

Inquiry into alcohol and substance misuse / Ymchwiliad i
gamddefnyddio alcohol a sylweddau
Evidence from Her Majesty's Chief Inspector of Prisons – ASM 22 /
Tystiolaeth gan Prif Arolygydd Carchardai Ei Mawrhydi – ASM 22

Response to the National Assembly for Wales' Health and Social Care Committee: Inquiry into alcohol and substance misuse

by Her Majesty's Chief Inspector of Prisons

Introduction

1. We welcome the opportunity to submit a response to the National Assembly for Wales' Health and Social Care Committee's inquiry into alcohol and substance misuse.
2. Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent inspectorate whose duties are primarily set out in section 5A of the Prison Act 1952. HMI Prisons has a statutory duty to report on conditions for and treatment of those in prisons, young offender institutions (YOIs) and immigration detention facilities. HMI Prisons also inspects court custody, police custody and customs custody (jointly with HM Inspectorate of Constabulary), and secure training centres (with Ofsted).
3. HMI Prisons coordinates, and is a member of, the UK's National Preventive Mechanism (NPM), the body established in compliance with the UK government's obligations arising from its status as a party to the UN Optional Protocol to the Convention Against Torture (OPCAT). The NPM's primary focus is the prevention of torture and ill treatment in all places of detention. Article 19 (c) of the Protocol sets out the NPM's powers to submit proposals concerning existing or draft legislation.
4. The following response is based on inspection evidence. All inspections are carried out against our *Expectations* - independent criteria based on relevant international human rights standards and norms.
5. This submission covers all three areas of interest to the inquiry, and evidence is limited to those areas specifically with our statutory remit relating to prisons, namely:
 - the impacts of alcohol and substance misuse on people in Wales, specifically young people and adults in the five prisons in Wales: HMP Cardiff, HMP Parc, HMP Swansea, HMP Usk and HMP Prescoed;
 - the effectiveness of current prison service policies in Wales in tackling alcohol and substance misuse and any further action that may be required; and
 - the capacity and availability of prison-based services across Wales to raise awareness and deal with the impact of the harms associated with alcohol and substance misuse in Welsh prisons.

6. HMI Prisons has inspected all five Welsh prisons within the last two years, as follows:
 - HMP Cardiff: Inspected 18-22 March 2013¹
 - HMP/YOI Parc: Inspected 9-19 July 2013²
 - HMP Swansea: Inspected 1-10 October 2014³
 - HMP Usk and HMP/YOI Prescoed: Inspected jointly 22 April-3 May 2013⁴

Full details of our prisoner survey results from the five Welsh prisons can be found in the appendix.

HMI Prisons' submission

7. In its inspections, HMI Prisons evaluates specific outcomes for prisoners relating to alcohol and substance misuse. Our overarching expectation is that prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody. Specifically, we also look at whether:
 - Prisoners dependent on drugs and/or alcohol receive clinical treatment which is safe, effective and meets individual needs
 - Prisoners have prompt access to a range of psychosocial interventions and services, which are consistent with the assessed needs of the population.⁵
8. Alcohol and drugs, often of unknown composition, may be a direct threat to the health of the prisoners who consumes them immediately or, after repeated use, in the longer term. We are also aware that most of misused substances in prisons cause trouble that has the potential to de-stabilise prison regimes and safety. Alcohol and drugs affect behaviour, usually negatively, and lead to debt with associated bullying and assaults.

I. Alcohol in prisons

The availability of alcohol in Welsh prisons

9. The bringing of alcohol into prisons, its brewing or distilling in prisons and its consumption on prison premises are all prohibited by law.
10. During our inspections we have noted that the illicit supply and use of alcohol is a much smaller problem than is the case with drugs, but illicitly brewed alcohol (IBA), known in prisons as 'Hooch', is not uncommon in some prisons. Category C establishments and open prisons (Category D) have the greatest problems in this regard. We have also seen a small increase in the discovery of distilled alcohol in some prisons in England.
11. In open prisons, commercially produced alcohol is often purchased and brought back by prisoners who have been released on temporary licence (ROTL), either for home visits or regular work in the community as part of their open prison conditions.
12. Christmas, New Year and events like the World Cup are recognised as times when illicit alcohol use will be more likely to become available in prisons. IBA and distilled alcohol are

¹ Report available at: <http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/cardiff-2013.pdf>

² Report available at:

<http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/Parc-2013.pdf>

³ Report forthcoming.

⁴ Report available at:

<http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/usk-prescoed-2013.pdf>

⁵ HMIP Expectations: Criteria for assessing the treatment of prisoners and conditions in prisons. Available at: <http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/02/adult-expectations-2012.pdf>

usually very strong forms of alcohol and have been known to cause significant harm to prisoners' health. As a disinhibitor, alcohol has well-documented links to violent behaviour.

13. At HMP Usk, significantly fewer prisoners than the comparator⁶ (3% v 30%) said it was easy to get alcohol. At HMP/YOI Prescoed (Wales' only open prison) slightly fewer than the comparator (22% v 25%) said that it was easy to get alcohol.

Alcohol problems among prisoners arriving at Welsh prisons

14. Our survey results showed that in the three local⁷ Welsh prisons, more people arrived at these prisons with what they described as an alcohol problem than at comparator prisons (HMP Cardiff: 35% v 27%; HMP/YOI Parc 21% v 16%; HMP Swansea 39% v 22%).
15. Local prisons will see the most acute alcohol related problems, as prisoners frequently come into the prison either under the influence or in an acute state of withdrawal.⁸

Clinical and psychosocial treatment for prisoners with alcohol problems in Welsh prisons

16. In two out of the three Welsh prisons with a 'local' function, significantly fewer prisoners than the comparators said they had received help for their alcohol problems (HMP Cardiff: 33% v 60%; HMP/YOI Parc: 54% v 63%). At HMP Swansea the figure was similar to the comparator at 62% v 58%.
17. Whilst clinical alcohol detoxification (i.e. the removal of the physical dependency and withdrawal effects on the body) is generally found to be satisfactorily delivered in prisons that we inspect, we have noted that psychosocial support can be varied. At HMP Cardiff, fewer prisoners than at comparator establishments (33% v 60%) said that they had received help for their alcohol problems. The range of available interventions addressing such problems encompassed one-to-one sessions and group work, including the Building Skills for Recovery programme. Alcoholics Anonymous groups were held fortnightly, but were not available to remand prisoners, which may have contributed to the poor survey results.
18. Moreover, HMP Cardiff was the only one of the three Welsh local prisons where the answer to our survey question 'Was the support [with their drug or alcohol problem] helpful?' scored significantly worse than the comparator: 33% v 66%.
19. At HMP/YOI Parc, fewer prisoners said they had received help or support with their alcohol problem than at comparator prisons (54% v 63%). However, Alcoholic Anonymous meetings, Building Skills for Recovery and COVAID (Control of violence for angry impulsive drinkers) courses were available. One-to-one sessions and access to a recovery unit were also available.
20. Despite HMP Swansea scoring higher than comparator prisons regarding access to help or support, we found that the only help available to prisoners with alcohol problems was clinical detoxification and no supporting psychosocial interventions were being delivered at the time of our inspection. This was due to discipline-staff shortages and an insufficiently resourced psychosocial team.

⁶ The comparator is all similar prisons in Wales and England

⁷ Local prisons are those that receive prisoners directly from the courts, either on remand or sentenced, prior to their allocation to other establishments. Local prisons also receive prisoners recalled for breaching their release or parole licence conditions.

⁸ N.B. the comparators for local prisons change as more data from inspections is gathered and added to the database.

II. Substance misuse in prisons

The availability of drugs in Welsh prisons

21. In 2008, David Blakey produced a report for NOMS entitled 'Disrupting the supply of illicit drugs into prisons' which cited five routes that are still widely used to get drugs into prisons:
 - with visitors
 - over the prison wall
 - in post and parcels
 - brought in by prisoners
 - brought in by corrupt staff⁹
22. HMI Prisons inspections show that in recent years, the use of street drugs in prisons has been largely overtaken by prescription medication, which is often diverted from the patient to whom it was prescribed. Medication is either willingly sold or taken by bullying. Prisoners may also fake symptoms in order to get medication, either for their own misuse or to sell on.
23. The most commonly abused types of drugs in prisons are those substances that have a depressant effect on the central nervous system. Depressants commonly abused include:
 - opioids (painkillers) e.g. buprenorphine (Subutex), tramadol, codeine, dihydrocodeine and (less commonly) street heroin
 - tranquillisers e.g. benzodiazepines like diazepam (formerly Valium) and mirtazepine
 - anti-epileptics e.g. gabapentin and pregabalin
 - anti-psychotics e.g. thienobenzodiazepines like olanzepine and quetiapine
 - cannabinoids e.g. herbal cannabis and synthetic cannabinoids found in new psychoactive substances (NPS) such as Spice or Black Mamba.
24. As we reported to the National Assembly for Wales Health and Social Care Committee in October 2014, as the use of new psychoactive substances (NPS) gains momentum in Welsh communities, it can be predicted with some confidence that Welsh prisons should expect a rise in the incidence of NPS misuse, as is certainly the case in England. Prisoners find NPS an attractive alternative to more traditional drugs for a number of reasons related to the lack of detectability and reduced risks of penalties.¹⁰
25. Our survey results across the five Welsh prisons showed that in three of the prisons the availability of drugs was higher than the comparator: HMP Cardiff (34% v 29%), HMP Swansea (44% v 33%) and HMP/YOI Prescoed (47% v 32%). In the other two prisons, survey results indicated that the availability of drugs at HMP/YOI Parc was similar to comparator prisons (32% v 30%) and was much lower than comparators at HMP Usk (9% v 32%).
26. Mandatory drug testing (MDT) is conducted on a random sample of either 5% or 10% of a prison's population each month. The 5% rate is for populations of more than 400 prisoners and the 10% rate for populations of less than 400 prisoners.
27. The populations and random positive MDT rates of the five Welsh prisons when last inspected were not any higher than comparator prisons elsewhere. The specific results were as follows:
 - HMP Cardiff (Category B, public sector prison) population: 763; random positive MDT rate: 9.7%

⁹ <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/blakeyreport.pdf>

¹⁰ See HMI Prisons' submission to the National Assembly for Wales Health and Social Care Committee for a full response on new psychoactive substances:
<http://www.senedd.assembly.wales/documents/s33106/LH%2018%20HM%20Inspectorate%20of%20Prisons.pdf>

- HMP/YOI Parc (Category B, private sector prison) population: 1326; random positive MDT rate: 5.5%
- HMP Swansea (Category B, public sector prison) population: 436; random positive MDT rate: 9.2%
- HMP Usk (Category C, public sector prison) population: 270; random positive MDT rate (combined with the rate from HMP/YOI Prescoed): 3.4%
- HMP/YOI Prescoed (Category D, public sector prison) population: 230

30. In general, HMI Prisons has noted a general decline in the positive rates resulting from the mandatory drug testing of prisoners – both in random testing and that carried out under ‘reasonable suspicion’. However, this trend does not mean that prisoners’ illicit drug use has reduced. While MDT rates provide an indicator, they do not reliably measure drug availability in establishments – nor does testing necessarily deter prisoners’ use of illicit drugs. In our survey, 31% said that illegal drugs were easy or very easy to obtain in their prison, and 7% told us they had developed a problem with illegal drugs and 7% with diverted medications since coming to prison.¹¹

31. The main reason for this is that the current MDT does not detect new psychoactive substances and most diverted prescribed medications.¹² The list of drugs detectable under MDT rules had remained unchanged since the addition of buprenorphine (Subutex) in 2009. Two widely diverted and misused drugs – tramadol (a painkiller) and Gabapentin (an anti-epileptic) – were not on the MDT panel, although tramadol was reclassified as a controlled drug in June 2014 and will be added.¹³

32. The apparent differences then, between prisoners' views on the availability of drugs in HMP Cardiff, HMP Swansea and HMP/YOI Prescoed and the contrastingly relatively average or low MDT figures, can probably be explained by prisoners' use of diverted medication and, to a lesser extent, of NPS.

33. Significantly more prisoners in HMP/YOI Parc and HMP Swansea than in comparator prisons said they had developed drug problems whilst in prison (11% v 7% and 18% v 8% respectively). However, only in HMP Swansea was the figure higher than the comparator for developing a problem with diverted medication in the prison (17% v 9%).

34. HMI Prisons has reported its concerns that reduced staffing to conduct drug testing in prisons in England and Wales has made some suspicion testing programmes virtually inoperable.¹⁴ In one recent inspection, frequent shortages of discipline staff led to inconsistencies in the administration of opiate substitution medication, and where this was supervised by inexperienced officers, these were not alert to potential trading in medication.¹⁵ These can all be factors in making it easier for prisoners to obtain and use drugs in prisons and would be applicable in Welsh and English prisons.

Drug problems among prisoners arriving at Welsh prisons

35. HMI Prisons surveys of the three local prisons in Wales showed that significantly more prisoners arrived with existing drug problems than at comparator prisons (HMP Cardiff: 44%

¹¹ *Annual Report 2013-2014*, http://www.justiceinspectorates.gov.uk/hmiprisonswp-content/uploads/sites/4/2014/10/HMIP-AR_2013-141.pdf

¹² See HMI Prisons’ submission to the National Assembly for Wales Health and Social Care Committee: <http://www.senedd.assembly.wales/documents/s33106/LH%2018%20HM%20Inspectorate%20of%20Prisons.pdf>.

¹³ *Annual Report 2013-2014*, http://www.justiceinspectorates.gov.uk/hmiprisonswp-content/uploads/sites/4/2014/10/HMIP-AR_2013-141.pdf

¹⁴ *Annual Report 2013-2014*, http://www.justiceinspectorates.gov.uk/hmiprisonswp-content/uploads/sites/4/2014/10/HMIP-AR_2013-141.pdf p.30

¹⁵ *HMP Elmley Report* <http://www.justiceinspectorates.gov.uk/hmiprisonswp-content/uploads/sites/4/2014/11/Elmley-web-2014.pdf> (para 1.85)

v 36%; HMP/YOI Parc: 29% v 22%; HMP Swansea: 51% v 33%). At HMP Usk the figure was significantly lower than to comparator (10% v 23%) and at HMP/YOI Prescoed it was similar to the comparator (9% v 10%).

Clinical drug treatment in Welsh prisons

35. One of the striking differences between English and Welsh prisons is that the integrated drug treatment system (IDTS) has been introduced in England but not in Wales.
36. IDTS aims to increase the volume and quality of substance misuse treatment available to prisoners, with particular emphasis on:
 - close support and care for opiate dependent prisoners during early custody;
 - improving the integration between clinical and psychosocial services (known as CARAT - counselling, assessment, referral, advice and through-care services); and
 - reinforcing continuity of care from the community into prison, between prisons, and on release into the community.
37. The absence of the funding that accompanied the development of IDTS in English prisons has left drug services the two public sector local prisons in Wales (HMP Cardiff and HMP Swansea) lagging behind and, in our view, providing a less safe service in comparison to their English counterparts.
38. Whilst drug treatment therapies are provided in Welsh prisons, first night initiation onto opiate substitutes is not available in HMP Cardiff or HMP Swansea. Instead, men who arrive at these prisons with no previous history of community-based opiate substitution treatment will be rapidly detoxified.
39. Furthermore, no distinction is made between remanded or sentenced prisoners. So it is not uncommon for an opiate dependent prisoner to be remanded for 2-3 weeks, detoxified (regardless of their own wishes or intent to stop using drugs), and then be returned to court and subsequently released. The implications of this are that the prisoner, having been rapidly detoxified from opiates, will lose all physical tolerance to the drug in an average of 14 days. If that prisoner then uses opiates on release, their risk of overdose is extremely high, especially for those who had been previously using high doses over a long period of time.
40. In HMP/YOI Parc prison, prescribing is more flexible. First night prescribing of opiate substitutes is available, and remand prisoners are routinely given maintenance doses that keep their opiate tolerance high, so reducing the risk of overdose should they be released from court.

Psychosocial drug treatment in Welsh prisons

41. The introduction of IDTS in England also allocated funding for the development of integrated psychosocial support. Over the last few years, this has developed into a comprehensive package of one-to-one sessions with key workers, group-work and self-help fellowships, like AA, NA and SMART Recovery¹⁶, in many English prisons.
42. The integration of clinical and psychosocial services means that prisoners should receive a more holistically focused drug treatment service that combines any necessary clinical treatment (either at maintenance levels or as a reducing dose) with psychosocial support that should ultimately encourage them to into recovery and a life free from drugs. HMI Prisons

¹⁶ SMART: self management and recovery training

Expectations and National Guidelines on the treatment of drug dependence both encourage the delivery of integrated services.¹⁷

43. Whilst we found some good psychosocial work being conducted in HMP Cardiff, it was poorly integrated with clinical treatment. In HMP Swansea, there was also poor integration of clinical interventions with psychosocial interventions. The psychosocial team was understaffed and so could do little more than conduct initial assessments and brief interventions. Officers on the drug recovery wing who had been trained to deliver group work programmes were so frequently re-deployed to other duties that they had ceased all programme delivery. In HMP/YOI Parc the picture was better, with the psychosocial service providing a similar package of options to those found in English prisons.
44. Drug services in HMP Usk and HMP/YOI Prescoed did not accept men requiring opiate substitution. There were no group programmes at either prison, which can be a limiting factor in the effectiveness of a drug and alcohol service. However, at HMP/YOI Prescoed where evening one-to-one sessions were available, an impressive 100% of respondents who said they had a drug or alcohol problem said they had received support against 65% in comparator prisons.

Resettlement from Welsh prisons for prisoners with alcohol and drug problems

45. The introduction of the Wales Integrated Offender Intervention Service (IOIS), which has a remit to reduce re-offending, has improved post release support for prisoners with substance misuse problems.
46. At HMP/YOI Parc we found strong links with IOIS providers at a strategic and operational level (the head of community engagement led the drug strategy and was responsible for community IOISs), and prisoners could access designated prison link workers from South, West and North Wales who regularly attended the prison and were able to meet those due for release at the gate.
47. At HPM Cardiff, support for prisoners with drug and alcohol problems nearing release was also very good. A dedicated 'continuity of care' post was provided by the psychosocial team each week, ensuring that community drug and alcohol agency appointments were arranged for prisoners on release. The transitional support scheme, co-ordinated by G4S (in partnership with the prison and the Wales Probation Trust), provided reintegration planning help for prisoners with a history of substance misuse, including alcohol. Mentors worked with newly released prisoners for up to three months to help with practical and motivational issues.
48. At HMP Swansea, improvements in joint working between CARATs and the offender management unit had contributed to better reintegration planning outcomes for prisoners with substance misuse problems. Release planning started with initial CARAT assessments and the CARAT team had effective links with the provider's own network of community support (the Welsh Centre for Action on Dependency and Addiction) and other regional agencies.
49. In our inspections of HMP Usk and HMP/YOI Prescoed, psychosocial case files demonstrated good quality relapse prevention work with drug as well as alcohol users, and men were given appropriate harm reduction advice and information during their sentence and before release. CARAT staff on both sites had developed good links with local drug intervention

¹⁷ <http://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/02/adult-expectations-2012.pdf> (Expectation 29.5); UK National Clinical Guidelines for drug misuse treatment: http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

programmes and community drug services, including residential rehabilitation providers.

Conclusion

50. Based on evidence from our inspections, we can draw the following broad conclusions concerning the ways in which Welsh prisons tackle alcohol and substance misuse problems and the outcomes for prisoners in Welsh prisons:
- Prisoners requiring clinical alcohol detoxification in the three local prisons generally receive a good service.
 - Prisoners requiring psychosocial support for alcohol problems received a better service at HMP/YOI Parc than at either HMP Cardiff or HMP Swansea. At HMP Usk and HMP/YOI Prescoed there was a lack of group-based support.
 - Prisoners requiring clinical treatment for opiate dependency get a reasonably good service at HMP/YOI Parc but at both HMP Cardiff and HMP Swansea outcomes for prisoners are much poorer.
 - As with psychosocial support for alcohol, outcomes for prisoners requiring psychosocial support for drug problems could expect a better service at HMP/YOI Parc than at either HMP Cardiff or HMP Swansea. At HMP Usk and HMP/YOI Prescoed there was a lack of group-based support.
 - Resettlement outcomes for prisoners with both alcohol and drug problems returning to addresses in South Wales can expect a very good service that links well with community providers.

We hope that you find this information useful and should you require anything further, please do not hesitate to contact us.

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Specialist Substance Use Inspector

on behalf of

Nick Hardwick
HM Chief Inspector of Prisons

9th January 2015

Appendix

HMIP Survey results from prisons in Wales 2013 -2014

Notes

All figures are in percentages. Comparators are similar prisons across England and Wales	
■	Any percentage highlighted in green is significantly better than the comparator
■	Any percentage highlighted in blue is significantly worse than the comparator

	Most recent inspection	Comparator		Most recent inspection	Previous inspection
Did you have a drug problem on arrival at this prison?					
Cardiff 2013	44	36		44	29
Parc 2013	29	22		29	43
Swansea 2014	51	33		51	66
Usk 2013	10	23		10	12
Prescoed 2013	9	10		9	16

Did you have an alcohol problem on arrival at this prison?					
Cardiff	35	27		35	17
Parc	21	16		21	30
Swansea	39	22		39	43
Usk	12	17		12	13
Prescoed	12	8		12	12

Is it easy/very easy to get alcohol in this prison?					
Cardiff	13	13		13	
Parc	20	18		20	
Swansea	17	14		17	
Usk	3	18		3	
Prescoed	22	25		22	

Is it easy/very easy to get illegal drugs in this prison?					
Cardiff	34	29		34	25
Parc	32	30		32	30
Swansea	44	33		44	21
Usk	9	30		9	6
Prescoed	47	32		47	43

	Most recent inspection	Comparator		Most recent inspection	Previous inspection
Have you developed a problem with drugs since you have been in this prison?					
Cardiff	8	8		8	
Parc	11	7		11	13
Swansea	18	8		18	7
Usk	2	7		2	2
Prescoed	1	3		1	2

Have you developed a problem with diverted medication since you have been in this prison?					
Cardiff	10	8		8	
Parc	7	6		7	
Swansea	17	9		17	
Usk	5	6		5	
Prescoed	2	2		2	

Have you received any help or support with your drug problem while in this prison?					
Cardiff	48	65		48	
Parc	49	65		49	
Swansea	46	61		46	
Usk	72	65		72	
Prescoed	100	65		100	

Have you received any help or support with your alcohol problem while in this prison?					
Cardiff	33	60		33	
Parc	54	63		54	
Swansea	62	58		62	
Usk	85	64		85	
Prescoed	91	74		91	

For those who have received help or support with their drug or alcohol problem: Was the support helpful?					
Cardiff	66	79		66	
Parc	78	80		78	76
Swansea	76	76		76	87
Usk	83	80		83	81
Prescoed	89	86		89	83