set of crimes, especially in the area of drugs. In response the Misuse of Drugs Act 1977 was introduced. The Irish prison system began to encounter the problem of drug dependency for the first time in the 1980's and many offenders with serious drug problems have gone through the Prison system. There have been high rates of morbidity within prison resulting from drug use. Also, mortality from drug overdose while in custody has occurred. Within the prison system, most research aims at providing new information to help manage prison populations. Prison officers have somehow been overlooked. Failure to focus on officers has undermined efforts to reform prisons. The aim of this study was to explore the drug-related knowledge and attitudes of prison officers' in six high-risk prisons in Dublin.

### **Methodology**

A cross sectional study was undertaken using self-administered questionnaires on a random sample of 285 prison officers. The questionnaire was adapted from a questionnaire used to explore the drug-related knowledge, attitudes and beliefs of the Irish population. Respondents were asked to answer questions on demographic profile, knowledge of drugs, knowledge of the harms associated with drug use, attitudes to drug users and drug usage, attitudes to drug policy and interventions, knowledge of infectious diseases and attitudes to officer training and development. A response rate of 82% was achieved.

### **Results**

Most respondents were young, married, male prison officers with an average of 9.5 years service. Most officers knew the names of all the drugs listed. Most respondents saw the drug problem in their prison as out of control. Respondents were unsure of the pharmacological effects of different drugs and were unsure of the transmission methods of heroin that prisoners used. Officers were mostly sympathetic towards drug users. They had low social avoidance and little fear of drug users compared to the Irish public. Respondents strongly supported the provision of drug-free spaces for offenders who did not use drugs. They also overwhelmingly supported drug prevention and drug treatment strategies. Officers also supported methadone maintenance provision. However, needle exchange programmes and bleach tablet provision was not supported. Acceptance of these harm reduction strategies were more likely to be accepted by officers who had more formal education. There was uncertainty around issues relating to hepatitis C. Most respondents said they did not have the knowledge and skills to deal with drug users and were not provided with the educational opportunities to: learn these skills; learn about drug addiction and drug services; and to help prevent and control the spread of drug-related infectious diseases. Most respondents said they were willing to provide drug services and to tackle drug addiction if they were provided with the appropriate education.

## **Conclusion**

Prison officers were sympathetic towards drug users and concerned about the drug situation in their prisons. They were unsure of the transmission of heroin. Knowledge of the pharmacological effects of drugs was poor and respondents were unsure about issues relating to hepatitis C. Officers said they did not have the knowledge and skills to deal with drug users yet are eager to provide drug services and tackle drug addiction in their prisons.

### **Declaration**

This thesis is submitted in partial fulfilment of the requirements of the M.Sc. in Community Health of the University of Dublin and has not been submitted to any other university. I confirm that this thesis is my own work. Assistance received has been acknowledged. Permission is given to the library of the University of Dublin to lend or copy my thesis.

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## **Summary**

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Economic and social development in Ireland over the last 30 years has seen the emergence of a new set of crimes, especially in the area of drugs. In response the Misuse of Drugs Act 1977 was introduced. The Irish prison system began to encounter the problem of drug dependency for the first time in the 1980's and many offenders with serious drug problems have gone through the Prison system. There have been high rates of morbidity within prison resulting from drug use. Also, mortality from drug overdose while in custody has occurred. Within the prison system, most research aims at providing new information to help manage prison populations. Prison officers have somehow been overlooked. Failure to focus on officers has undermined efforts to reform prisons. The aim of this study was to explore the drug-related knowledge and attitudes of prison officers' in six high-risk prisons in Dublin.

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## Chapter 1

### Literature Review

#### **1.0 Introduction**

Within the prison system, most research is aimed at providing new information to help manage prison populations. Consequently, researchers focus mostly on prisoner related issues, such as culture, social structure and rehabilitation but remain indifferent to prison officers. Failure to understand prison officers, their characters and their motivations, problems and perspectives, has inevitably undermined efforts to reform prisons and has contributed to the everyday misery of those who live and work behind the walls.

Gordon Hawkins wrote in 1976: “one of the most curious features of the whole history of modern imprisonment is the way in which the custodial officer, the key figure in the penal equation, the man on whom the whole edifice of the penitentiary system depends, has with astonishing consistency either been ignored or traduced or idealised but almost never considered seriously.”<sup>1</sup>

A search of literature was made through on-line searching of E-psyche, ISI Web of Science, JSTOR, PsycINFO and Science Direct. Search items included prison officers/warders/correctional officers/prison service/prisons/corrections/illicit drugs/illicit drug use/drug and crime/drug treatment/drug prevention and harm reduction. Further literature was identified through a search of reference lists of reviewed articles through Trinity College Library catalogue, which is a copyright library of the British Isles. The library in University College, Cork was also accessed where additional studies from the United States were obtained. Other references included books on prisons and prison policy, government reports and reports from the Department of Justice Equality and Law Reform. International Prison Services were contacted by e-mail and letter. Three unpublished sources were examined which were collected from members of the prison

service who had experience in research (see Dillon 2000, Dillon 2001 and Me Mahon 1993).

## **1.1 Research Regarding Prison Officers to Date**

### **1.1.1 Sociological Studies**

Societal perceptions of prison officers have often stereotyped prison officers as a “brutal, sadistic, illiterate group of men who indulge in capricious cruelty.”<sup>2</sup> Some early studies regarding prison officers, attempted to explore the dynamics that shape this group of people. Many of these studies have been sociological in content.

Hawkins explored early studies of prison officers and traced changing societal perceptions towards this group of people.<sup>1</sup> His contributions prove invaluable in trying to understand, firstly, why penal researchers have generally overlooked prison officers and secondly, why they portray negative images of officers when they are studied.

Hawkins cites Clemmer (1940, pp.183-189) who sees prison officers as “men who by dominance over a helpless group... are able to tackle their egos and obtain some satisfaction through the power of authority”; who are imbued with “a spirit of retaliation towards inmates”; and who believe that “the essential purpose of prison is incapacitation”. Clemmer claims that the notion of “reformation” or rehabilitation is “utterly foreign to the average guard.” He states that the prison officer is ‘just a cog in the disciplinary machine, reacting uniformly, seeking in one account the satisfactions of power over the cowed, helpless inmate.’

Hawkins goes on to cite Sykes (1958,p.58) whose study also generalises prison officers as a “faceless, undifferentiated group, their grey homogeneity unrelieved by any colourful argot role-playing.”<sup>1</sup> This early analysis suggests that prison officers fulfil their “expected role” as “a complicated compound of policeman and foreman, or cad, counsellor, and

boss all rolled up into one”. However, Sykes does recognise that the prison officer is the “pivotal figure on which the custodial bureaucracy runs”.

Clemmer and Sykes both see prison officers as little more than anonymous components in the prison system.<sup>1</sup> The persistence of one-dimensional conceptions of prison officers has been mainly due to the fact that information about prison officers is usually derived from writings of prisoners and studies by criminologists whose impressions appear to be mostly influenced by prisoner reports.

Hawkins then refers to Motivans whose study focused specifically and in detail -on prison officers.<sup>1</sup> Personality tests were applied to a small sample of randomly selected prison officers from a maximum-security facility in Illinois, U.S.A. He found that there was no indication that the popular stereotype of prison officer was applicable to even a small number of prison officers in that institution. Despite them spending most of their day in a domineering position over prisoners, prison officers did not score highly on ‘Dominance and Aggressiveness.’

An earlier sociological study of prison staff in Pentonville Prison, England, conducted by Morris *et al.* (1963), found little to support the myths which abound about prison officers, i.e. cruelty and victimisation.<sup>2</sup> Instead, this study reported prison officers’ as having “reformist, punitive and apathetic attitudes” which were “quite fantastically confused.” As far as this study could generalise about staff attitudes to inmates, it was strongly noted that staff attitudes, rather than being characterised by hostility or dislike, were characterised by despair and disappointment. In addition, staff were reported to find prisoner recidivism intolerable.

An analysis of the Massachusetts prison system, from the perspective of prison officers between 1976 and 1980, focused on officers’ subculture and the effect it had on them.<sup>3</sup> The researcher, Kelsey Kauffman, had been a prison officer herself prior to the study. During her time as a prison officer she came to believe that prison officers were ‘badly misunderstood and often maligned by the public, by social scientists and by those who

govern prisons.’ Her study focused on prison life, power, officer code, officer values, conflict, change, and effects of prison life on officers.

Hawkins quotes G.K.Chesterton who suggests that the prison officer role is “so commonplace and routine a feature of the scene as to be invisible”.<sup>1</sup> This is a systematic bias in perception of many prison studies. Because many of these studies overlook this salient feature of the social structure and organisation of prisons, the basic premise is either suppressed or distorted. This may have serious repercussions for prison regimes when inferences are to be made about the future of imprisonment.

Few penal jurisdictions have undertaken research regarding prison officers. Exceptions are the Canadian and Scottish prison services that have specifically identified the need to focus on prison officers’ attitudes, knowledge, and experience as a way of moving the prison service forward. Studies from the United States and Ireland are also explored.

### **1.1.2 Irish Prison Service**

Little research has been conducted in Ireland into prison officers.’ Three surveys have been conducted to date. A survey of the occupational health risks and concerns of prison personnel was conducted by Mary E. McMahon in 1993.<sup>4</sup> survey of prison officers knowledge, attitudes and perceptions of communicable diseases within the Mountjoy prison complex was conducted by B. Dillon in 2000.<sup>5</sup> This survey was repeated in Cloverhill prison, again by B. Dillon in 2001.<sup>6</sup>

The McMahon study attempted to assess the possible areas of concern for prison officers regarding communicable diseases such as AIDS, hepatitis B and TB, as well as exploring attitudes and knowledge of staff in dealing with these issues.<sup>4</sup> This survey also examined lifestyle factors, such as the general acceptability of health promotion in the workplace and identified the sources of support for staff.



This survey revealed a predominantly male workforce, the majority were married, basic grade officers in their mid thirties. Results showed that officers were frequently exposed to risks such as blood spillage and assault in the workplace and were concerned for their health and safety. They felt there were not adequate measures enforced to protect them against contracting infectious diseases. The study also highlighted the need to improve prison officers' knowledge regarding the transmission of communicable diseases and identified a discrepancy between officers' perceived and actual knowledge concerning AIDS. Results indicated a strong desire for change in their working environment by the introduction of health promotion programmes especially in relation to fitness and stress reduction.

Dillon (2000) conducted a study of prison officers' knowledge, attitudes and perceptions in relation to communicable diseases within the Mountjoy prison complex.<sup>5</sup> He found that prison officers with less than five years service were spending 87 percent of their workday interacting with offenders. Prison officers' knowledge of infectious diseases in the work place was poor with many not knowing how infections could be transferred or picked up. Junior officers were found to have poor levels of knowledge and a high perception of risk and worry about contracting infections through their job. The study recommended improvements prison officers' knowledge, attitudes, and perceptions in relation to infectious diseases through the adoption of new approaches to staff training.

This study was replicated among prison staff in Cloverhill prison, Dublin.<sup>6</sup> Most respondents were young, married, male prison officers with an average of 5 years service who spent most of their working day with offenders. Results were similar to the Mountjoy study as many felt that they did not know enough about communicable diseases to take the necessary precautions at work. Length of service, rank and gender were all strongly associated with the perception of risk. Young prison officers with the least amount of service, who spent most of their workday with offenders were found to have the highest perception of risk and worry about contracting infections. Only one quarter of respondents reported that they had received training in relation to hepatitis B or C, while less than one tenth had received training in relation to TB. One third reported

having received training in relation to HIV. These results are surprising as many of the respondents had recently joined the prison service and all recruit officers receive training on communicable diseases. This raises questions about whether recruit officers recognise the fact that they have been trained, the timing of such training in the training programme, and the quality of the training provided.

### **1.1.3 Canadian Prison Service**

The Canadian Prison Service decided that there was a need to get to know its work force. Research was conducted into prison officers' knowledge, attitudes and beliefs to job commitment, career aspirations, and stress.<sup>7</sup>

Initial research was fraught with difficulties. Small study samples were found to supply poor quality data and very poor response rates from staff, as many refused to participate. Studies were conducted by postal surveys and this contributed to poor response rates. A redesigned research strategy was devised to overcome previous shortcomings. Larger study samples were used and researchers used questionnaires with individual interviews to collect data.

In a study conducted into the occupational attitudes of Canadian correctional staff (n=658) researchers found that most were quite proud of working in the field of corrections.<sup>7</sup> Most said that they were open to change and saw their job as a human service. Most respondents endorsed a rehabilitative rather than a custodial attitude towards offenders. Staff indicated that they should be provided with more leave and funding for training that was relevant to their job.

An epidemiological study sought to define the drug use profile of Canadian female inmates (n=94), especially psychotropic drug use, and to do an inventory of the available options in the judicial system.<sup>8</sup> Correctional staff were included in this survey.

Psychotropic drug use among female offenders was found to have begun with alcohol, medication and soft drugs and usually continued in adulthood with harder drugs. Initial drug use and participation of criminal activity coincided. Most reported having used psychotropic drugs in their lifetime. More than half were polydrug users. Drug use usually occurred in groups but medication and opiates were likely to be consumed alone. Female offenders were found to use more drugs than women in the general population.

Data obtained from staff indicated that they appeared to be well informed regarding the substances that female offenders used. Understanding of the pattern and quantity of drug use was also accurate. Staff said they were often alarmed at the drug use among female offenders and felt that prison treatment programmes were inadequate. All staff wanted additional services for offenders that were specific, individual and expert and would better meet the needs of female offenders.

#### **1.1.4 Scottish Prison Service (SPS)**

As an organisation, the SPS has experienced considerable development and change over the past decade including on-going review and amendment of staff structures.<sup>9</sup> Because of these changes; a climate of uncertainty for staff emerged. Staff surveys began in 1990 and were designed, and continue to operate, as a mechanism to inform and support the process of strategic planning within the SPS. These surveys are unique in that they involve all prison establishments within the penal jurisdiction and are directed at all members of management, staff and offenders. Service-wide feedback from the surveys is provided to all parties involved.

A staff survey conducted in 1999 which looked at respondents attitudes to the direction of the SPS, the job itself, communication, performance pay and benefits, training and development and management styles and leadership.<sup>10</sup> The survey painted a positive picture despite their uncertainty. Most staff recorded support for their managers; pride in the service; and for many the SPS was viewed as an attractive employer. However, some problems such as lack of communication and factionalism were seen to persist.

All of the above studies acknowledge and identify that prison officers have an important and key role in the prison service to move the prison service forward to becoming a more rehabilitative and caring system. It is therefore important to focus on prison officers knowledge and attitudes to the prison system. They have a wealth of experience and knowledge, which is important in relation to any changes or development proposed within the prison system.

## **1.2 The Drugs-Crime Nexus in Society**

*“Drug addicts are involved in approximately three to five times the crime events as arrestees who do not use drugs and they have a significantly greater number of arrests than non-drug-involved arrestees.”* (Canadian national task Force on Correctional Substance Abuse Strategies) <sup>11</sup>

Economic and social development in Ireland over the last 30 years has seen the emergence of a new set of crimes, especially in the area of drugs. The Misuse of Drugs Act 1977 was introduced in response to these new criminal trends.<sup>12</sup> These new trends included the increased sale of illegal drugs, in particular heroin and cocaine. The increase of crimes of all sorts including assault and violence can be attributed to the increased availability and consumption of such drugs.

When significant levels of addiction emerge in a community, addicts become so desperate for the drug that they are forced to become involved in crime to feed their habit.<sup>13</sup> In a departure from ‘traditional’ forms of crime, addicts commit crime on their/local communities and their desperation is reflected in the significant use of violence.

The drugs-crime nexus has been the focus of debate since this new trend in crime was first identified. Tests on urine samples of people arrested by police in 1996-97 in various parts of London, showed high levels of recent drug consumption among arrestees. Most had taken at least one illegal drug.<sup>14</sup> This was most likely to be cannabis but one sixth

tested positive for heroin and 10 percent for crack cocaine. One in ten reported a dependency on heroin. Half who reported taking drugs in the last year said their drug use was connected to offending to feed their habit.

A Swedish study looked at the results of a Drug Misuser Treatment Programme at the Osteraker Prison between 1979 and 1981.<sup>15</sup> Applicants were expected to stay eight months and agreed to daily urine tests to monitor drug use. The sample comprised of 133 inmates. Half completed the treatment and the rest either left of their own free will or were expelled for violation of the programmes rules.

The programme's success was based on recidivism rates and offenders' discontinuation of substance abuse. Follow-up data for a two-year period were collected for all participants admitted. One-third of the total sample had not recidivated. There was a clear difference in recidivism rates between those who had completed the programme and those who had dropped out. Half of those who graduated did not recidivate, whereas only one-fifth of those who dropped out did not. Half of the total sample misused drugs after their discharge with no significant difference in drug usage between those who had graduated and those who had dropped out. Subsequent programmes saw a decrease in recidivism rates among those who graduated from the programme. This study clearly shows that drug treatment programmes contribute to lowering of recidivism rates.

### **1.3 Background to Drug Prevalence in Irish Society**

Ireland has seen changing economic conditions in recent years. Me McCullough suggests that because of the changes a marginalisation has occurred of significant sectors of the working class from the benefits of development.<sup>13</sup> Societies with high levels of marginalisation have high levels of crime. Marginalisation occurs in areas of high unemployment when there is a failure to provide investment in job-creation schemes, job training, up grading and restoration of job skills, improved quality of education, provision of education, educational facilities, community centres and adequate housing. Providing such necessities produces real alternatives to crime for those marginalized.

The drug misuse problem has increasingly affected every aspect of Irish life and the true prevalence of drug use in Ireland is unknown. However, the numbers prosecuted for drug offences indicate that drug misuse has increased significantly since the 1960's.<sup>13</sup> The government's response has gradually become more comprehensive, providing strategies ranging from the education of those who do not use drugs, to education for those who may or who already use drugs, to harm reduction strategies. These strategies are increasingly being implemented through decentralised structures located in the communities where problem drug use has occurred.

#### **1.4 Drug-Related Knowledge and Attitudes of the General Population in Ireland**

Policy formation occurs when some issue in society needs to be addressed. In order for drug policies to succeed, it is necessary to get the support of the general public. This support is dependent on the accuracy of the public's drug-related knowledge and attitudes. It is therefore important to determine the accuracy of this knowledge because policies based upon erroneous information may lead the public to support policies based on unsound principles.

It was in this context that the Drug Misuse Research Division of the Health Research Board conducted a nation-wide survey in 1998 of drug-related knowledge, attitudes and beliefs of 1,000 individuals.<sup>16</sup> This study sought to ascertain the views of the public towards various aspects of the drug issue in an Irish context.

The public were found to be familiar with the names of commonly used illicit drugs. Most considered that all illegal drugs were equally harmful to one's health. Half of respondents believed that if one tries drugs once they are addicted. Younger respondents were less likely to agree with statements pertaining to the dangerous effects of illegal drugs. Half of respondents felt that experimentation with drugs was commonplace among young people. Most respondents agreed that the accessibility of illegal drugs posed a threat to young people. The majority of respondents agreed that drug related crime was a

major problem in Ireland. Drug addicts were perceived to be dangerous and there was a belief that individuals who end up with a drug problem had only themselves to blame.

Drug prevention strategies were well supported and the provision of drug treatment programmes for drug-misusers according to their needs was approved of. Support for methadone programmes and needle exchange facilities were high.

A significant number felt that society was too lenient towards drug users and many saw tougher prison sentences as the appropriate solution to the problem. There was support for giving drug abusers charged with petty offences a choice between drug treatment and a prison sentence.

The legalisation of illegal drugs received a low support rate. Just over half of respondents thought that occasional use of cannabis was not really dangerous. However, half thought that the regular use of cannabis was as harmful to one's health as the habitual use of heroin.

Respondents were found to have poor knowledge of the pharmacological effects of illicit drugs. This information can contribute greatly to discussions about policy and measures to address the drug situation in Irish prisons. However, it cannot be assumed that prison officers' attitudes are the same as the public's. Gauging prison officers' level of knowledge about drugs and their effects is important in determining whether more important or accurate information needs to be made available. An assessment of prison officers' knowledge and attitudes is an important prerequisite to establishing whether, and if so, to what extent, negative institutional reaction towards drug addicted individuals exists. It will also help to decide what action should be taken to modify these attitudes if necessary.

## **1.5 Background to Drug Prevalence in Irish Prisons**

The Irish prison system began to encounter the problem of drug dependency for the first time in the 1980's and since then, many offenders with a serious drug problem have gone through the system.<sup>17</sup> Many have high rates of morbidity resulting from their drug habit and mortality from drug overdose has also occurred while in custody. Most had been prosecuted for committing some form of property crime to fund their habit.

Garda Siochana statistics for 1997 show that 8,000 persons in Ireland were prosecuted for drug offences, mostly for possession and supply of cannabis.<sup>18</sup> Prosecutions for hard drugs were rare outside of the Dublin area whereas 99 percent of heroin prosecutions were within the capital, in 1997, it was estimated that there were 13,000 opiate users in Dublin.

In addition to offences associated with possession and supply of drugs, there is much drug-related crime against property. A study conducted by Dr. O'Mahony in Mountjoy prison established that two-thirds of the men and women in custody were found to have histories of drug addiction.<sup>19</sup> Most were chronic users before their committal and they funded their addiction through criminal activity. Drug use does not discontinue when offenders are committed into custody. O'Mahony, found that half of offenders used heroin during their current sentence.

This raises many health-related issues for both offenders and prison officers. Sterile injecting equipment and bleaching tablets are not available in Irish prisons so prisoners and staff are exposed to serious health risks such as hepatitis B and C and HIV infection. Drug use in prisons introduces danger for prison staff who fear being victims of syringe attacks, being jabbed by a contaminated syringe, and exposed to blood spillage.

In 1999, the Department of Community Health and General Practice, Trinity College, looked at the prevalence and risk of hepatitis B, hepatitis C, and HPV in the Irish prison population.<sup>20</sup> A cross-sectional survey described the prevalence of these diseases and the



risk of contracting them in prison. Data were collected from nine prisons by way of a questionnaire distributed to 1,205 prisoners. There was a response rate of 88 percent. Half of respondents reported opiate use, and said they injected drugs. Infection rates for the three viruses were found to be highest among the drug-using prisoners. Also, sharing of syringes was found to be a common practice among offenders who misused drugs, both in and out of prison. One-fifth of offenders said they began injecting while in custody. This study also found that the frequency of drug misuse and the prevalence of all three infections were significantly greater in the prison population of Dublin prisons than prisons outside of Dublin.

This study indicates that prison officers, especially in Dublin prisons, are faced with difficult and often dangerous situations on a daily basis when dealing with drug-addicted prisoners. Training in drug-awareness is provided for recruits when prison officers first join the prison service. However, no in-service training is routinely offered to staff subsequently. Prison officers accumulate their knowledge and awareness of drugs and particular prison drug cultures by working directly with drug-addicted offenders and by learning from the experiences of other prison staff. This type of ‘on the-job training’ can often lead to a false set of misguided understandings and beliefs to the health risks of drugs.

Rehabilitative programmes involving prison officers were introduced in Ireland in 1997. Cork, Arbour Hill and the Curragh prisons have introduced cognitive skills programmes aimed at reducing offender recidivism. This multi-disciplinary programme includes prison officers. Three hundred offenders have been interviewed and 142 have completed the ten-week programme to date. (Personal communication)<sup>21</sup>

The Connect project was introduced into Mountjoy Male Prison and the Dochas Centre in 2000. This programme prepares inmates for employment on their release. Officers work full time on this programme. (Personnel communication)<sup>22</sup>

## **1.6 Current Policies Relating to Illicit Drug Use in Irish Prisons**

There are general policies across the prison service that relate to drugs. General, cell and body searches are conducted by staff when deemed appropriate. Staff monitor prison visits and supervise prison escorts. Camera systems have been introduced to observe any drug related activity. Some prisons have covered prisoner exercise yards with light nets to prevent drugs being thrown in. Usually, when offenders are found to be in possession of illicit drugs they are usually put on 'report', known officially as a 'P 19' (see Appendix A).

There is formal policy at local level. Mountjoy prison has both a methadone and a detoxification programme, and has recognised the need to provide an overall strategy for drug service provision. Places are limited and there are a number of criteria that offenders must meet to get a place on either programme. Prison officers are involved on the periphery. Officers involved were debriefed as to the programme's aims and objectives, but have not received any further training. Consequently, staff may feel isolated and without support and this may have a detrimental effect on morale. (Personal communication)<sup>22</sup>

St. Patrick's Institution and the Training Unit have provided spaces for offenders who do not wish to use drugs. St. Patrick's Institution provides a drug-free wing for offenders and which has come about as a direct result of requests from its staff. The Training Unit is a drug-free prison. Both programmes are run on a multi-disciplinary basis.

Prison officers interview and vet offenders who wish serve their sentences in these designated areas, as they are not placed there directly on committal. An applicant must give three clear urine samples, attempt to attend the prison school, and have a good record of behaviour. He is then put on the waiting list until a place becomes available. Prison staff that supervise offenders in these areas have been trained in drug-awareness. Urine samples must be provided at irregular intervals. A participant's behaviour and overall progress is discussed and recorded at weekly meetings of the multi-disciplinary

team. If a participant has broken prison rules or provided a spoiled urine sample, they must immediately leave the area. Offenders can only be re-admitted once they meet the admittance criteria again. (Personal communication)<sup>23</sup>

Developing safe drug-free spaces in prisons promotes offender change and provides safety for staff, offenders, and the public. It also communicates a message of control and concern for those who live and work in the prison system.

### **1.7 Training and Development of Prison Officers**

Hawkins states that prison officers “too often receive little useful direction from management or professionally trained staff, and they find themselves in something of a sink or swim situation”.<sup>1</sup> Prison officers perform their role in accordance with the way it was always done. It appears that often prison officers are asked to perform impossible/tasks without being properly trained to perform even the possible ones.

The Irish prison service has not got a history of providing in-service training for prison staff. Occasionally, pamphlets and leaflets about drugs are distributed among prison staff. But this form of information exchange has been seen as ineffective and is unpopular with staff.<sup>6</sup>

However, the last eight years has seen an attempt to train staff in areas such as ‘control and restraint’ (C and R), ‘breathing apparatus’ (BA), the ‘Thinking skills’ programme, information technology, drug-awareness (St. Patrick’s Institution) and hostage negotiation. Yet, subsequent training for staff in these areas is rarely constituted and does not occur if a prison has already met its budget guidelines. The new Prison Authority seeks to change this by introducing set staff re-training hours yearly for each institution regardless of budget constraints.<sup>24</sup>

Studies verify that prison officers are influential when included and appropriately trained in prisoner rehabilitation programmes. Employment skills programmes were assessed by

researchers to establish the influence of prison officers' attributes on participants' work.<sup>25</sup> Questionnaires measuring supervisor leadership styles were distributed to offenders and were asked to respond to items on their perceptions of staff credibility. Offenders were asked to assess various aspects of their own work. Offenders who rated their work leaders, as 'transformational' were found to have more positive work attitudes and better work motivation.

These results are important because they show that prison staff can have a positive impact on offenders' behaviour and that important links exist between prison staff characteristics and offender outcomes. This has definite practical implications for staff selection and training as the prison service, may attempt to provide effective prison intervention.

In an evaluation of the Saughton Drug Reduction Programme in Scotland, offenders were asked about the efforts and the abilities of prison staff that worked in the Drug Treatment Unit (DTU).<sup>26</sup> Of those that had completed the programme most said that staff were doing a good job and were impressed with their efforts and abilities. Many felt that they had a better relationship with the DTU staff than other prison officers. However, offenders saw this group of prison staff primarily as prison officers regardless of how much they were treated differently.

Nevertheless, it is heartening that most offenders were appreciative of the work of the DTU staff and that they were generally positive about the relationship between staff and offenders. This represents some progress in fostering positive staff/offender relations for the Scottish prison service.

## **1.8 Conclusions**

The Irish prison service has responsibility for the provision and maintenance of a secure, efficient, and progressive system of custody and rehabilitation of offenders committed into custody. The service aims to treat offenders while in custody with care, justice, dignity and respect with particular emphasis on health, educational training, prisoner

welfare and rehabilitation. The service acknowledges that it has an essential role in tackling drug misuse and that this role must be undertaken in a co-operative and coordinated manner with other government departments, statutory agencies, prisoners and their families and the wider communities. Moreover, it acknowledges the role of the prison officer within the prison context.

Drug use is a significant part of prison life and culture. Clearly, some difficult decisions have to be made regarding prison policy on drug use. As long as drug use continues in the community, drug use will continue in prisons. It is important, therefore, that the response within prisons remains flexible and adaptable to changing circumstances. Prison staff should be fully consulted, involved, and educated regarding the development of drug service provision in prisons. The prison service shall achieve nothing, and may even do active harm in prisons, until staff are properly trained to manage drug-addicted offenders.

Future policy formation must be based on awareness and understanding of drug using behaviour and the drug culture among offenders. The basic aim of enabling offenders to minimise the harm that results from their drug use in prison results in minimising the harm in society.

### **1.9 Aims and Objectives of Study**

The overall aim of this study is to ascertain the drug-related knowledge and attitudes of Dublin prison officers'. Dublin prisons and staff were chosen for this study because of the concern about the drug culture in these institutions. The specific objectives of this study are:

- To establish and ascertain Dublin prison officers knowledge of illegal drugs used by prisoners in these prisons
- To evaluate their level of understanding of the harmfulness of these drugs, i.e. the level of addiction of the drugs used

- To establish officers level of concern/anxiety about the current drug situation regarding drugs in their prison
- To ascertain officers attitudes to drug users and drug using practices in their prison
- To establish their level of support (or lack of) for drug policy to alleviate the drug problem in their prison
- To assess prison officers attitudes to their training and development in relation to drugs.

A comparison will be made between the findings of this study and the findings of a Nation-Wide Survey of Drug-Related, Knowledge, Attitudes and Beliefs in the Irish Community (1998), which was conducted by the Drugs Misuse Division of the Health Research Board.

## **Chapter 2**

### **Methodology**

#### **2.0 Introduction**

A cross sectional survey was undertaken using self-administered questionnaires to explore and measure the drug-related knowledge and attitudes of prison officers' in six prisons in Dublin. The questionnaire design, sample size and selection, data collection and analytical methods are described below.

#### **2.1 Questionnaire Design**

The questionnaire in this survey was adapted from a questionnaire used in a survey conducted into the Irish population in 1997. The Drug Misuse Division of the Health Research Board (HRB) researched the drug-related knowledge, attitudes and beliefs of 1,000 Irish people. The questionnaire in this study used similar attitudinal themes adapted for the prison environment and culture. The themes were:

- assessing the extent of the drug problem in Dublin prisons;
- assessing the perceived prevalence of drug use in Dublin prisons
- assessing the perceived dangers associated with drug use;
- fear and rejection of drug addicted individuals;
- attitudes to drug prevention strategies;
- support for drug treatment strategies;
- attitudes to harm reduction strategies;
- assessing drug-related knowledge of infectious diseases; and
- assessing attitudes to training and development.

Attitude items with seven-point response scales, ranging from Strongly Disagree to Strongly Agree were adapted and developed for each of these themes. The final survey

instrument included 84 items. (See Appendix B) Nine statements sought information about respondents' level of knowledge and awareness of illegal drugs; 52 statements explored attitudes and beliefs about drug use, drug users and drug-related issues. Six items assessed knowledge of drug-related infectious diseases; eight items assessed attitudes to the standard of training and development of prison officers in relation to drugs. The last questions obtained socio-demographic data including participants' age, gender, marital status, level of education, rank, length of service and level of formal drug-related education. A box was provided to allow respondents make comments about any issues on the questionnaire. The 84 statements were ordered randomly to reduce prejudice. Statements were grouped by category for analysis. The statement number' is provided in the tables to facilitate reference in the questionnaire. Each questionnaire was accompanied by a cover note which explained who was doing the research, why the survey was being conducted, who should take part, issues of confidentiality and analysis of data. (See Appendix C)

Ethical approval to carry out the survey was granted by the Trinity College Public Health Research Ethics Committee.

The questionnaire was piloted on 20 prison officers in Mountjoy on April 12th 2001 and received a 100% response rate. These participants were not selected for the subsequent survey. The pilot assisted in ascertaining difficulties in comprehension of the survey items, the structure of the questionnaire and identifying any typing or formatting errors. Items giving rise to such difficulties were modified.

## **2.2 Sample Selection**

A total of 285 prison officers from Dublin prisons were selected. The sample size was estimated by considering previous research conducted on Irish prison officers using similar sample numbers. Random selections of staff, proportionate to prison size, were selected. This was to ensure the sample from each prison was representative of staff in each prison. A list of staff payroll numbers was obtained from the Detail Office in each



prison at the commencement of the survey and every sixth member was selected. The exception was the Dochas Centre where every second member of staff was selected because of staff numbers.

### **2.3 Data Collection Procedure**

Each prison governor was contacted by telephone two months prior to the survey to seek permission to conduct the survey. Permission was obtained from all six institutions. A letter and staff notices explaining who was doing the survey, why the survey was being conducted, who should take part and confidentiality issues were forwarded to each prison governor. Prison Officers Association (POA) representative and Staff Services Officer (SSO) on March 4<sup>th</sup> 2001. (See Appendices D, E and F)

The survey commenced on April 17<sup>th</sup> 2001. Each day a list of staff locations was obtained from the Detail Office. A member of staff was provided in Mountjoy Male Prison, the Dochas Centre and St. Patrick's Institution for the first few days of the survey to assist with locating selected staff and to help carry questionnaires. These staff members were briefed on the content and structure of the questionnaire and to the importance of giving questionnaires only to selected staff.

Selected staff received a questionnaire in a blank envelope and asked to return it sealed to the Detail Office where a numbered box, according to prison was located. All 285 questionnaires were accepted. The average length of time taken to complete the questionnaire was 15 minutes. The researcher was available to answer any queries and address any issues that arose.

Completed questionnaires were collected daily and coded by each prison. Participants were followed up a maximum of four times, notices were put on notice boards reminding staff to return questionnaires (See Appendix G), radio calls were put out on all staff radios and letters of reminder were attached to payslips. The survey concluded on

Tuesday 5<sup>th</sup> June 2001. Letters of appreciation were forwarded to all Governors and Detail staff in July 2001, to thank all concerned for their co-operation and support.

#### **2.4 Analysis of Data**

All items on the questionnaire were coded according to the scale selected prior to entering the data into JMP statistical package. Levels of disagreement and agreement (slightly, moderately and strongly) were grouped for analyses: disagree, neither disagree nor agree and agree. Continuous data were grouped. Categorical data were analysed using Pearson's chi-square tests. Prison officers' drug-related knowledge and attitudes were compared by prison and by socio-demographic categories.

## **Chapter 3**

### **Results**

#### **3.0 Introduction**

This chapter describes the findings from the survey. Sections 3.1 to 3.4 outline the characteristics of the respondents; the respondents' knowledge of illegal drug use and drug practices; and of offenders who use drugs. Sections 3.5 to 3.9 describe respondents' understanding of the harms and dangers associated with illicit drug use; support for current or proposed measures and policies to alleviate the drug problem; their knowledge about drug related infectious diseases; their attitudes to prison officers' current level of training and development in relation to drugs; and their level of formal knowledge of drug awareness

#### **3.1 Characteristics of Respondents**

A total of 285 prison officers were randomly selected from six Dublin prisons to participate in this survey. A response rate of 82% (233/285) was achieved. Table totals vary according to response rates of each question. The key demographic and social characteristics of respondents are outlined in various tables below.

Seventy-eight percent (177/233) of respondents were male, ranging in age from 21 to 60. Female respondents comprised 22% (51/233) of the sample. There were five non-respondents in this category. Most of the women ranged in age between 25 and 44 years. The youngest officers were found in three prisons: Dochas Centre 60% (25/42) and Cloverhill Prison 55.5% (24/44). These officers aged between 21 and 34 years.

The Dochas Centre (69%, 29/42) had the highest proportion of female respondents and Mountjoy Male (95%, 71/75) prison had the highest proportion male respondents ( $X^2 = 69.17$ ,  $df = 5$ ,  $p < .0001$ ). Female respondents in the five other prisons comprised often percent of respondents.

**Table 1** outlines the proportions from each of the six prisons involved in the survey.

<b>Table 1</b>		
<b>Proportion of Sample from Individual Prisons</b>		
<b>Prison</b>	<b>No.</b>	<b>%</b>
Dochas Centre	42	18
Training Un	6	3
St. Patrick's Institution	24	10
Mountjoy Male Prison	75	32
Wheatfield Det. Centre	42	18
Cloverhill Prison	44	19
<b>Total</b>	<b>233</b>	<b>100</b>

The overall mean length of service of respondents was 9.4 years. Thirty-nine percent (90/228) were single, 56% (129/228) were married and 3% (9/228) were divorced, separated or widowed.

Twelve percent (26/203) of participants ceased their education between 14 and 16 years of age and 41% (100/203) concluded their education between 17 and 18 years of age.

**Table 2** outlines the education levels of respondents. Some respondents had more than one of the qualifications listed below. All except three officers had at least lower secondary education and three-quarters had Leaving Certificate. One-third of the sample had attended some form of third level education.

<b>Table 2</b>	<b>No=230</b>	<b>%</b>
<b>Educational Levels of Respondents (n=230)</b>		
Primary Education	230	100
Primary Education	227	99
Lower Secondary	31	13
Leaving Certificate	172	75
Technical/Vocational & Leaving Cert	23	10
Non-Degree Qualification	69	30
Primary Degree	10	4
Post-Graduate Degree	4	2

Respondents were distributed among various ranks as shown in Table 3. Three-quarters of the sample were basic grade prison officers.

<b>Rank</b>	<b>No.</b>	<b>%</b>
Officer	177	77
Assistant Chief Officer	17	7
Chief Officer	5	2
Assistant/Deputy/Governor	3	1
Trades Officer	3	1
Medical Orderly/Nurse	13	6
Industrial Supervisor/Equiv.	6	3
Clerk	5	2
Other	2	1
<b>Total</b>	<b>233</b>	<b>100</b>

Half (98/202) of respondents had five years service and under, and 18% (36/202) had between 11 and 15 years service. Two prisons had high proportions of respondents with five years service and under; Dochas Centre (52%, 22/41) and Cloverhill Prison (64%, 27/42).

Respondents were asked what drug awareness (DA) courses they had ever attended. Some respondents had attended more than one course. Half the respondents have attended some form of DA course and one-third had attended basic DA courses. One-third (20/75) of respondents from Mountjoy Male Prison had attended a basic DA course. Responses were similar in Cloverhill Prison and Wheatfield Detention Centre. Seventy percent (79/112) of those who had attended a DA course had attended a basic DA course. Officers between the age of 35 to 44 years (59/112) were more likely to have attended a DA course than other officers.

<b>Drug Awareness Course (n=112)</b>	<b>No.</b>	<b>%</b>
Basic DA Course	79	34
DA Training Weekend	6	3
DA for Voluntary Leaders	2	1
Community DA Programmes	2	1
Foundation Training in Drugs and Addiction Education	7	3
Addiction Studies Certificate	5	2
Diploma in Addiction Studies	2	1
Others	9	3

### 3.2 Knowledge of Illegal Drugs

Respondents were asked whether or not they had heard of various illegal drugs. This was to gauge awareness of illegal substances among Dublin prison officers. One hundred percent (229/229) of respondents reported that they had heard of all of the illegal drugs listed. These drugs are listed below.

<b>Table 5</b>	<b>Name of Illegal Drugs</b>
	Cannabis e.g. hashish, marijuana, grass
	Ecstasy e.g. E/E tablets
	Cocaine
	Heroin e.g. smack, gear
	LSD e.g. acid
	Amphetamines e.g. speed

### 3.3 Level of Concern/Anxiety about the Current Drug Situation

Fifty-five percent (126/229) of respondents reported that they personally knew somebody with a drug problem. As respondents were not presented with a definition of what constitutes a ‘drug problem’, affirmative responses to this question may have included respondents who knew a person with problems relating to alcohol or some other legally available substance. ‘Personally’ knowing a drug addict denoted knowing somebody outside of the officers’ own workplace. However, some officers may have answered this question in relation to an offender that they work with.

**Table 6** outlines Dublin prison staff overall responses to their concern and anxiety about the current situation in relation to drugs in their prison.

<b>Table 6 Responses of Staff to the Extent of Drug Problem in Dublin Prisons</b>					
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither Agree no Disagree %</b>	<b>Agree %</b>	
<b>1</b>	The media exaggerates reports about the extent of drug usage amongst prisoners in this prison (n=233)	<b>64</b>	<b>6</b>	<b>30</b>	
<b>10</b>	Drug use is an issue faced by most prisoners in this prison (n=233)	<b>3</b>	<b>2</b>	<b>95</b>	
<b>22</b>	Prisoners who are stoned can be seen in this prison on a daily basis (n=231)	<b>15</b>	<b>4</b>	<b>81</b>	
<b>32</b>	Drugs are not really a problem to us here in this prison (n=233)	<b>88</b>	<b>2</b>	<b>10</b>	
<b>47</b>	The drug problem in this prison is out of control (n=233)	<b>8</b>	<b>28</b>	<b>64</b>	
<b>55</b>	Most prisoners in this prison use drugs (n=233)	<b>22</b>	<b>7</b>	<b>71</b>	

The media exaggerates reports about the extent of drug usage amongst prisoners in this prison

One-third of respondents agreed with this statement. The majority of respondents according to gender, age, marital status and rank felt that the media gave an accurate description of the extent of drug use among prisoners.

Drug use is an issue faced by most prisoners in this prison

Most respondents by prison felt that drug use was an issue faced by most prisoners. Staff in the Training Unit had the highest percentage of agreement (100%, 6/6) and Cloverhill staff had the lowest (86%, 36/42). Most respondents with five years service and under (89/98) agreed that drug use was a problem for prisoners, compared to 100% agreement from respondents with more than five years service,

Prisoners who are stoned can be seen in this prison on a daily basis

Most respondents by prison agreed with this statement, however, only one out of six respondents from the Training Unit agreed. All respondents between the ages of 21 and 24 years (15/15) agreed that 'stoned' prisoners are seen on a daily basis. Although not statistically significant, agreement with this statement decreased with age. Three out of five chiefs disagreed that stoned prisoners could be seen every day in prison.

### Drugs are not really a problem to us here in this prison

Most respondents from five prisons disagreed with this statement: Dochas Centre, 95% (40/42); Mountjoy Male Prison, 96% (72/75); Wheatfield Detention Centre, 95% (42/44);

St. Patrick's Institution, 71%(17/24); and Cloverhill Prison, 76% (32/42). However, Training Unit staff agreed that drugs were not an issue in their prison All respondents (15/15) between 21 and 24 years disagreed that drugs were not a problem in their prison. Older officers were more likely to disagree with this statement than younger staff. All ranks disagreed that drugs were not problematic in their prisons.

### The drug problem in this prison is out of control

Most respondents (64%, 149/233) agreed with this statement. However, this was different by individual prison. Most staff in the Dochas Centre (85%, 36/42), Mountjoy Male Prison (89%, 67/75) and Wheatfield Detention Centre (64%, 28/24) agreed with this statement. However, most respondents from the three other institutions disagreed:

Training Unit (100%, 6/6); St. Patrick's Institution (58%, 14/24) and Cloverhill (60%, 25/42). Officers with less formal education were more likely to agree that the drug situation was out of control than officers who concluded their education at an older age.

### Most prisoners in this prison use drugs

Most respondents from four of the six prisons agreed that most prisoners used drugs:

Dochas Centre, 90% (38/42); Mountjoy Male Prison, 84% (63/75); Wheatfield Detention Centre, 64% (28/44); and St. Patrick's Institution, 61% (14/24). Agreement with this statement decreased with age. Though not statistically significant, the older an officer was when concluding their formal education, the less likely they were to agree that most prisoners used drugs. Most ranks accepted that the majority of inmates consumed illicit drugs.



### 3.4 Prison Officers Knowledge of Drug Use and Drug Practices in Dublin Prisons

**Table 7** outlines the overall responses of staff to their understanding of the extent of the drug problem in Dublin prisons.

<b>Table 7</b>					
<b>Received Drug Use Among Offenders in Dublin Prisons</b>					
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither %</b>	<b>Agree no Disagree %</b>	<b>Agree %</b>
<b>11</b>	Most prisoners smoke cannabis while in this prison (n=232)	<b>11</b>		<b>5</b>	<b>84</b>
<b>23</b>	Most injecting drug users share needles when they inject heroin in this prison (n=232)	<b>1</b>		<b>9</b>	<b>90</b>
<b>34</b>	Drug users often move from smoking heroin to injecting heroin while in this prison (n=233)	<b>13</b>		<b>30</b>	<b>57</b>
<b>51</b>	Most prisoners take heroin while in this prison (n=232)	<b>40</b>		<b>15</b>	<b>45</b>
<b>53</b>	Heroin tends to be injected rather than smoked by drug users who use while in this prison (n-233)	<b>21</b>		<b>26</b>	<b>53</b>

#### Most prisoners smoke cannabis while in this prison

Staff in all prisons agreed that most prisoners smoke cannabis. All staff (15/15) between 21 and 24 years agreed with this statement. Older officers were less inclined to agree. Slightly more male (85%, 150/177) than female officers (82%, 42/51) agreed that the majority of offenders smoked cannabis ( $X^2 = 8.133$ ,  $df = 2$ ,  $p < .01$ ).

#### Most injecting drug users share needles when they inject heroin in this prison

Almost all respondents by prison agreed with this statement. However, there was a degree of uncertainty around this issue. Twenty-one percent of staff in Cloverhill Prison (9/42) and St. Patrick's Institution (5/24) replied that they neither disagreed nor agreed with this. All ranks agreed that needle sharing was a common practice among the majority of injecting drug users in prison. Nearly all respondents who had attended any drug education courses agreed with this statement.

### Drug users often move from smoking heroin to injecting heroin while in this prison

Responses to this statement by prison were varied. Most (72%, 54/75) of staff from Mountjoy Male prison agreed, as did 64% (28/44) from Wheatfield Detention Centre and 60% (25/42) from the Dochas Centre. No respondents from the Training Unit agree with this statement. There was some uncertainty around this issue: Dochas Centre, 31% (13/42); Training Unit, 33% (2/6); St. Patrick's Institution, 38% (9/24); Mountjoy Male Prison, 21% (16/75); Cloverhill Prison, 50% (21/42); and Wheatfield Detention Centre, 23% (10/44) Three out of five chief officers agreed that drug users often moved from smoking heroin to injecting. Uncertainty among rank was also apparent: - officers, 29%(52/177); assistant chief officers, 41% (7/17); two out of five chief officers; three out of six industrial supervisors; and four out of five clerks.

### Most prisoners take heroin while in this prison

Results varied as to whether most prisoners took heroin. Most staff in the Dochas Centre (62%, 26/42) and Mountjoy Male Prison (68%, 51/75) agreed with this statement. Respondents in the other prisons were much less likely to agree. Most ranks agreed that the majority of prisoners used heroin but chiefs, medical orderlies and nurses were less likely to agree.

### Heroin tends to be injected rather smoked by drug users who use while in this prison.

Responses to this statement by prison were varied. Most staff from five of institutions agreed. However, staff from St. Patrick's Institution were less likely to agree with this (21%, 5/24). Yet, there was doubt among some staff in regard to this: Training Unit, 50% (3/6); St. Patrick's Institution, 33% (8/24); Cloverhill Prison, 31% (13/42); and Wheatfield Detention Centre, 27% (12/44).

### 3.5 Prison Officers Attitudes to Drug Users in Dublin Prisons

Table 8 outlines responses to attitudinal statements to drug addicts in society generally.

<b>Table 8</b>					
<b>Societal Attitudes Towards Those who Use or Misuse Illicit Drugs</b>					
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither %</b>	<b>Agree no Disagree %</b>	<b>Agree %</b>
4	Drug addicts are not given a fair chance to get along in society (n=233)	66	8		26
36	People who end up with a drugs problem only have themselves to blame (n=232)	36	20		44
40	Tougher sentences for drug misusers is the answer to the drugs problem (n=233)	50	17		33
52	Many drug addicts exaggerate their troubles to get sympathy (n=232)	9	10		81
54	Almost all drug addicts are dangerous (n=232)	34	14		52

#### Drug addicts are not given a fair chance to get along in society

Twenty-six percent (61/233) of respondents agreed that drug addicts were not given a fair chance to get along in society. Half of respondents in the Dochas Centre agreed with this (45%, 19/41). Two out of four of governors agreed that drug addicts were not given an adequate opportunity to progress in society.

#### People who end up with a drugs problem only have themselves to blame

Forty-four percent (103/232) of respondents agreed that drug addicts had only themselves to blame. Training Unit staff (83%, 5/6) were the most likely respondents to agree. The older an officer was when concluding formal education the less likely they were to agree that drugs addicts had only themselves to blame for their troubles.

#### Tougher sentences for drug misusers is the answer to the drugs problem

De-third (78/233) of respondents agreed with this statement. The older an officer was when concluding their formal education the less likely that they would agree with this.

Many drug addicts exaggerate their troubles to get sympathy

Most respondents (81%, 188/232) agreed that drug addicts exaggerate their problems to get sympathy. Staff in all institutions agreed with this statement. Responses were consistent across all subgroups of officers.

Almost all drug addicts are dangerous

Half (120/232) of respondents agreed that many drug addicts were dangerous. Responses were consistent for all subgroups of officers.

Table 9 outlines responses relating to prison officers personal beliefs about inmates who use drugs.

<b>Table 9</b>		<b>Prison Officers Attitudes to Drug Users</b>		
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither Agree no Disagree %</b>	<b>Agree %</b>
<b>13</b>	Drug addicts really scare me (n=232)	<b>60</b>	<b>21</b>	<b>19</b>
<b>26</b>	I would be nervous of someone who uses illegal drugs (n=232)	<b>46</b>	<b>21</b>	<b>33</b>
<b>27</b>	I would see drug addicts more as criminals than victims (n=232)	<b>31</b>	<b>17</b>	<b>52</b>
<b>37</b>	I would tend to avoid someone who is a drug addict (n=233)	<b>50</b>	<b>17</b>	<b>33</b>
<b>44</b>	I would tend to avoid a prisoner who is a heroin addict (n=231)	<b>58</b>	<b>20</b>	<b>22</b>
<b>58</b>	I would tend to avoid a prisoner who is a drug addict (n=231)	<b>58</b>	<b>17</b>	<b>22</b>

Drug addicts really scare me

Nineteen percent (44/232) of respondents agreed that drug addicts scared them. Agreement with this statement was low for all subgroups.

I would be nervous of someone who uses illegal drugs

One-third (77/232) of respondents agreed that they would be nervous of someone who uses illegal drugs. Older respondents were more likely to agree that a drug addict would scare them: 21-24 years, 13%, 2/15; 25- 34 years, 25%, 23/92; 35-44 years 41%, 40/98; 45-60 years, 42%, 11/26.

I would see criminals more as criminals than victims

Most respondents in Mountjoy Prison agreed that they saw drug addicts more as criminals than victims (65%, 48/75). Though not statistically significant, females (41%, 21/51) were less likely to agree with this statement than males (56%, 99/177).

I would tend to avoid someone who is a drug addict

One-third (78/233) of respondents said they would tend to avoid a drug addict. Respondents in the Dochas Centre were not inclined to agree with this (26%, 11/42)

I would tend to avoid a prisoner who is a heroin addict

One-fifth (51/231) of respondents agreed that they would tend to avoid a prisoner who is a heroin addict. The older an officer was the more likely they were to agree with this statement.

I would tend to avoid a prisoner who is a drug addict

Twenty-two percent (51/231) of respondents agreed with this statement. Older officers were more likely to agree that they would avoid a prisoner who used drugs.

### 3.6 Knowledge of the Harms and Dangers Associated with Illicit Drug Use

Table 10 outlines staffs' responses to statements regarding the harms and dangers associated with illicit drug use.

<b>Table 10 Knowledge of the Harms and Dangers Associated with Illicit Drug Use</b>					
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither Agree no Disagree %</b>	<b>Agree %</b>	
3	All illegal drugs are equally harmful to your health (n=232)	42	3	55	
12	Someone who takes cannabis every day is a drug addict(n=231)	28	13	59	
14	Occasional use of ecstasy is not really dangerous (n=231)	88	3	9	
29	Regular use of cannabis is just as dangerous to your health as regular use of heroin (n=232)	45	10	48	
38	If you try drugs even once you are hooked (n=233)	67	18	15	
46	Someone who takes heroin everyday is a drug addict (n=233)	2	2	96	
48	Occasional use of cannabis is not really dangerous (n=233)	48	14	38	
57	Occasional use of heroin is not really dangerous (n==232)	92	1	7	

#### All illegal drugs are harmful to your health

Half (128/232) of respondents agreed with this statement. Younger staff (40%, 6/15) between the ages of 21 and 24 years were less inclined to agree that all illegal drugs were equally harmful to ones health than older officers. However, agreement with this statement increased with age; 25-34 years, 52%, 48/91; 35-44 years, 57%, 56/98; 45-60 years, 63%, 17/27.

#### Someone who takes cannabis every day is a drug addict

Fifty-nine percent (136/231) of respondents agreed that someone who takes cannabis every day is a drug addict. Agreement with this statement was inclined to decrease with age: 21-24 years, 87%, 13/15; 25-34 years, 64%, 59/92; 35-44 years, 51%, 49/96; 45-60 years, 56%, 15/27.

#### Occasional use of ecstasy is not really dangerous

The majority 88% (203/231) of respondents disagreed with this statement. Responses were consistent for all subgroups.

Regular use of cannabis is just as dangerous to your health as regular use of heroin

Half the respondents (111/232) in all six prisons agreed with this statement. Older respondents were more likely to agree with this statement than younger staff. The more senior ranks were more likely to agree with this statement.

If you try drugs once you are hooked

Fifteen percent (35/233) of respondents agreed with this statement. There was more uncertainty among respondents in Cloverhill Prison (26%, 11/44) and Wheatfield Detention Centre (23%, 10/42) than in the other prisons.

Someone who takes heroin every day is a drug addict

Respondents (224/233) staff agreed that someone who took heroin every day was a drug addict. Similar responses arose for all subgroups.

Occasional use of cannabis is not really dangerous

Thirty-eight percent (89/233) of respondents agreed with this statement. The older a respondent was when finishing formal education the less likely they were to agree that use of cannabis was not dangerous. Officers with five years service and under (46%, 45/98) were also more likely to agree with this statement than officers with more service.

### Occasional use of heroin is not really dangerous

Seven percent (16/232) of respondents agreed that occasional use of heroin was not really dangerous. Responses were similar throughout all subgroups.

## **3.7 Support for Current Measures and Policies to alleviate the Drug Problem**

This section focuses on officers' attitudes to and level of support for drug prevention, drug treatment and harm reduction strategies.

### **3.7.1 Drug Prevention Strategies**

<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither Agree no Disagree %</b>	<b>Agree %</b>
<b>15</b>	Prisoners should be involved in educating each other on health issues relating to drug use (n=232)	<b>21</b>	<b>9</b>	<b>81</b>
<b>18</b>	To reduce the number of drugs being smuggled into this prison, screened visits should be introduced for all prisoners (n=232)	<b>13</b>	<b>3</b>	<b>84</b>
<b>25</b>	People should be permitted to take hashish or marijuana in the community (n=232)	<b>66</b>	<b>17</b>	<b>17</b>
<b>35</b>	This prison is too tolerant towards drug users (n=233)	<b>22</b>	<b>10</b>	<b>68</b>
<b>50</b>	P.19's are a good way of managing prisoners who are found to be using illicit drugs in this prison (n=232)	<b>58</b>	<b>6</b>	<b>36</b>
<b>59</b>	All prisoners should have the option to serve their sentence in a drug free wing (n=232)	<b>7</b>	<b>4</b>	<b>89</b>

### Prisoners should be involved in educating each other on health issues relating to drug use

Most (188/232) respondents agreed that offenders should be involved in educating each other on drug related issues. All prisons supported this. Support also increased according to academic achievement.



To reduce the number of drugs being smuggled into this prison, screened visits should be introduced for all prisons

Eighty-four percent (195/232) agreed with this statement. The majority of respondents in all prisons agreed. Older respondents were less inclined to agree with this than younger staff. Most staff agreed with the introduction of screened visits regardless of length of service. Most ranks agreed with this. However, governors and chiefs were not as inclined to agree.

People should be permitted to take hashish or marijuana in the community

Two-thirds of respondents (154/232) disagreed with this statement. Responses were consistent for all subgroups.

This prison is too tolerant towards drug users

Sixty-eight percent (158/232) of respondents agreed with this statement. Most staff in four prisons agreed with this statement: Dochas Centre, 81% (34/42); Mountjoy Male Prison, 83% (62/75); Wheatfield Detention Centre, 74% (32/42); and St. Patrick's Institution, 50% (12/24). Respondents in the other prisons were less inclined to agree with this: Training Unit, 0%; and Cloverhill Prison, 48%, (20/44). Younger respondents were more likely to agree than older respondents. The more formal education an officer had, the less likely they were to agree with this statement. Four out of five chiefs and two out of three governors did not agree with this statement.

P. 19's are a good way of managing prisoner who are found to be using illicit drugs in this prison

Thirty-six percent (84/232) of officers agreed with this statement. Most respondents from the Training Unit (83%, 5/6) and Wheatfield Detention Centre (52%, 22/42) agreed that p. 19's were a good management tool but respondents from other prisons were less

likely to agree with this. Older officers (63%, 17/27) were more inclined to agree than younger respondents ( $X^2 = 16.245$ ,  $df= 6$ ,  $p< .01$ ). Officers who had 16 years service and over were more likely to agree that P. 19's were useful, than officers with less service. All senior ranks agreed that P. 19's are an appropriate method of management for drug users.

All prisoners should have the option to serve their sentence on a drug free wing

Most respondents (206/232) agreed that offenders should have the option to serve their sentence on a drug free wing. Respondents in all prisons agreed.

**3.7 2 Drug Treatment Strategies**

<b>Table 12 Support for Drug Treatment Strategies in Dublin Prisons</b>					
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither %</b>	<b>Agree no Disagree %</b>	<b>Agree %</b>
5	Drug addicts charged with petty offences should be given a choice between treatment and a prison sentence (n=233)	34	5	61	
6	In prison treatment should be available to all drug addicts, according to their needs (n=233)	6	3	91	
7	Prison provides a suitable environment for people to receive treatment for drug related infectious diseases (n=233)	46	9	45	
8	All prisoners in this prison should be offered hepatitis B vaccination regardless of their drug using history (n=233)	5	6	89	
21	The same drug services available to drug users in the community, should available to drug users (n=231)	13	9	78	
24	All prisoners in this prison who are HIV positive should be given the opportunity to access treatment for this infection (n=232)	2	4	94	
28	Imprisonment provides a good opportunity for drug using prisoners to engage in treatment (n=233)	23	9	68	
41	In this prison treatment should only be given to drug addicts who intend to give up drugs for good (n=233)	3	13	48	
43	All prisoners in this prison who have hepatitis C should be given the opportunity to access treatment for this infection (n=233)	4	2	94	

Drug addicts charged with petty offences should be given a choice between treatment and a prison sentence

Two-thirds of respondents (142/233) agreed with this statement. Respondents in Cloverhill Prison were the least inclined to agree with this (50%, 21/44) Ninety-two percent (12/13) of medical orderlies and nurses agreed.

In prison treatment should be available to all drug addicts according to their needs

Ninety-one percent (213/212) of respondents felt that treatment should be available to all drug addicts according to their needs. This response was consistent for all subgroups.

Prison provides a suitable environment for people to receive treatment for drug related infectious diseases

Forty-five percent (105/233) of respondents agreed with this statement. Officers with more than 20 years service were more likely to agree with this than respondents with less service.

All prisoners should be offered hepatitis B vaccination regardless of their drug using history

Eighty-nine percent (209/233) of respondents agreed that prisoners should be offered the hepatitis B vaccination regardless of their drug using history. This response was consistent for all subgroups.

The same drug services available to drug users in the community, should be available to drug users in prison

Ninety-four percent (217/231) of respondents agreed with this statement. Almost all staff in all prisons agreed with this. Agreement with this statement increased the longer service an officer had.

All prisoners who are HTV positive should be given the opportunity to access treatment

Ninety-four percent (217/231) of respondents agreed that prisoners who are HIV positive should have the opportunity to access treatment for this condition. This reaction was consistent for all subgroups.

Imprisonment provides a good opportunity for drug using prisoners to engage in treatment

Sixty-eight percent (158/233) of respondents agreed that imprisonment provided a good opportunity for drug users to access treatment. Agreement increased with age.

Treatment should only be given to drug addicts who intend to give up drugs for good

Forty-eight percent (112/233) of officers agreed with this statement. Most staff in three prisons agreed with this statement: Training Unit, (67%, 4/6); Mountjoy Male Prison, (60%, 45/75); and Wheatfield Detention Centre (59%, 26/42). Younger respondents were more likely to agree with this statement. The older an officer was when concluding formal education, the less likely they were to agree that treatment should be available only to those who intend to give up drugs for good.

All prisoners who have hepatitis C should be given the opportunity to access treatment for this infection.

Ninety-four percent (218/233) of respondents agreed that prisoners who have hepatitis C should be able to access treatment. This response was consistent for all subgroups.

### 3.7.3 Harm Reduction Strategies

<b>Table 13 Support for Harm Reduction Strategies in Dublin Prisons</b>						
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither %</b>	<b>Agree no</b>	<b>Disagree %</b>	<b>Agree %</b>
16	Prison authorities should provide needles and syringes in this prison to avoid the spread of HIV and hepatitis (n=231)	82	4			14
19	All heroin addicts should be offered methadone detoxification upon imprisonment (n=231)	9	4			87
20	Providing bleach tablets to clean injecting equipment would be likely to encourage drug use among prisoners (n=232)	20	7			73
31	The provision of a needle exchange programme within this prison would present a threat to prison staff (n=233)	10	4			86
33	Where prisoners are addicted to opiates, they should be given access to a methadone maintenance programme while in this prison (n=232)	11	7			87
39	Providing a needle exchange programme within this prison would be likely to encourage drug use among prisoners (n=233)	17	8			75
45	It is very difficult for drug users to access clean injecting equipment in this prison (n=233)	177	11			76
49	The provision of a needle exchange programme within this prison would present a threat to prisoners (n=233)	25	15			60

Prison authorities should provide needles and syringes to avoid the spread of HIV and hepatitis

One-seventh (32/231) of respondents agreed with this statement. The older an officer was when concluding formal education the more likely they were to agree that injecting equipment should be provided compared to officers with less formal education. Longer serving officers were more likely to agree with this statement than officers with less service.

All heroin addicts should be offered methadone detoxification upon imprisonment

Eighty-seven percent (201/231) of respondents agreed with this statement. Officers with more education were more likely they were to agree with this than officers with less education.

Providing bleach tablets to clean injecting equipment would be likely to encourage drug use among prisoners

Seventy-three percent (169/232) of respondents agreed that provision of bleaching tablets would be likely to encourage drug use among prisoners. The older an officer was the less likely that they would agree with this statement. All governors agreed with this statement

The provision of a needle exchange programme would present a threat to staff

Eighty-six percent (200/233) of respondents agreed that a needle exchange programme would present a threat to prison staff. The longer service that respondents had, the less likely they were to agree with this statement. Governors were the only rank to disagree with this statement.

Where prisoners are addicted to opiates, they should be given access to a methadone maintenance programme

Eighty-two percent (190/232) of respondents agreed that heroin addicts should be given access to methadone maintenance programmes. Most respondents in most prisons agreed with this.

It is very difficult for prisoners to access clean injecting equipment in this prison

Most officers in all institutions agreed that it was difficult for drug users to access clean injecting equipment. Responses were similar for all subgroups.

Providing a needle exchange programme would present a threat to prisoners

Sixty-one percent (141/233) of respondents agreed that a needle exchange programme would present a threat to prisoners. Two out of three governors disagreed with this.

**3.8 Knowledge of Drug-Related Infectious Diseases**

There was a separate section in the questionnaire, which included statements about drug-related infectious diseases. There were six **True** and **False** statements in all, which respondents were asked to answer. **Table 14** outlines their responses.

<b>Table 14</b>	<b>Officers' Knowledge of Drug-Related Infectious Diseases</b>		
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>True</b>	<b>False</b>
<b>61</b>	Steeping needles and syringes in bleach for six hours does not kill HTV (n=226)	<b>47</b>	<b>53</b>
<b>62</b>	Rinsing needles and syringes several times in cold water does not kill hepatitis C =230)	<b>89</b>	<b>11</b>
<b>63</b>	If all the blood is washed off a needle or syringe it can still transmit HIV (n=231)	<b>81</b>	<b>19</b>
<b>64</b>	If all the blood is washed off a needle it can still transmit hepatitis C (n=231)	<b>87</b>	<b>13</b>
<b>65</b>	It is possible to be vaccinated against hepatitis B (n=229)	<b>86</b>	<b>14</b>
<b>66</b>	It is possible to be vaccinated against hepatitis C (n=229)	<b>46</b>	<b>54</b>

Steeping needles in bleach for six hours does not kill HIV

Fifty-three percent (120/226) of respondents said it was false that steeping needles in bleach for six hours does not kill HP/. Most respondents by prison said this statement was false.

Rinsing needles several times in cold water does not kill HIV

Eighty-nine percent (204/230) of respondents said it was true that rinsing needles several times in cold water does not kill HIV. Most staff in all prisons agreed with this.

If all the blood is washed off a needle or syringe it can still transmit HIV

Eighty-one percent (187/231) of respondents agreed that if all the blood was washed off a needle it could still transmit hepatitis C. There were high percentages of agreement for all subgroups.

If all the blood is washed off a needle or syringe it can still transmit hepatitis C

Eighty-seven percent (201/230) of respondents agreed that if all the blood was washed off a needle it could still transmit hepatitis C.

It is possible to be vaccinated against hepatitis B

Eighty-six percent (197/229) said it was possible to be vaccinated against hepatitis B. The older an officer was when finishing their formal education the more likely they were to say it was possible to be vaccinated against hepatitis B.

It is possible to be vaccinated against hepatitis C

Forty-six percent (105/229) of respondents agreed that one could be vaccinated against hepatitis C. The older one was when concluding their formal education the less likely they were to agree with this statement.



### 3.9 Prison Officers' Attitudes to their Training and Development

There was a separate section in the questionnaire relating to the on-going training and development of prison officers. **Table 15** outlines the findings.

<b>Table 15</b>					
<b>Officers' Attitudes to Training and Development</b>					
<b>Question No</b>	<b>Statement (no. of responses)</b>	<b>Disagree %</b>	<b>Neither %</b>	<b>Agree no Disagree %</b>	<b>Agree %</b>
9	There is a need for further training of prison officers in the area of drug use (n=233)	3	1	96	
67	I have the knowledge and skills to deal with offenders who misuse drugs (n=232)	59	11	30	
68	The prison service provides me with the appropriate training I require to deal with drug users (n=233)	85	6	9	
69	The prison service provides adequate opportunities to complete formal studies that have enabled to tackle drug addiction (n=233)	78	11	11	
70	The Prison Service provides adequate continuing education to inform my understanding of the drug problem and drug services (n=233)	87	5	8	
71	I feel that, given the proper training, I could help provide services that deal with the drug problem (n=233)	9	12	79	
72	The Prison Service has provided me with the opportunities to complete formal studies that have enabled me to help prevent and control the spread of hepatitis C (n=231)	80	14	6	
73	I have enough knowledge to protect myself from contracting hepatitis C (n=229)	17	7	46	
74	I feel, that given the appropriate training, I could help the control of hepatitis (n=229)	14	21	65	

#### There is a need for further training of prison officers in the area of drug use

Most respondents agreed with this statement. Agreement with this statement was consistent across all sub-groups.

#### I have the knowledge and skills to deal with offenders who misuse drugs

One-third (69/232) of respondents agreed that they had the knowledge and skills to deal with offenders who misuse drugs. Most chiefs agreed that they had the knowledge and skills.

The prison service provides me with the appropriate training I require to deal with drug users

Only nine percent (21/233) of respondents agreed with this statement. Officers who had attended some form of third level education were less likely to agree that that the Prison Service provided educational opportunities than officers who had not attended third level education ( $X^2 = 9.32$ ,  $df=2$ ,  $p < .009$ ).

The prison service provides adequate opportunities to complete formal studies that have enabled me to tackle drug addiction in my prison

Eleven percent (25/233) of respondents agreed with this statement. Officers who had attended some type of third level education were more likely to agree with this than officers who had not ( $X^2 = 6.82$ ,  $df = 2$ ,  $p < .03$ ).

The Prison Service provides adequate continuing education to inform my understanding of the drug problem and drug services in my prison

Eight percent (19/233) of respondents agreed with this statement. Responses were consistent for all subgroups.

I feel that given the proper training, I could help provide services that deal with the drug problem in my prison

Seventy-nine percent (183/233) of respondents agreed with this statement. Officers who had attended a third level institution were more likely to agree with this than officers who had not ( $\chi^2 = 6.09$ ,  $df = 2$ ,  $p < .04$ ). All ranks supported this statement.

The prison service has provided me with the opportunities to complete formal studies that have enabled me to help prevent and control the spread of hepatitis C in my prison

Six percent (14/231) of respondents agreed with this statement. Responses were consistent for all subgroups.

I have enough knowledge and skills to protect myself from contracting hepatitis C in this prison

Forty-six percent (105/229) of respondents agreed with this statement. Officers who had attended some type of third level education were more likely to agree with this than officers who had not ( $X^2 = 6.92$ ,  $df = 2$ ,  $p < .03$ ).

I feel that given the appropriate training, I could help the control of hepatitis C in my

Sixty-five percent (149/229) agreed that if they were provided with the appropriate training, they could help control of hepatitis C in their particular prison. Most ranks agreed that they could help control hepatitis C.

## **Chapter 4**

### **Discussion**

#### **4.0 Introduction**

This study sought to determine the drug-related knowledge and attitudes of Dublin prison officers towards a variety of elements of the drug situation in Dublin prisons. In this chapter, sections 4.1 to 4.1.10 discuss the findings in relation to the study's research objectives; sections 4.2 to 4.2.2 outline comparisons to other studies; section 4.3 discusses the limitations of the study; and sections 4.4 concludes the discussion and 4.5 makes recommendations.

#### **4.1 Prison Officers' Knowledge of Illegal Drugs**

Prison officers appeared to have a good awareness of commonly used illegal drugs. Ninety-eight percent of respondents had heard of all the illegal drugs listed. These findings are not surprising, as it has long been established that illegal drugs have been available in Dublin prisons.<sup>18</sup>

##### **4.1.1 Level of Concern/Anxiety about the Current Drug Situation**

Half of respondents reported that they 'personally' knew somebody who had a drug problem. Most prison officers agreed that drug use was an issue faced by most prisoners in their prisons. This was supported by 81% of respondents saying that prisoners who were under the influence of illicit drugs ('stoned') could be seen in prison on a daily basis. Only ten percent of officers agreed that drugs were not a problem to them in their particular prison. Most agreed that the drug problem in their prison was out of control and that most prisoners in their prison used drugs.

These findings strongly indicate that Dublin prison officers feel that the drug culture operating in Dublin prisons is well established. A recent qualitative study conducted by the Drug Misuse Division of the Health Research Board indicated that offenders, regardless of their drug using history, feel under pressure from their peers to get involved in the prison drug culture in some way.<sup>27</sup> Prisoners reported finding imprisonment so boring and tedious that using drugs obliterated monotony and helped them escape from reality. Drug use in prison was described as distracting offenders from the tension of the prison environment. In addition, drug use was reported as assisting the delay of withdrawal from drugs. In the absence of any proper drug services in Dublin prisons, some prisoners may continue their drug habits as usual regardless of their incarceration;

#### **4.1.2 Prison Officers' Knowledge of Drug Use and Drug Practices in Dublin Prisons**

Eighty- four percent of respondents agreed that the majority of prisoners smoked cannabis. Ninety percent of officers agreed that needle sharing was customary among heroin users. Over half of respondents agreed that drug users moved from smoking heroin to injecting heroin. However, one third of respondents were uncertain about this. Just under half of respondents agreed that most prisoners took heroin. Over half of respondents agreed that heroin tended to be injected rather than smoked but one quarter were undecided

These findings indicate that officers see cannabis use in prison as commonplace. This is not unusual, as it is well known, from various surveys, that cannabis use is usual among prisoners.<sup>19</sup> <sup>20</sup> Younger officers were most likely to agree that prisoners usually smoke cannabis. Junior officers have been found to be much more likely to have received training.<sup>5</sup> Many older officers were not formally trained in drug awareness and did not grow up in a drug culture like younger officers may have had.

Findings in relation to heroin use indicate that officers were unsure about the practices around its use. Heroin has traditionally been injected rather than smoked. However, in recent times, because of awareness around HIV and the spread of infection through

needle sharing, prisoners have moved from injecting heroin to smoking heroin.<sup>22</sup> This also reduce the risk of overdose. Nevertheless, the ‘hit’ from smoking heroin is not as intense as when injecting it and more heroin is required when smoking. Injecting heroin would be seen as more economical, as it can be difficult to access in prison. Heroin using is a covert operation and does not usually occur out in the open. Heroin does not omit a smell and is therefore less easy to for officers to detect. Older officers were less likely to agree that most prisoners used heroin than other age categories. Older officers may not be aware of the physical indicators of cannabis or heroin use, as they have never been formally trained. All of these factors may contribute to officers’ uncertainty around the issue of heroin use.

#### **4.1.3 Prison Officers’ Attitudes to Drug Users**

Twenty-two percent of officers agreed that drug addicts were not given a fair chance to get along in society. This viewpoint may arise from the high rate of recidivism among drug addicts. Ninety percent of offenders have been in prison before. Consequently, prison officers often get to know these individuals quite well. They may see them getting a number of chances, such as early release, places on educational and treatment programmes and in many cases these drug users still return to prison.

Just under half felt that drug users had only themselves to blame for their troubles and this may arise, partly because of the many chances that officers see prisoners receiving. Few officers agreed that imposing tougher sentences would be the answer to the drug problem. What ‘tougher’ meant was not defined. However, this may be understood as drug misusers receiving longer sentences for their crimes. These results indicate that officers do not see this as an appropriate solution to an individual’s drug problem.

Most officers agreed that many drug addicts exaggerate their troubles to get sympathy. As discussed, in Chapter One, many offenders in Ireland come from a background, which is marginalized and disadvantaged.<sup>13</sup> In order for this group’s grievances to be heard, they may embellish their situations in order to acquire what they need. This is a type of

survival mechanism. Many of these individuals are incarcerated, so prison officers would be well aware of the method of request prisoners' use.

One fifth of respondents agreed that drug addicts scared them. Only one third of respondents said that they would be nervous of a drug user. Thirty-three percent said they would avoid 'someone' who was a drug addict. Twenty-two percent said they would avoid a 'prisoner' who was a drug addict and a 'prisoner' who was a heroin addict. This pattern of responses suggests that societal attitudes to those individuals are mostly positive. There is a low level of avoidance and fear of these individuals. Officers were more likely to agree that they would avoid 'someone' who was a drug addict as opposed to a 'prisoner' who was a drug addict.

However, half reported that they would see drug addicts more as criminals than victims and said they would consider most drug addicts to be dangerous. This may be attributable to high recidivism rates of these individuals, the number of chances they are seen to get and negative stereotypical images of them portrayed by the media.

This study highlights the problems of alcohol and drug use among inmate populations, which are closely related to crime. Faced with this reality, the Prison Service should institute preventative measures. This could contribute to reducing drug problems and ultimately recidivism.

#### **4.1.4 Knowledge of the Harms and Dangers Associated with Illicit Drug Use**

Half of respondents agreed that all illegal drugs were harmful to one's health. Younger respondents were less likely to agree with this than older staff. Many older officers would have concluded their formal education long before introduction of drug education into the Irish education system. In addition, for many older officers, the drug culture that exists today in society and in prisons did not exist when many of these officers joined the Prison Service. Therefore, many would not have been properly trained in awareness of the risks and harms involved. For many drug-awareness has come through on-the-job experience.

Officers who had long service were more likely to believe that all drugs were harmful to one's health than younger staff. These factors have probably led to older officers having erroneous knowledge and beliefs in relation to drugs.

Over half of respondents agreed that someone who took cannabis daily was a drug addict and two percent agreed that they would consider someone who took heroin daily a drug addict. These findings indicate that prison officers are unsure about the pharmacological effects associated with different drug types.

One seventh of respondents agreed that if one tries drugs once one is hooked. Again, the younger staff were less likely to agree with this than older staff. There was uncertainty among older staff concerning this issue, which again indicates a lack of knowledge about the addiction levels of various illicit drugs among older members.

Half of respondents believed that regular use of cannabis was as dangerous to one's health as regular use of heroin. Younger staff were less likely to agree with this than older staff. Officers' rank and educational levels had a bearing on these results. Officers who had higher academic achievements were less likely to agree with this. Longer serving officers and senior officers were much more inclined to agree that regular use of cannabis was as dangerous to ones health as regular use of heroin than younger unpromoted staff.

Seven percent of respondents agreed that occasional use of heroin is not dangerous. Officers who were young when concluding their formal education were more likely to agree than officers who continued their education until they were older.

Nine percent of respondents agreed that occasional use of ecstasy is not dangerous. Respondents considered ecstasy a highly dangerous drug. Publicity around ecstasy related deaths might have contributed to this finding. Four factors had an impact on the knowledge and harms associated with illicit drug use: officers' age; educational achievement; rank; and length of service.



#### **4.1.4 Support for Current Measures and Policies to Alleviate the Drug Problem**

##### *Drug Prevention Strategies*

Most respondents agreed that prisoners should be involved in educating each other on health issues relating to drugs. This response is very positive. Most prisoners are involved in the drug culture in some way and they are the ones who have the knowledge around many of the factors involved. Firstly, some prisoners must be educated on health issues relating to drug use and then educate other prisoners on these issues either on a formal or informal basis. Through education, prisoners will learn more about their addictions and about the harms and risks involved. This would be a very active form of rehabilitation and may prove quite cost effective.

Most respondents agreed that screened visits should be introduced into prisons to reduce the number of drugs being smuggled in. Older staff and senior ranking staff were less likely to agree with this than younger respondents. Older officers and senior staff may see the introduction of screened visits alone ineffective in preventing drugs entering Dublin prisons. Younger staff may not yet understand this perspective and believe that screened visits are enough to curb drug use. Cloverhill Prison has already introduced screened visits and has proven successful in reducing the quantity of illicit drugs entering. However, in the long term this strategy alone would not be enough to solve the situation.

One-sixth of respondents agreed that people should be permitted to use hashish or marijuana in the community. Drug prevention is an integral part of a prison officer's role and is a problem which they confront daily. To propose the legalisation of any drug would be anathema to Dublin prison officers and that is why only very few respondents agreed with the legalisation of cannabis.

Sixty-eight percent of respondents agreed that their prison was too tolerant toward drug users. Most respondents in three prisons agreed with this: Dochas Centre, Mountjoy Male Prison, and Wheatfield Detention Centre. Respondents in the three other institutions were less likely to agree with this statement: Training Unit; St. Patrick's Institution; and Cloverhill Prison.

There are various reasons why the three latter institutions were less likely to agree with this statement than the other institutions. As discussed in Chapter One, the Training Unit is a drug free prison. There are certain criteria to be met before an offender can be committed there. Once there, regular urine testing is conducted to detect illicit drug use. If a prisoner is found to have contaminated urine, he is then asked to leave and returned to the prison he originally came from. Respondents in the Training Unit, therefore, would not be likely to agree that the management would be too tolerant towards drug users.

The provision of drug free spaces for prisoners in St. Patrick's Institution began in 1999. Staff in St. Patrick's Institution proposed the idea. This led to the inclusion of staff in the implementation and working of this strategy. Consequently, respondents in this prison do not consider their prison too tolerant towards drug users. The criteria mentioned for entry into the Training Unit are similar for entry into the drug-free wing in St. Patrick's Institution.

Only a portion of Cloverhill staff saw their prison being too tolerant towards drug users. This may be a result of a different set of factors than those mentioned for the Training Unit and St. Patrick's Institution. There are no drug-free spaces provided on a formal basis in Cloverhill Prison. Screened visits have been introduced. This has proven successful in reducing the quantity of drugs entering the prison. Cloverhill Prison has a young staff and for many, Cloverhill Prison may have been their first posting. Many staff would not have experience of working in a prison where a drug culture is long established. Because of this inexperience, some staff in Cloverhill Prison may not be able to recognise the signs of the existence of a drug culture. In addition, it is a relatively

new facility. It may take some time for a drug culture to become established in such a new environment. In addition, it is a remand prison and sees a high turnover of prisoners being committed and discharged from courts, receiving bail, having charges dropped and being sentenced, etc. This turnover would restrict the establishment of a drug culture for the moment.

Previous research into prison officers' views have indicated that officers may be reluctant to say what they really feel for fear of rejection from their colleagues.<sup>3</sup> Saying what is expected ensures acceptance. Therefore, Cloverhill staff may be drawn between what they think is the situation regarding drugs in their prison and what might be popular to say regarding drugs in their prison. The factors may account for these findings among respondents in Cloverhill Prison.

One-third of respondents agreed that P.IP's were a good way of managing offenders who were found to be using illicit drugs. However, Training Unit staff agreed that P. 19's were effective in managing drug users there. Reasons for the difference in attitudes between Training Unit and other institutions have already been outlined. Older staff, staff with more than 16 years service and senior ranking officers were much more inclined to agree that P-19's were a good way of managing offenders who use drugs than younger staff and staff with less service. Respondents who had longer service, were older, and were in the senior ranks traditionally would have seen and used the P. 19 as a way to deal effectively with those who broke prison rules. As with screened visits, the PI 9 alone is not an adequate tool to deal effectively with those who misuse drugs. Younger staff may see penalties for drug misuse in prison as being too lenient and this may account for these findings.

Most respondents agreed that prisoners should have the option to serve their sentences on a drug-free wing. This result is very positive and indicates that officers are open to change and are willing to tackle the drug situation, which exists.

### *Drug Treatment Strategies*

There was a lot of support for drug treatment strategies. Sixty-one percent of respondents agreed that drug addicts charged with petty offences should be given a choice between treatment and a prison sentence. Most agreed that treatment should be available according to their needs and most agreed that all prisoners should be given the hepatitis B vaccine regardless of their drug using history. Most agreed that drug services available in the community should be available to drug addicts in prison. A full level of health care should be available in Irish prisons comparable to that in the community. In addition, providing adequate drug services for drug users should be a priority and a key element of drug policy in prisons. This provides prisoners with the maximum possibility for constructive change.

Nearly all staff agreed that prisoners who had HTV and hepatitis C should be able to access treatment for these infections. The majority of staff agreed that imprisonment was a good opportunity for drug using prisoners to engage in treatment. Half of respondents agreed that prison was a suitable place for people to receive treatment for drug related infectious diseases and that treatment should only be available to those who intend to give up drugs for good. A full level of health care should be available in Irish prisons comparable to that in the community. In addition, providing adequate drug services for drug users should be a priority and a key element of drug policy in prisons. This provides prisoners with the maximum possibility for constructive change.

Most officers agreed that drug addicts charged with petty offences should be given a choice between treatment and a prison sentence which indicates that officers view treatment as much more beneficial to drug addicts than imprisonment. This was supported by only half of respondents agreeing that treatment should only be given if offenders gave up drugs for good. Officers endorsed the idea that drug services available in the community should be available to drug users in prison. This shows that officers are aware that the standard of treatment available to drug addicts in prison must improve to at least the standard of drug services in the community. A full level of health care should be

available in Irish prisons comparable to that in the community, in addition, providing adequate drug services for drug users should be a priority and a key element of drug policy in prisons. This provides prisoners with the maximum possibility for constructive change.

Officers were supportive for prisoners with HIV and hepatitis C to receive treatment while in prison but they were less inclined to agree that prison was a suitable place for treatment. This response could arise from the idea that some prisoners may come into prison to be specifically treated for their condition. Overall, these responses are very positive and indicate that treatment strategies receive the support and backing of Dublin prison officers.

### *Harm Reduction Strategies*

One-seventh of respondents agreed that the prison authorities should provide needles and syringes. Most agreed that the provision of a needle exchange programme would present a threat to staff and 60% agreed that it would pose a threat to prisoners. Three-quarters of respondents agreed that providing a needle exchange programme and providing bleach tablets to clean injecting equipment would encourage drug use among prisoners. Seventy-six percent agreed that it was difficult for prisoners to access clean injecting equipment in prison.

There were three factors, which led to officers being more likely to support harm reduction strategies: the older an officer was when concluding their formal education; the more service an officer had; and the more senior ranking an officer was. However, prison officers overall do not support needle exchange programmes even though they do agree that clean injecting equipment is difficult for prisoners to access.

This lack of support for any policy that addresses needle exchange or provision of cleaning agents to clean injecting equipment has resulted from a number of different factors. Officers have often been victims of attacks from some prisoners, over the years,

who use syringes containing blood as weapons. Consequently, some staff have been injured. Numerous staff have gone through the worry and concern of thinking that they might have contracted an infectious disease until they have been given the all clear from their doctors. In addition, many feel they have put a great deal of effort into trying to prevent heroin use in particular and have put themselves at risk in trying to tackle drug use.

Officers spend much of their working day trying to identify networks of prisoners who smuggle in, distribute and use illicit drugs. Daily cell and body searches are conducted to locate illicit drugs and equipment. Cameras are monitored to observe any drug related activity. Consequently, many officers may feel that providing needle exchange programmes to drug using prisoners somehow legitimises the use of needles and heroin with in prison.

However, officers will continue to think like this until they are educated otherwise. Education did have a bearing on how respondents looked at these issues. Officers who were educated longer were more likely to agree with needle exchange programmes and the use of bleach tablets. Staff will not change their attitudes to such proposals unless they are educated about the benefits of such programmes.

Most staff supported offering heroin addict's methadone detoxification upon imprisonment and most supported heroin addicts being given access to a methadone programme while in prison. This method of harm reduction not considered as threatening to officers and other prisoners. Officers clearly support drug prevention strategies over harm reduction strategies.

#### **4.1.6 Knowledge of Drug-Related Infectious Diseases**

Respondents had a good knowledge of drug-related infectious diseases overall but were uncertain about a few issues. Most respondents knew that rinsing needles and syringes several times in cold water did not kill hepatitis C and that if all the blood was washed off

a needle it could still transmit HIV and hepatitis C. However, half believed that steeping needles and syringes in bleach for six hours did not kill HIV.

As regards vaccinations, most respondents believed that it was possible to be vaccinated against hepatitis B but just under half believed it was possible to be vaccinated against hepatitis C. The older an officer was when concluding their formal education the more inclined they were to believe it was possible to be vaccinated against hepatitis B and less inclined they were to believe that it was possible to be vaccinated against hepatitis C. These results suggest the more education one has the more inclined one is to know about these issues.

#### **4.1.7 Prison Officers' Attitudes to Their Training and Development**

Few respondents agreed that the Prison Service provided its staff with the appropriate training to deal with drug users and drug issues. Only one-third of respondents agreed that they had the knowledge and skills to deal with offenders who misuse drugs and half agreed that they had enough knowledge to protect themselves from contracting hepatitis C. Medical orderlies and nurses were most likely to agree that they had this knowledge and these skills. Traditionally, basic grade officers were not trained in these areas.

Most respondents felt that if they were given the appropriate training, they could help provide services that would deal with the drug problem and drug users. Sixty-five percent agreed that if they were given the appropriate training, they could help control the spread of hepatitis C. These findings indicate that officers are eager to deal with the drug situation. They recognise the need to be trained appropriately in these areas.

Just 11% said they had been given the opportunity to complete formal studies that would enable them to tackle drug addiction in their prison. Only 8% agreed that staff were provided with adequate continuing education to inform their understanding of the drug problem and drug services in their institution. Merely 6% agreed that the Prison Service had provided them with the opportunities to complete formal studies that have allowed

them prevent and control the spread of hepatitis C in their prison. Responses to statements about the current standard of training and development show that staff are unhappy about the obvious lack of education. Far from being dismissive about the drug problems in Dublin prisons, they are very eager to get involved and start tackling the issues. Respondents see formal and continuing education on drug issues as a means to addressing the drug problem.

When difficulties arise within the prison system, the authorities have tended to look to outside agencies and semi-state bodies in an attempt to address these serious prison issues. It has been an oversight of the authorities not to focus on prison staff to help solve these issues. Prison officers know the system very well. However, it has not been the norm to tap into officers' expertise to search for solutions. In order to bring about permanent change it is necessary to incorporate prison officers who work at ground level into the decision-making and rehabilitative process.

## **4.2 Comparison of Findings to Other Studies**

Two studies were used for comparison. Both have been explored in Chapter one.

### **4.2.1 Drug-Related Knowledge, Attitudes, and Beliefs in Ireland: Report of a Nation-Wide Survey**

In 1998, a nation-wide survey (NWS) was conducted on the drug-related knowledge attitudes and beliefs of the Irish population.<sup>16</sup> A sample of 1,000 people was used. Findings from the NWS survey are compared to the prison officers' survey to identify any similarities or differences in attitudes between prison officers and the general population. **Table 16** outlines some of the main comparisons between both studies.



<b>Table 16</b>	<b>Comparison of Findings to HRB Study</b>	
	<b>Prison Officers % who Agree</b>	<b>Irish Population % who Agree</b>
Knowledge of names of illegal drugs listed	98*	97*
Almost all drug addicts are dangerous	52	52
Drug addicts really scare me	19	66
Tougher sentences for drug misusers is the answer to the drugs problem	33	51
Needle exchange programmes	14	66
Methadone maintenance	87	63

*\*Knowledge of Illegal Drugs*

Ninety-eight percent of prison officers had heard of all of the drugs listed (see Appendix B). The NWS showed that 97% of respondents' good general awareness of commonly used illegal drugs, such as cannabis and cocaine.

*Attitudes Towards Drug-Addicted Individuals*

Half of respondents in both studies agreed that most drug addicts were dangerous. Marginally fewer prison officers agreed that drug addicts had only themselves to blame for their problems than respondents in the NWS, which suggests that prison officers are slightly more sympathetic toward drug addicts than the Irish public.

One-fifth of prison officers said that drug addicts scared them while the NWS found that over two-thirds said they would be scared of drug addicts. One-third of prison officers said they avoid someone who was a drug addict while the majority of those in the NWS said they would avoid a drug addict. This implies that prison officers view problem drug users less negatively than the Irish population.

Most prison officers said that prisoners exaggerate their troubles to get sympathy while only two-fifths of the public agreed and one-third were uncertain. More officers disagreed that drug addicts were not given a fair chance to get along in society than the general public. Responses were the same for seeing drug addicts more as criminals than victims.

One-quarter of the NWS reported knowing a drug addict. A significant association was found between those who personally knew someone who was a drug addict and *the* respondent's agreement or disagreement with statements expressing sympathy or lack of sympathy for drug addicts. Half of prison officers reported knowing a drug addict. However, officers who reported knowing a drug addict were only marginally more sympathetic in their attitudes towards them than officers who reported not knowing a drug addict.

#### *Knowledge of the Harms and Dangers Associated with Illicit Drug Use*

Half of prison officers agreed that all illegal drugs were harmful to one's health while over three-quarters of the public agreed. One-seventh of prison officers agreed that if one tries drugs once one is hooked whereas half of NWS believed this. More prison officers than the public believed that occasional use of cannabis was not dangerous. Both prison officers and the public agreed that occasional use of ecstasy and heroin was dangerous.

#### *Support for Drug Prevention, Treatment and Harm Reduction Strategies*

A third of prison officers supported tougher sentences for those who misuse drugs whereas the NWS found the majority of the public supported this. Only one-third of prison officers said they were nervous of someone who uses illegal drugs whereas 51% in the NWS said they would be nervous of them.

Both prison officers and the public overwhelmingly supported drug prevention and drug treatment strategies. The public were not as enthusiastic when it came to harm reduction

strategies. They were less likely to support the provision of methadone maintenance to drug addicts than prison officers were. Nevertheless, they were more inclined to support the provision of clean needles and syringes than prison officers do.

These comparisons show that prison officers have more knowledge about illicit drugs than the public do. Prison officers are not as scared of drug addicts and are not as inclined to avoid them. Officers are slightly more sympathetic than the public but think that drug addicts overstate their troubles. The public supports needle exchange over methadone provision whereas prison officers support methadone provision over needle exchange. Prison officers are more aware of the harms and dangers associated with illicit drug use and the pharmacological affects of drugs than members of the public are.

#### **4.2.2 Prison Officers' Knowledge and Perception of Infectious Diseases within the Mountjoy Prison Complex**

Dillon found that prison officers had poor levels of knowledge and high perception of risk about contracting blood and airborne diseases in the prison environment.<sup>5</sup> Respondents reported not knowing enough about infectious diseases in order to take the necessary precautions. Older staff were better informed about infections though many had not received training.

##### *Characteristics a/Respondents*

Sample size in both prison studies was Similar. There was a higher response rate in Dillons study. Respondents' socio-demographic characteristics were similar in both studies.

##### *Knowledge of Infectious Diseases*

Respondents in both studies were uncertain around issues relating to hepatitis C. Dillon found respondents were unsure how hepatitis C could be transmitted. Half of respondents

in this study said it was possible to be vaccinated against hepatitis C and many were unsure.

### *Staff Training*

Lack of training for staff was highlighted by both studies. Dillon found that most respondents had not been trained to take the necessary precautions at work regarding infectious diseases. Most said they did not know enough to take precautions. The majority of participants requested various training programmes in infectious diseases. Most respondents in this study had not been trained in drug-awareness and were unsure of the pharmacological effects of illicit drugs. Respondents overwhelmingly agreed they were not provided with appropriate training but were willing to provide drug related services if appropriately trained. Older officers in both studies were unlikely to be trained in infectious diseases or drug awareness.

Common factors between studies have had similar responses and strongly indicate that prison staff are not trained to deal with issues such as infectious diseases and drug-related issues.

## **4.2 Limitations and Strengths of the Study**

The high level of participation, goodwill and co-operation achieved in this study from all respondents was due in no small measure to a desire on the part of staff in all prisons involved to contribute to the improvement of drug-related services and provisions in Dublin prisons. This was reflected in the high response rate.

A limitation of the study was that the results do not necessarily apply to non-high risk prisons within this penal jurisdiction. The prisons chosen were considered the epicentre of the drug problem in Irish prisons over the last 20 years. Drug cultures vary according to their location and not all prisons here have a heroin problem.

Another limitation to the study was that many of the statements in the questionnaire were not applicable to respondents working in the Training Unit, as it is a drug-free facility. Many questions explored the level of drug use and transmission methods practised in respondents' own prison. Further research would indicate whether staff in drug-free facilities have a better or worse understanding of drug issues than staff who work in high-risk prisons. As shown respondents from the Training Unit had significantly different attitudes to respondents from other prisons.

The results of this study indicate that there are small numbers of prison officers in higher ranks or with higher levels of education. This proved disadvantageous in for the purposes of analyses. When comparing responses of these groups with basic grade officers and officers with lower education, it was not always possible to develop significant association despite strong trends being observed. Stratification may have helped to address this issue. Unfortunately, information regarding the educational status of the cohort was not known before the study.

This is the first study to explore the drug-related knowledge and attitudes of prison officers. No other study has been identified by the author which tried to establish prison officers general knowledge of illegal drugs; evaluate their level of understanding of the harmfulness of illicit drugs; establish officers level of concern/anxiety about the drug situation; ascertain officers attitudes to drug users and drug using practices; establish their level of support for drug policy; evaluate officers standard of formal knowledge of drug awareness; assess their knowledge of infectious diseases; and assess officers attitudes to their training and development.

#### **4.3 Conclusions**

This study has indicated that the majority of Dublin prison officers have good knowledge of illicit drugs used in Dublin prisons. Few officers were found to be formally trained in

drug awareness. Most considered drug use commonplace among prisoners and were concerned about the drug situation in Dublin prisons. Respondents were found to have poor knowledge of the transmission methods of heroin and the pharmacological effects of various drugs.

Officers were found to be sympathetic towards drug users and had low levels of fear and social avoidance towards them. Respondents supported methadone maintenance provisions, drug treatment, and drug prevention strategies. However, respondents did not support provision of needle exchange or bleaching tablets. Yet the more education an officer had the more likely they were to support these strategies.

Many staff were unsure whether one could be vaccinated against hepatitis C. Most respondents said they did not have the knowledge and skills to deal with prisoners who use drugs. The majority of respondents said they were not provided with on-going and appropriate training to deal with drug users; to provide drug services; to help prevent and control the spread of hepatitis C; and to deal with drug addiction in their prisons.

It is essential that prison officers are adequately trained and are provided with the most accurate information available in order to carry out their job safely. In order to foster a more rehabilitative ethos within Irish prisons, especially in relation to drugs and drug awareness, it is essential to properly train and educate officers who interact the most with drug addicted offenders.

#### **4.4 Recommendations**

- All prison officers need to be adequately trained in basic drug-awareness at the initial phase of prison officer training
- All ranks of prison officers need on-going in-service training relating to all aspects of drug issues
- Officers need to be equipped with the knowledge and skills to deal with drug users

- Officers who spend the greater part of their work day with drug users (i.e. class officers) need further training in drug awareness and drug addiction
- Officers need to be provided with educational opportunities to enable them tackle drug addiction within prison
- Any policy proposal relating to drugs in Irish prisons needs a cost/benefit analysis
- Officers should be actively involved and consulted in policy formation regarding drugs
- The prison officers role needs to be defined within a drug rehabilitative context
- P. 19's need to be reviewed to assess their effectiveness in managing drug using prisoners in custody
- Drug services within Irish prisons need to be similar and accessible as drug services available to drug users in the community
- Prisoners need to be educated on health issues relating to drugs and drug use so they can educate each other on same
- An overall prison strategy needs to be devised integrating prevention, treatment and harm reduction strategies which is consistent across the Irish prison system

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## **Appendix A**

The following is an explanation of what a P. 19 is:

### **Rules for the Government of Prisons, 1947, Department of Justice.**

#### **Rule 68 (P.14-15)**

“A prisoner shall be guilty of a breach of prison discipline if he”-

“has in his cell or possession any unauthorised article whatever”.

The offender is then brought before a governor who reads the P. 19 to the offender in the presence of the officer who found the unauthorised articles and wrote the report. A punishment is usually administered at the discretion of the governor who is dealing with the P. 19.

#### **Rule 69**

A governor may order a prisoner to be punished by any one or more of the following:

- a) Close confinement for any period not exceeding three days
- b) Forfeiture of remission of sentence for a period not exceeding 14 days
- c) Suspension of and privileges for a period not exceeding two months.

**Appendix B**

**Drug-Related Knowledge and Attitudes of Prison Officers' within  
Dublin Prisons:**

**1. Which of the following drugs have you heard of?**

	Yes	No
Cannabis e.g. hashish, marijuana, grass		
Ecstasy e.g. E/E tablets		
Cocaine		
Heroin e.g. smack, gear		
LSD e.g. acid		
Amphetamines e.g. speed		

In the following section you will find some statements/questions about drug use and drug users. I am interested in **ILLEGAL** drug use and users: so please bear this in mind when answering. You will find here the sort of statements made by various people at various times to express their **own opinions** about these issues. These statements do not necessarily express **my** feelings. I am interested in finding out what you feel **i.e. your opinion about these issues**. There are no right or wrong answers to any of these statements on which people have widely different views. Try not to rush, nor to take too long over any question.

Some of the statements/questions deal with issues related to illegal drugs and their use in Irish society in general, while others are related to illegal drugs and their use specifically in the **prison** setting. When asking about prison I am asking about the prison in which you are **currently based (specify)**, so please keep this in mind when answering.

As it is likely that you will have stronger views about some of these statements than about others, I have provided three degrees of agreement and three degrees of disagreement for each statement.

**2. The media exaggerates reports about the extent of drug usage amongst prisoners in this prison.**

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

**3. All illegal drugs are equally harmful to your health.**

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

4. Drug addicts are not given a fair chance to get along in society.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

5. Drug addicts charged with petty offences should be given a choice between treatment and a prison sentence.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

6. In prison, treatment should be available to all drug addicts, according to their needs.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

7. Prison provides a suitable environment for people to receive treatment for drugs related infectious diseases (hepatitis C and HIV).

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

8. All prisoners in this prison should be offered hepatitis B vaccination regardless of their drug using history.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

9. There is a need for further training of prison officers in the area of drug use.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

10. Drug use is an issue faced by most prisoners in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

11. Most prisoners smoke cannabis while in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

12. Someone who takes cannabis every day is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

13. Drug addicts really scare me.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

14. Occasional use of ecstasy is not dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

15. Prisoners should be involved in educating each other on health issues related to drug use.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

16. Prison authorities should provide needles and syringes to drug addicts in this prison to avoid the spread of HIV and hepatitis.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

17. Most inmates in this prison are here because of their drug use.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

18. To reduce the number of drugs being smuggled into this prison, screened visits should be introduced for all prisoners.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

- 19 All heroin addicts should be offered a methadone detoxification upon imprisonment.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

20. Providing bleach tablets within this prison to clean injecting equipment would be likely to encourage drug use among prisoners.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

21. The same drug treatment services available to drug users in the community, should be available to drug users in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

22. Prisoners who are stoned can be seen in this prison on a daily basis.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

23. Most injecting drug users share needles when they inject heroin in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

24. All prisoners in this prison who are HIV positive should be given the opportunity to access treatment for this infection while in prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

25. People should be permitted to take hashish or marijuana in the community.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

26. I would be nervous of someone who uses illegal drugs.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

27. I would see drug addicts more as criminals than victims.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

28. Imprisonment provides a good opportunity for drug using prisoners to engage in treatment.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

29. Regular use of cannabis is just as dangerous to your health as regular use of heroin.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

30. No matter what measures are taken by the prison authorities, drugs will continue to be used in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

31. The provision of a needle exchange programme within this prison would present a threat to prison staff.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

32. Drugs are not really a problem to us here in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	

33. Where prisoners are addicted to opiates (e.g. heroin), they should be given access to a methadone maintenance programme while in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor	Agree Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7	



34. Drug users often move from smoking heroin to injecting heroin while in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

35. This prison is too tolerant towards drug users.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

36. People who end up with a drugs problem have only themselves to blame.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

37. I would tend to avoid someone who is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

38. If you try drugs, even once you are hooked.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

39. Providing a needle exchange programme within this prison would be likely to encourage drug use among prisoners.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

40. Tougher sentences for drug misusers is the answer to the drugs problem.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

41. In this prison, treatment should only be given to drug addicts who intend to give up drugs for good.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

42. Most prisoners have used an illegal drug at some stage in their lives.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

43. All prisoners in this prison who have hepatitis C should be given the opportunity to access treatment for this infection while in prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

44. I would tend to avoid a prisoner who is a heroin addict.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

45. It is very difficult for drug users to access clean injecting equipment in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

46. Someone who takes heroin every day is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

47. The drug problem in this prison is out of control.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

48. Occasional use of cannabis is not dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

49. The provision of a needle exchange programme within this prison would present a threat to prisoners.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

50. P19's are a good way of managing prisoners who are found to be using illicit drugs in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

51. Most prisoners take heroin while in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

52. Many drug addicts exaggerate their troubles to get sympathy.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

53. Heroin tends to be injected rather than smoked by drug users who use when in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

54. Almost all drug addicts are dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

55. Most prisoners in this prison use drugs.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

56. Someone who takes unprescribed benzodiazepines (e.g. valium) every day is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

57. Occasional use of heroin is not really dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

58. I would tend to avoid a prisoner who is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

59. All prisoners should have the option to serve their sentence in a drug free wing.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

60. I personally know someone who has/had a drug problem.

Yes	1	No	2
-----	---	----	---

### **Knowledge of Drug-Related Infectious Diseases**

In the following section, I am going to make a number of statements about drug-related infectious diseases i.e. hepatitis and HIV, and I would like you to answer whether you think these statements are true or false. After answering these questions, I will tell you the correct answers and explain why they are the correct answers. In addition, if you have any questions on the subject I will try to answer them for you.

61. Steeping needles and syringes in bleach for six hours does not kill HIV.

True	False
------	-------

62. Rinsing needles and syringes several times in cold water does not kill hepatitis C.

True	False
------	-------

63. If all the blood is washed off a needle or syringe, it can still transmit HIV.

True	False
------	-------

64. If all the blood is washed off a needle or syringe, it can still transmit hepatitis C.

True	False
------	-------

65. It is possible to be vaccinated against hepatitis B.

True	False
------	-------

66. It is possible to be vaccinated against hepatitis C.

True	False
------	-------

**Prison Officers' Training and Development**

67. I have the knowledge and skills to deal with offenders who misuse drugs in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

68. The Prison Service provides me with the appropriate training I require to deal with drug users.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

69. The Prison Service provides adequate opportunities to complete formal studies that have enabled me to tackle drug addiction in my prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

70. The Prison Service provides adequate continuing education to inform my understanding of the drug problem and drug services in my prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

71. I feel that, given the proper training, I could help provide services that deal with the drug problem in my prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

72. The Prison Service has provided me with the opportunities to complete formal studies that have enabled me to help prevent and control the spread of hepatitis C in my prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

73. I have enough knowledge to protect myself from contracting hepatitis C in this prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

74. I feel, that given the appropriate training, I could help the control of hepatitis C in my prison.

Disagree strongly	Disagree moderately	Disagree slightly	Neither Agree nor Disagree	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

**Background Information**

**Finally, can I ask some details about you?**

(Please tick where appropriate)

75. **Age**

21-24       35-44

25-34       45-60

76. **Gender**

Male.....

Female.....

77. **Marital status**

Single.....

Married.....

Other.....

78. Highest Level of Educational Achievement:

Primary education .....

Lower secondary .....

**Upper secondary**

– Technical or Vocational .....

– Leaving Certificate .....

– Both Technical/Vocational & Leaving Certificate .....

**Third Level**

– Non-Degree Qualification .....

– Primary-Degree .....

– Post-graduate Degree .....

79. At what age did your formal education cease? .....

80. Length of service .....

81. **Prison rank**

Officer .....

Assistant Chief Officer .....

Chief Officer .....

Assistant/Deputy/Governor .....

Trades Officer .....

Medical Orderly/Nurse .....

Industrial Supervisor/Equivalent .....

Clerk .....

Other, please specify .....

82. **Have you ever attended any of the following?**

- Basic Drug Awareness course .....
- Drug Awareness training weekend.....
- Drug Awareness for Voluntary Leaders.....
- Community Drug Awareness programmes.....
- Foundation level training in Drugs and Addiction Education.....
- Addiction Studies Certificate .....
- Diploma in Addiction Studies .....
- Others, please specify .....

83. **Have you ever applied to the Prison Service to do any of the above-mentioned**

courses?  If yes, please give details .....

.....

.....

.....

.....

**Do you have any comments?**



## Appendix C

### *Survey of drug-related knowledge and attitudes among prison officers' in Dublin prisons.*

#### **Who is doing the research?**

Officer Anne-Marie Allen who is completing a Masters' in Community Health will carry out the research under the auspices of the Department of Community Health and General Practice, Trinity College, Dublin.

#### **Why is the survey being done?**

There has been little or no research carried out with prison officers to assess their drug-related knowledge and attitudes. The objectives of the study therefore, are to focus on prison officers' knowledge and attitudes to illicit drug use and drug users in prison. The results of this survey will help to address the issues relating to drug use in prison.

#### **Who should take part?**

Prison staff from all grades will be eligible to take part in this study. Payroll numbers will be used to select a random sample of staff. This method will help to ensure that each member of staff has an equal opportunity of being selected and the confidentiality will be maintained at all times. Your participation in the study is voluntary. Each participant will be asked to complete a questionnaire. Participation from approximately 300 officers will be required for accurate findings. For this reason I hope that staff will complete the questionnaire.

#### **Is it safe to take part?**

It is important that participants feel safe filling in this questionnaire. The questionnaire is anonymous. The researcher will be available to discuss issues regarding confidentiality of respondents prior to commencement of the research. The issue of confidentiality has been addressed with the Prison Governor, the Staff Service Officers, and the Prison Officers Association.

#### **Analysis of data?**

The researcher under the guidance of Trinity College, Dublin, will carry out all statistical analysis on the data. Recommendations on prison officers' drug awareness will be made based on these findings. The findings of the survey will be made available to all prison officers', governors and to the Department of Justice, Equality and Law Reform.

*Thank you very much for your co-operation.*

## **Appendix D**

Dear Governor,

I am writing to seek permission to carry out a random survey of prison officers within your prison. The survey will be part of a research proposal to explore the drug-related knowledge and attitudes of prison officers' in Dublin prisons. Officer Brendan Dillon conducted a similar survey into prison officers' knowledge and perceptions of infectious diseases last year.

I am a prison officer attached to Cork prison and I am currently pursuing a Masters' Degree in Community Health and General Practice under the auspices of the Department of Community Health and General Practice, Trinity College, Dublin. The College, prior to completion of the degree, will verify the research work.

The objectives of the study are to explore the drug-related knowledge and attitudes of prison officers' in 'high-risk' prisons in Dublin. To date no research has been carried out into prison officers' knowledge and attitudes to drugs on a national or international level. I feel that it is important that this issue is addressed sooner rather than later.

Prison officers from all grades will be eligible to partake in this survey. Payroll numbers will be used to select officers at random. This method will help to ensure that confidentiality of participating officers will be maintained through out. Self-administered questionnaires will be used to collect the data. All information supplied by the participants will be voluntary. For accurate findings to be reached a sample size of 260-340 prison officers will be required from the Dublin prisons. To achieve this, I hope to get a good response from staff.

The questionnaire is designed to ensure that the confidentiality of participants will not at any stage be compromised. The identity of participants will also remain anonymous. Ethical permission has been sought from Trinity College, Dublin to carry out this survey. I will also address the issue of confidentiality through Staff Services Officers, and the Prison Officers Association prior to commencement.

Statistical analysis of data received will be carried out under the guidance of the Department of Community Health and General Practice, Trinity College, Dublin. The findings of the survey will be made available to all prison governors and officers through the normal channels.

Governors from the Mountjoy Complex, Wheatfield Place of Detention and Cloverhill Prison have all been contacted and so far I have received a very positive response. The Prison Officers Association has also been contacted to set out criteria for the research. Your support and assistance would be greatly appreciated in relation to this survey. I hope to commence the survey the week beginning 23<sup>rd</sup> April 2001. Information posters are being forwarded to POA representatives and Staff Services officers.

Yours sincerely,  
Officer Anne-Marie Allen

## **Appendix E**

Dear Sir/Madam,

I am writing to seek your assistance to carry out a random survey of prison officers within your prison. The survey will be part of a research proposal to explore the drug-related knowledge and attitudes of prison officers' in Dublin prisons. Officer Brendan Dillon conducted a similar survey into prison officers' knowledge and perceptions of infectious diseases last year.

I am a prison officer attached to Cork prison and I am currently pursuing a Masters' Degree in Community Health and General Practice under the auspices of the Department of Community Health and General Practice, Trinity College, Dublin. The College prior to completion of the degree will verify the research work.

The objectives of the study are to explore the drug-related knowledge and attitudes of prison officers' in 'high-risk' prisons in Dublin. To date no research has been carried out into prison officers' knowledge and attitudes to drugs on a national or international level. I feel that it is important that this issue is addressed sooner rather than later.

Prison officers from all grades will be eligible to partake in this survey. Payroll numbers will be used to select officers at random. This method will help to ensure that confidentiality of participating officers' will be maintained through out. Self-administered questionnaires will be used to collect the data. All information supplied by the participants will be voluntary. For accurate findings to be reached a sample size of 260-340 prison officers will be required from the Dublin prisons. To achieve this, I hope to get a good response from staff.

The questionnaire is designed to ensure that the confidentiality of participants will not at any stage be compromised. The identity of participants will also remain anonymous. Ethical permission has been sought from Trinity College, Dublin to carry out this survey. I will also address the issue of confidentiality through Staff Services Officers, and the Prison Officers Association prior to commencement.

Statistical analysis of data received will be carried out under the guidance of the Department of Community Health and General Practice, Trinity College, Dublin. The findings of the survey will be made available to all prison governors and officers through the normal channels.

Governors from the Mountjoy Complex, Wheatfield Place of Detention and Cloverhill Prison have all been contacted and so far I have received a very positive response. The Prison Officers Association has also been contacted at a national level to set out criteria for this research. I hope to receive your support and your assistance in relation to this survey. I hope to commence the survey the week beginning 23<sup>rd</sup> April 2001. I enclose an information poster for your attention, which you may wish to photocopy and distribute on staff notice boards.

Yours sincerely,  
Officer Anne-Marie Allen

## Appendix F

# Staff Survey

A **staff survey** is to be conducted into 'prison officers' drug-related knowledge and attitudes' in six 'high-risk' prisons in Dublin. The prisons are as follows:

1. **Mountjoy Male Prison**
2. **Dochas Centre**
3. **Training Unit**
4. **St. Patrick's Institution**
5. **Wheatfield Place of Detention**
6. **Cloverhill Prison.**

The **staff survey** is to be conducted by Officer Anne-Marie Allen, who is attached to Cork prison, as part of a Masters' Degree in Community Health in Trinity College, Dublin. The study will be conducted during April and May 2001. Prison officers from all grades are eligible to participate. Pay roll numbers will be used to select officers at random. This will help to ensure **confidentiality** throughout. The identity of participants is anonymous. Ethical permission has been sought from Trinity College, Dublin.

Self-administered questionnaires will be used to collect the data. Participation is voluntary. A sample size of **300 prison officers** from the Dublin prisons is required to reach accurate findings. To achieve this I hope to get a good **response** from staff.

Statistical analysis of the data will be carried out under the guidance of the Department of Community Health and General Practice, Trinity College, Dublin. The findings of the survey will be made available to all prison officers and governors through the normal channels.



*Your support would be greatly appreciated. Thank you.*

**Reminder**

*All questionnaires on the 'Drug-related Knowledge and Attitudes of Prison Officers' to be returned to Chief Greaney's office as soon as possible.*

*Your co-operation would be greatly appreciated.*

*Thank you.*