Drugs in Prison:

A Critical Exploration of Prison as a Vehicle for The

Rehabilitation of Problematic Drug Users

by

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Abstract

This study is a qualitative research project. Semi-structured interviews were held with three professionals who worked with problematic drug users, prisons, or both. The participants were: a former prison officer, an outreach leader for a drug and alcohol recovery service, and an inspirational speaker and team builder for prison staff. They were chosen in order to explore exactly how rehabilitative prisons are for problematic drug users and what areas of concerns need to be addressed and what methods would be best. It became clear throughout this study that prisons are not rehabilitative by nature. There are a variety of institutional problems that arise which directly impact the potential for problematic drug users to rehabilitate. Prisons have three primary functions: containment, punishment, and rehabilitation. The institution itself affects the likes of social understandings regarding criminals and people who are socially and economically disadvantaged. Which in return creates a higher prevalence of containment and punishment as the impact is wider than the individuals experience during incarceration. Inherently reducing the prevalence and impact of rehabilitation.

It became apparent during the research that the participants were aware of the sociological impact that prisons have but had different degrees of understanding. They understood that prisons are primarily contained of socially disadvantaged communities and they understood recidivism was prevalent. However, placed the responsibility upon the prisoners who 'failed' to rehabilitate. They each argued for further reformative responses to be focused upon to improve the prison conditions, whereas addressing a response of decriminalisation was met

with misinformation and/or being against it. Which is the opposite of what the

literature shows.

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Acknowledgments

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INTRODUCTION

BACKGROUND

Since the 19th century, many countries around the world, including England and Wales criminalised the possession of illicit substances (British Medical Association, 2013, p.87). Currently 70% of the population entering prison live with a history of problematic drug use (Stürup-Toft, et al., 2018, p.17). Problematic drug use refers to "*drug use whose features include dependence, regular excessive use and serious health and social consequences…often as part of a pattern of poly drug use*" (UK Drug Policy Commission, 2008, p.17, cited in Scott and Codd, 2010, p.130). Drug use rates within the prisons are rising due to new psychoactive substances (NPS) which are more accessible than traditional drugs (Ralphs et al., 2016, p.59). NPS have been found to have major impacts on violence, self-harm and suicide (Ralphs et al., 2016, p.59). They are so common and impactful that a drug strategy had been published earlier in the year by Her Majesty's Prisons and Probation Service (HMPPS) in hopes to; restrict supply, reduce demand, and build recovery (HMPPS, 2019, p.6). According to David Gauke, the Lord Chancellor and Secretary of State for Justice at the time, prisons have three functions: containment of offenders, punishment, and rehabilitation (Gauke, 2018). This research will analyse the presence and implementation of these functions within the current context of the drug epidemic. The aim is to assess the issues that arise and what alternative responses could provide a more effective outcome of reducing problematic drug use in prison, as well as in society.

OBJECTIVE

The objective of this research is to answer the main research question "*A critical exploration of prison as a vehicle for the rehabilitation of problematic drug users*". This study aims to answer this question by addressing three research aims:

1) Critically examine the primary functions of prison as an institution, and explore how these functions exist alongside each-other

2) Assess the existing strategies aimed at managing drug use and addiction in prison

3) Consider alternative responses to drug use in prison and society

METHODOLOGY OF THIS STUDY

The research design I followed was a qualitative design which focused on interpretivism. I interviewed three participants for this study, a homogenous sample where each participant had experiences with problematic drug users, the prison institution, or both. Semi-structured interviews were conducted as this study aims to understand and convey the experiences and opinions, to explore the three research aims.

STRUCTURE OF THIS THESIS

The structure of this research follows the likes of the sub questions.

- <u>Literature Review 1</u>: A review of existing literature including books, journal articles, websites and official government documents, will be analysed to assess how the functions of the prisons are balanced, the role they play on the prisoners and society as well as the impact it has upon both.

- <u>Literature Review 2:</u> A review of existing literature will be analysed to understand the history of drug policy implementation as well as the presence of drugs in prisons and the issues they raise as well as the techniques and treatments existing as a response and reduction strategy against drug use in prisons and society.

- <u>Methodology</u>: This section will cover the approach this research took, the participants and the data collection and analysis, as well as the ethical concerns and considerations.

- <u>Findings</u>: The data is discussed within the major themes that arose, as well as being discussed in relation to the existing literature.

- <u>Discussion</u>: The three aims of this research will be addressed by critically analysing both the literature and my findings.

- <u>Conclusion</u>: This study will finish by drawing the conclusions made in the discussion chapter in relevance to the main research aim, as well as summarising and reflecting on the study and its place within prison research and suggesting directions for further research.

<u>WHY THIS STUDY WAS CONDUCTED?</u>

Conducting research that is focused on a contemporary issue of drug use is important for a variety of issues. Although there is a large body of existing literature surrounding the prison institution and the rehabilitation of problematic drug use, this is being conducted during a time where NPS substances have arisen and become popular which is not present in much of the historical criminological research. The combination of the NPS presence as well as the understaffed institution has created a nationwide violent and dangerous environment like never before seen in England and Wales. The rates of violent behaviours have risen significantly within recent years (POA, 2017b). It is important to assess the techniques that existed in prison and also the recently developed responses that have begun to be enforced in order to understand and predict what the outcomes may be because it is causing so much pain and distress to our society.

LITERATURE REVIEW #1:

Critically examine the primary functions of prison as an institution, and explore how these functions exist alongside each other

This chapter will be focusing on the prison institution and how effective the management of offenders is proving to be. This analysis will allow a general understanding of the institution and its purpose in society through three relative areas of discussion. These areas are the functions, the experience, and the contemporary conditions of the institution. Prisons are complex, they have a conflicting nature of priorities which brings instability throughout the functions, internally and externally. The three functions of the institution revolve around three foci: containment, punishment and rehabilitation (Sykes, 1958; Sparks et al., 1996; Gauke, 2018). Prisons aim to achieve all three simultaneously. The literature will show that this expectation is unrealistic. The prisoners' experience is a direct result of this unrealistic goal, which is frequently found to have one of the functions dominating the others . This will be explored by analysing the prison experience, the depriving nature of the institution, and the complexity of sociological relationships made due to the common social culture of prisoner's backgrounds (Bell, 2013, p. 49). This experience is then to be placed within the contemporary context of prison conditions, analysing the impact that the institution is having on those placed within, including staff. This aims to provide a critical analysis to allow clarity towards understanding why the prison system currently in place is chaotic and overwhelmed.

Functions

Firstly, the functions of the prison institution will be discussed. The primary functions that the institution aims to achieve are containment, punishment and rehabilitation (Gauke, 2018). The combination of these three functions build the foundation of the institution. Although, the presence of each aim can be varied due to the category of the prison, of which there are four: A (highest security, most dangerous offenders), B, C, and D (least dangerous offenders, open prison conditions possible) (Newburn, 2013, p.722). Each institution has these functions which they all fall back on.

Prisons are a symbol of power in England and Wales, power to contain an offender outside 'normal' society to enforce a sense of 'other' upon them (Bell, 2013, p.49). This otherness is a reinforcement upon most prisoners due to already being considered socially 'undesirable' (Rusche and Kirchheimer, 2003, p. 72). This means that the largest socio-economic group of prisoners come from poorer communities who have been socially deprived and/or marginalised (Crewe and Bennett, 2012; Scott, 2013; Prison Reform Trust, 2019). Poorer communities are known to have little to no education with higher rates of both mental and physical health issues, as well as family issues, homelessness, and unemployment (Crewe and Bennett, 2012; Scott, 2013; Prison Reform Trust, 2019). These communities have been described by the media and those in powerful positions as selfish, immoral, and against *"decent society"* (Blair, 2004, cited in Bell, 2013, p.50). Containment is a problematic function. The use of prisons is targeted to a certain social group and the impact of this aim then promotes a particular social

misconception on crime and social problems. "*[C]rime can be manipulated to justify authoritarian state intervention*" (Hall et al., 1978, cited in Scott, 2013, p.11), therefore crime is an unstable concept, where it is ruled by the context of society, namely by the higher classes (Rusche and Kirchheimer, 2003 p.72). Containment within the prison system is enforced by utilising three mechanisms: security, order, and control. These mechanisms influence society to view prisons as a social need. Security focuses on securing the safety of the general public (Garland, 2002; Scott, 2013). Order is relative to "*the degree to which the prison environment is structured, stable, predictable and acceptable*" (Liebling, 2004, p.291). Control is defined as the use of routines and a variety of formal and informal practices which provide the maintenance of order (Sparks et al., 1996, p.119). These three mechanisms are understood to be the primary focus of the prison system (Sparks, et al., 1996; Ramsbotham, 2003; Coyle, 2005). Hence, making the argument that containment is a dominant function of the prison experience. However, there is an argument to be explored which looks at punishment being the dominant function due to the mechanisms of containment being closely linked to the deprivations[1] prisoners experience..

Punishment is another function of the prison institution which endorses validity within society. Punishment has two purposes, one of social defense, which focuses on protecting society from crime through individual and general prevention, and secondly through retribution (Mathiesen, 2000, p.24). Social defense is achieved through rehabilitation of the individual and general prevention

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[1] These deprivations were developed by Gresham Sykes (1958) and are discussed further on in the chapter.

is achieved through deterrence, which "*pre-supposes that the message of punishment is communicated to the larger society*" (Mathiesen, 2000, p.24). General prevention is a warning to society. The concept of retribution is that prisons will fulfil the demands of justice, where punishment is weighed out either proportionately to the crime, or equivalent to the guilt of the criminal (Mathiesen, 2000, p.25). The overarching goal of punishment is *"to perform an educational function or to be a lesson for the future*" (Rusche and Kirchheimer, 2003, p.141). Durkheim, who was a French sociologist, stated that criminality threatens societies shared beliefs, therefore, punishment becomes functional (Burkhardt and Connor, 2016, p.85). He argues that punishment can be positive and productive as it defines criminal behaviour, meanwhile simultaneously reaffirming collective values and beliefs by symbolically displaying attitudes towards dangerous individuals (Howe, 1994, p.8). As already expressed, the use of prisons is primarily organised by those of ruling classes who shape the idea of a criminal and what is considered a crime, therefore it is to be expected that punishment is inherently dysfunctional.

Punishment has become widely accepted in society as it has developed through history. In the 13th century, corporal punishment was dominant (Foucault, 1975, p.25). In the 16th century, forced labour was dominant (Rusche and Kirchheimer, 2003; Foucault, 1975). Then into the 18th century, imprisonment became the primary method of punishment (Rusche and Kirchheimer, 2003; Mathiesen, 2000), which is still is prevalent in the contemporary criminal justice system (CJS) of England and Wales. The function of punishment is not just about its presence and sociological purpose but also through the experience of

imprisonment[2]. In order to understand how punishment is physically addressed, the classical view of morality will be analysed. Jeremy Bentham was one of the noted people in the 19th century who was an advocate for Utilitarianism, he believed "*that pleasure was the only thing good in itself, and that states of affairs were to be judged by how much pleasure (or pain) they gave to those involved; the ultimate standard therefore could only be by the general happiness*" (Mill, 1987, p.25). This means that punishment should be defined in relation to the goals of deterrence and rehabilitation, this may require that individuals be punished differently which suits their needs and the needs of the wider community (Genders and Players, 1995, p.217). This means that different levels of punishment should be given to different levels of crimes, which is evident as there are different prisons available for different levels of crime and criminal behaviour. However, due to the nature of the prison being an institution which has a focus on containing a certain social population, there might be an issue of using prison immorally. Another moral based outlook is that of Immanuel Kant who states, "*to treat a person 'as an end' [is] to recognise they have desires and choices which much be respected and taken into account...ignoring these for self-purpose is to treat them as a 'means' [which is] morally wrong*" (Genders and Players, 1995, p.216). By ignoring a person's needs whether physical, mental or environmental, for any reason is considered selfish and constitutes as an immoral act of punishment. Consequently, it could be argued that those who are socially deprived have needs which are not being provided by those in power, inherently making punishment an immoral response when the problem

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[2] Due to a prisoners background the effects of punishment may or may not be felt similarly to the description in this thesis.

does not begin with the individual themselves. Prisons are utilised to influence

deterrence but also to inflict punishment. Whether that punishment is considered

appropriate, the approach to the punishment is considered, this includes the likes

of rehabilitation and its status within the individual's punishment of imprisonment.

The third function of the prison institution is of rehabilitation. Originally,

rehabilitation was defined as a method to get prisoners to 'return to competence',

which inherits that the they are to return to who they used to be prior to the

criminal act (Mathiesen, 2000, p.27). However, this is problematic. This definition

creates a notion that there is a different version of the individual to return to, an

innocent one per se. The definition has since been altered in a way that attempts to

fix that problematic understanding. Rehabilitation in today's world is "*a process of

bringing something back to functioning order*" (Mathiesen, 2000, p.27). Although

this definition removes the prior notion of a previous 'innocence' to return to,

issues arise. This definition brings 'bourgeoisie*' ethics into its implementation

(Mathiesen, 2000, p. 41). Work, school, moral influence, and discipline are four core

ideologies that have made a presence within the concept of rehabilitation

(Mathiesen, 2000, pp.32-40). "*Rehabilitation means adaptation to an orderly life

with regular work, and rests on the assumption that the mode of behaviour learned

in prison will enable the convict to readjust himself to the outside world after

release"* (Rusche and Kirchheimer, 2003, p.159). This quote shows that the concept

is focused on the individual only and does not address the magnitude of social

problems which those being rehabilitated have been subjected to. Rehabilitation in

a prison setting may potentially be redundant to an extent. Not only does the

concept of rehabilitation have flaws but to then place it within the realms of a

prison is also of concern; many elements of the prison environment are counterproductive to the concept of rehabilitation.

Consequently, the functions of containment and punishment cause prisoners to be subservient and labelled as 'other'. Imprisonment impedes on the chances of rehabilitating an offender which affects the likelihood of rehabilitation becoming a prominent function. Offenders who were sentenced for six months or less jail time equal half of the total prison population (Prison Reform Trust, 2019, p. 2). This is a factor that weighs heavy when regarding the outcomes of rehabilitation in a prison setting. Considering those who enter the prison population are predominantly from poorer communities to then be expected to completely change their way of life, is unrealistic expectation to put on their shoulders. In addition to this, evidence shows that 50% of released prisoners reoffend within one year (Prison Reform Trust, 2018, p.14). On top of this, prisoners with a sentence of less than 12 months are 63% likely to reoffend within a year of relese(Prison Reform Trust, 2019, p. 14). These statistics demonstrate that the three primary foci are failing to be met simultaneously. Prisons are not containing criminals as it is clear they are releasing many who reoffend, inherently showing they have not been successfully rehabilitated. However, punishment has been implemented due to incarceration being successful so that element can be seen as successful, therefore dominating the other functions.

The presence of the prison estate creates a problematic society, introducing and influencing a socially constructed concept of 'crime' and a 'criminal'. This concept being directly connected to those within the lower socio-economic

communities. The literature has established that the functions of the prison institution: containment, punishment and rehabilitation, are not in alignment regarding both the prevalence and implementation of each one. Containment and punishment are far more prevalent than rehabilitation as they are elements which can be controlled and implemented more successfully due to their intentions. Nevertheless, punishment is clearly able to be a front runner out of the three as the prisons are releasing many who continue to commit crimes after imprisonment.

Prisoner Experience

Prisons are frequently known for creating or enhancing physical, mental, and social harms on prisoners (Clemmer, 1958; Sykes, 1958; Goffman, 1961; Foucault, 1975; Viggiani, 2007; Kolind and Duke, 2016). In order to understand why this is the case there are factors that collectively need to be addressed. These factors are prisoner backgrounds, deprivations of imprisonment, prisoner relationships, and prisoner and prison officer (P/Po) relationships. Once these have been analysed, they can then be assessed within the realms of the contemporary prison conditions.

Prisoners are *'disproportionately drawn from the ranks of the poor and disadvantaged...Britain's prisons, like most other prisons throughout the world, represent a micro-cosm of the 'underclass'/'broken society'"* (Bell, 2013, p.50). England and Wales have reduced funding to services which poorer communities heavily rely on, such as: healthcare, childcare, social housing, education etc. (Shantz, 2019). Understanding that these services are limited and underfunded to help those who are financially struggling, has a link to the backgrounds of most

prisoners who come from communities who may have had to rely on these services and due to the cuts made to them, may have further struggled as a consequence.

Over 70% of offenders entering prisons suffer with two or more mental health disorders (Scott and Codd, 2010; Stürup-Toft, et al., 2018), such as: psychosis, personality disorder, drug dependence, and neurosis (Stürup-Toft, et al., 2018, p.17). Over 25% of prisoners had been taken into the care system compared to the 2% of the general population, 52% of male prisoners had no qualifications of education (Scott and Codd, 2010, p.2), 66% of prisoners have numeracy skills of an 11-year-old (Scott and Codd, 2010; Scott, 2013). 70% of prisoners were using drugs prior to imprisonment (Scott and Codd. 2010; Crewe and Bennet, 2013).

It is clear from the statistics that there is a correlation between social deprivation and health problems. This is important to take into consideration as it enhances the argument that crime is linked with these attributes of social marginalisation. The general population entering prison are suffering with health issues, both mental and physical, so in essence prisons should be providing an environment equipped to support those issues. However, this notion has frequently been denounced due to *"[t]he prison environment itself often not [being] conducive to healthy behaviours, with access to nutrition, physical activity and sleep often controlled to varying degrees by the prison regime"* (Stürup-Toft, et al., 2018, p.19). The physical realm of the prison institution whether intentional or not, implements greater psychological strain upon the prisoners, which Gresham Sykes explored in greater depth.

Sykes (1958) defined five central deprivations commonly known as the 'pains of imprisonment', "[*the*] *conceptual quintet reminds social observes that although prison sentences may seem less immediately jarring or obviously pain-inducing than executions or torture, they do, in their way, nevertheless impose suffering*" (Shammas, 2017, p.2). According to Sykes these pains of imprisonment are institutionally implemented with a purpose. The deprivations are of: *liberty* - restriction of moment and isolation from friends and family (1958, p.65), *Goods and services* - loss of personal possessions and a certain standard of living[3] (1958, P.69), *Heterosexual relationships* - the involuntary celibacy forced upon a prisoner[4] (1958, p.70), *Autonomy* - reducing the prisoner to rules and regulations to control their behaviour (1958, p. 73), and *security* - living in a community which is predominantly violent and creates an atmosphere of fear and anxiety (1958, p.77). Sykes claims that "*[s]uch attacks on the psychological level are less easily seen than a sadistic beating, a pair of shackles on the floor, or the caged man on a treadmill, but the destruction of the psyche is no less fearful than bodily affliction*" (1958, p.64). The pains of imprisonment have been found to be evident to this day, however, there have been critiques on Sykes deprivation model that also need to be explored. Ben Crewe found that the deprivations are evident in today's prisons, however the criticism on Sykes model is around the concept that they are institutionally implemented. Crewe states that the pains are not all intentional but arise due to actions, or a lack of actions, from staff members and management, "*[i]n summary,*

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[3] This is open to interpretation because this deprivation does have a different impact depending on the quality of life prior to imprisonment, where imprisonment could improve the likes of goods and services they can access (Sykes, 1958, P.69)

[4] This is also deeper than just the loss of a sexual relationship, it also induces a culture of rape due to some prisoners turning to homosexual intercourse temporarily (Sykes, 1958, p.70)

the outstanding pains and abuses were the consequences of institutional failings and unchecked power (2011, p. 511), hence the pains of imprisonment are real and are evident. However, not because they are forced upon the inmates purposefully but due to those who work in the institution, in a poorly manner.

Another criticism to Sykes work is that of the 'Importation Model'. This model conveys that the behaviours displayed by inmates reflect their lives prior to imprisonment, "*disorder or unruliness is the product of pre-prison disposition*" (Shammas, 2017, p.5). It has been established that the prison population is considerably dominated by those with poorer socio-economic backgrounds, hence a culture being transferred into the prisons which effectively dominates the outcomes of the prison environment. This imported culture will be explored to develop the reasons why this concept is particularly prevalent in England and Wales.

A part of this imported culture is hegemonic masculinity, which encompasses a combination of Antonio Gramsci's view of hegemony and the feminist critique of masculinity. Hegemony sought to explain how ruling classes maintain their dominance without force (Donaldson, 1993; Newburn, 2013). The feminist critique of masculinity states that "*male norms stress values such as courage, inner direction, certain forms of aggression, autonomy. mastery, technological skill, group solidarity, adventure and considerable amounts of toughness in mind and body.*" (Carrigan et al., 1985, p.75). Therefore, hegemonic masculinity encompasses the desire to have a successful claim to authority which is achieved through masculine values that are centred around male norms. Therefore,

in a prison setting filled primarily with a socio-economic group which exudes hegemonic masculinity, "*a hard front [is] crucial to avoid serious victimisation*" (Tomsen and Gadd, 2019, p.27). This attitude is evident within the prison population; the importation model is validified and cannot be disregarded when discussing the sources of deprivations which are not inherently institutional as Sykes claimed them to be.

These deprivations are a part of the prisoner's experience, understood to be both generated by the very nature of the institution through its intentions or the actions of staff and management as well as imported due to the culture of the population. The extent of its impact is unquantifiable, although very visible as the contemporary prison conditions in England and Wales are the outcomes.

<u>Contemporary Conditions</u>

Prison conditions are reflected through three areas of concern: physical environment, the prison officer and prisoner relationship, and the characteristics of the prison population. This section seeks to explore the contemporary conditions of the prisons to develop a clear understanding of the complex relationship between these three areas and how the combination creates the prison environment before us today.

Firstly, the physical environment will be addressed. There are 122 prisons in England and Wales (The Institute for Government, 2019), which are holding 82,500 prisoners as of April 2019 (The Howard League, 2019a). "*Under the Ministry of Justice's own definition of safety and decency, the prison estate should not hold more than 74,508 people*" (The Howard League, 2019a), due to holding a surplus of

prisoners with 72 prisons being overcrowded (House of Commons, 2019, p.12),

some are holding a population of 140-160% of the maximum allowance (The

Howard League, 2019). Many of the prisons were built in the Victorian era (1837-

1901) (Newburn, 2013, p.710). 44 prisons are considered ancient monuments

(Flynn and Baker, 2008, p.47).The cells that prisoners are held in are between 10-18

meters squared where the door can only be opened from the outside, which due to

overcrowding will hold two prisoners instead of the intended one (Flynn and Baker,

2008, p.85). The average cost of a prisoner is £24,151 annually (House of Commons,

2019, p.22), which to give some more context is £66 daily per prisoner. On top of

prisons being overcrowded and/or outdated, prisons are understaffed with 22,630

prison officers in service as of March 2019 (MOJ, 2019, p.1).

In 2016 there were a total of 18,000 prison officers (MOJ, 2016, p.5), but

since then there has been an 46% increase. It became evident that when prison

staff were visible, prisoners could inherently trust in the environment's

predictability and the feeling of unsettlement could be prevented with serious

incidents being handled more professionally (Crewe, et al., 2014, p.401). However,

at the same time it has the ability to create, or enhance, an oppressive and heavy

experience which is "*manifested… among prisoners that staff wielded their

authority in ways that were needlessly conspicuous or threatening*" (Crewe et al.,

2014, p.349).

The prison officer and prisoner (PO/p) relationship is a key element which

effects the environment of the prison, it is the core relationship which can heavily

influence how a prisoner will experience the deprivations that Sykes explained

(Crewe and Bennett, 2012; Crewe et al., 2014). Crewe and Bennett (2012) explored how the experience of prison can be intensified or alleviated in connection with the actions of officers. Prison conditions affects prisoners' physical and mental health, their future, as well as the family of the prisoner (2012, p.18). Isolation can be the consequence of indifferent attitudes from a prison officer and the prisoner can lose sense of self (2012, p.18). This isolation can create a sense of worthlessness as prisoners are constantly reminded of their status with rules, gates, and security practises such as: drug testing (MDT), cell searches, and having their behaviours be reported and recorded (2012, p.18). It is clear that there is a job for the officers to complete, however without an officer being balanced in their role to enforce rules and support prisoners simultaneously, the consequences are felt by the prisoners.

Clearly, the understaffing problem is a major factor to consider regarding a prisoners' wellbeing. Knowing that an initiative has been implemented and is statistically improving the prison officer to prisoner ratio is a great start improve the lack of safety present. There are limitations to this initiative being the key element to improve contemporary prison conditions and these will be explored.

By sending in 4,630 new prison officers into a flawed and dangerous institution within a three-year period may just further exaggerate the issues that prisoners were already experiencing. There are two examples which show that problems have not only arisen since but are continuing to rise. One example is that 42% of prison officers currently employed have less than three years of experience, over 2,600 officers left in the last year and 62% resigned from the post (MOJ, 2019a). Although prison officer numbers have shown to increase, there is a high

dropout rate occurring simultaneously. In a drug recovery wing, it was found that the new officers would *"go out there do their prison officer job…. [but] don't have an awful lot of understanding or empathy as to why [the prisoner] might've started using [illicit substances]. So, it's almost as if we're starting again"* (Lloyd et al., 2017.p.11). It is assumed that the prison officers should be trained specifically to be placed there and for this to be the outcome is a worrying one. In the general prison population, a prison officer will have to interact with prisoners in similar predicaments but are not in the same environment focused on addiction recovery. The officers being new may not fully understand the dynamics of the prison environment and the complex social relationships taking place. Let alone understanding the health problems which prisoners are addressing in prison as well. Therefore, a rush of inexperienced prison officers has the ability be causing more damage than we are led to believe by the prompt of staff increments.

The combination of prisoner backgrounds, pains of imprisonment, and understaffing conditions all have a direct effect on daily prison life, one outcome has been one of violence. Steve Gillan, the General Secretary for the POA[5] stated that violence and physical harm in prison is high and on a rising climb (2018). Since 2010, assaults have increased by 105.7%, with serious assaults on staff raising by 186% (2018). Sexual assault has tripled since 2012 (Prison Reform Trust, 2018, p.5). Self-harm rates have increased by 76% (Gillan, 2018) and are at the highest levels ever recorded (Prison Reform Trust, 2018, p.4). Homicides have almost doubled in a single year (Gillan, 2018; Prison Reform Trust, 2018), 79 deaths took place and 56

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[5] Prison Officers Association – the Union for staff within prisons and psychiatric care (POA, n.d)

were self-inflicted (Prison Reform Trust, 2018, p.5). These statistics are high and still on an incline. It is clear that understaffing and violence are interlinked. The lack of staff creates an absence of security, which exacerbates vulnerability, violence, and death.

Prison officers themselves do not feel safe in this environment. 71% of prisoners at HMP Birmingham felt unsafe as violent incidents went unexamined, drugs were blatantly used and trafficked as staff lacked confidence and competence (HMIP, 2018). They had even been exposed to an arson attack from the prisoners (HMIP, 2018). This is extremely important to recognise because it shows that a prison institution where prison officers are not equipped to enforce the prison rules, will eventually lead to violence and illicit substances being prevalent. This needs to be avoided.

Criminalisation and its impact

It is clear that there is a problem regarding drug use in the prisons of England and Wales. Considering that 70% of offenders enter prison with a pre-existing addiction (Scott and Codd. 2010; Crewe and Bennet, 2013), there could be an issue with the concept of criminalising illicit substances. Although the aim of criminalisation is to stigmatise drug use and create social disapproval (Rolles and Eastwood, 2015, p.158), the negative impacts are very dire and very diverse upon the prisoners and the prison environment. The criminalisation stigmatises and creates more physical and mental health issues on those who do use drugs, especially those behind bars (Rolles and Eastwood, 2015, p.158). It may deter some

people from using these substances both in the community and within prison, but it clearly is not a strong enough tactic to make a large quantity of people stay away from them, specifically those from lower socio-economic communities.

There is no doubt that criminalisation of illicit substances is having a heavy impact on society, however, it is even heavier on the prison environment. That is why there is a need to understand how the Criminal Justice System and HMPPS are responding to the epidemic and how effective the responses may be.

Conclusion

To conclude, it has been recognised that the presence of a prison institution in society is problematic. They are used to influence the likes of crime and shape the definition and image of a criminal. The functions of containment and punishment reinforce this, meanwhile the presence of rehabilitation is minute in comparison. Rehabilitation is also quite complex from its changing definition, focus, and implementation. Its complex before introducing the reality of prison conditions and experiences. Prisons are physically outdated and most commonly found to be overcrowded and understaffed. These factors are influential when considering the presence of high levels violence and drug use. The institution exacerbates pre-existing health problems, aggravates violence, drug use and addiction. Which results with nearly half of those released to reoffend within a year. It can be understood that prisons are set up to fail and have done so. With all this knowledge it is intriguing what responses are being made because although it is complex problem to solve, one area which it comes down to is the criminalisation of drugs as that is the root cause for addicted offenders entering the prison

environment. So, by assessing the drug policies, treatment programmes, institutional responses and even an international discussion, it will be seen what area of focus has the most impact and why.

LITERATURE REVIEW #2

Assess the existing strategies aimed at managing drug use/addition in prison

Drugs are *"any substance that when consumed causes a temporary physiological and often psychological change in the body and mind. This includes alcohol, tobacco, heroin, cocaine, cannabis, medicines, and synthetic chemicals"* (Best and Wheatley, 2019, p.2). In 2000, eliminating drug use in prison was a key goal set for both the Criminal Justice System and Her Majesty's Prison and Probation Service (HMPPS) when addressing prisons and improving their conditions (Shewan and Davies, 2000, p.14) and the priority remains the same two decades later. This is clear as HMPPS have had a recent increase of prison officers to reduce drug use levels (MOJ, 2017; POA, 2017c). This focus on staffing levels has been implemented with the hopes it would be a factor in alleviating the pain that prisoners go through to then resort to drugs as a coping mechanism . Discussed earlier, it became apparent that there is a clear imbalance of the three functions (containment, punishment, and rehabilitation) and due to this imbalance, drug use and addiction becomes enhanced (Prison Reform Trust, 2018, p.3). Drug use has various reasons for existing behind prison walls and in order to fully comprehend this, several areas of concern need to be addressed. These are: drug policy and attitudes, the presence of drugs and drug types, surrounding issues, rehabilitation methods, and response and reduction strategies both nationally and

internationally. These areas will be addressed critically with the aim develop a deeper understanding of the impact that drug use is having on the prison environment and how effective the implemented responses are having.

Drug Policy and Attitudes

To understand how this society has become what it is in relation to drug use, this section will address the political movements made from late 19th century the to the present day. This will cover the most influential acts, laws, and international agreements.

In the 20th century, England was heavily involved with the Indian opium trade alongside China, however had ceased to continue due to "*a series of international meetings, largely prompted by American concern about Far Eastern opiate use*" (British Medical Association, 2013, p.88). There were two international meetings which focused on controlling and eliminating international drug trades. The Shanghai Opium Commission of 1909 established an international treaty on drug control which forced Britain to eliminate its opium trades with China (United Nations Office on Drugs and Crime, 2009). The second was the Hague Convention in 1912, which began the start of international control of drugs by reducing the use of morphine and cocaine (British Medical Association, 2013, p.88). These two international meetings enforced ideals both politically and socially, which were primarily voiced by the United States (British Medical Association, 2013, p.88). The idea to reduce societies legal use of psychoactive substances, opiates primarily, are the foundations to current laws and social norms on drug use in England and Wales.

To address the domestic side of drug control. It began with the Pharmacy Act of 1868, which focused on monitoring opium and morphine use[6](British Medical Association, 2013, p.87). Cocaine and opium derivatives were then included in 1908 (British Medical Association, 2013, p.87). It is important to note, that even-though this happened prior to the international meetings that this did not remove access to substances but monitored usage. The next act to continue drug control was the Defence of the Realm Act 40B (DORA 40B) in 1916 because of the "*emergency situation of [The Great War] and was compounded by reports of cocaine use among soldiers… which was seen as compromising army efficiency*" (British Medical Association, 2013, p.88). The primary focus was on protecting the country (Spear, 1994; Reuter and Stevens, 2007; British Medical Association, 2013). This was expanded to the public with the Dangerous Drug Act (DDA) of 1920[7] (British Medical Association, 20113, p.89). These acts are the foundations to our contemporary drug policies, as updates have been implemented continuously, the DDA in 1928, where the possession of cannabis was criminalised and then in 1964 the cultivation of cannabis was criminialised as well.

The foundation built in the 19th and early 20th century has shaped the drug laws of today. When acts were made of Britain's own accord, it was not due to health concerns such as addiction but that of safety during a time of war and also to keep records. This is important to acknowledge as it shows how even though psychoactive substances were easily accessible, there was no domestic need for

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[6] Both substances had been easily accessible through a chemist, however this act prompted to allow only pharmacists to sell these substances, which required records of purchases to be made

[7] The DDA was also implemented in agreement with the Hague Convention

restrictions, only record keeping. This approach allowed for the freedom of choice to still be made, therefore the policies of England and Wales were influenced by international forces and not through necessity.

Since then the Misuse of Drugs Act (MDA) of 1971 categorised drugs in a A-C system which is heavily used today (British Medical Association, 2013, p.95). In the present day, class A drugs include heroin, cocaine and opiates, class B drugs include cannabis, and synthetic cannaboids[8], and class C drugs are tranquilizers and mild stimulants (Reuter and Stevens, 2007, p.15). These classifications are presumed to be regarding the harmfulness and danger which is associated to the substances. Meanwhile there has been a debate on how a psychoactive substance should be defined as dangerous when licit substances such as alcohol and tobacco have been found to be historically more dangerous than those that are illicit. Alcohol and tobacco are "*associated with more disease, violence and mortality in Britain than all the illicit drugs combined*" (Reuter and Stevens, 2007, p.13).

An important act to mention within the context of this research is the Psychoactive Substances Act of 2016 (PSA). This act defines a psychoactive substance as "*any substance which (a) is capable of producing a psychoactive effect in a person who consumes it, and (b) is not an exempted substance*" (Psychoactive Substances Act, 2016). The PSA is primarily concerned with 'legal highs' which refers to new psychoactive substances (NPS). Possession is only considered an offence within a custodial setting, or if intending to supply, produce or import/export (Psychoactive Substances Act, 2016), this act was to implemented to

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[8] New Psychoactive Substances were added alongside the Psychoactive Substances Act in 2016

prevent "*a mass criminalisation of young people*" (Drug Watch, 2017, p.1). This policy acknowledges that NPS substances are prevalent in society, but the PSA has limited its reach to prevent mass incarceration, however the other acts which are implemented on every other type of illicit substance have not been implemented similarly. Regardless to the intentions, it has little to no effect on the prevalence of NPS in the prisons of England and Wales.

The Reason for the Presence and Types of Drugs in Prison

There are various reasons for the occurrence of drug use in prison: background of prisoners, the prison experience, and the effect the drugs have. As explored previously, the backgrounds of a majority of prisoners have a pre-existing drug addiction. A 'problematic drug user' (PDU) is associated with a dependency on polydrug use that has a root cause of a history of serious physical, mental, and social harms (Scott and Codd, 2010, p. 130). Roughly, 82,500 offenders are behind prison walls (MOJ, 2019b), whilst within this number, roughly 45,000 PDUs are housed in the prison system at any given time (Scott and Codd, 2010, p.131). 66% of prisoners admit to using illicit drugs (non-prescribed drugs) within one month of imprisonment (Scott and Codd, 2010, p.131).This alone shows that prisons are most definitely a vehicle for spreading drug use, may it be through social relationships, peer pressure and power of association (O'Hagan and Hardwick, 2017, p.2). Gaining access to illicit substances in prison is common, which shows that the prison institution was not built with drug use and addiction to be as prevalent as it is currently. Therefore, the expectation of prisons to solve addiction amongst PDUs could be unrealistic.

Many prisoners claim that the prison environment is a reason why drug use becomes an important survival strategy (Scott and Codd, 2010; Ralphs, et al., 2016). The prisoners' experience of insomnia and boredom are major factors which affect the likelihood of them turning to drug use as a method to help them relax and/or fulfil an existing addiction (Scott and Codd, 2010; O'Hagan and Hardwick, 2016; Ralphs et al., 2016). Prisoners can feel unsettled due to the phenomenon of time becoming hollow whilst also moving fast as that experience seems to be common amongst inmates when they are distressed (Medlicott, 2001, p.220). It is clear, the combining factors of the deprivation model and the importation model are forces at play here. The prison experience leads prisoners to drugs whether or not they have a pre-existing addiction.

There are two separate forms of drugs which are present in the prison environment. The first form of drugs are traditional drugs such as: cocaine, cannabis, heroin, etc (HMPPS, 2019, p.3). The second form of drugs are 'New Psychoactive Substances' (NPS) which have been found to be frequently chosen over traditional drugs due to the ability of going undetected by mandatory drug tests (MDT) that prisons use (Home Office, 2014; Public Health England, 2015; Ralphs, et al., 2016,). The most commonly used NPS is a synthetic cannabinoid commonly referred to as 'Spice' as it was reported as the choice of drug by half of the drug users in prison, *"[it] kills time and makes prison life more bearable"* (Ralphs et al., 2016, p.59). Comparatively, the positive tests for traditional cannabis had fallen 59% from 2014 (Public Health England, 2015, p.24). NPS has worrying side effects that users can have, not only are they worrying but they are diverse and

uncontrollable, " *aggression, agitation, depression, hallucinations, muscle spasms, paranoia, psychosis, self-harm, 'fitting' seizures, and suicidal thoughts"* (Ralphs, et al., 2016, p.60). There is also a high risk for cardiac arrests and homicide to occur as when they are under the influence they become extremely vulnerable (Kirby, 2016, p.709). Due to the lack of positive testing and the wide range of responses, it is an extremely dangerous drug which is heavily used in the prison environment. The ability to identify and assist at risk prisoners becomes unclear as NPS use encourages violence (POA, 2017a), which as previously established, violence in a prison environment has increased significantly in recent years.

Most offenders enter prison with pre-existing mental health problems which includes addiction. This is then agitated by the circumstances that the prisoners are held in. Drug use amongst prisoners is seen as a survival tool during incarceration, this can be seen as an imported mindset as the mass transportation of problematic drug users has an influence on presence of drugs as the demand is evident. Recognizing that a majority of prisoners have similar backgrounds, with similar habits and customs, it is almost expected that ways to bring drugs into prison will be found as they have a desire to fall back on this coping mechanism, and then will have to continue to feed on their addiction throughout incarceration.

There are various methods to supply drugs in prison, however, due to the NPS demand, these are constantly being innovated. Research found that there are four main routes of entry: social visits, postage, corrupt staff, and over prison walls (O'Hagan and Hardwick, 2017, pp.2-4). The last three are important to acknowledge as they display not only the innovation of drug smuggling but also the cracks within

the prison system. Postage stands out the most because its popularity of choice is due to the innovation of spraying liquid forms of Spice on the paper (O'Hagan and Hardwick, 2017, p.4). Another method was corrupt staff as day staff were searched around once a year and night staff were never searched (O'Hagan and Hardwick, 2017,p.4). Hence it being quite easy for staff members to smuggle in substances themselves, with a high chance of not being caught. The last method is getting the substances over prison walls, is commonly achieved through using drones or catapults. These methods hide drugs in various objects such as tennis balls and dead birds (O'Hagan and Hardwick, 2017, p.3). The cracks in prison security have been exposed on various levels due to drugs easily being smuggled in. The cracks can be linked to the understaffing problem. As well as the innovativeness of spraying liquid spice shows how people will get creative to supply a demand that is clearly present, it is also a statement showing that the people who manufacture these drugs will most likely continue to do so.

The cutbacks that were being made by the government in an attempt to cut corners were allowing for increased opportunities for prisoners to gain access to drugs. Synthetic cannabis being the most commonly used and also the most dangerous, damage is inevitable. Not only do they have effects on the users mental and physical state, but the presence of drugs creates further problems within the institution that extend beyond addiction. Drug use in prison also inflicts problems with staff and prisoner relationships as it will be explored how it creates an environment of violence, self-harm and suicide.

<u>Surrounding Issues</u>

The presence of drugs has an impact on three prison functions. Drugs creates problems around the safety of those within the institution. Violence, addiction, and gang activity is a result of the presence of drug use (HMIP, 2015 : Public Health England, 2015, Kirby, 2016; Ralphs et al., 2016). These effects can then highlight the pains of imprisonment and intensify them profoundly. The areas of concern which drugs have the most impact on are violence, physical and mental health, and PO/p relationships.

Violence is a very prominent issue within the prisons of England and Wales, as previously explored it is currently at an all-time high and has a lot to do with the presence of drugs. If a prisoner becomes the provider of illicit substances, this may be a route taken to pursue hegemony amongst peers or even staff members (O'Hagan and Hardwick, 2017, p.4). This particular status creates and reinforces a social hierarchy, where the more powerful prisoners would choose weaker ones to act as smugglers, couriers and dealers (O'Hagan and Hardwick, 2017, p.5). This is commonly known as gang activity, "*inmates are hired to accumulate payments and intimidate, threaten and be physically aggressive towards debtors. The level of violence used depends on the amount the debtors owe, with a rising intensity as the debts increase.*" (O'Hagan and Hardwick, 2017, p.5). Debt becomes a significant cause of violence and self-harm throughout the institution which impacts prisoners as well as staff (HMPPS, 2019, p.3).

Violence towards prison officers has increased with roughly 20 assaults on officers happening daily (POA, 2017b)."*Inmates are said to assault, threaten or*

pressure staff when drugs are in short supply" (O'Hagan and Hardwick, 2017, p.4). This violence then further reduces staff available, which reduces a barrier of safety and security. This then perpetuates the cycle of drug use and violence. The PO/p ratio is off-balance and the harmful effects are evident, *"combine the reduced staffing, with an increasingly violent offender demographic, alongside the devastating expansion in the use of New Psychoactive Substances and you have created a perfect storm which has the potential to bring the whole system crashing to the ground."* (POA, 2017b]. Another reason staff violence occurs is because of corruption among staff in the institution. Corrupt staff are not limited to those willing to profit off of the smuggling of drugs or other contraband but those coerced by prisoners and those who are unsuccessful with smuggling into the prison will be met with violence (O'Hagan and Hardwick, 2017, p.4).

Drug use, especially NPS use is linked to concerning health issues such as death, and self-harm. Public Health England (2015) addressed these areas of concern with a focus on NPS and its effect on users and prison staff. Synthetic cannabis (SC) can have some extreme effects: convulsions, bizarre behaviour, temporary paralysis, rapid heart rate, aggression and psychosis (2015, p.30), it creates a lot of health-related issues, which puts a significant impact on healthcare staff, even in the community (2015, p.20). *"Some prisons have required so many ambulances that the community resources were depleted"* (2015, pp.20-21). Hospital attendances have increased 121% since 2010 (Gillan, 2018). Due to the reactions being so vast and random, each individual has to be met with an individual response, as nothing can be assumed regarding their mental and physical

health after having SC (Gillan, 2018). NPS creates chaos amongst staff. This may also include instances of self-harm, which have risen 76% since 2010 (Gillan, 2018). Regarding the impact on deaths in custody, there was a link of NPS use to 64 deaths between 2013-2016, where the Prisons and Probation Ombudsman (PPO) Nigel Newcomen found that 44 of these were self-inflicted (Public Health England, 2015, p.32). To put this into perspective it is only 12% of the total self-inflicted deaths that happened between those years (Inquest, 2019). Even though it seems small, when looking at deaths due to NPS use, it rises to 68%. NPS use can lead to death, most commonly self-inflicted. These deaths could have been unpredictable and without NPS being in prisons these people could still been alive today. *"In this country we do not give a death sentence, but for everyone who has taken their life in prison that is exactly what they got"* (Inquest, 2019). It is evident through this, that for several years, no strategy that may have been put in place has worked. This is where rehabilitation comes into the picture.

<u>Rehabilitative Measures for Addicted Offenders</u>

Rehabilitation as a part of the prison policy has a history of appearance and disappearance, different uses and interpretations from moral reform in the 18th century to the to its newest form as a centralised element to reforming the criminal with a 'recovery' focus regarding drug and alcohol treatment and social reintegration (Lloyd et al., 2017, p.3). The term rehabilitation in the context of the prison environment, as already explored, is problematic as the focus on the individual does not change the social marginalisation they face upon release. Regardless to this notion, there is an attempt to rehabilitate drug users who enter

the prison system. This research will look at four elements of treatment which are currently available: CARAT, Opiate Substance Treatment (OST), Rehabilitation for Addicted Prisoners Trust (RAPt) and Therapeutic Communities (TCs). They will be assessed in order to understand how prevalent they are, as well as assessing whether prison is the right place for these services. As already established, rehabilitation itself is a complicated concept when it comes to its terminology and implementation. Addressing what is available in prison can help understand how effective addiction treatment can be, as well as analysing the complexities that arise which challenges rehabilitation.

Treatment Programmes

Firstly, the treatments available for PDUs will be assessed. This research will be looking at four routes available: CARAT, OST, RAPt, and TCs. These were chosen as their treatment plans, purposes and goals are different but are all catered for PDUs. The results for each vary, so understanding which route is best for PDUs will be analysed.

CARAT is an acronym of Counselling, Assessment, Referral, Advice and Throughcare (Home Office, 2003; Home Office, 2005; Kopak et al., 2014). A service launched in every prison institution in 1999 and is available for those who enter the estate who need an assessment and a care plan put in place regarding their addiction or drug use (Home Office, 2005, p.2). They are given advice about drug misuse and are then referred to the appropriate drug services with counselling and group work being made available as well (Home Office, 2005, p.1). Another part of the service is after-care, *"[w]hen a prisoner is approaching release, their CARAT*

worker must prepare a release plan for them and where possible refer them on to a

community drug treatment agency" (HM Prison Service, 2002, cited in Harman and

Paylor, 2005, p.358), as well as post-release work up to two months as a safety net

for those who require support during the transition back into the community

(Harman and Paylor, 2005, p.385). In 2003, it was found that over 1/3 of the prison

population received an initial consultation with CARAT for a variety of services

needed (Home Office, 2005, p.2) The service is available nationally and is there to

help drug using and addicted prisoners gain the resources and treatments required

to prevent further drug use. However, there are a few issues with the

implementation of CARAT which affect the quality of the service given.

The CARAT service has a history of diverse outcomes due to various factors:

poor prescribing, infrequent reviews, and insufficient quantity and quality of

psycho-social support (HMIP, 2015, p.14). Not to mention the poor implementation

of post-release support, *" all CARAT teams are on a standard contract, some*

maintain that they are not required to provide aftercare, and others say they are so

overwhelmed by the demand inside, that they lack the resources to provide care

post-release" (Social Exclusion Unit, 2002, p.66). The focus on issues such as these

do not state that the service itself is poor, but the management of the service has

been. This does come down to the individual teams in different prisons. This service

is the first step towards treatment for prisoners upon entering the establishment

and aid once released.

OST is a medicinal treatment programme which focusing on providing oral

methadone and buprenorphine (Mardsen et al., 2017, p.1409). OST has been

considered an effective treatment but needs to be accompanied by the psycho-social recovery interventions, which is not often satisfactory and leads to poorer outcomes (HMIP, 2015, p.57). OST is usually readily available on the day of incarceration and can also be continued into the community after release with the right connections to treatment services (HMIP, 2015, pp.58-59). The main focus and outcome of this treatment is that it prevents the onset of opioid withdrawal symptoms which can motivate drug use[9] (Mardsen et al., 2017, p.1416). OST has had some good results, reducing Hepatitis C levels, and reducing risk of deaths within the first month of release[10] (Mardsen, et al., 2017, p.1416). However, do not adhere to the model of 'rehabilitation' as it does not live up to the definition.

RAPt is a 16-21-week prison-based, 12-step programme for substance dependent prisoners, managed and implemented by a "*majority of staff [who] are ex-drug users, which RAPt believes to be a crucial success factor*" (Social Exclusion Unit, 2002, p.63*)*. It includes the likes of Cognitive-Behavioural Therapy (CBT), a 12 step Narcotics Anonymous treatment plan, group therapy sessions, and prisoners are encouraged to find a sponsor (Kopak et al., 2014, p.255). The outcomes so far have shown some promise of rehabilitation as reconviction rates reduced for offenders who engaged fully (Stewart and Usher, 2017, p.182). A recent study showed that this programme was one to beat. The study found that RAPt completers had a lower than average reconviction rate within 12 months, which was at 31% (Kopak et al., 2014, p.258). Whereas, those who completed a different

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[9] Opioid users will revert back to drug use to prevent withdrawal symptoms (Mardsen et al., 2017, p.1416)

[10] When an opioid user quits using the illicit substance with no medicinal aid and, when they are then released and end up using the substance again, the risk of death is quite high, but with the aid of OST, the risk of death is reduced (Mardsen, et al., 2017, p.1416)

treatment had a reconviction rate of 49%[11] within the same time span (Kopak et al., 2014, p.258). That was not the only improvement, completion rates increased from 64% to 73% from 2010-2013 (Kopak et al., 2014, p.260). However, the researchers did state what attributes to this increase could be the de-selection process that RAPt has (Kopak et al., 2014, p.260). This programme shows promise, but there is still an issue with reoffending. The presence of reoffending shows that there are needs that PDUs have which are not being met in order to prevent further offending. These could be socio-economic needs which are evidently not a part of this 'rehabilitation' process.

Another example of a response to drug use and addiction within prisons is of TCs. These are generally based off of a successful institution known as HMP Grendon, a category B prison which opened in 1962 for offenders whose mental disorder did not qualify hospital transfer (Genders and Players, 1995; Kernard, 2004; Bennet and Shuker, 2017). TCs are *"a community-based residence with a few professional staff but primarily recovered addicts serving as staff"* (Lipton, 2002, p.44). They were one of the first treatments which solely focused on recovery, unlike Alcoholics Anonymous or Narcotics Anonymous are a supporting groups to facilitate recovery (de Leon, 2010, p.70). Recovery in the TC, when specifically looking at PDUs is about "*changing negative patterns of behaviours, thinking and feelings that pre-dispose drug use*" (de Leon, 2010, p.73). This involves improving their conduct, attributes, and values (Lipton et al., 2002, p.45). The concept of the TC is to allow for a predominance of social learning over psychoanalytic (de Leon,

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[11] This is similar to the overall reoffending rates of England and Wales (Prison Reform Trust, 2018, p.14).

2010, p.80). The individual influences but also is influenced by wider social groups

as that is where self-identity can be found as it is shaped by social interaction (de

Leon, 2010, p.80). Prisoners participate in mandatory group therapy sessions in the

mornings, three times a week, as well as community meetings where they can

discuss shared concerns, voting on job allocation, recategorization, leaving the TC

or even a removal of a resident (Bennet and Shuker, 2017, p.20). Meanwhile

residents attend educational classes, paid jobs, and family meetings in the

afternoons (Bennet and Shuker, 2017, p.20). This routine aims to allow prisoners to

gain individuality, responsibility, and social interaction (Lipton et al., 2002, p.44).

At a TC, drug addiction is seen as a disorder of the whole person, this means

that drug use is seen as a symptom (Lipton, et al., 2002; de Leon, 2010; Dawson and

Zandvoort, 2010; Genders and Player, 1995). Drug abuse is seen as a symptom of

immaturity where the individual is unable to postpone gratification, tolerate

frustration and maintain stable and healthy relationships (Lipton et al., 2002, p.45).

The TC approach to recovery is a combination of abstinence, elimination of social

deviance and developing pro-social behaviours and values (de Leon, 2010, p.70).

Inmates were found to be willing to talk to officers and had better PO/p

relationships (Genders and Player, 1995; Day et al., 2012). 86% of prisoners

explained that the TC environment allowed for this unique informal and less

authoritarian experience (Genders and Player, 1995, p.111). In Bennet and Shukers

(2017) research they found that TCs work because there is a significant

improvement in four areas: violence, self-harm, well-being, and reconviction rates.

Violence rates were a seventh to a compared category B prison, the significant

reduction reflects the positive impact of the institutional practice of a TC (2017,

p.21). Self-harm rates were 78% less (2017, p.21). In the TC there is an increase of sustained self-esteem and a reduction of anxiety due to the unique social climate[12] that TCs provide (2017, p.21). A TC is cost effective, it reduces crime and reduces benefits associated with employment (de Leon, 2004, p.76). Even though a place at HMP Grendon is £4,556 extra annually than a normal category B prison, every additional £1 spent there is a return of £2.33 (Bennet and Shuker, 2017, p.21). Which goes to show that the blame of reoffending and cost expenditure should not be placed upon the prisoner but that of the institution and the investments made.

However, in terms of TCs being an effective programme for recovery, there are some limitations. Reconviction rates over 4 years for men at Grendon was at 45% (Bennet and Shuker, 2017, p.21). Although this is less than the current annual rate of prisons in general, that does not adhere to the modern concept of rehabilitation as although the annual reconviction rate is lowered, it still rises to the current annual reconviction rate. Hence, although TCs have addressed the issues around the prison environment by improving conditions and PO/p relations, there is something else missing that prevents rehabilitation to be successful.

Treatment programmes geared toward PDUs within the prisons of England and Wales are prevalent, that much is clear from the literature. However, they are not 'rehabilitative' as they do not adhere to its definition. CARAT is well rounded but has poor rates of post-release support, OST focuses solely on harm reduction, RAPt and TCs still have rates of recidivism amongst its completers. This indicates

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[12] Social climate is defined as the perceptions of the organisation at an operational level, such as the ability to support new ideas and openness to change. (Bennett and Shuker, 2017, p.21)

that rehabilitation cannot be sufficiently implemented within a custodial setting.

Once again, the prisoners are held responsible for failure to rehabilitate, or

maintain rehabilitation when released from custody (Mathiesen, 2000, p.28).

Custodial settings can reach those who need treatment and can begin the

treatment process but expecting PDUs to be rehabilitated is ineffective and will end

up doing more damage on the prisoners.

One thing that is important to note is that even though NPS misuse is a

major health issue, the treatment services are not receiving many users concerned

with NPS use. From 2017/2018, over 53,000 prisoners (64% of population) accessed

treatment services (Public Health England, 2019). In order of most common to

least, these are the drugs being treated for: opiates, alcohol, cannabis, cocaine,

amphetamines, and benzodiazepines (Public Health England, 2019). Less than 9% in

treatment said that they had problematic NPS use (Public Health England, 2019).

This does not reflect the statistics of drug usage in prison. Although, this is more

than the prior annual assessment which was 5.7% (Public Health England, 2019).

There is an increase evident, but the numbers are not as high as expected given the

context of the current NPS epidemic in the prisons of England and Wales.

There is a logical reason for this outcome. Theoretically, the prisoners in

treatment have not had enough experience within the prison to either have come

across NPS or have the need for drugs. This could be the case because treatment

for addiction starts immediately or up to three weeks of being initially assessed and

usually assessments take place within a day of entering prison (Public Health

England, 2019). This immediate start is encouraging, however does not assist in reflecting the trends of drug use within the institution, particularly NPS use.

Response and Reduction Strategies

Prisons are filled with PDUs and drug use is at its highest within the estate. In order to understand what the prisons in England and Wales are doing in response to this, besides the treatment services, the current preventative measures and the most recent drug reduction strategy will be analysed. By assessing the goals and the outcomes, predictions can then be made should they continue in a similar manner. These preventative measures consist of increasing security and enforcing further punishment. Meanwhile, the latest drug reduction strategy has three primary foci: restricting of supply, reducing demand, and building recovery.

Initial responses to the height of drug use has revolved around further punishment and increased security measures. This refers to the measures taken between 2015 and the present day. The response has overwhelmingly centralised on punishment. Chris Grayling, former Justice Secretary[13] stated in 2015, "*we are determined to make sure that governors have every power at their disposal to detect supply, punish those found using or dealing*" (MOJ, 2015). The punishments included are: 'closed visits'[14], an additional 42 days onto the individual's sentence, in-cell isolation for 21 days, stripping the individual of earning money for an allocated time frame (MOJ, 2015). As well as removing any privileges gained from

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[13] Chris Grayling was the Justice secretary from 2012-2015 (MOJ, 2019c)(Gov.uk, 2019d)
[14] No family visits allowed during a certain amount of time

the IEP programme[15] such as *"additional visits, higher rates of pay, own clothing, TV,[and] extra time out of cell"* (MOJ, 2015) for 42 days, and also could be subjected to transfer to a higher security prison or even prosecution and further sentencing (MOJ, 2015). Another response was the PSA which was mentioned earlier on. In 2016 it became an offence *"to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import and export psychoactive substances; that is, any substance intended for human consumption, that is capable of producing a psychoactive effect"* (Psychoactive Substances Act, 2016). It could mean an additional 2 years upon a prisoners existing sentence (Ralphs, et al., 2016, p.58) and a sentence for a member of the public could be up to 7 years in prison (Reuter and Pardo, 2016, p.29).

Prison security has also been tightened in response to the prevalence of NPS use. The hope is that with more officer's present, the presence of drugs will decrease. Since these have been implemented, a drug strategy has been created as well. The strategy addresses areas of the prison service that need focus and strengthening in order to achieve a reduction of drug use and dependence amongst prisoners.

HMPPS (2019) have been working on a strategy which was published in April of 2019. This strategy is multi-faceted with 3 areas of concern: restricting supply, reducing demand, and building recovery. They have assessed this strategy on 10 prisons as 'testers', where £10 million was spent, 60% of that was spent on

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[15] Incentive Earned Privileges – a system in place where one can gain privileges for good behaviour

increased security measures such as: body scanners, drug detection dogs,

additional staff, and security equipment (2019, p.6).

The first concern of the drug strategy is of *restricting supply*, which focuses

on preventing drugs entering the prison institution. Currently, body searches,

metal-detecting scanners and drug detection dogs are used in prisons across the

board (2019, p.9). HMPPS have set out a £6 million investment to extend the use of

x-ray scanners, new mobile prevention technology, training 300 dogs to detect

psychoactive substances as well as detection equipment to identify items that have

come in contact with psychoactive substances (2019, p.9). The next priority is about

the safety of staff, they are initiating a specialist search team and an additional

6,000 new body cameras for officers as a means of deterring violence both between

prisoners and toward staff (2019, p.10). HMPPS are working on innovative

approaches to catch trends of criminal activity and respond quicker (2019, p.11). On

top of this HMPPS have invested £3 million on a Serious Organised Crime Unit

(SOCU) which is made up of national and regional teams to develop intelligence on

high-risk drug supplying offenders

Reducing demand is the second focus of the strategy, this involves

addressing incentives and opportunities. The incentives are focused on two things;

Identified substance user (ISU) and Incentivised Substance Free Living (ISFL) , by

identifying drug users through MDT, those who fail can be offered support and

treatment for abstinence. They can be placed in ISFL wings where likeminded

prisoners can take responsibility for their recovery and also to encourage prisoners

to engage in work, education, and treatment (2019, pp.15-16). Prisoners can seek

job opportunities in the public with partnerships between prisons and employers (2019, p.16).

The third and final focus is the building of recovery. It is clear that contemporary treatment services are not very successful. So, the strategy focuses on treatment and the continuity of care. In 2018 the National Partnership Agreement[16] was signed, this included parties such as Ministry of Justice (MOJ), the National Health Service (NHS), PHE and HMPPS. This agreement was focused on the parties all working together to find ways to reduce drug use in prison. The NHS have published documentation on specified treatment services for NPS users, which includes training programmes for staff with a strong emphasis for medical responses. Another aspect of the strategy was HMP Holme, a drug recovery prison (DRP) (HMPPS, 2019, p.20). This prison was put together by MOJ, HMPPS, NHS, and the Department of Health and Social Care (DHSC). This DRP includes "*new health services, including a specialist psychologist*"(HMPPS, 2019, p.20).

This is clearly important work being done and should it bring some success, can have a great impact on PDUs. The continuity of care is a very important aspect that needs focus, clearly many prisoners enter treatment services but are not in prison for the amount of time which allows rehabilitation to be 'successful'. According to the drug strategy the NHS are working on a service called 'RECONNECT' to improve the continuity of care after release, with a hope to reduce the reoffending rate (HMPPS, 2019, p.22). Released prisoners are 22 times more likely to end up sleeping rough after prison since 2016 and annual numbers of

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[16] National Partnership Agreement

released prisoners have hardly fluctuated since 2016 (Webster, 2018). With the likelihood of prisoners becoming homeless increasing dramatically meanwhile releases being stagnant in comparison, there is a duty of care not being met within the community.

The drug strategy has brought a lot of focus to two areas of focus, security, and rehabilitation. By improving these two areas, PDUs could have a better chance of rehabilitating in prison. However, again this drug strategy only focuses on the prisons itself. It has been made clear from the literature that due to the likelihood of the prisoner to have a poor socio-economic background, the chances of not reoffending are high once released. This strategy completely ignores that part of the PDUs life, after prison.

International Discussion

In order to understand how effective, the responses prisons of England and Wales implement towards drug use in prison are, an international exploration will be conducted. This aims to allow for further context on prisons and the impact that various responses and institutional foci can have on the level of drug use in prison as well as society. The use of prisons do have a problematic place within society as it can allow for negative stereotypes to be made, however there are two institutional differences that are going to be addressed. The first discussion will be on the Scandinavian prison system, which has been, on many occasions, labelled 'exceptional' (Pratt, 2007; Giersten, 2012; Scott, 2013; Shammas, 2014; Reiter, et al., 2018) and the second will be the political movement of decriminalising illicit substances. This discussion will explore how effective other measures that have not

been implemented in England and Wales can have on the prison environment and

PDUs in and out of prison.

Scandinavian Approach

The Scandinavian prison system refers to the likes of; Finland, Denmark,

Norway, Sweden, and Iceland (Reiter, et al., 2018, p.93). The term exceptionalism

has been defined by John Pratt (2008) in relation to the levels of imprisonment and

the egalitarian cultural values that is instilled into the prison system (2008 ,p.119).

These countries have low rates of prison population where individual institutions

are small in size (2008, p.120). The focus of these prisons are primarily concerned

with concept of normalisation (Pratt, 2008; Reiter, et al., 2018). Normalisation is

implemented through the physical attributes of the prison "*in this region, it is

recognised that going to prison is itself the punishment for crime; prison conditions

can then approximate to life outside as far as possible, rather than being allowed to

degrade and debase all within*"(Pratt, 2008, p.119). It is an attempt to reduce the

pains of imprisonment by allowing prisoners to be able to have as normal of a life as

possible whilst imprisoned. Another aspect that is important is the staff, as the

PO/p relationship is a massive part of the prisoner's experience. Prison officers will

have two years of training alongside probation officers (Pratt, 2008, p.121).

Scandinavian prisons are famously known for their open prisons, especially the

Bastøy prison in Norway. This open prison is built on an island with 100 inmates

where normalisation is taken to its maximum (Pratt, 2008, p.123). Prisoners are

free to walk around and even take the ferry into the local community if agreed

upon by staff (Pratt, 2008, p.122). In response to PDUs in prison and rehabilitating

them, the Norwegian prison response is quite modern with four different methods:

contracts, social education programmes (SEP), group focused programmes (GFP)

and drug handling units (DHU)[17] (Giersten, 2012, pp.594-596). These responses

have similarities to that of the prisons of England and Wales but with some

different approaches within these methods. The imagery of the Scandinavian

prisons are a complete contrast to the likes of the English and Welsh prisons, where

the pains of imprisonment are reduced. It also sounds easier to come to terms with

being a prisoner and have more pleasant and motivating programmes for PDUs.

However, although this may be partially true, other researchers have explained that

Pratts understanding of exceptionalism is misguided as it focused on the macro-

level details and not the micro-levels such as the experiences that are felt within

these prisons. There are aspects of micro-level details that need to be addressed to

understand just how 'exceptional' Scandinavian prisons really are. Normalisation is

a huge part of the prison system which has had very negative effects on prisoners.

Victor Shammas states that in the Scandinavian prisons there are 'pains of freedom'

(2014, p.111). *Confusion*, the environment doesn't look or feel like a prison, but

prisoners are repeatedly reminded of their status by staff (2014, p.111). *Anxiety*

and boundlessness, the freedom of movement brought experiences of dread and

anxiety (2014, p.113). *Ambiguity,* being able to notice freedom without being free

(2014, p.114). *Relative deprivation*, the paradox of being given greater things but

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[17] Contracts- accepted to be randomly drug tested in order to gain more day leaves
   SEP - included the Pathfinder project, where prisoners go hiking and discuss the reasons behind their drug use
       Use
   GFP - similar to the Pathfinder project, but within prison grounds and not as frequent
   DHU -separated wing which utilises a combination of the measures for prisoners to prepare for release (Giersten, 2012, pp.594-596)

feeling worse because it gives them something to lose (2014, p.116). Lastly,

individual responsibility, the focus on 'responilbilisation' reduced prisoners to feel

as if they had no life skills prior to imprisonment (2014, p.110). On top of this there

have been various issues regarding how prison officers use isolation with prisoners.

Pratt did mention this but does not explore it fully, "*Norway has been criticized…for*

often holding remand prisoners in 'total isolation'…however on the basis of what I

did see and experience….Scandinavian prison, while not eliminating the pains of

imprisonment, must surely ease them" (Pratt, 2008, p124). There have been known

instances where prisoners have been put into isolation for an extended amount of

time. In Denmark "*staff reported that at least one prisoner had been [in isolation]*

for 200 days continuously, and many more cycled through for months at a time"

(Reiter, et al., 2018, p.99). This statement on the Scandinavian prisons has exposed

how a prisons that state they focus on the welfare of prisoners and has low

prisoner rates does not inherently mean that the prisons are 'exceptional'. There

are still harms felt by the prisoners that are within these institutions, and although

there is a lot of training given to prison officers, they still wield the ability to abuse

their power over prisoners. Prisons whether in England and Wales or in Scandinavia

all have issues relating to how prisoners experience their time incarcerated. Hence,

a discussion on decriminalisation may bring an element which could prevent this

from happening to PDUs.

<u>Decriminalisation Approach</u>

Decriminalisation refers to the elimination of criminal sanctions for

purchase, consumption, and possession of drugs for personal use (Drug Policy

Alliance, 2015; Rolles and Eastwood, 2015; Drug Policy Alliance, 2019; Felix et al., 2017). The concept of criminalising drugs has caused issues such as overcrowding of prisons and social control, and people are still willing to engage using illicit substances (Global Commission on Drug Policy, 2016, pp.16-17). Criminalisation is connected to social control because in the United Kingdom, 60% of all police searches are for suspicion of low-level drug possessions, which are targeted to certain communities (Global Commission on Drug Policy, 2016, p.17). Although this is the case, a majority of searches do not find any possession of illicit substances[18] (Global Commission on Drug Policy, 2016, p.17). Roughly, 25-30 countries have implemented some form of decriminalisation (Rolles and Eastwood, 2015; Global Commission on Drug Policy, 2016) and many organisations are supporters of implementing decriminalisation worldwide which include the likes of: World Health Organisation, Human Rights Watch, and National Association for the Advancement of Coloured People, and more (Drug Policy Alliance, 2015, p.3).

Portugal became a decriminalised country in 2001, where they reclassified the activities of low-level possession and consumption of illicit substance as administrative violations (Drug Policy Alliance, 2015, p.2). They expanded on treatment and harm reduction services, such as access to "*sterile syringes, methadone maintenance therapy and other medication-assisted treatments*" (Drug Policy Alliance, 2015, p.2). Possession of up to an amount of 10 days personal use means that they will be dealt with by the Commissions for Discussion of Drug

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[18] Black people are six times more likely to be searched (Global Commission on Drug Policy, p.17). This perpetuates a social notion that black people are more likely suspicious of criminal behaviour.

Addiction (CDDA) where sanctions like fines, social work or group therapy can be imposed (Drug Policy Alliance, 2019, p.4). If the offender is an addict they can agree to go through treatment that is available (Felix, et al., 2017, p.2). The CDDA is composed of one legal representative and two health or social services who assess the offender's dependency (Eastwood et al., 2016; Drug Policy Alliance, 2019). However, *"a majority of people who appear before the [CDDA] are deemed to be using drugs non-problematically"*[19]*(*Drug Policy Alliance, 2019, p.4). The impact of decriminalisation in Portugal has: reduced drug use among PDUs, increased use of drug treatment, reduced the impact of drug offences on their Criminal Justice System, reduced opiate-related deaths and infectious diseases, and increased in drug seizes (Rolles and Eastwood, 2015 ; Global Commission on Drug Reform, 2016).

Portugal has implemented a response system which has allowed people to have personal autonomy regarding personal substance use but have put a practice in place for people found to have problematic drug habits to have options of available treatment, in replacement of a criminal sanction. Therefore, for decriminalisation to work as well as it has in Portugal, the implementation needs to be reasonable and customised to suit the context of the nation. There are countries where decriminalisation has had the opposite effect due to problematic implementation. For example, Mexico decriminalised the possession of drugs in 2009, but the quantity thresholds have been criticised as too small (Rolles and Eastwood, 2015 ; Drug Policy Alliance, 2015). For example, regarding the substance

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[19] In 2013, 83% of cases were suspended and only 12% were sanctioned and the remainder were innocent (Eastwood, et al., 2016, p.28)

of cocaine, they have allowed individuals to have up to 0.5 grams to not be criminally sanctioned over, however cocaine is usually sold in 1 gram units so, *"everyone will exceed that threshold and be liable for criminal prosecution"* (Rolles and Eastwood, 2015, p.159). Therefore, it is clear that the implementation of decriminalising drugs needs to be reasonable as the aim is to reduce PDUs being criminalised and sent into custody as that perpetuates the need and market for drugs in prisons and effecting the environment negatively.

This international discussion allows for an understanding of how prisons are used outside of England and Wales and how alternative responses work regarding problematic drug use both inside and outside the prison institution. The Scandinavian use and implementation of open prisons and normalisation show that there is a way to make prisons which are not inherently forcing 'pains of imprisonment' upon prisoners, but that there are many limitations to its 'exceptionalism'. Decriminalisation of illicit substances can have a positive impact on drug use and addiction within a society, as long as the implementation is reasonable and that there is a major focus on health and treatment responses available. This shows that there are alternatives which currently exist which that England and Wales have either not yet considered but may be the way forward in order to improve the problematic drug use problem that they are currently facing.

Conclusion

A lot has been explored in this chapter, discussing the origins of the criminalisation of drug possession and use to the impact it has had on society with the high amounts of PDUs being sent into prison where they are subjected to

further pains. Pains which although in a secure setting lead these individuals to resort to their coping mechanism of drug use. However, due to the security measures prisons have, the substances are being innovated into NPS which are able to get past these measures. NPS substances are heavily prevalent and also have an extreme amount of health concerns connected to them, which have created an environment of violence, self-harm and suicide. HMPPS have responded to the NPS issue in three ways, of implementing further punishment, increasing security measures and then adapting rehabilitative measures as well. These rehabilitative measures are varied from harm reduction to psycho-social responses, which some have shown promise but do prove that the environment and intentions do not have 'rehabilitative' outcomes. This is due to the complex relationship between punishment and treatment. Whilst understanding the current English and Welsh position, introducing an international scale helped put their responses into perspective. Scandinavian prisons and its macro-level of 'exceptionalism' and micro-level of pains of freedom, show that prisons are inherently painful, no matter how they intend to be felt. Decriminalisation shows promise when implementation has a strong backbone of treatment and freedom of privacy, although can be exploited and made redundant should it not be done in a manner which is fair. This chapter explored that although prisons and the CJS can have a variety of responses to problematic drug use in society. Generally, prisons and rehabilitation are not a fitting combination and that a focus on rehabilitation away from prison can have better responses overall.

METHODOLOGY

This chapter will consist of discussing goals that this research aims to achieve. Explaining the following decisions, I made throughout this research. The interpretive approach taken, and the qualitative methods used to acquire the necessary data. The limitations of the research. The data collected and the analysis procedure. Finally, the focus to keep the data authentic and ethical during the processes of procurement and analysis.

Interpretive approach

This research takes an interpretive approach because the goal is not just to see people as a source of primary data, but an attempt to understand their perceptions through inquiry (Mason, 2002, p.56). This approach is defined as an "*[attempt] to embrace the complex and dynamic quality of the social world and allows [me] to view a social research problem holistically, get close to participants, enter their realities, and interpret their perceptions as appropriate*" (Leitch, et al., 2009, p.70). The goal of this study is to understand whether prisons can be used as a rehabilitative institution for problematic drug users. I set out to answer this question by asking for the experiences and opinions of those who have first-hand knowledge. By doing so, I am then able to make deductions about the meanings of the participants' experiences and once all responses are combined I will be able make further deductions about the collective experiences that surround drug use and addiction in prison such as: self-harm, suicide, violence etc.

The reason the interpretivist approach is chosen over a positivistic approach is that positivism carries the assumption that the social life remains independent of human consciousness, thus empirical evidence is able to be measured (Carey, 2013, p. 58). This positivistic design would remove the opportunity for me to ask for clarification or to dive deeper into the reason behind the participants responses given during the interview, due to this study being a small study, it is not feasible to generalise the data to represent a certain population. Therefore, by using the interpretive approach I am able to get information which can then be transferable for future research.

Qualitative Method

A qualitative method is appropriate for this research as its main priority is to find a combination of subjective understandings, feelings, opinions and beliefs (Matthews and Ross, 2010, p. 142). The focus of this method seeks meanings in order to contribute to theory development (Daly, 2003, cited in Carey, 2013, p. 42). For this study I am looking to make connections between the participants' responses in order to answer the research aims. By making these connections, I am able to summarise, categorise and understand the findings from the data collection and be able to place it within the existing literature and see if my research adds to past research, or challenges them.

Data collection

    a) Semi-structured interviews

Using the semi-structured interviewing method, I had base questions and

sub-questions which were set as a guide to keep the interview flowing in a way that

was suitable for the research (See appendix C). Semi-structured interviews were

deemed the most appropriate method of data collection because "*in designing such*

interviews…the course of the dialogue [should] be largely set by the

participants…researchers have to find a comfortable and achievable balance

between pre-understanding and unbiased openness toward the phenomenon under

study" (Leitch, et al., 2010, p.79). This method allowed for the participant to inform

me of the topic being discussed and to have a sense of importance as they would

not be cut off from expressing certain opinions or experiences if I had planned to

bring them up later in the interview.

The general structure of the interviews are as follows, the interview begins

with broad questions about the profession of the participant and find the

connection with prisons and PDUs. By approaching it this way, I intended on gaining

a good rapport with the participant. I wanted to develop a good understanding of

the participant's profession as this would help me shape and mould the interview

to surround their profession. When I went into further questioning which required

a narrowed and focused answer, I would be able to utilise the knowledge of the

profession to make adjustments to the questions so that it would be appropriate to

the participant. I would still be addressing the overall topic with each participant

just angling it so that it would align with the participant. The interviews were

concluded by addressing broader concepts of the future. This included the

responses to drug use as well as what they themselves would find appropriate

going forward. This was done to allow the interview to end on an optimistic and

less intense note so that the participant would hopefully leave feeling more relaxed than when discussing a personal anecdote per se.

The interviews were held in the participants' workplaces where the participant felt most comfortable. The setting of the interview was quiet and private. Allowing for the participant to disclose information without the fear of being overheard by others. One was held in an empty large reception area, where few people passed through, but were unable to hear what was being disclosed during the interview. Another was held in a meeting room, at a drug and alcohol addiction service establishment, and one was held over a video call through mobile phones, I was in a quiet room which the door was shut, and nobody could enter, and the participant was in a similar environment.

It was important for me to have face to face interviews for two main reasons: capturing verbal and non-verbal cues, such as the physical responses that participants give to questions or responses, and secondly, to be free from distraction (de Franzo, 2014). These cues can help me understand if the participant is uncomfortable being asked certain questions or covering a certain topic being discussed (de Franzo, 2014), whereas on the phone, even with a video call I am limited to what I am being shown by the participant. I am not an expert on body language therefore there is a lot which I may miss, however my training and experience being a Samaritan volunteer I have been able develop the skill of being sensitive and responding sensitively to those who show any signs of distress or discomfort, both vocally and physically. The limited amount of physical information I am able to get from a video call means that the participant can get distracted by

their surroundings and I can be completely unaware of this. The only benefit I gained from a video call interview was that of being able to reach a wider audience, that would not have been achievable due to distance issues.

I did find that with the two face-to-face interviews, that I was able to attract attention much more naturally as I was in the room with the participant, whereas with the video call interview I kept noticing moments where the participant would be looking around the room slightly distracted. When that happened, I felt that I had to try harder to regain focus and attention. Fortunately, this was not hard to do as they were engaging and enthusiastic about sharing their knowledge. A concern I did have with video call interview was that even-though regardless to the method of interview, a participant is able to end the interview at any moment with no explanation needed, the participant could end the call suddenly and I would not be able to understand why. Whereas with a face-to-face interview, I would be able to visibly make some presumptions based off of their emotive responses and address it before continuing to cause any discomfort. Fortunately, that did not occur as all my participants were cooperative and did not express any discomfort throughout the interviews.

b) Participants

The potential participants were recruited through various pathways, through my professional networks via LinkedIn and a mutual contact at a Halfway house. Others that were contacted were members of the Forward Trust, as well as various prison governors in the North West of England and the Prison Officers Association (POA) via posted letters asking each potential participant/organisation if they would

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like to participate in the research. However, a couple weeks after I had contacted the organisations, it became clear that the approval for research regarding the Forward Trust, the prisons I contacted, and the POA were going to require central internal approval before the participants could approve themselves. Considering, that my time is limited for this study, it became clear that I could no longer utilise any participants from these organisations and I would rethink the target group for participants. There were a variety of routes I could have taken after my access was inherently denied, as Blaxter (2010) wrote, there were six options for me to turn to: access other people within the same organisations, approach other people in same positions, approach other organisations, change my strategy, try again later, or focus on research process (cited in Wincup, 2017, pp.75-76). Due to my limited time, I chose to change my strategy, this was in terms of the questions I would be asking as well as the people and organisations I was going to focus on. My angle was changed to focus on organisations or charities that would not require such an intricate pathway for approval, but still needed to have participants who had experience with prisons, problematic drug users, or both. Fortunately, this realisation happened within the early stages of my research timeline and it allowed for adjustments to be made with ease.

I then contacted people within my small professional network I made who could participate either themselves, or suggest an appropriate participant based on their profession and experience. These participants were contacted via email. This was before the research and the ethics approval was given from the university, as it allowed for initial contact to be made and for plenty of time to find the final selection of participants. I did stumble upon a participant who was found and contacted after

the approvals were given. This was purely by chance and they were the only participant who had a shorter amount of time to consent to their participation. It was not pressured on to them as they were given time to make their decision, just as I had done with the other participants.

The research aimed for 3 participants to partake in this study, this is determined due to various factors, allowing for enough data to bring a heterogenous sample to cross-examine but also to not overwhelm myself with an excessive amount of data that would be challenging to handle due to my limited time once collected.

The participants that were sought for this study were chosen through a purposive sampling method. This means that they were chosen with purpose to explore the research aims because of their experiences, interpretations and perceptions (Matthews and Ross, 2010, p.167). The sample were a heterogeneous sample, which means that there is a variety of participants chosen due to the ability of finding cross-cutting themes throughout the combined data (Ritchie and Lewis, cited in Matthews and Ross, 2010, p.167) .

All the participants were targeted to have experience in professions which relied around the Prison estate alongside problematic drug users. This allowed for a variety of professions to be included into the research for diverse experiences to be explored. All participants had to be fluent in the English language. The final selection for the research participants consisted of:

1) Steven, a former prison officer for almost a decade at a Category B prison who left the service in 2013

2) Mark, who is an outreach team leader for a drug and alcohol recovery service

3) Jackson, an inspirational speaker and team builder for prison staff. [20]

c) The Researcher

I am a Samaritan volunteer, which has provided me with the skills necessary for primary research. The skills acquired have been most useful for the semi-structured interviews. I have developed the skills of active listening, responding sensitively to difficult topics, note-taking, and questioning due to this voluntary experience. I completed the training October 2018 and completed my probation period in April 2019. I am now a certified Samaritan volunteer. I am responsible for actively listening to callers in distress, either on the telephone, or face to face. I have picked up on certain hints which notifies me when somebody is getting uncomfortable or distressed and I can adjust the conversation accordingly to fit the scenario. As well as being a member of the Outreach team at Samaritans where I have represented Samaritans on behalf of the organisation at various events.

The combination of experiences has allowed me to not only understand to read between the lines but also to feel comfortable speaking and asking questions that many may find uncomfortable but are important in establishing clarity. While

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[20] All participants names a pseudonyms to allow for anonymity

being able to adapt throughout and still asking the right questions without intentionally causing harm or distress and avoiding any of this from actively listening to any signs which express any discomfort from the participants.

The only issues I knew I had to prepare myself for was due to the circumstances, Samaritans and the semi-structured interviews, are completely two different circumstances. In this research I was actively seeking information which I had pre-planned prior to the interview, whereas with Samaritans I am being provided information that I am entirely unaware of. During these interviews I had to be able to reorganise the structure of the interviews should a participant bring up a topic that I had planned to discuss later in the interview meanwhile having to remain calm and relaxed due to the setting and nature of the interview. This was something I found challenging through the interviewing process as I had not had an experience like this before, but as each interview went on I was able to mentally prepare myself prior and remind myself that I need to remember to allow the interview to flow, meanwhile remembering to ask all the core questions I needed to, even if it meant having to reflect on a response later on in the interview had I not picked up on asking it when the topic was being discussed.

d) Recording

The interviews were recorded with a Dictaphone, a Homder Digital Voice Recorder. This was done with the participants permission which was presented in the information sheet and permission was granted through the consent form (See appendix A and B). The voice recording was a method used to reduce the amount of inaccuracies that could arise throughout the remaining research process as the raw

data would be readily available to examine as many times as necessary. Each interview was recorded successfully which was able to help keep the data authentic, especially when it comes to the transcription process.

 e) Transcription

The transcription process that I went through consisted of utilising NVIVO in order to be able to track the transcription alongside the times I or the participants were speaking throughout the recording. This allowed me to save time when coming back to the transcription when not completed within one session, as well as being able to slow down and easily rewind or fast-forward the recording in order to keep on track and keep the transcriptions accurate. The transcriptions were kept both digitally as well as physically. The physical copies were kept for annotating and analysing whilst the digitals were kept should I have needed any spare copies printed.

LIMITATIONS

There are 2 specific limitations which have arisen from my methodology which are the recruitment process and the number of participants who took part in the research.

The limitation of the recruitment process is two-fold. The first limitation is due to my participants not being problematic drug users themselves. The participants are all professionals. The roles they play are essential in helping addicted prisoners in their recovery, however for this research this is a weakness for a few reasons. In this instance due to the platform I have given them, they are inherently speaking on behalf of problematic drug users. Due to them being my

primary target on the issues regarding rehabilitation in a prison setting, not including them into my participants is a reason why this research is limited. I do not have first-hand statements from problematic drug users in or out of prison explaining their experiences and opinions. Instead I have accounts of those who have witnessed them. Therefore, I am unable to state that problematic drug users have similar or different views, opinions, and experiences regarding the current pandemic of drug use across the prisons of England and Wales.

Another limitation of the recruitment process is that all my participants were male. This inherently removes the voices of women who have knowledge that is important to this research. Their experiences could be similar or could be very different and not necessarily because of their gender. However, the possibility is there and to be able to explore that could have created further opportunities of research to be made available from my research.

The limitation of the impact my research can have is due to only have three participants is three-fold. Firstly, it only presents a very small opportunity for connections to be made between the participants themselves and then to reflect those connections to the literature. It allows for an intricate analysis to occur but only just. Had this research had more participants the arguments and deductions made could have been strengthened significantly.

The second reason the small participant size limits the impact of my research is because each participant becomes a singular representative for their profession. However, I was able to show shed some light on how some members are affected by the current drug epidemic. Had I had multiple participants within

those professions, there would be room to make further connections about the impact on those professions. This research is unable to do this, but due to this limitation, provides the opportunity for further research to be conducted to explore this specifically.

The third limitation due to the small participant size it unable to be generalised. However, despite this, when considered alongside the views and research of Thomas Mathesian, David Scott and Helen Codd, Ben Crewe, and others. My research shows it has purpose and is needed. It coincides with their research by having sharing similar conclusions about the prison system and the predominance of punishment and its impact on prisoners, mostly in relation to PDUs specifically in this research.

The reasons why this research had a small participant group was due to time constraints, once I would get my ethical clearance to conduct my research I would only have a limited timeframe to conduct my interviews and complete the research as a whole. This was expected and my sample size was aimed to have between 3-5 participants to prevent myself from being overwhelmed with data. As previously discussed, I was unable to gain access to prisons for my research which meant I had to go out and find contacts myself. I did have a lack of prior contacts, so the recruitment of participants was challenging. Although it was not an easy recruitment process, the insight I have gotten from my participants was beneficial to my research.

Data analysis

The analysis procedure although more focused after the transcription were completed, throughout the interview's notes were made regarding the participants opinions based on their emotional response as this may have been lost without the visual aide of the face to face interviews. After each interview was completed, I wrote a couple of my own interpretations of the responses given whilst still fresh in mind. These interpretations would then be reviewed again later on in the analysis procedure to see if those initial interpretations were similar or different to the other participants. After all interviews were transcribed, I went through the thematic analysis process.

A thematic analysis is "a *process of segmentation, categorisation and relinking aspects of data prior to final interpretation*" (Grbich, 2007, cited in Matthews and Ross, 2010, p.373). Once the interviews were transcribed, I had printed out hard copies of the transcripts and read through the interviews again, highlighting and categorising responses into topics and subtopics whilst coding within these. Each was done individually, which then comparisons and connections were made when I then reverted back to each set of notes made throughout the research process to see had my perceptions changed throughout. This is where I was making my interpretations and relationships between the participants. I then went back into the physical transcriptions and highlighted sections which represented the stance the participant had on the topics and subtopics accurately. After becoming very familiar with the data I was able to assess what the themes arose from the data.

The themes consist of the relationships between the data based on similar or different experiences and opinions. I kept referring to the raw data, the audio recordings and untouched digital transcriptions. This was to refresh my mind of the data with the focus to ensure not only accuracy but also that the relationships were authentic too, and that they had not been created by my own biased interpretation.

<u>Authenticity</u>

The authenticity of qualitative research depends on what the primary research found, which is based on a lot of factors, these are: credibility, transferability, confirmability and authenticity (Cope, 2014, p.89). Credibility in qualitative research is based on the descriptions of the human experience and that they are immediately recognised by individuals that share the same experiences (Cope, 2014, p.89). Transferability is referred to as, "*findings that can be applied to other settings or groups…. However, the criterion of transferability is dependent on the aim of the qualitative study and may only be relevant if the intent of the research is to generalize about the subject or phenomenon*" (Cope, 2014, p.89). Lastly, confirmability is achieved "*by describing how conclusions and interpretations were established and exemplifying that the findings were derived directly from the data*" (Cope, 2014, p.89). This means that no researcher bias was placed upon the data itself and was represented in an honest manner. This does not mean that the findings were deducted without bias but that the data was presented authentically, portraying the participants emotions and experiences transparently and honestly to how they were expressed during the interviews (Cope, 2014, p 89).

Combining the elements of transferability and confirmability, the research

can be found to be authentic.

<u>Ethical concerns.</u>

Once the research study began, I began collecting public information for

potential participants and initiated contact early on, allowing for communication to

begin and to allow time for the participants to decide on whether they would like to

participate in the research project. This was done privately and professionally. Once

I gained ethical approval from the UCLAN Ethics Committee on the 3rd of June 2019,

an official information sheet and consent form were sent to the remaining potential

participants who had expressed interest. This allowed them to have further details

on the research project, the expectations of their participation and if they were to

consent and participate they would have a copy of the consent form to sign and

send back to me prior to the interview date, or to have signed on the day of the

interview.

Before the interview began, participants received the contact details for

Samaritans, a charity which receives anonymous calls or visits to a branch. The

'caller'[21] can talk about anything causing them distress, allowing for the Samaritan

to listen, and if need be, to signpost the caller to another organisation should they

seek other help. This was clearly expressed to the participants prior to the

interview, as I was seeking personal experiences and due to the professions of the

participants, should anything cause them distress, they would have a source of help

or guidance if they need it. Although, I had predicted there would be a very low risk

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[21] A commonly used term that Samaritans use for people who use their service in any way

due to the nature of their professions and their experiences behind them, this was

a precaution taken as human beings are unpredictable, and anything can be

expressed during the interview, so it was a form of support made available should

they wish to use it.

As mentioned previously, I am a Samaritan myself so I am aware of attitudes

that can represent discomfort or distress and I am trained to prevent this as early as

possible. However, I did prepare protocols should someone become distressed

during the interview. Draucker et al. (2009) found that when researching sensitive

topics and a participant expresses discomfort or distress, screening questions about

how the participant is feeling should be asked for clarification when noticing this

behaviour, as well as prompting to stop the interview to put the participant first

and assessing the situation before asking whether they are able to continue with

the interview (2009, pp.347-348). If unable to, as a Samaritan they could talk to me

if comfortable, but I would suggest for them to call Samaritans for support or

attend to what support helps them the most. Fortunately, I had no need to

implement these protocols as the participants did not express any signs of

discomfort or distress, but I was prepared to do so.

Throughout this research study, ethical compliance remained my top

priority. This section will discuss the protocols followed to ensure not only the

safety of the participants but also to allow the study to remain a reliable and

validated. The participants were fully informed regarding their participation in this

research, they provided written consent as well as spoken consent on the day of

the interview (see Appendix B)

Regarding the data protection regulations and the ethical concerns, I had completed a mandatory online training course which was completed on July 23rd 2019 with a 94% pass mark (see appendix D). I am fully aware of the regulations and the steps to take to ensure the personal data is stored in a safe and secure manner throughout this research process.

Regarding the storage of the audio recorded interviews, they were stored on the UCLAN server and were only accessible on a UCLan device. When the transcriptions were completed, they were stored on the UCLan network as well as a copy on my personal computer with a password protection on the file as well as the computer itself. Any printed copies were only viewed in private, as well as held upon my person or stored securely. This was done to comply with UCLan regulations in order to keep the data secure as well as following the rules and regulations of the GDPR.

The documents that I will acquire will be erased once the research period has been completed on the 30th September 2019, both digitally and physically, both through the ethical procedures.

FINDINGS

The findings will be presented through the major themes that became apparent during the analysis, these themes consist of: Drugs are a societal/political issue, treatment does not end with prison, lack of faith in the current criminal justice system, a need for change, and focus on personal relationships. Each theme will be explored regarding its prevalence within the data and the similarities and differences between the participants responses as well as the connections to the literature already reviewed previously.

Findings:

I.   <u>Drugs are a societal and political issue</u>

A prominent theme within the data was that the presence of drug use in the prison environment was due to socio-economic backgrounds of the prisoners which are disproportionately affected by drug addictions. This is highlighted by Mark who said:

"*especially the ones who have dealt with the Criminal Justice Service, mainly young men, 18-25 from broken homes, lesser well-off areas of the city, very fragmented or no support network….the bulk of it is from those areas*".

In addition, Jackson stated, *"in the lower-class areas within the city….there's more prevalence of smoking, alcohol, drugs and unemployment… so what is happening is we are locking up our most vulnerable people in society, and how they cope in their communities is in relation to drugs…[then they're] in prison, no*

meaningful activity and spending many, many hours behind a door in their cell, then

they're gonna go to their first coping strategy, which is taking drugs".

Steven had a similar view, however he did not explicitly address the wider

issues at play, *"they take drugs because they are bored, end up in prison, come out,*

finding work is difficult, so they're bored again so they take the drugs and they're

back in prison". The responses are similar to the literature. Various researchers such

as Crewe and Bennett (2012) and Scott and Codd (2010) have also concluded that

the prison population is dominated by the lower classes who are affiliated with the

likes of unemployment and social marginalisation which affects mental and physical

health, addiction included. It is visibly noticeable how those who are socially and

economically deprived are resorting to drug use as a coping mechanism. This

coincides with the concept of the importation model which explains that the prison

environment is a direct reflection of the population prior to imprisonment

(Shammas, 2017). This particular population are frequently found to have a

dependency on illicit substances prior to imprisonment, so it is no surprise that the

prisons are filled with drug use. However, I want to address Stevens use of the word

'bored' in particular. In his opinion drug use is a result of boredom, which can be

affiliated with unemployment. This might be a subtle hint to the wider social issues

at play, but he is judging the individual's choice to use the drugs, which I believe is

a display of that moral judgment upon those who deemed 'unequal' that Scott

(2013, p.303) discusses is a part of the punitive society that Steven is a part of. This

attitude of judgment shows that prison officers whether due to their role or the

social-economic status can look at drug users or addicts as lesser than. This

judgment can affect the types of interactions they have with prisoners. Thus, impacting the prevalence of the punishment function of prisons.

When discussing the current NPS epidemic, participants claimed it to be due to their prices which are lower to the traditional drugs which can be summarised by Mark:

"Yeah, lots of them are introduced to it in prison and they say they would never use it outside, lots of them have been cannabis smokers historically, have a custodial sentence and whereas before NPS popularity, it was cannabis and heroin being smuggled in. Nowadays there is very little of that so, what is there is really expensive and [they will resort to using] NPS because they want something so they will try it"

Due to the high price and/or the limited number of traditional drugs available within the prisons, NPS are often the primary choice for prisoners. He goes on to share two stories of drug using offenders and the before and after of NPS use.

"[These two men] were cannabis smokers and that was causing them issues but quite functional. [They] didn't seem to have mental health issues. Gone into custody, smoking NPS, come out and continued [smoking NPS]…I'm not a mental health professional but I could say that these two young men won't ever be the same again. That's the impact it has....It is psychologically and physically addictive…[another time] there were two 'working ladies' who were in the service and they were long opiate users and switched to synthetic cannabinoids. They came

back to the service and said the withdrawals off NPS [are] worse than heroin, which

is saying something isn't it"

NPS use is a concerning issue which was clearly expressed in the literature as it can cause a variety of mental and physical health issues (Ralphs et al., 2016; Kirby, 2016) and Mark has shared some examples of how impactful it can be which correlate to the literature. It is interesting to note in his first anecdote of the two young men, he mentions that people are introduced to NPS in prison. He accepts this as a norm, surprisingly so casually accepted as well. Due to the casualness of his statement, it is clear that people, especially those within or surrounding the CJS are well aware of what is most likely going to happen to people who enter prison in England and Wales. Essentially, the imagery he conveys is that prison made their lives worse and was not an institution which provided a rehabilitative experience, but a debilitated one. This example shows that again, the function of punishment is predominantly felt over rehabilitation, as well as containment, as they are being removed from society as they are 'undesirable' and not for the purpose of rehabilitation.

Jackson was passionately focused on how the political focus of drugs has been and is currently a waste of time and resources:

"if we look at the war on drugs, billions and billions spent over decades and we are

in the worst position now because we are not looking at why the demand is

there…all we are doing is [trying] to stop drugs coming into the UK but less than

15% is stopped, that's billions of pounds that we waste, imagine if we could use that

[money] to look at why people take drugs in the first place".

As established previously, those in power represent a form of social control. They control the police to commonly search particular communities for possession of illicit substances even though the rates of success from searches are pretty low and show that it is generally a waste of resources (Global Commission on Drug Policy, 2016, p.17). The link here is that something is being done and they can show for it. Although, it creates a certain view on crime and criminal activity with a clear wastage of finances.

In accordance with the idea of money not being used wisely, Mark states that "[*we need to be] coming down harder on drug dealers because unless people are caught with the big quantities it's really a slap on the wrist…, but have [the police] got the manpower? Because it is a massive problem".* Steven states that this reality follows into the prison environment, *"the drug dealers in the prisons run it like a business, they'll quite happily admit that to you….There are a lot of things that we know are going on, but we can't prove it"*. There are concerns that the abilities of those in powerful positions are not able to do their job due to issues within the organisations they work in and that it can be seen in various sectors of the criminal justice system. The language used present disappointment and frustration. Both Mark and Steven are disappointed in the actions of those in powerful occupations, meanwhile Jackson is frustrated with the misguided financial focus of the same group. I do want to touch up on Marks idea of '*coming down harder on drug dealers'*, when previously he acknowledged that prisoners are frequently disadvantaged, so by enhancing this further with imprisonment seems

contradictory as he is just wanting to replace the current prisoners with different demographic of offenders.

When asked about the reasons why drug use is so common in prison, participants responded in similar ways, that the presence is due to the imported community which have generally developed a form of drug dependence due to the social-economic factors. As well as incorporating the concept of misguided priorities, all institutionally inherited.

II.   REHABILITATION IS ATTEMPTED BUT PROBLEMATIC

This theme arose when discussing the rehabilitation programmes which prisons have for problematic drug users. All the participants understood that there are services available but that there were elements of the prison environment and the treatments that were hindering the chances for rehabilitation .

Steven acknowledged that there was a clear focus on a process for rehabilitating offenders entering prison from their addiction, he states as follows:

"If they come in and they've got anything in them then they don't go onto general population straight away, they go down to the DDU (drug dependency unit) and that's where they'll be assessed for the first few days…we've always tried to discourage people from stopping on the smaller units for too long, it's just not feasible. They've already got limited amount of space and the courts are sending people in five days a week, so you've got to make space for what could potentially come in that night".

This response suggests that the assessments being done in the DDU might have difficulty being completed thoroughly and in a consistent manner. The physical DDU is a 'small unit', which is not built with enough space and considering that over 70% of prisoners enter the institution with a pre-existing addiction (Stürup-Toft, et al., 2018, p.17) in combination with the context of the DDU, staff may be rushing their assessments to prevent overcrowding within the unit. Their focus is inherently challenged, and a variety of issues arise; mistakes being made, skipping certain steps of procedures, or making assumptions etc., all because the environment is not prepared for the current volume of problematic drug users.

In contrast, Mark states that "*when people are in that bubble, it is brilliant, they get whatever support they need".* Mark's statement brings up a problematic issue. This statement carries the idea that the support is available in prison, but not necessarily available or accessible in the community and that people have to go to prison in order to get support. Therefore, backing up the notion that prisons are being held accountable as a solution for the mistakes the state has made and created (see page 21).

Regarding specific treatment programmes that are in the prisons, I did not expect the participants to have many detailed remarks to make, due to not having positions within these programmes, but having positions which witness the effects of these programmes, they did have some remarks to make. Steven stated that whilst he was a prison officer, "*if I noticed somebody that wasn't an addict had started behaving strangely, glassy eyed, slurring and couldn't stand up straight. Then I would refer them to either health care or to CARATs*". Here he implies that he

was able to rely on a health service being available when needed, he seems to have had faith in those team members to be available when needed. As the literature states, there is a CARAT team within every prison since 1999 (Home Office, 2005, p.2), so the implementation of the service has not gone unnoticed and was appreciated. Whilst discussing different programmes in prison, Mark had not known of RAPt specifically but when I described it as a 12-step programme, he went on to say:

"*I believe in the 12-step programme as it allows someone to find out who they are, they don't know, because of drugs. However, at these meetings in AA (alcoholics anonymous) people use it to get drugs, or just go get out of their cells but then they get roped into it, gaining respect for the person facilitating, a lot of it is harm reduction, and most drug abusers have been hammered with harm reduction but need educating on how substance abuse affects them and RAPt sounds like it does that*".

Mark is weary that prisoners' motives may not be towards rehabilitation but for personal gain. Again, placing the responsibility on the prisoners on their own recovery, when the individual has been forced into it through imprisonment. Mark is suggesting the reality of the programmes available are misused for personal gain and that is probably the primary motive of the individual, however as Kopak, et al., (2014) found over 73% complete the programme. So, the literature suggest otherwise regarding RAPt, but may still be true for the stand-alone AA meetings.

According to the respondents, there are rehabilitative measures available for addicted offenders to engage with during their incarceration but there are limitations present which need to be considered.

III.   REHABILITATION AND IT'S VARIED IMPLEMENTATION AND EFFECTS

When asked whether the focus of rehabilitating a problematic drug user is focused on the crime committed or the addiction which they suffer with, each participant agreed that the focus of rehabilitation would primarily focus on the addiction, with intentions of preventing further crime. This is summarised by Marks response, *"a lot of the time, the only reason a crime has been committed is because of the substance, without the substance they would never have committed the crime"*. However, he is not optimistic about achieving a permanent result in prison: "*it's a cycle, like the definition of insanity when you do the same thing over and over expecting different results".* In addition, Steven states, "*if you take the drugs away, the chances are [that] they're not going to commit crime. They probably will commit the crime for other reasons. If you take away the drugs element from it then at least you've got one part of it out of the way"*

The participants believe that for problematic drug users, the prisons focus of rehabilitation is on the existing addiction as a preventative measure for future criminal activity. The definition of rehabilitation clearly states that the purpose is to fix something into working order (Mathesien, 2000, p.27), and not a preventative measure so inherently there are limitations to its impact. Another aspect I have taken from their response is that they are aware that addiction is not the sole problem the individual is facing. They understand that crimes can be committed

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because of the addiction the individual lives with and if they are "rehabilitated" it is likely the individual will continue to engage in criminal behaviour for reasons that are not associated with their addiction. Therefore, there is an unspoken third element going unnoticed or disregarded by people who work with addicted offenders. Prisons do not have the ability to provide evidence to justify the claims that they are rehabilitative. There is a fifty percent chance any offender will reoffend soon after release (Prison Reform Trust, 2018, p.14). Both the findings and the literature indicate that there are wider social issues that prisons have not got the ability to address such as the public and/or social environment of the prisoner prior and after imprisonment, especially considering there has been a twenty-two times increase of prisoners sleeping rough after release (Webster, 2018). Prisons are unable to rehabilitate offenders with addiction as they have a limited environment as well as reach due to the inability to inherently improve the prisoner's socio-economic status upon release. This is followed on by addressing post-release care for problematic drug users.

Mark stated that there are issues with post-release care:

"but it is when people come into the community, if all they've known for 20 years is heroin, they're going to do it, there is stuff to engage with, but you know…. there needs to be that aftercare to support them to maintain those changes, build a life up until a time they're comfortable to get on with their life".

He goes onto say that there is communication happening between the prisons and outside organisations which help those offenders with history of addiction:

"*People are missed but we have specific slots for prison releases, there is a team that is notified they've been released, what they've been prescribed, for instance methadone, and on a short sentence, they would then have to come straight down so the prescribing can continue, people are missed but there is communication*".

Mark is presenting two aspects of post-release care within this statement. Initially, he focuses on the importance of presence, according to Mark, addicted prisoners are most likely to fall back on their old coping mechanism of using illicit substances. Mark goes onto address the inconsistency of post-release care and how addicted prisoners have a chance of being unaccounted for regarding the need for post-release care when leaving prison.

His initial statement where he knows it is expected for released prisoners to fall back into substance use almost immediately is a statement that has two outlooks on rehabilitation. One, stating that rehabilitating addicted offenders does not work in prison, and secondly, that there is a wider issue that is affecting the individual to resort to drug use, which is likely to be a societal one. This is reflected in the literature of those who support decriminalisation. The literature states that by criminalising the use and possession of drugs there is unequivocal impact on the lower-class populations of society (Scott, 2013, p. 303).

The second aspect of Marks statement is that released prisoners are being missed by drug recovery resources in the community which has been directly paralleled by the literature due to the high rates of recidivism and the evidence within the poor implementation of post-release care provided by the CARAT service (Social Exclusion Unit, 2002, p.66).

This statement of Marks shows that there are very clear issues with the expectation of prisons to be a successful method of rehabilitation for addicted offenders. Responsibility is being placed upon the addict, when those who work with or beside them know that there is at least one other factor that is affecting the individual's choices and lifestyle. Rehabilitation in a prison setting is supported by post-release care but due to its inconsistency of prevalence, support may not be achieved with those released. Another interesting finding what that participants had low expectations for addicted offenders to resist their addiction once released regardless of whether they received treatment and were 'rehabilitated'. This was followed up by assessing the criminal justice systems role in this particular problem

IV.   Lack of faith in the Criminal Justice System

This theme came from the data because participants repeatedly expressed that addicted prisoners are being let down by the criminal justice system, from the courts to the prison system, due to them both focusing on security measures, as well as addressing the attitudes of management towards prison officers which impacts the prisons ability to carry out their role properly and even safely.

One respondent, Steven, stated that there is a disconnect within the CJS, especially when it comes to sentencing; *"the judge isn't convicting them on being an addict. It's just impartial of it".* He goes on to say, "*the way we (prison officers) would look at it is that the crime was committed to get funds for the drugs"*

He claims this to be a collective notion among prison officers and that for the judges to exclude a substantial aspect of the motivations behind the crime is a

failure on behalf of the system. This is the second time the notion that the offender's crime was committed to feed an addiction has been brought up, after Marks earlier statement. This concept is coming across as common knowledge to my participants. I believe this belief is a mixture of common sense and experience. They have worked with problematic drug users and have come to some general conclusions. To know that judges are not even considering an addiction when sentencing, shows these participants that prison is an institution for punishment and not rehabilitation. My participants have coined that there could be better ways, alternative ways, to handle offenders who offend to feed an addiction they are suffering with.

Prisons priorities of reforming security measures as a response to reduce drugs entering the premises was another discussion where participants were like-minded. The overall sentiment can be summed up by Jackson, *"they'll overcome the issue with the phones, drones, and find another way".* It has already been verified that innovations have begun to take place, as O'Hagan and Hardwick found that people are spraying liquid forms of NPS onto letters for prisoners to smoke (2017, p.4).

Regarding the current increase of prison officers, both Mark and Steven, both had negative views. Steven stated, "*some old friends of mine that work there, in their words say that they change every time you turn around, they don't last*". In addition, Mark is concerned that they will be easy targets, "*when boundaries aren't there because of new staff, prisoners will push it. When new staff lose their rag… everyone dislikes them, and they are [now] a target*".

However, Jackson was optimistic about the prison reform:

"It is changing now.... 80,000 years of experience was lost, but we needed to lose 50,000 of that because it was not a great amount of experience. Now [there are] a lot of young, millennials coming in and want to make a difference to bring meaning and purpose....If we look at any kind of history, when we go through a big shift and a change, there is a lot of unrest that goes on within that process and that's how I see the prison system right now. Even though it is very turbulent, I also believe we are moving in the right direction, because that turbulence and unrest is because we are changing"

The issues that arise regarding importing new prison officers that Steven and Mark discussed are reflected in the work of Lloyd, et al. (2017), they found that new officers were not being trained on substance misuse and therefore were unable to support those in the DRW. Lloyd, et al (2017) states, *"it's almost as if we are starting again"* (p.11), which came from dissatisfaction unlike Jacksons being optimistic about this change. Jackson knows prisoners are vulnerable, and that prison is painful, which he utilises the words 'turbulence and unrest' to express the likes of suffering. He chooses to see past that and looks towards a 'utopian' future which is developed from the current wave of new and younger prison officers entering the workforce.

Regarding participants opinions of prison management both Steven and Jackson were concerned about how much pressure is put on prison officers. Steven presented his experience of being on suicide watch.

"*I was down there with a young officer and there were six prisoners, that meant (we both had to write) 30 comments every hour through the night for eleven hours, it's a lot of pressure…you'd speak to management, say we need some help tonight, [management would say] 'no, it will be alright, I've got confidence in them', knowing that if one prisoner was to die, that young officer [would be] questioned how he let someone die on suicide watch*".

The expectations are high for staff who have little to no support from management, which has potential to be another cause for fatal incidents. This shares that not only prisoners are suffering but so are the staff.

Jackson stated that "*we are making the wrong people accountable…. [prison officers are] the ones penalised doing the best they can with the resources they're given by senior managers, [who] need to take accountability*". He agrees with Steven, however by doing so he contradicts himself. Here, he states that the 'turbulence and unrest' is due to the lack of resources allocated and not the attitudes of staff.

V.   Focus on personal relationships

The overarching theme that arose from discussing rehabilitation was that of relationships, medical treatments were acknowledged as important, but for these participants in order to provide a rehabilitative setting, relationships are key. This refers to relationships with both staff and other prisoners, as well as those in the community post-release.

Steven brought up the notion that positive relationships, especially between officers and prisoners, can reduce violence, "*it is very difficult to hit somebody you like… relationships are massively important*". In addition, Jackson stated that:

"*staff violence is usually linked to the same staff members; we need to look at what they're doing. We have got people that have got real psychological disorders, so in those cases it doesn't matter how good the relationship is because of the disorder*".

Thus, it can be argued that healthy and positive PO/p relationships need to be focused on; it will not eradicate violence but can certainly reduce it. This was established by Bennet and Shuker's research in a therapeutic community where violence was significantly reduced (2017, p.21). Although the environment is different to a normal prison, improving the central PO/p relationship can have significant benefits as a means of reducing violence.

This theme is also linked to the time when prisoners are released, Mark brought up an idea of creating a profession which primarily revolves around helping offenders readjust to life once released,

"*project workers with low caseloads, 5-10 people each…. just so people have got someone, some people don't know how to call their GP, arrange their benefits, write a CV or bid on a house with the council because they don't have the life experience, its overwhelming*".

Technically, this position does exist to an extent, as discussed earlier the post-release care that CARAT provide is for up to two months to help the readjustment back into the community (Harman and Paylor, 2005, p.385).

Considering that it does exist, it was surprising to have a staff member at a drugs and alcohol service, be unaware of this. This alludes that the lack of implementation of post-release care from CARATS is very evident. Consequently, this enhances the need for alternative responses such as decriminalisation where there is an immediate focus on the individual's health, and not the crime and health coming second.. Here is someone who works in the service, who has envisaged a post-release service to be included in future reforms of the prison's rehabilitative services, that not only already exists but might be so poorly implemented that people who work in the rehabilitation service do not know about it.

The responses clearly show that the participants feel that a focus on relationships between staff and a prisoner/offender would have a major effect on the outcomes, primarily regarding violence and reoffending, however even though there are services that exist for good relationships to be built, they are less than adequate when the implementation is assessed.

VI. <u>A need for change</u>

Discussing the alternative strategies to reduce drug use in prison and to improve the prison environment generally, participants responses were varied but were all primarily focused on systematic changes within the CJS. Regarding the prison estate, the changes were regarding, prison officer training, prison layout and the decriminalisation of illicit substances.

Jackson stated that the training that prison officers go through is brief and compared the Norwegian training model to be a better more appropriate model which we should follow

 "*With the Norwegian model, the prison officers are trained with the social work model, takes 2 years, where in the UK, they apply online, and have training college for 10 weeks, then they graduate, shadowed for a week and then they're a prison officer…We are not training our staff the way we need to, there is no supervision in the toughest environment to work in…they are not getting the support they need to maintain themselves and staff are going off sick, low mental health care and some are getting PTSD* "

For Jackson, there is not enough effort regarding the training of staff as well as the support that is readily available for staff. He refers to the Norwegian model and agrees with Pratt's (2008) research. However, this is addressing a macro-level view of the Norwegian approach. Just because the training is longer and theoretically better, it does not mean that the relationships between prison officers and prisoners are inherently going to improve. Norwegian officers are known to use their power to isolate prisoners for excessive and inhumane periods of time (Pratt, 2008; Reiter et al., 2018). Jackson continues to praise the Norwegian model by stating.

"*UK spend £45/50 per day [on a prisoner], Norway probably spends about £120, it's not exact but it is the gap that is important, they see the long term investment, by paying this now, they will have a low crime rates, closing prisons, they see the*

return of investment, spend it now, but save a lot later. The political system (in the

UK) is not willing to pay it now to save later."

Clearly, the higher financial investment of the Norwegian approach to their

prisons, in Jacksons view, shows dedication and willingness to invest in prisoner's

rehabilitation in a prison. The average spending on a prisoner in England and Wales

is £66 (see page 78) per day. Spending more on prisoners could possibly reduce the

future spending necessary as reoffending rates might lower in England and Wales

but again, this is addressing the macro-level detail as the pains of normalisation are

just as painful as the pains of imprisonment (Shammas, 2014, p,110).

Mark brought up the idea of *"making a prison more like a community rather*

than a prison, because then people are more likely to buy into it, the offenders

themselves can learn skills, be better behaved and be respectful to each other and

get some positive self-esteem out of it, some confidence that things can change".

In Marks eyes, by restructuring the prisons physical environment it could

change the way people view prison and their experience may be more rehabilitative

and positive. Considering a majority of the prisons are old (some ancient), where

the cells are small and overcrowded, many shared between two people (Flynn and

Baker, 2008, p.85). This is the Norwegian approach, as Shammas explored how the

normalisation causes pains of freedom, which although don't affect the prisoner

physically as much, the pain is invisible creating a state of confusion and anxiety

(Shammas, 2014, p.110). The idea of reforming the physical architecture of the

prisons has good intentions, it is clear that even when achieved for the likes of

normalisation, prisons still create pain. This is an argument that strengthens the

need for an alternative approach, the other option available is the likes of Decriminalisation, by continually adapting and 'improving' prisons it legitimises the prisons place within society and overshadows the pains that prisoners are subjected to regardless to the conditions they are placed in. Those who argue for social policy instead of a crime control policy, focuses on the likes of decriminalisation (Sim, 2003, p.266), which is the next discussion that arose in this theme.

The decriminalisation of drugs was discussed but there were some misconceptions that arose within my findings, Steven stated, "*I've always been on the side of the fence for decriminalisation… it works better when it is run by the government….whether it works it's not for me to say but I know that all of my life we've had it the way it is and that certainly not working*". In contrast, Mark was worried that decriminalisation would lead to further public health concerns,

"*people who wouldn't use anything illegal, because of their jobs, their culture, their own values and beliefs, might and if they're susceptible to dependence on things there is a chance of that becoming problematic…. I suppose I am a bit biased because I see the damage substance abuse does, day in and day out".*

Stevens view on decriminalisation is not particularly accurate here, compared to the implementations established world-wide. Decriminalisation means that no criminal sanctions can be placed on the offender (see page 49),which is not synonymous with legalisation of illicit substances. However, he establishes that a change is necessary regarding criminalising the possession of illicit substances because currently the policies are not working in societies favour. This standpoint Steven takes, is one of common sense and not due to his profession, as he does

hold the individual accountable for their addiction. Mark, although acknowledged his bias, has raised a valid argument, where the knowledge that no criminal sanctions will be placed upon the user and as a result people will be tempted to try illicit substances. He understands that he has a biased view, which is due to his profession, but according to the literature, the outcomes of decriminalisation would depend on the implementation of the treatment responses which are imposed and how they will be managed. Portugal has seen a small increase in illicit substance use with adults, which has not been recognised as problematic, meanwhile there has been reduced use among problematic drug users (Rolles and Eastwood, 2015, p.161). Another thing to consider within Marks statement, is that the criminalisation of illicit substance has evidently not prevented people from trying illicit substances. Decriminalisation has the ability to be a model where people are fined, given therapy or the option to enter treatment (Drug Policy Alliance, 2019, p.4). Considering his earlier anecdote about the two young boys, decriminalisation would be a way to prevent other stories like that from occurring.

My findings present that realistically the participants are geared towards a reformative response of the prison institution, mostly because they feel like they will be able to predict the outcome a lot more easily than of a policy-based change where it would have a wider social impact.

Conclusion

To conclude, my findings were mixed, my participants did contradict themselves a few times and had different levels of viewpoints which affected the outcomes, from micro-level individual cases views, to macro-level societal views when asked the

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same question. The participants were explicitly in favour of a reformative response to occur within the prisons as well as the criminal justice system. They found more hopefulness within the idea that improving the environment and the system to enforce a better model of rehabilitation would be the way forward. A model replicated similarly to the therapeutic community and the Norwegian model. Even though they acknowledged that there are other factors outside of the prison estate that need to be addressed due to the expectations for a prisoner to not reoffend was very low. They were uncertain if decriminalisation was the right way forward, however they did not have an accurate understanding of decriminalisation and mistook it for legalisation.

DISCUSSION

The findings of this research have suggested that for people who work in or in coordination with the prison estate, there is a general hope for reforms to be implemented to improve the chances of rehabilitation and to reduce the presence of violence. Although are aware of other factors that come into play regarding the success of PDUs being rehabilitated. These factors are not associated with the prisons. There are various factors that affect the outcomes of using prisons for rehabilitation and this discussion will come to state how the findings of this research have correlated to the literature. How the findings fit within the research aims of this study and the deductions made. This will follow the structure of the aims of this research to allow a clear, concise, and coherent understanding which will seeks to answer the overall research aim, *"A critical exploration of prison as a vehicle for the rehabilitation of problematic drug users"*. Each aim has developed an understanding on a combination of factors that are involved when addressing the rehabilitation of PDUs and how they hinder its implementation and overall impact.

"Critically examine the primary functions of the prison as an institution and explore how these functions exist alongside each other". The literature presents that the primary functions (containment, punishment and rehabilitation) of prisons are existing alongside each other with very different levels of purpose, presence, and impact. The definitions of each function have problematic values which I explore alongside its physical presence they embody. According to Crewe and Bennett (2012), containment is focused on the removal of 'undesirables' who are

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subjected to socio-economic problems. These problems are mental and physical health issues, family issues, low education and unemployment (2012, p.8). The results of this research agree with this. Each participant described the majority of prisoners, especially PDUs, to have this life experience prior to imprisonment. However, Steven was more focused on the offender's motives rather than the impact that their socio-economic status has upon them. Which I believe shows that there are people who have work extensively within the criminal justice system and still have a judgement on people due to their socio-economic status. Containment of offenders has had a social impact that implies crime is synonymous with the lower class and this stereotype has become institutionalised to manipulate and control society (Rusche and Kirchheimer, 2003, p.72). This relates to the work of Scott where he states that inequalities weaken social bonds and promote moral judgments that lead to resentment and hostility (2013, p.303). These views may affect the manner in which they interact with these vulnerable groups, especially PDUs. This concern has been explored as prison officers who were placed on a drug recovery wing had no knowledge about substance abuse and were unable to provide the care that those prisoners needed (Lloyd, et al., 2017, p.11). As Crewe and Bennett established, indifferent attitudes can enhance the prisoners feeling of isolation which has major effects on their health and the people around them (2012, p.8). Another example where indifference impacts those within the lower-class population is of the police who often over target these communities and inevitably find drugs when doing body searches, no matter how infrequently they are successful (Global Commission on Drug Policy, 2016, p.17). This reinforces the social understanding that poorer communities are associated with drug use. This

has links with the function of punishment. Punishment is meant to be an educational function (Rusche and Kirchheimer, 1929, p.141) for both society and the individual. In regard to addressing punishment as a function for society, it is meant to be an institution of deterrence, which has roots in Utilitarianism, where the pain of imprisonment needs to outweigh the pleasure of crime (Scott, 2013, p.11). It is clear that the deterrence prisons aim to impose is not effective as is there is currently a 50% recidivism rate (Prison Reform Trust, 2018, p.14). Hence, the presence of prisons are a social deterrence has failed (Scott, 2013, p.12). When it comes to punishing the individual, according to Kantian values, punishment can be immorally implemented when there is a disregard for the person's needs (Genders and Players, 1995, p.216). Considering that these prisoners backgrounds involve a variety of unmet needs, it can be argued that punishment is the incorrect and immoral response. Mark adds to this when he presented the case of two men who entered prison with minimal mental health problems and left with mental health issues they did not have prior to imprisonment. NPS was the major role in this in Marks eyes, but inevitably had they not been imprisoned they may have never come across NPS and therefore may not have had the mental health issues they have today. On to the last function of rehabilitation, which by definition is problematic itself. It is defined as "*a process of bringing something back to functioning order*" (Mathiesen, 2000, p.27), this makes a variety of presumptions which do not include the socio-economic status of the individual. There is a belief that prisons can rehabilitate prisoners during incarceration, meanwhile once they finish their sentence, they are sent back into the same environment that had influenced their illicit actives in the first place. It is likely they may even be worse

environments considering the inflation of released prisoners sleeping rough (Webster, 2018). Mark described this approach as *"the definition of insanity"*. Rehabilitation seems impossible when all aspects of the PDUs life are not being considered. Effectively, the state is placing the responsibility of rehabilitating these people onto the prison institution as well as the prisoners themselves, when in reality, the state are entirely responsible for the current social issues the prisoners faced pre-incarceration. The government had reduced funding to services such as housing, education, childcare and healthcare (Shantz, 2019), which are services that poorer communities heavily rely on. The government is not taking responsibility for consequences of these cuts but choose to place accountability upon prisons to distract the public from the real issues. This approach also places responsibility on the individual to be able to rehabilitate and refrain from illicit substance use once released, and when they fail to do so, the prisoner is held responsible (Mathiesen, 2000, p.28).

Regarding the reasons for the high amount of drug use in the prison environment, a combination of Sykes deprivations and the importation model was paralleled between the literature and the data. Gresham Sykes developed the pains of imprisonment which were the losses of: liberty, goods and services, heterosexual relationships, autonomy and security (1958, pp.65-77). These pains are understood to be felt due to poor management of the institutions (Crewe, 2011, p.511). They are also felt because of the importation model as well. This combination presents a sufficient explanation for the drug use occurring within prisons in England and Wales. 70% of the prisoner population enter with a pre-existing drug addiction (Stürup-Toft, et al., 2018, p.17). Combining this with the knowledge that these

communities are commonly found to have a social focus on hegemonic masculinity, to seek dominance through a means of masculinity, which involves aggression, group solidarity and toughness (Carrigan, 1985, p.75), it makes sense why the culture of violence is prominent as assaults and homicide have risen significantly (Gillan, 2018; Prison Reform Trust, 2018). The presence of high rates of violence affects the loss of security, when staffing is low, it exacerbates violence which reinforces the deprivations that prisoners are subjected to. The two models combined reinforce the other in a dangerous cycle. The findings add to this concept as the participants were well aware that the prison environment was depriving and violent as Jackson stated that prisoners are primarily kept behind a cell door with no meaningful activity, which makes prisoners resort to their pre-existing coping mechanism of drug use. The combination of the two models produce a painful cycle. Where the importation of problematic drug users into an institution that has poor management creates an amalgamation of pains which leads the prisoner to resort to their existing coping mechanisms .

The primary functions of prisons as outlined by David Gauke (2018) are imbalanced. Containment and punishment having a much greater physical effect upon the prisoners, as well as a wider social. Meanwhile, rehabilitation is limited with its impact as it does not include the social world these people are subjected to prior imprisonment and post-release. Therefore, rehabilitation is significantly weaker among the three functions of the prison institution.

"Assess the existing strategies aimed at managing drug use/addiction in prison". This part of the chapter will be split into two sections, treatment programmes and

then systematic measures. The literature expressed a variety of concerns regarding the rehabilitation of PDUs. It is being attempted through a variety of treatment programmes such as OST, RAPt, and TCs, as well as the accompanying service CARAT. According to the literature, OST was found to be able to reduce Hepatitis C levels and the risks of death within the first month of release (Mardsen, et al., 2017, p.1416). This is not rehabilitation. It is harm reduction, a preventative measure which Jackson and Mark were not content with as PDUs need educating on their addiction, not just medicating. RAPt has affected the reconviction rates of those who complete the programme, with a 71% completion rate and a 31% reoffending rate (Kopak et al., 2014, pp.258-260). These statistics show that the programme has potential as a means for treatment, as Mark expressed, a 12-step programme addresses various elements of drug abuse to educate the individuals on themselves in relation to their addiction. He believes it has promise which can be expressed through the success it has with reducing reconviction rates by 19%. Mark has a position where he witnesses the impact that certain treatment programmes have upon addicted people, so I believe his opinion is worth paying attention to. Although, this treatment does not fit with the definition of rehabilitation. Steven picks up on this as he stated that drugs have been taken out of the equation, but probably committed the reconvicted crime for a different reason. Considering that the prisoners' socio-economic status is not being addressed as a part of the issue, rehabilitation is limited regarding its impact. Regarding TCs, the environment is said to be a lot more comforting as it is run by a majority of recovered addicts (Lipton, 2002, p.44) and is a community where social learning is the focus (de Leon, 2010, p.80). Mark believes this community focus create a more enticing approach for

prisoners to engage as they would feel a part of the system and not oppressed by it.

Considering his profession interacts with released prisoners with an addiction

history and not the prison itself, this ideal may be coming from a personal opinion

where common sense plays a role and not a professional opinion. However, his

opinion is partially backed up by the literature, as there is evidence of reduced

violence, self-harm and reconviction rates with increased well-being (Bennet and

Shuker, 2017, p.21). The reconvictions rates were measured at 45% after 4 years,

which is under the yearly rate of a general prison environment (Bennett and

Shuker, 2017, p.21). This again, does not have a successful rehabilitation model.

Although the experience is less depriving and painful, the outcomes show that

rehabilitation is not going to be successful and should not be anticipated to do so. It

has been made clear that any form of treatment received in prison needs to be

maintained or continued post-release because as a standalone response it has a

very limited reach with an unsuccessful outcome of rehabilitation.

Mark represents an example that post-release care for PDUs is available within

the community. There is available support for those leaving the prisons, but he does

acknowledge that within his own service, people are missed or don't engage. This

was found within the CARAT service where post-release care was not a priority as

teams did not have to provide it or were not allocated the resources to do so (Social

Exclusion Unit, 2002, p.66). Considering that the post-release care is available but

not being implemented is concerning as it is setting up the prisoner to fail. Thus,

placing the responsibility upon the individual when they have been let down by the

system multiple times, first regarding the lack of socio-economical support, with a

safe environment when incarcerated, and now with post-release care. It is clear

that rehabilitation in a prison setting is not successful by any measure as the focus is primarily harm reduction and not rehabilitation. The only thing that could make a slight difference would be the post-release care but that has not implemented with effort to have an accurate depiction of how successful that would be.

Secondly, the literature and data agree that a majority of the financial input regarding the drug epidemic is towards security measures. This attitude has had negative responses, both in the literature and findings. Firstly, there is an agreement that people will always be finding ways to get the drugs in, this is obvious with the recent NPS epidemic where the innovative ways of spraying NPS on paper to get the substance in the establishment (O'Hagan and Hardwick, 2017,p.4). Collectively, the responses given regarding the increase of security measures such as: x rays, technology advancements, search dogs, and staff increases etc (HM Prison & Probation Service, 2019), feel that this focus is miscalculated. This response was instinctive with the participants as each expressed the same concerns with the strategy, that the 'bigger picture' is being missed. It is setting up to fail but also it is instilling the notion that prisoners are nothing but criminals and are expected to behave as such. Instead of taking the route of recognising prisoners may not be getting treated as a person who has suffered and has had no support, this security focus only allows for judgment to be further enhanced. This approach reinforces the dismissal of prisoners both by society and the state which reinforces punitive beliefs and spreads further than the prison environment, but also to the poorer communities who are being subjected to these beliefs.

It is clear that the existing strategies aimed at managing drug use/addiction in prison are unsuccessful and are misguiding public perceptions. The treatment method although has some positive outcomes, do not facilitate the rehabilitation of PDUs. This method also removes the cause of failure from the state onto the institution and further onto the individual for failing to be successful. The financial focus on security measures to prevent drugs entering is bound to be unsuccessfully implemented as innovative responses will be achieved. The focus on security reinforces negative social perceptions upon prisoners and the communities they come from. This is achieved by placing the blame on the individual and community for being poor and resorting to illicit activities when the states cuts to services are the root cause. Considering these attempts are unsuccessful, alternative solutions have been considered as a response to reduce drug use in prisons and society.

<u>Consider alternative responses to drug use in prison and society</u>. This research aimed to find solutions to improve the rehabilitation of PDUs and whether or not the prison setting was an institution that could enforce rehabilitation. The literature provided evidence which allowed me to explore the research question and then be able to discuss it with people who work(ed) with or within the prison institution to gain further understanding. The combination allowed me to understand that successful rehabilitation is impossible in the current prison setting in England and Wales. Different solutions that were discussed were of: physical changes of the prisons and decriminalising illicit substances.

Reform was discussed, specifically of the physical buildings of prisons. So far, the priority has focused on prison security, most visibly that of increasing prison

staff. 4,630 have been positioned since 2016 (Ministry of Justice, 2019, p.1). Although this can help as prisoners may feel safer, the training the staff go through needs to be adequate enough for them to be prepared to deal with vulnerable people. According to Steven the consensus around new officers is that they do not last, and the literature agrees. 42% of prison officers employed have less than three years of service and 62% of officers leaving their post had resigned (MOJ, 2019a). There is weight to Steven and Jacksons statements, it is clear that prison officers, even though having a recent increase, are still leaving at high rates, which can be related to the environment of work. If the environment is unstable it affects the presence of violence, drug use and enhances the pains of imprisonment that prisoners experience. Jackson praises the Scandinavian outlook where training is at least two years in length (Pratt, 2008, p.121) and would hope that this model would be implemented in England and Wales. Hence, reform being his primary response.

The Scandinavian model has reformed the physical environment of the prisons and are considered 'exceptional' due to the low recidivism rates and the egalitarian values built within the system (Pratt, 2008, p.119). Mark established that a new model of prison in England and Wales could be useful as it may bring the prisoners to engage more because the environment they would live in will reflect in their day to day behaviours. This is what is referred to as 'normalisation' which is a core element to the Scandinavian prisons (Pratt, 2008; Reiter, et al., 2018) that has been found to still create a painful experience for the prisoners. These pains are of confusion, anxiety and boundlessness, ambiguity, relative deprivation and individual responsibility (Shammas, 2004, pp. 111-116). Jackson has made the same mistake that Pratt did, which was to focus on the macro-level details, whilst being

either unaware or dismissive to the micro-level details such as the abuse of isolation (Reiter, et al., 2018, p.99). Considering that Jackson is not a researcher or criminologist I would assume he was unaware, whereas Pratt showed he was ignorant to this knowledge as he mentioned the abuse of isolation but overlooked its importance. It shows that even in a prison system that has positive statistical outcome, the experience is still very much painful for prisoners. Therefore, applying reforms on the prison in England and Wales to emulate the Scandinavian model will still have flaws. A decriminalisation response will be able to eliminate these pains entirely from PDUs who are seen by the criminal justice system as it would prevent the mass use of prisons (Drug Policy Alliance, 2015; Rolles and Eastwood, 2015; Drug Policy Alliance, 2019; Felix et al., 2017).

The participants recognised that change within the criminal justice system is a priority in order for improvements to arise. Jackson addressed that there is money being spent, a majority of it wasted, on preventing drugs entering the UK which he believes would be better off spent providing poorer communities with housing, education and support networks. This focus has connections with the decriminalisation approach because the money not being used to house offenders in a prison institution could significantly reduce, then having a ripple effect which also reduces the amount of social and economic inequalities that are placed upon the poorer communities face. This ripple effect has the ability to reduce the amount of problematic drug users in England and Wales. Thus, reducing the percentage of PDUs entering prisons and inherently reducing the major current issues which are: the demand for drugs, surrounding issues of violence, self-harm and deaths that are

linked to the presence of drugs, specifically NPS (see page 20). This societal focus can reduce the widespread impact that addiction has on society.

Portugal has decriminalised drug use and possession of illicit substances up to a quantity of 10 days' worth and implemented social policies and services in replacement of a criminal sanction of imprisonment. (Drug Policy Alliance, 2015; Felix et al., 2017; Eastwood et al., 2016). Since 2001 when it was implemented, Portugal has seen a reduction of concerning societal issues: drug use among problematic drug users, population of drug offenders, opiate-related deaths and infectious diseases, and an increase of drug seizes and people entering treatment for substance abuse (Rolles and Eastwood, 2015; Global Commission on Drug Reform, 2016). They replaced criminal sanctions with fines, social work, group therapy or a treatment geared facility (Felix, et al., 2017; Drug Policy Alliance, 2019). According to my findings, Steven misunderstood decriminalisation, but was aware that the laws do need to be opened up around illicit substances as an alternative response to drug use as criminalisation has not worked. Mark was weary of decriminalisation causing a rise of new social groups trying illicit substances and what impact it that would have. However, he did also mention concern for the men who were imprisoned and NPS use greatly impacted their mental health, this is what decriminalisation would be preventing. People who are using illicit drugs recreationally would no longer have to endure that experience being forced upon them by the state. It could also reduce the overall impact that NPS are having in prisons regarding mental and physical health as well as violence. Therefore, the reality which Mark is aware of, due to his profession, will not change if criminalisation is sustained. Should England follow Portugal's process of

decriminalisation it is plausible for it to be more useful to an offender, as well as society as a whole, than a prison sentence.

The overarching aim of this research was to develop a <u>"critical exploration of prison as a vehicle for the rehabilitation of problematic drug users"</u>. By addressing three research aims I have concluded that prisons are unable to rehabilitate problematic drug users. The existence of the institution implements a series of problematic values. The prisons are forced to take responsibility of the state's failures on society, and when they are unsuccessful the prisons and the prisoners are blamed and not the state. Rehabilitation in a prison setting has the lack of reach that it has upon the individual who have faced an amalgamation of socio-economic failures and on top of that the prison creates a debilitated experience leading prisoners to resort to drug use to cope with the experience which is filled with violence. My findings have added to this notion as people who have experience both in and surrounding the prison have addressed that the environment is not appropriate for rehabilitation. Another reason prisons are not rehabilitative is due to the treatment programmes commonly found are not generally rehabilitative by nature, they focus on harm reduction and reducing recidivism. A dent in recidivism is considered success when recidivism is still occurring, as well as the knowledge that prisoners will leave the institution into a similar lifestyle they were in prior to imprisonment, and sometimes even worse lifestyles. In order to find a response that would prevent these concerning issues currently prevalent in England and Wales, two options were considered. Reform, by creating a more friendly and

enticing environment which my participants were primarily in favour of, with one addressing the Scandinavian model with praise, when the research showed that through their efforts of normalisation, imprisonment was still extremely painful for prisoners but in other ways. The other of decriminalisation. Particularly implementing a model similar to the successful one in Portugal which has reduced the presence of problematic drug users in society. The decriminalisation response has had the most success thus far on an international scale; represents an efficient and manageable response, which if implemented in England and Wales, could inherently impact a majority of people entering the prison institution thus reducing the prison population, the demand for drugs in prison, and reducing the surrounding issues which impact the prison institution and prisoners alike. Although, the participants were not entirely comfortable with this option as much as wanting to continue prison reform, as decriminalisation brings a lot of uncertainties. It should be noted that their concept of decriminalisation was in fact more about legalisation, which are two very different concepts.

CONCLUSION

This research study found that by critically analysing existing literature and professionals who have experience working with problematic drug users, prisons or both, on their opinions and beliefs, it can be concluded that prisons are not a vehicle to rehabilitate problematic drug users. Prisons are being held responsible for rehabilitating people who have been subjected to the socio-economic inequalities in a punitive society. This places the responsibility off the state onto the institution and then onto the individual when rehabilitation is unsuccessful. My findings showed that within a variety of professions, the views of the prisons as a rehabilitative institution are weak, but that reform could improve this. as they currently provide the treatments and options for people who do not have access to them in the community. Therefore, legitimising the prison estate as it has a societal purpose even-though it is highly unsuccessful and greatly impacts social problems in England and Wales. A majority of my participants were still focusing on the micro-level details of the individuals and their choices, whilst one was only addressing the macro-level of the impact.

Reflection

Based on this qualitative analysis, prisons are importing vulnerable communities into a violent and painful environment. They present PDUs with treatment programmes and services and then leave the prisoners to fend for themselves once released, usually into the same or worse environment. The participants made claims of necessary reformative changes, similar to TCs and the Scandinavian model. Meanwhile, although decriminalisation was discussed they

viewed this option both positively and negatively. This was due to the individuals'

professions, experiences, and their common knowledge. These factors provided

both arguments towards this alternative response and also against. However, this

social response could emulate the post-release care that is currently poor in

execution. Overall, the literature presented in favour of decriminalisation as it could

possibly have a greater impact than the current climate of criminalisation. No

matter how welfare-based a prison is, the institution will still emulate pains that

greatly affect the health of the prisoner. Meanwhile, my findings challenged this

notion with hopes for prison reform but were aware that prisons are unjustly

utilised and debilitative in most cases.

This research study challenged my expectations that I had placed onto the

participants prior to the interviews. They challenged my opinions and views due to

their experiences and values. Due to the qualitative semi-structured interview

method chosen, I was able to gain an in-depth understanding of the individuals and

how their profession impacts their outlooks regarding the prison institution and

rehabilitation. I found that after completing the analysis of the transcripts and

interpreting results, there were various questions I wish I had explored more with.

Limitations

The limitations of this study is that it cannot be generalised. This is a small

study with a heterogenous sample which does not represent a single group, but a

mixture of people who have different experiences and professions, as well as not

being able to understand if other people in the same positions would agree or

challenge the opinions of these participants. However, this research still shows the

perspectives of individuals in those fields and could lead others to explore whether these are accurate reflections upon others who work in those fields.

Recommendations

To understand the implications of this study, future studies could address a single group of one of the professions of my participants like members for a drug and alcohol service. In the hopes to develop a wider understanding of how a profession might impact people's beliefs, opinions, and values. Also addressing how that service either legitimises or challenges the use of prisons for PDUs.

My Contribution

My research has justified that prisons are unable to rehabilitate PDUs. Decriminalising illicit substances could possibly have a positive impact for this social group and even have a positive impact on society. My findings show that people are more comfortable with reforming prisons than decriminalisation. The reason being is because they can visualise reforms. Even though they recognise that prisons are not able to address the socio-economic issues PDUs face outside the institution. This challenges the argument that reforming prisons is the right way forward. The presence of the prison institution has a major impact on society and the beliefs about poorer communities, criminal behaviour, and punitive responses. Decriminalisation could possibly be the step forward to reducing the amount of PDUs in prison but also in society as it has done in Portugal as Rolles and Eastwood (2015) and Felix et al. (2017) have come to find.

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Appendix A

- Information sheet for participants

<u>INFORMATION SHEET FOR PARTICIPANTS</u>

Research Title: Drugs in Prison: A critical exploration of prison as a vehicle for the

rehabilitation of problematic drug users

Researcher: James McDonough (jmcdonough1@uclan.ac.uk)

You have been invited to be a part of this research project, please read the information below in order to understand why this research is being conducted and what your participation involves. If you would like more information about your participation and/or this research, you can contact the researcher through the email address provided above.

This research is being conducted as part of post graduate study. It is focused on looking at the problem of drug use in prison and is considering the effectiveness of current strategies employed by the Prison Service to manage this problem. An additional element of the research revolves around looking at potential alternatives to existing strategies. Depending on the findings generated by the research, this latter aim could contribute to a set of recommendations for future improvement.

In order to address these aims, a number of interviews will be carried out with professionals in the field. As such, your participation would be valuable to this research, as your experiences in your profession will provide an important insight, allowing for the researcher to make recommendations that will have a stronger impact on reducing drug use in prison.

Should you agree to participate, you will be given this information sheet to keep, and you will be asked to sign a consent form. Both of these forms will be provided to you digitally prior to the interview date. The consent form will be signed and returned before the interview. You can withdraw your participation from this research at any time. There is no need for you to explain your reason for withdrawing. The researcher will be respectful of your wishes.

The interview will be recorded using a Dictaphone, for the purpose of accuracy. Only the researcher will have access to the recording and as soon as the research is complete, the recording will be permanently erased.

Your participation in this research will remain **anonymous**. Any information you provide, as well as stories, accounts and opinions, will be used **anonymousl**y as well.

The information collected during the interview will be used for this research project only.

Should a particular topic of conversation make you uncomfortable or distressed, you can let the researcher know and he will make sure to take this into consideration during the interview. Your health is important, and as such, you will be given the contact details to Samaritans, a charity that has a free to call service, before the interview begins. Should you feel any distress during or after the interview you may use their details for support.

If you do agree to participate, you will need to sign the consent form and be available for

 1 hour and 30 minutes .

Should you wish to withdraw your participation you may do so at any time. During the interview you may stop the Dictaphone yourself to stop the interview and withdraw further participation. However, the information received prior will continue to be used unless you have stated otherwise. If you wish to withdraw your participation after the interview has been conducted, please do so within 14 days. This can be done by contacting the researcher through them email address provided

If you do have any complaints about the study there is a procedure in place, you can contact the researcher and/or these contacts.

LKelly-Corless@uclan.ac.uk – Research Supervisor

Ethicsinfo@uclan.ac.uk – UCLan Ethics Committee

Thank you for taking the time to read this information sheet.

- Consent form for participants

Consent Form

Research Title: Drugs in Prison: A critical exploration of prison as a vehicle for the
rehabilitation of problematic drug users

Researcher: James McDonough

<div style="float:right">Add your initials where you agree</div>

1. I confirm that I have read the information sheet for the above study. I have had the opportunity to ask questions and have had these answered to my satisfaction.

2. I consent to taking part in the interview at my own free will and understand that I can withdraw my participation at any time without needing a reason.

3. I agree for my responses to be recorded and that only James McDonough will have access to the recording. I also understand the purpose of recording is for accuracy and the recording and transcription will be kept for the duration of this research project, to then be permanently erased on 30/09/19.

4. I understand I will be anonymised in the research and will not have any identifiable information be published with this research.

   .

5. I have been notified and handed information for contact with Samaritans (a free helpline) that is open 24/7 for my personal use if needed.

_____   _____   _____

Name of Participant   Date   Signature

_____   _____   _____

Name of researcher   Date*   Signature

*to be dated and signed with the participant present

Appendix C

- Interview layout

1. Tell me about your profession and what sort of day to day experiences do
    you encounter?

    a. In relation to addicted offenders what experiences have you had?

    b. Is there a high demand for people in your profession?

2. Considering drug use is so high in the prisons, do you think that the prisons
    are built to handle that?

    a. There are claims the prison environment is a reason why drug use is
        so high?

    b. Have you heard of New Psychoactive Substances? If so, why do you
        think they are so highly used in the prisons?

3. Do you think the current prohibition of illicit substances is the right response
    to drug use in society?

    a. What would you change?

4. The treatment for drug use in prison, what is available?

    a. Do you think it is adequate given the current epidemic?

5. Do you think that prison officers are prepared for the environment they are
    heading into?

    a. Do you think that the relationship between the officer and prisoner
        can be positive with the current rates of violence?

6. Is prison the right environment for people with existing addictions?

    a. Is it the right place for rehabilitation?

    b. What other responses would you suggest for addicted offenders?

7. Do you know of the current strategies put in place to reduce drug use in prison?

8. What alternative solutions would you consider?

    a. What about decriminalisation of illicit substances?

    b. What about the Scandinavian model?

9. What would you like to see happen, and what do you think is realistic?

Appendix D

- GDPR training certificate

uclan

University of Central Lancashire

This is to certify that

James McDonough

successfully completed the

Data Protection Briefing: GDPR edition

course with a score of

94%

on

23rd July 2019

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