Irish Prisons Service
Seirbhis Phriosuin na hEireann

Report of the Steering Group On Prison Based Drug Treatment Services

July 2000

Prison Based Drug Treatment Services in the Eastern Regional Health Authority Area - Steering Group Report

Executive Summary

Historical Background

The drug misuse problem has scarred every comer of Ireland and no community is untouched by it's effects. The widest "ripple effect" has been in the successive waves of property crime by offenders seeking to fund their addiction but the deepest levels of suffering have been in the individual families and communities ravaged by drug addiction itself.

The Irish prison system began to encounter the problem of drug dependency for the first time in the early 1980's and since then, many offenders with a serious drug problem have gone through the system.

In 1996, a formal, structured drug project in Mountjoy Prison and the Training Unit was launched where humane detoxification and systematic counselling were combined together with a drug free prison option for successful "graduates" of the Mountjoy treatment programme. At the time, prison officials were more than uneasy about the inadequate level of resources going into the project in terms of drug counsellors and medical and nursing support. However, this project was proceeded with and has proven to be a highly successful model for drug treatment in the prison system albeit with continuing concern that resources were overstretched in its delivery and that some key result areas like long term recovery were undermined through lack of specialist staff.

At the end of 1999, the Minister for Justice, Equality and Law Reform, following discussions at Interdepartmental level requested the director General of the Prisons Service to establish and chair a new Steering Group on Prison Based Drug Treatment Services. The Group consists of senior prison staff, representatives of the Department of Justice, Equality and Law Reform, Prisons Psychology Service, Probation and Welfare Service, Prisons Education Service, the Director of Prisons Medical Services and several nominees of the Eastern Regional Health Authority. The Group has met on five occasions between January and June, 2000. A smaller Sub-Group was established to examine the finer details required and this Group met on an almost weekly basis from March, 2000 onwards.

General Approach by Irish Prisons Service to Drug Treatment in Custody

The Irish Prisons Service has responsibility for the provision and maintenance of a secure, efficient and progressive system of custody and rehabilitation for offenders committed to prison. The Service aims to) treat offenders while in custody with care, justice, dignity and respect with particular emphasis on health, education, training, offender welfare and rehabilitation. The Service acknowledges that it has an essential role and duty to perform in tackling drug misuse and that this role must be undertaken in. a co-operative and co-ordinated way with other government departments, statutory agencies, prisoners and their families and the wider community.

Agencies addressing the multi factorial causes of drug misuse and offending behaviour within and outside prison have to work effectively together to ensure continuity of effort and service. This can best be achieved by a commitment to planned prisoner throughcare and aftercare (positive sentence management). Interagency working relationships should be based upon multidisciplinary integrated service provision in terms of assessment, intervention strategies and measures to promote prisoner integration into the community.

From a policy perspective, one of the main conclusions is that the Prisons Service must replicate in prison to the maximum extent feasible the level of medical and other supports available in the community

Outside. In this way, the individual treatment needs of each prisoner will be met using the full range of prison based services. To the maximum extent possible, the opportunity which prison offers for a drug dependant person to access treatment must be vigorously pursued in all cases. The necessity for throughcare to ensure prisoners in recovery from drug dependency are securely transferred to a drug free area within the prison setting or to effective community based treatments and supports on release is emphasised by the Steering Group.

It is the view of the Steering Group that there is a need_to challenge and change the inmate culture in some of the prisons vis a vis drug misuse and promote effective ways in managing drug-addicted prisoners. This involves the provision of different types of clinical and psychosocial methods of drug treatment as well as the construction of regimes, which would support such methods. Without relaxing or reducing enforcement activity to prevent access to illegal drugs in the prisons, there is a requirement to deepen the knowledge of the prisons discipline staff who work with substance misusers and to train a significant percentage of them to work directly with prisoners in a treatment programme context. State registered nurses are now being directly recruited into the Prisons Service and in Cloverhill Prison alone, the new remand prison, there are now no less than 15 state registered nurses. The Steering Group felt that this group of prison staff had a particularly valuable role to play in drug treatment for prisoners.

The potential for lack of communication and fragmentation of services exists in all complex organisations. By addressing co-ordination, communication and multi disciplinary issues, staff members will have a greater appreciation of each other's roles and a greater unity of purpose. The local prison Communicable Diseases Group provide the opportunity for an integrated approach. It is envisaged that the role of these groups will be expanded to further enhance both the drug treatment services along with the prevention of communicable diseases. It is proposed that the local Communicable Diseases Groups would appoint members to sit on liaison committees with local community and voluntary organisations to enhance throughcare opportunities for prisoners. It is also recommended that the National Steering Committee on Communicable Diseases in prisons and the local Communicable Diseases Groups should review the infectious disease initiatives currently in place in the light of the new developments outlined in this report.

Mountjoy Prison - National Drug Treatment Centre?

Over the past 20 years, Mountjoy Prison, now 150 years old, has been at the epicentre of the drug problem in Irish prisons. Now that Mountjoy is no longer the main Remand Prison for the State, the number or remand prisoners is falling very rapidly there. This presents a unique opportunity to refurbish the prison and to concentrate the country's prison based drug treatment services there. A multi disciplinary committee established to examine the physical refurbishment required, the Mountjoy Complex Redevelopment Group (chaired by Governor Lonergan), has recently recommended that the complex should play a significant role within the overall drug treatment services regime for prisoners (Appendix 1). The blueprint for the new Mountjoy envisages the use of drug free wings at the prison and the parallel designation of landing where methadone maintenance would be provided on an ongoing basis. This activity will require to be supported by nurses, counsellors, psychologists, psychiatrists, probation and welfare officers, as well as prison staff. The Prisons Service has reached broad agreement with the Eastern Regional Health Authority as to the numbers of additional staff involved who will remain Health Authority employees while being based at the prison.

Cloverhill Remand Prison

Cloverhill Prison will hold up to 400 prisoners on a daily basis but as the main committal prison in the State, it is expected to have a throughput in excess of 9,000 prisoners per annum - more than the rest of the prison system put together. It is estimated that approximately 120 prisoners per month at Cloverhill will require methadone support (detoxification) and up to 50 additional prisoners per month will be on

methadone maintenance. Cloverhill Prison will, in particular, due to the high level of committals and turnover of prisoners, be at the core of suicide prevention, early medical and psychiatric detections and interventions. At Cloverhill a new stratified approach utilising nurses, counsellors, doctors and psychiatrists will be implemented to enhance suicide prevention is recommended and the Prison Governor will be asked to pursue this recommendation with all relevant staff interests as well as the forensic services.

The Group recommends that the staffing support required for drug treatment services and other medical/psychological support in Cloverhill Prison, in particular, should remain under active review locally and at a national prison management level.

Partnership with the Wider Community

Voluntary drug treatment organisations and Task Forces based in local communities, especially those in which the majority of offenders normally reside, are central to the throughcare and aftercare arrangements for prisoners in receipt of drug treatment in custody. The Steering Group consulted widely with external groups in preparing this report. A public advertisement inviting submissions from interested parties was placed in the national newspapers on 27 January, 2000. A total of twenty two submissions were received from various parties such as health care professionals, community and voluntary groups as well as from individual members of the public. The Steering Group particularly welcomed all these submissions and all of them were considered in finalising this report. The Group noted and adopted recommendations made by a number of external organisations and individuals in relation to the following:

- Adoption of psychosocial/"holistic" approach
- Sentence management approach
- Investment in training of prison staff
- Use of multidisciplinary teams

In addition, the Steering Group met with three leading representative organisations from the voluntary and community sector on 30 May, 2000. Direct membership of the Steering Group was sought by a number of community and voluntary organisations. The proposition was discussed at length but the Steering Group were not able to agree to this proposal. However, the Group did feel that a more appropriate development at this juncture would be full discussions, at reasonable intervals, between the Steering Group and these representative groups and the establishment of local liaison systems at individual prison level. The Governors or Mountioy Prison, Cloverhill Prison and St. Patrick's Institution have subsequently been requested to establish liaison groups with relevant community interests to facilitate dialogue and throughcare for persons treated in prison for drug dependency and with a view to enhancing the partnership approach to this issue. The Governors concerned have all agreed to this request.

The Prisons Service will also be asking the Governor of the Training Unit to establish a similar group.

Staff Interests

The support of staff interests is essential to the drug treatment ethos in the prison system. A multi disciplinary approach in providing drug treatment services for prisoners is proposed in this report in order to enlist the support of staff in all disciplines and at all levels of responsibility in the Prisons Service. In addition to the first core group of prison staff in Mountjoy and other prisons involved receiving training, all prison staff in the relevant institutions should receive three days training in the first year and a one day refresher course per annum thereafter. The positive contribution of each prison staff member would be sought to create a supportive environment for all prisoners who wish to benefit from purposeful activity and appropriate treatment for substance abuse and drug dependency. The involvement of discipline staff and teachers at the prison would be essential if the new treatment ethos for the institutions concerned is to be achieved and sustained.

Costings

It is difficult to forecast the precise costings involved in implementing all the recommendations of the Steering Group. The majority of the costs, however, will relate to salaries for the required posts. In the normal course there would be substantial expenditure on overtime in order for prison staff to be released for training purposes on the scale envisaged. However, the imminent proposed decommissioning of two wings in Mountjoy for refurbishment purposes can be timed to coincide with the training programme and thus drastically reduce, if not eliminate, the overtime requirement to free up Mountjoy staff for training in this area. The precise costings in relation to the necessary posts can be established by the Eastern Regional Health Authority and the Irish Prisons Service respectively when government approval in principle for this proposed treatment approach is being sought.

Evaluation

These proposed new initiatives offer a unique opportunity for evaluation of drug based services within the prison system. This could include a review of the effectiveness of the programmes as well as the effect on re-offending behaviour once prisoners are released to the community. The Steering Group strongly recommends that review and evaluation systems for the new prison based drug treatment services be established from the outset. A number of the submissions received also made similar recommendations in this regard.

Implementation

It was also felt that in order to support the implementation and refinement of the proposals in the Report, the Group should continue to function for at least the next two years, altering its membership when operationally necessary.

Areas which will be examined in detail by the Steering Group

Although the Steering Group discussed the drug treatment service needs of the Training Unit in broad outline, a more detailed review and recommendations is required and will be made by the Group when it reconvenes in the Autumn. Wheatfield Place of Detention was not reviewed by the Steering Group. However, it is envisaged that equivalent drug treatment will be required for that institution. A possible residential community within/without the walls of the Mountjoy Complex has been suggested as playing an important future role in the prisons drugs strategy. Both Wheatfield and the suggested residential community will also be examined in detail by the Steering Group in the Autumn in consultation with all relevant interests including local prison managements.

Representations have been made to the Steering Group from a number of sources to examine the feasibility of granting incentives - such as short periods of temporary release at regular intervals or enhanced privileges, to suitable prisoners who continue to remain drug free over a specified period, having successfully completed a detoxification programme, or actively participate in a drug treatment programme. This proposal which has a considerable policy dimension will be examined further when the Steering Group reconvenes.

SPECIFIC RECOMMENDATIONS

Administrative Co-ordinator

The Group has recommended the appointment of a senior figure from the Eastern Regional Health Authority for the overall co-ordination of substance misuse services for all prisons in the Dublin area.

Assistant Training Officer

The training of discipline staff in direct work with drug dependent prisoners will require the appointment of a new Assistant Training Officer for the Prisons Service. The Post, which is at Assistant Governor level will be based at Mountjoy Prison.

Co-ordination of the Delivery and Dispensing of Pharmaceutical Products

The current lack of professional pharmacy arrangements for the control and dispensing of medicines to prisoners was regarded by the Group as being unacceptable. In particular, the medical members of the Steering Group expressed concern that a Chief Pharmacist had not been appointed to the Prisons Service to replace the last holder of this office who resigned for career reasons in 1998. The Group agreed to request that the rates of pay currently being offered for the post of pharmacist in the Prisons Service should be reviewed by the Department of Finance with a view to sanctioning appropriate levels of pay to attract suitable candidates to the post.

Mountjoy Prison

Briefly the staff levels proposed to be employed are as follows:

Medical Unit Mountjoy -	2 nurses by day, 1 nurse by night. Representing panel of up to 8 nurses.
Counselling	8 professionally qualified Health Authority drug counsellors will be required for the Mountjoy Complex (includes 1 each for the Dochas Centre, Training Unit and St. Patrick's) - 5 for the main prison (including 1 senior co-ordinating counsellor).
Psychology and Probation	1 additional Prisons Service psychologist primarily to support and train Services prison officers working with drug offenders at the complex is envisaged. 3 extra Probation Officers at the prison have been recommended to support the new drug treatment regimes there.
GP's	2 full time equivalents including a number of part time posts and a GP Drugs Treatment co-ordinator post are required and are already in place.
Consultants in Substance Misuse	At present 2 sessions by a.psychiatric consultant per week are provided by the Health Authority to the main prison and are regarded as sufficient to meet anticipated needs in this respect.

Medical Secretary	A medical secretary is proposed to be appointed by the Health Authority at the Mountjoy complex to co-ordinate all the medical interventions in relation to drug treatment on site.
A Group of 50 Prison Officers	will receive specific training, starting this year, in direct work with drug dependant prisoners. A core group of 25 officers will be working specifically with substance misusers with an additional 25 officers being used as backing staff. It is proposed that a further 50 staff will be brought into the specific training within 12 months of the first group starting training. The envisaged length of the first stage course is two working weeks per officer (10 days) with subsequent annual refresher courses. It is proposed that staff in the Mountjoy Complex who agree to receive this training would be expected to serve in a relevant capacity in this respect in any institution within the Complex. The precise course content for the officers is to be worked out in consultation with the Governors concerned and the relevant medical and other interests. An outline of the proposed structure is set out in the main body of the report.

Dochas Centre (Womens Prison)

The staffing developments proposed are as follows:

GPs	Two thirds full time equivalent is necessary to cover both primary care and substance misuse treatment.
Officer Training	A core group of 24 officers will receive the specific training as drug awareness workers.
Counselling	One professionally fully qualified Health Authority drug counsellor is proposed to meet the requirements of the Dochas Centre.
Psychology and Probation Services	One Prisons Service psychologist and an additional probation officer were identified by the Steering Group as being necessary for the Dochas Centre.
Consultant in Substance Misuse	The Steering Group propose psychiatric support of ½ session by a Health Misuse Authority psychiatrist weekly as part of one session shared with St. Patrick's.
Medical Secretary	Administrative support for drug treatment services in the Dochas Centre is Proposed to be met by the appointment of one full-time equivalent Medical Secretary.

St. Patrick's Institution

The Prison Authorities have proceeded with the establishment of D Wing as a Drug Free Wing at St. Patrick's Institution. The Steering Group have identified the following staffing levels to be employed to meet the requirements of St. Patrick's:

Nurses	The Group propose the recruitment of additional extra prison nurses to provide 7 day support for drug treatment in St. Patrick's - 3 nurses are envisaged as sufficient to provide this cover.

Officer Training	A core group of 20 prison officers in St. Patrick's will receive the specific training as drug awareness workers.
Counselling	One professionally fully qualified Health Authority drug counsellor is proposed to meet the requirements of St. Patrick's Institution.
Psychology and Probation Services	One Prisons Service psychologist and an additional probation officer are recommended for St. Patrick's.
Consultant in Substance Misuse	The Steering Group propose psychiatric support of ½ session by a Health Authority psychiatrist weekly as part of one session shared with the Dochas Centre.
Medical Secretary	The appointment of one full time equivalent Medical Secretary is envisaged to provide the necessary administrative support in St. Patrick's Institution.

Cloverhill Prison

The Steering Group recommend the following staffing levels for the new Remand Prison at Cloverhill:

GP's	The prison is being assigned 2 GP posts, full-time equivalents, under current plans.
Nurses	15 State registered nurses already assigned to Cloverhill will provide drug treatment services, in addition to their broader nursing duties. They may require top-up training in the medical needs of drug dependant prisoners - 3 to 4 days training per Nurse.
Officer Training	A core group of 30 prison officers in Cloverhill Prison will receive the specific training as drug awareness workers.
Counselling	One professionally fully qualified Health Authority drug counsellor is proposed to meet the requirements of Cloverhill Prison.
Psychology and Probation Service	A substantial cohort of probation officers-at the prison (up to 8) is envisaged by the Irish Prisons Service as necessary to support the prisoners welfare needs across the spectrum including problems of substance misuse (This figure will have to be negotiated with the Probation and Welfare Service management and the Department of Justice, Equality and Law Reform).
Consultant in Substance Misuse	1 session per week from an expert Health Authority psychiatrist in this area is recommended in this report to provide for the needs of drug dependent prisoners in Cloverhill Prison.
Medical Secretary	The appointment of one full time equivalent Medical Secretary is proposed as sufficient for Cloverhill Prison.

Training Unit

The proposed staffing levels to be employed in the Training Unit are as follows:

Counselling	One professionally fully qualified Health Authority drug counsellor is envisaged for the needs of the Training Unit.
Staff Training	Sufficient prison staff to support formerly drug dependent prisoners in the Training Unit to be trained for this task. The numbers involved are to be agreed with the Governor of the institution.

MAIN REPORT

STEERING GROUP FOR

PRISON-BASED DRUG TREATMENT SERVICES

POLICY

- Equivalent treatment as is provided in the community will be the standard set for drug treatment within the prison system.

- Prevention and early intervention needs to be implemented for those at risk, who have developed a dependence and who are risk because of substance misuse.

- The opportunity for the prevention of viral illnesses within the prison system needs to -be vigorously pursued.

- Those who are in treatment within the community will be given continuity of care and treatment when entering the prison system.

- Through-care to the community treatment programmes and follow-up aftercare are essential to the success of the initiatives within the prison system.

- A range of interventions specific to prisoners within the context of prison needs to be developed.

- Where a prisoner has a significant physical dependency on a substance, has not been in treatment before arrival in the prison, will in certain circumstances, for example, those who are HIV positive, or those on long sentences (so as to ensure community equivalent, thus assuring community equivalence of access); could apply for treatment within the prison to be commenced in a similar way as would apply in the community with similar waiting times applying.

- Prison is an ideal opportunity for some prisoners to commence Hepatitis C and HIV treatment, as they are often more stable in prison than they have been in the community. This needs to be reflected in staffing levels at medical level in order to avail of the opportunity to provide such treatment.

- There is a need for integration of existing programmes to provide rehabilitation opportunities for drug misusers who are stabilising their drug problem or who are abstinent. Where rehabilitation opportunities are not available these need to be developed.

- Staff training is required to assist in the building of multidisciplinary approaches, which are essential to the delivery of the policies, enumerated above.

TRAINING

The effective implementation of drug misuse interventions within the prison system are dependent upon motivated_staff, working towards a common purpose in an integrated and co-ordinated way. In relation to drug misuse, there is a need to shift the culture from a more custodial model towards the treatment and rehabilitation approach. Staff training is essential in skilling people and maximising the efficiency of effort in what is often an ever changing environment. Training should take place for all staff and should be within the first steps of implementation of these programmes. This should start with prison officers receiving training in understanding the implications of drug misuse in the community and within prison. It is also seen as important that prison officers are given skills training in specific interventions, for example training in the basics of motivational counselling and training prisoners in life and interpersonal skills. The potential for conflict between care and control issues also needs to be addressed. Stimulating thinking and lifestyle change among prisoners requires the development of a sense of responsibility, hope and empowerment. Prisoners can be assisted in this process by the contributions from all services within the prison. In a more subtle but effective way, prisoners can be assisted to change by discerning the behaviour of role models within the prison.

Training can also take place within multidisciplinary settings. For example, the current drug rehabilitation programmes in the Medical Unit, Mountjoy Prison, benefits from such training and this impacts directly on the delivery of services and local prison environment. Prison Officers are well placed to play a major role in this area.

STAFFING:

It is envisaged that to properly fulfil this objective there will need to be the appointment of a special Prisons Service Assistant Training Officer. It is proposed that this Assistant Training Officer would work in tandem with the Area Health Authorities training department(s) of the Drugs/Aids Services. The Assistant Training Officer would be overseen by the Prisons Service Training Officer, Deputy Governor Eamon Kavanagh, linking the post with the Prison Service Training Centre. It is recommended that the officer be given a one-year assignment in the initial instance for this post. This Assistant Training Officer will be responsible for implementing a full training package for all staff within the prison, who are working with drug misusers.

It is proposed that this training would compose of two levels. The first level will be a general education, basic skills- training and awareness training of drug problems for all prison staff in the relevant institutions. This will require three days of training for all staff in the first year and one day per year thereafter. The second level will be more specific training for a core group of staff who will be working directly with substance misusers, within the various treatment units, within the prisons. It was felt that the following areas would be critical to such a training programme:

- Prevention and intervention initiatives.

- Core training in substance misuse.

- Interpersonal skills training.
- Training in motivational conversations.
- Education on the spread of HIV and viral illnesses.
- Introduction to life skills training.
- Assertiveness skills training.
- Basic training in self esteem building.

It is proposed that this type of programme would involve ten days in the first year and two days per year thereafter. There is a need for an ongoing induction package for all staff at a basic level and also for the core staff, where an intake of core staff each year would need to be provided. It is difficult to define the number of core staff required, however estimates • would be as follows: it is envisaged that perhaps in the initial phases, that approximately 50 prison officers would need to be trained up in this core area, in the Mountjoy Men's complex. This would allow for 25 core staff with a backup of 25. The numbers for St. Patrick's would be approximately 20 required and for the Women's Prison 24, with the Training Unit requiring 16. In addition, staff should be freed up to partake of training in the community to further broaden their scope.

A yearly induction package, where new core staff would be trained each year, would need to be put in place. There is also a need for ongoing in-service training for the existing staff on a yearly basis. The training would also be aimed at other disciplines, including probation and welfare, counsellors, nurses, doctors and so forth.

MOUNTJOY MEN'S PRISON

It is envisaged that in the long term approximately 500 prisoners will be housed in Mountjoy Prison. A reasonable prediction is that approximately half of the prison places in Mountjoy will be specifically for prisoners with substance misuse problems. This allows for some concentration of prisoners with drug problems in Mountjoy Prison and is only an estimate.

Medical Unit:

It was agreed that the medical unit should be turned over fully for medical purposes as soon as this is operationally feasible. The top floor should continue to be used for detoxification and and as a rehabilitation facility. At present Programme 1, works at placing prisoners within the Training Unit and Programme 2 aims to place prisoners out in the community. It is also felt that the bottom floor should continue to specialise in the treatment of prisoners with substance problems who are HIV positive; these prisoners should be provided with methadone maintenance alongside their antiviral treatment and as this is the practice at present, they would receive stabilisation within this unit. It is proposed that the middle floor be used for the initial stabilisation of prisoners on methadone maintenance, however, there was quite a considerable discussion about the possibility that methadone maintained clients who come from the community and who are stable, could perhaps go straight into the drug free wing without needing to go to Medical Unit for stabilisation. After discussion, it was agreed, in principal, that it would be best, at least initially to keep a number of beds for the stabilisation of patients coming from the community who are on methadone maintenance; for the detoxification of those on benzodiazepines and for dual diagnosed patients so that these patients with more complex problems could be assessed by the consultant psychiatrist.

It is the Steering Group's view that the provision of specific general psychiatric beds should also allocated within this middle floor which would be available to the newly appointed forensic psychiatrist (this will require consultation with him). It is recognised that Hepatitis C treatment may become a growing issue as more effective treatments become available. Patients who are stable within the prison system may be ideally placed to avail of such new treatment protocols.

It was also agreed that there would be a Drug Treatment Wing in the main prison, in order to ensure beds becoming free in the Medical Unit. Similarly the policy of transferring patients to the Training Unit for prisoners graduating from the detoxification programme should be continued.

This Drug Treatment Wing would allow for patients on methadone maintenance and those abstinent to share an environment, which was free of illicit substances. It would require that all prisoners entering this wing would undergo voluntary urine screening on a twice-weekly basis to ensure that the unit was free of illegal substances. In particular the Drug Treatment Wing is the setting where those prisoners on methadone maintenance will be accommodated. Counselling, nursing and medical services also need to be part of the planning for the Wing

STAFFING FOR MOUNTJOY MEN'S PRISON

It was calculated that at any one time, there may be 60 prisoners in the Medical Unit with approximately a further 190 prisoners in the main prison, between the Drug Treatment Wing and the Training Unit, who would require continuing input and treatment for their substance misuse problems. The following staffing requirements were seen as necessary to provide drug treatment programmes to those prisoners:

Prevention:

Drug misuse prevention activities and harm reduction education work at the prison needs to be co-ordinated with existing Northern Area Health Authority initiatives in this respect and requires the input of the Health Authority's education officers and outreach teams.

Nursing Staff:

It was agreed, in principle, that two nurses by day and one nurse by night would be sufficient to cover all the medical requirements at the Medical Unit. This would require a panel of six to eight nurses to cover this rota.

Counselling:

A previous report by the Eastern Regional Health Authority (Mr David Wyse) had envisaged a total of twelve counsellors for the Mountjoy Complex. This included two for the Dochas Centre (Women's Prison), two for St. Patrick's Institution, leaving approximately 8 for the main Mountjoy Prison, with three of these being allocated to the Detoxification Unit, two to the Drug Treatment Wing and two to the Training Unit, with conceivably one senior co-ordinating all of the posts. It is the recommendation of the Steering Group that to have the community equivalent of one counsellor per fifty patients, it is proposed that five full-time counsellors for the main prison would be required. Recruitment may well be a problem as the Area Authorities are experiencing difficulties in recruiting counsellors to the services.

Psychologists:

The need for a psychologist to primarily support and train prison officers in brief interventions and to move them towards a more care orientated approach rather than a custodial type model, with the need for upgrading of skills, was agreed. There is also a need seen for Cognitive/Behavioural work directly with prisoners and also to train staff in this regard and also that there would be a limited need for psychological assessment, or neuropsychological assessment for some prisoners. The Steering Group recommends one full-time equivalent to fulfil such needs.

Probation & Welfare:

In order to ensure an active wing management and. through care plan for each prisoner and to implement the overall policies adopted by the Steering Group, additional Probation & Service input is required. The suggested ratio for Probation & Welfare Officers to prisoners is 1:50

and this figure is currently being discussed with the Probation & Welfare Service management and the Department of Justice, Equality and Law Reform. In order to implement full throughcare into the community, there will be a requirement for additional posts to provide aftercare. For the current plan to be implemented, ten full-time Probation & Welfare Officers are required in total with three extra posts being provided in addition to the existing seven full-time equivalent posts.

GP's Sessions:

It was felt that two full-time equivalent GPs, which is broken down into a number of part-time posts and a GP co-ordinator post (2 sessions), will successfully cover Mountjoy Prison. It was also agreed that only patients on methadone maintenance within the community would be given maintenance within the prison, except for those who are HIV positive or commencing HIV treatment, in the first instance, and that the rest of the patients would be offered a detox over a reasonable time period, within a minimum of 14 days where feasible.

Consultant in Substance Misuse:

At present, there are two sessions allocated to consultants in the male prison to cover the care of special beds for dual diagnosed patients within the middle floor of the medical unit, as well as providing consultation and-liaison to the GPs and other healthcare professionals. It is calculated based on this experience that one extra session will be sufficient to cover the same needs at the Dochas Centre and St. Patrick's Institution.

Administrative Staff:

There is a need for one full-time medical secretary to support these initiatives in the men's prison.

Prison Officers:

It is felt that if they are to get involved in active management and care of this prison group, special training will be required (see Training Section of this Report). Their role and participation in these drug treatment initiatives is seen as crucial to the success of these programmes. Three days of general training (level 1, see Training Section of this Report), would be provided in the first year and one day per year thereafter. A core group of prison officers working specifically with substance misusers will be 25, and an additional 25 backing staff will also need more specific training.

Outreach: Involvement of Community Groups and Non Governmental Organisations in Prisons Drugs Education, etc.

It is essential that the outreach teams and voluntary service workers in the community continue to work within the prison context with the rest of the team in terms of identifying harm reduction and early intervention in terms of needle use and substance misuse. Their role in terms of prevention measures with young people should be enhanced in liaison with

the education officers and in accord with the Eastern Regional Health Authority's strategy on education and early intervention and prevention.

The Health Authority's outreach team should continue to play a key role in the prevention of HIV, Hepatitis C and other viral related illnesses. Outreach's integration into the main interventions within the prison therefore needs to be acknowledged and further enhanced as the new treatment programmes are implemented within the Prisons Service.

TRAINING UNIT:

The Training Units population consists of approximately 90 prisoners. The Training Unit is seen as critical to the success of the overall initiatives for the treatment of drug misuse, which are undertaken in the main prison. In particular, the Training Unit has a role in continuing the rehabilitation process for prisoners who have become abstinent through the detoxification programmes. The Steering Group see it as vital that adequate follow through is provided in the Training Unit, this particularly relates to counselling and Probation & Welfare Service follow through. In particular, it is seen as essential that one full-time equivalent professionally qualified Health Authority counsellor should be appointed to the Training Unit.

A full rehabilitation programme needs to be put in place, in order to deliver on the potential of the Training Unit. The focus should be on personal development initially and this should include relapse prevention programmes. A number of staff from the Training Unit need to be assigned to core training to skill them up in terms of drug misuse, treatment, relapse prevention and rehabilitation.

Integration:

There is a need for integration of existing units of good practice, for example the gym, education units, school, workshops, training/work and the Connect Project. Individualised rehabilitation plans to give best effect to what is available. There is a need for the Training Unit to work closely with the Drug Treatment Wing in the main prison in order to provide an integrated service for drug misusers.

As would be true of the main prison, the Training Unit needs to strongly emphasise sentence planning and rehabilitation, which requires the further provision of Probation & Welfare Officers, who are key people in implementing through-care planning and linking with the continuity and aftercare services

The Training Unit is not covered comprehensively in this document but the Steering Group will conduct a more in-depth needs assessment on the institution in the Autumn.

OPEN CENTRES:

At present, Loughan House, Shelton Abbey and Shanganagh Castle are abstinence based open prisons which allow for further rehabilitation of prisoners before their return to the community. The Steering Group suggests that some similar opportunity be considered for those on methadone maintenance who have solid track records of compliance with prison rules and non drug abusing regimes and who are in the latter part of their sentences

DOCHAS CENTRE (MOUNTJOY WOMEN'S PRISON)

In a recent review in the Dochas Centre, between the 1st February and 14th March 2000, 112 women were committed to the unit, of which 58 were intravenous drug users. Of these, 21 were placed on a detoxification programme and 33 on maintenance; 4 were overnight stays. It is acknowledged that this number could be variable with perhaps up to 75% of those committed having drug problems, at any one time. Perhaps a useful average per month, for planning purposes, would be 40 patients with significant substance misuse problems who are either known or unknown to the service. Small numbers of pregnant women, who go through the Dochas Centre, also have substantial misuse problems.

Detoxification:

It has clearly been flagged that there is a need for a more structured detoxification programme on the women's side, to be linked with rehabilitation. At present, staff are not invariably using urine screening to confirm such detoxification and such universal screening should be introduced on a systematic basis in the near future. It was proposed that the possibility of creating a drug treatment house within the Dochas Centre should be explored, however, it is acknowledged that mixed common areas would make absolute segregation for an abstinent group impossible. The Steering Group recommends that perhaps a portion of the Dochas Centre could be made a de facto drug treatment area, where methadone maintained prisoners and those who are abstinent would have urine checks on a voluntary basis, and that this group would be segregated from active drug misusers to the maximum extent possible.

Counselling:

It is recognised that there is a core group of recommittals to the Dochas Centre. These women prisoners have a high level of psychological/psychiatric problems. In particular, they have problems such as low self esteem, post personality/developmental disorders and are generally a group with multiple problems. Because of these problems, this group are often continually recommitted by the courts to the Dochas Centre. It is felt that in a lot of cases this is a stabilising time for them (for example, growing numbers of women prisoners have problems securing adequate housing on the outside). It is envisaged that a comprehensive programme needs to be put in place for this particular client group. The timing of more in-depth interventions is seen as crucial. An example of this is that it may not be appropriate to delve in-depth into post traumatic stress disorder while they are in the early phases of stabilising. However, they will certainly need group work, self esteem building, confidence and assertiveness training. Because of the complexity and range of problems faced by this client group, the counselling component of their care would best be provided through their community counselling service thereby ensuring continuity of care. The Steering Group have identified a long-term key worker approach as necessary for this client group.

Prevention:

Drug misuse prevention activities and harm reduction education work at the Dochas Centre needs to be co-ordinated with existing Northern Area Health Authority initiatives in this respect and requires the input of the Health Authority's education officers and outreach teams.

Community Welfare/Probation Services:

It is also seen that for this core patient group there is a need for an active follow through programme to be devised . This should include sheltered residential accommodation after release from prison, with adequate aftercare. Such an initiative, although expensive initially, would reduce re-offending and re-committals to prison.

Staffing:

A multidisciplinary approach is already in existence in the Dochas Centre and this needs to be enhanced further by the provision of the following additional staff:

GPs

Two thirds full-time equivalent to cover primary care as well as substance misuse treatment to this client group and this should include specifically targeted family planning initiatives and where required, obstetrical care.

Nurses:

Six full-time equivalents are be required and we are happy to report that they are already in place.

Counsellors:

It is essential that the more recidivist group among the women prisoners be provided with key workers within the community, who can provide for their counseling needs. Within the Prisons Service itself, there is a need for a more generic approach which would include self-esteem building, life skills and assertiveness training. It will require one full-time equivalent professionally qualified counsellor to provide this type of service alongside the psychologist and other staff including the core group of prison officers.

Probation & Welfare:

One additional full-time equivalent Probation & Welfare Officer, specifically for the substance misusing women is required. Again the emphasis would be, as previously stated, on long-term follow through with strong links with aftercare and sheltered accommodation in the community for those who are appropriate to these services. This extra post will provide for the substance misuse aspects of the women prisoners and would form part of the proposed team of one Senior Probation & Welfare Officer and two Probation & Welfare Officers already proposed by the Probation & Welfare Service to the Department of Justice, Equality and Law Reform to staff the Dochas Centre.

Administrative Support:

One full time equivalent medical secretary will be required to provide specific support to the substance misuse services at the Dochas Centre.

Prison Officers:

Prison officers will be part of the core team in each of the units and will require appropriate training to prepare them in their enhanced role in the prevention and treatment of substance **misusers.**

Psychologists:

An additional full-time post in the Dochas Centre both to help support staff dealing with drug misuse and to work alongside the counsellor is recommended.

Consultant Psychiatrist in Substance Misuse:

½ session, as part of one session shared with St. Patrick's Institution is recommended.

ST. PATRICK'S INSTITUTION

St. Patrick's Institution is on the campus of Mountjoy Prison and caters for young males between the ages of 16 and 21 years old. It is calculated that somewhere in the region of 60% - 70% of this age group are misusing drugs of various types. There are approximately 203 inmates at present in St. Patrick's; with 28, 16 year olds and 35, 17 year olds. As the new Children's Bill will require that those under 18 will need to be housed in a separate institution away from the 18-21 year old group, they will therefore need separate provision.

One medical officer provides treatment for those with problems of drug misuse and opiate addiction. At present, there are approximately 12 young males on methadone maintenance and somewhere in the range of 20-30 young prisoners on a detoxification programme. Contact is made with the community services and there is good follow through in terms of treatment provision for those already receiving treatment within the community. However, the overall programme needs further support and enhancement with the provision of further links with community agencies and resources.

Prevention:

St. Patrick's Institution is an ideal opportunity for prevention and early intervention for those who may be dabbling with addictive substances and other dangerous drugs. Currently, prevention work is undertaken in St. Patrick's, however, these prevention initiatives will need to be further enhanced. It is suggested that there would be three layers to these programmes: The first being an overall campaign of awareness around drugs, particularly the dangers of addiction, death, psychiatric and psychological problems. The second level would be specific interventions around reducing harm of drug misuse, needle sharing, HIV, Hepatitis C and Hepatitis B prevention. The third level would be specific interventions with at risk individuals and for those who are seeking treatment.

Detoxification:

At present there are initiatives in St. Patrick's which work with inmates who are prepared **to** go drug free. This has been successful within the institution, however, there has been difficulty in finding placement for such individuals in residential agencies, in the community. Coolmine, Merchant's Quay and Cuan Mhuire have all contributed, but there has been limited access to places. It is hoped that the new Keltoi Downstream Residential Service being provided by the Eastern Regional Health Authority at St. Mary's in the Phoenix Park**,** which will have beds for adolescents, can help in this regard. It was agreed that those from St. Patrick's Institution would have equity of access to these beds, as would other community agencies and individuals.

Role of Community/Voluntary Agencies:

The Steering Group acknowledges that there are particular problems regarding drug misuse on a wide scale among young adults/adolescents in specific areas of Dublin. It was felt

important that whatever services were set up within St. Patrick's Institution would link with local community drug teams in these areas, in order to provide a follow through both pre-St. Patrick's and after release. It is recognised that young prisoners need a high level of psychosocial input and need a more intensive care programmes. The clinical unit manager's brief in St. Patrick's should include pulling together and co-ordinating drug treatment within the prison with the involvement of outside agencies such as community drug teams and relevant voluntary agencies.

Drug Free Wing:

The development of D Wing as a drug free area in St. Patrick's is welcomed as this is where preparation for release and pre-employment counselling is undertaken. It is envisaged that young males committed to St. Patrick's Institution will initially have a detailed assessment of their substance misuse problem and a detailed care plan will then be drawn up. This will include a follow through plan for both their prison stay and for aftercare. It is proposed that a detailed individualised treatment plan will be put in place, which will include follow through to D wing and preparation for release.

Staffing:

GPs

It was felt that there was a need for additional GP support to fulfil all the needs of St. Patrick's, both from a medical point of view and for drug treatment services.

Nurses:

The Steering Group recommend that one nurse, 7 days a week will be necessary to ensure the implementation of the drug treatment programmes. This will require an additional three fulltime equivalent nursing posts in St. Patrick's.

Counsellor:

A further one fulltime professional qualified Health Authority counsellor will be required for the counselling aspect of the programme.

Prevention/Education:

At present there is an excellent working relationship between St. Patrick's Institution and the Health Authority Education Service through the Communicable Diseases Committee. It was felt that this should be an ongoing initiative and would need further linking with the community.

Psychiatric Substance Misuse Input:

An additional ½ session per week would, it is felt, be sufficient for the needs of St. Patrick's. This session would provide backup to the medical-and drug treatment teams and will allow for specialist assessment when required.

Probation & Welfare:

There is a need for detailed care planning in this area by Probation & Welfare Officers. This will ensure rehabilitative through-care planning in order to structure the period of incarceration and link the inmates with appropriate aftercare services, as envisaged in the Young Offenders in Penal Custody Report, 1999. This is especially true for high-risk offenders who need linking with treatment services in this regard. The ratio of 1:50 officers per prisoner for all needs will include substance misuse.

Prison Officers:

A significant number of prison officers in each of the units will be part of the core team and they will require appropriate training to assist them in their role. This is particularly pertinent to the young offenders programme, where often prison officers act as parental figures, positive role models, etc. and already play an essential and very positive role in assisting the normal development of young inmates within the prison system which is insufficiently acknowledged.

Psychologist:

A key role is foreseen for psychological services in the young person's programmes, including prevention, group work and staff training. One additional full time equivalent prisons psychology service post is recommended.

Administrative Support:

One full time equivalent medical secretary will be required to provide specific support to the substance misuse services at St. Patrick's Institution.

CLOVERHILL PRISON:

The new Remand Prison at Cloverhill has a capacity for 400 prisoners. It is estimated that prisoners will spend an average of approximately 17 days on remand and therefore the turnover in Cloverhill is forecasted to be 750 prisoners a month.

It is considered that approximately 30% of this group will have significant substance misuse problems, which will require urgent addressing. The policy recommended by the Steering Group is that those who are opiate or also benzodiazepine or alcohol dependent and who are on treatment programmes in the community will continue these programmes. It is therefore estimated that 50 of those presenting with opiate dependence will require methadone maintenance programmes within Cloverhill Prison. It is likely that there will be approximately 120 prisoners per month requiring methadone maintenance.

A further 120 prisoners are likely to have significant opiate problems and not be in contact with services or receiving medical treatment. For this prisoner group, it is planned that they will receive a 14 day opiate detoxification within the institution. Those prisoners who are dependent on benzodiazepines will require at least a three week detoxification.

Suicide prevention is a very important aspect of the care of remand prisoners as there is a high suicide rate in this population group. There is strong evidence to link substance misuse with suicide in certain population groups. Accordingly, the Steering Group recommend that an in-depth stratified response to suicide prevention is undertaken in Cloverhill Prison. This stratified response would involve nurses and counsellors in the first instance with further levels of screening being provided by doctors, GPs and Psychiatrists. This response should be co-ordinated by the newly appointed forensic psychiatrist at the Dublin prisons thereby ensuring a co-ordinated approach.

Provision of Medical Space:

In order to ensure that prisoners have the opportunity to remain free from illegal substances while on methadone maintenance at Cloverhill, it is envisaged that there is a requirement to designate a special area for those prisoners receiving such treatment. The prison authorities should be requested to make the necessary arrangements in this regard.

Prevention:

Drug misuse prevention activities and harm reduction education work at the prison needs to be co-ordinated with existing Northern Area Health Authority initiatives in this respect and requires the input of the Health Authority's education officers and outreach teams

Staffing:

GPs

Approval has been obtained for the recruitment of two GP full-time equivalents to Cloverhill in order to cater for both the primary healthcare and substance misuse problems of this group of prisoners.

Substance Misuse Consultant:

The Steering Group have identified the need for a specialist consultant in substance misuse providing one session, to back up the teams providing substance misuse treatment to Cloverhill Prison.

Counselling:

As in-depth counselling will not be provided within Cloverhill Prison, it is envisaged that one full-time equivalent post will be sufficient for general counselling needs and to arrange suitable life-skills training, self-esteem building and other appropriate short term interventions for this client group.

Probation & Welfare:

As in other areas of the prison system, one Probation & Welfare Officer per 50 prisoners is the recommended level of cover. This issue is being negotiated with the Probation & Welfare Service management and the Department of Justice, Equality and Law Reform.

Prison Officers:

It is recommended that prison officers become part of the drug treatment core team at Cloverhill and in this regard, they will require appropriate training to assist them in their role (see training section).

Administrative Support:

Medical secretarial support will be critical in Cloverhill Prison as there will be a large turnover of prisoners. There will be a need to liaise quickly and efficiently with outside agencies in regard to treatment, etc. One full time equivalent post would be sufficient to deliver this administrative support.

Nursing:

There are 15 state registered nurses allocated to Cloverhill Prison. With proper allocation of this resource, this compliment will be sufficient to cover the nursing needs for substance misusing prisoners. There will be a need for one designated nurse for this population group and this would require 4 nurses to be allocated on a 24 hr basis, 7 days a week rota, as well as general treatment and detoxification programmes enumerated above. There is an opportunity for follow up vaccination boosters for Hepatitis B virus to be given within this context.

General Recommendations relevant to all Prison Services:

1. Training:

It is seen as vital that staff get adequate training at all levels in order to move towards a more treatment focused approach. In particular, prison officers will need training in intervention skills for drug misuse, including prevention work and perhaps basic skills training around motivational interviewing, so that they can intervene usefully with offenders. In particular, their role within St. Patrick's Institution is seen as critical in terms of providing role models for young males committed to their care.

Nursing staff will also need the required training in substance misuse to update their knowledge with current provision of treatment within the community. The same will apply to all staff grades, including GPs, counsellors, psychiatrists and so forth.

2. Through Care Planning:

It is the view of the Steering Group that those prisoners who have drug misuse problems need adequate through care planning in order to deliver adequate services. Particular attention should be given to case managers and, in particular, the role of the Probation and Welfare Service in regard to the long term rehabilitation planning and follow through in the community, in order to support good liaison between drug treatment services within the prison and the community.

3. General Psychiatry:

There is a need to integrate closely with psychiatric services. This includes areas of treatment such as dual diagnosed patients and suicide prevention. Substance misusers are at considerable risk of overdose and suicide. Suicidal ideation and intent needs to be very carefully assessed in this client group. It is understood that there are potentially many false -positives in terms of high-risk individuals, not withstanding these considerations there is a need for close liaison with the suicide prevention strategies and committees. In particular, there is a need for all medical personnel to do accurate risk assessment for suicide and assess mental health and substance misuse treatment needs.

4. Unit Co-ordinators:

There is a need for a clinical co-ordinator at unit level to ensure the full integration of treatment services. This clinical co-ordinator could be from any discipline, provided they have a 5-day per week commitment to the prison services. Nurses are ideally placed to fulfil this role but it could be any team member as appropriate. It is envisaged that there would be a need for approximately four such posts in Mountjoy itself, ½ for Mountjoy Men's Prison with a further ½ provided to the Training Unit, making 2 in total; 1 for the Dochas Centre and 1 for St. Patrick's Institution. There would be a similar requirement for 1 such post in Cloverhill Prison and 1 in Wheatfield Place of Detention.

5. Co-ordination Management:

The Steering Group recommend that an overall manager be appointed for the drug service provision within the greater prison system of the Eastern Regional Health Authority. This is an administrative post with full responsibility for operational matters throughout the Prisons Service in regard to substance misuse.

6. Urine Analysis:

The consensus is that it continues to be more economic to have the work conducted out by an outside laboratory rather than have this work done in-house (see report commissioned for the Prisons Service).

7. Information Technology:

There will be a need to integrate information systems, as both services are going through a process of upgrading information.

8. Evaluation:

Evaluation should be built in to the programmes from the outset and be process orientated. It **is** critical that the above interventions are properly evaluated. It is further recommended that after one year of operation a formal evaluation team would be employed by the Prisons Service to review treatment provision in the light of these initiatives. This should be a detailed evaluation looking at treatment, rehabilitation and re-offending. An audit/officer needs to be employed to implement this recommendation (see matters outstanding).

9. Implementation:

It is the recommendation of the Steering Group that it continues in operation for at least the next two years to follow through with these initiatives and to oversee their implementation within the Prisons Service.

Matters Outstanding;

- Co-ordination and dialogue with the Mountjoy Prison Redevelopment Group which is chaired by Governor Lonergan.

- Wheatfield Place of Detention: This institution has yet to receive an in-depth review in relation to drug treatment service required. Its needs will likely be similar to what has been enumerated for Mountjoy but will depend on how this prison is utilised. For example more emphasis on rehabilitation services might be an option. The needs of Wheatfield will be examined by the Steering Group when it reconvenes in Autumn, 2000.

- Training Unit: This institution, like Wheatfield, will receive an in-depth review when the Steering Group reconvenes in the Autumn.

- Role of Education: The linking with the Health Promotion Unit and education officers from the three Eastern Area Boards needs to be more carefully elaborated. It is of the ' utmost importance that education and prevention initiatives are linked with the overall Area boards' education strategy.

- Cloverhill Prison, St. Patrick's Institution, Mountjoy Prison, Training Unit: specific local committees require to be established to oversee the implementation of the treatment programmes for substance misusers.

- Residential Community within/without the 'Walls': This is an important option to be considered when attempting to provide a comprehensive range of treatment options. At present, Coolmine Community are providing a response in this area. This area should be researched in depth. All options should be looked at and may be funded as a separate project after in-depth consideration. This may require a specific sub committee to look in-depth at this proposal and outline a plan taking into consideration recent research on best practice within residential programmes. An Eastern Regional Health Authority team has recently reviewed such facilities and research with the UK and USA and this group's work could be drawn upon when such a subcommittee is set up.

- Evaluation: The Steering Group will consider the question of recruiting a research nurse/medical researcher to allow for an audit and research of these new treatment initiatives. The final shape of such a post will be considered in detail during this examination.

- The feasibility of granting incentives to certain prisoners who remain abstinent will be examined in detail by the Steering Group when it reconvenes.