



Ministry
of Justice

Tackling Drug Misuse in Prisons

**A qualitative study into the lived
experience of drug testing and
Incentivised Substance Free Living
wings (ISFLs) in three prisons**

Final Report

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Glossary

10 Prisons Project

A pilot project involving 10 prisons in England and Wales that aimed to enhance security and boost leadership within these prisons. One of the changes that was introduced through this project was the incentivised substance free living wings.¹

Alcoholics Anonymous (AA)

A peer-based self- and mutual-help intervention aiming to help those struggling with alcohol consumption in their recovery. It is primarily abstinence-based and works through 12 steps of recovery, to guide individuals to maintain abstinence.²

Care and Confinement Unit

Care and Confinement Units (or Segregation Wings) are areas of a prison where prisoners are separated from the rest of the prison either due to punishment or security reasons (e.g. the prisoner is a risk to others or themselves).

Category B prison

Category B prisons house prisoners who do not require maximum security but have a high risk of escape and threat.³

Category C prison

Category C prisons house prisoners who are deemed low risk of escape and threat. Category C prisons provide prisoners with the opportunity to develop their own skills to support their resettlement upon release.⁴

Cellular Confinement (CC)

CC refers to the practice of keeping a prisoner in a single cell on their own (i.e. 'locked up'), as a form of punishment.

¹ For more information see: <https://www.gov.uk/government/news/minister-announces-10-prisons-project-to-develop-new-model-of-excellence>

² For more information see: <https://www.alcoholics-anonymous.org.uk/>

³ For more information see: <https://prisonjobs.blog.gov.uk/your-a-d-guide-on-prison-categories/>

⁴ For more information see: <https://prisonjobs.blog.gov.uk/your-a-d-guide-on-prison-categories/>

Closed female prison

There are four categories of female prison in England and Wales ranging from Category A (highest security), Restricted Status, Closed, to Open (lowest security). The South of England prison in this research is a closed prison for women who are considered to have risks or needs that are not suitable for a placement in an open prison but do not require the level of security as 'restricted status'.⁵

Compact

A contract between the prison and prisoner stating the terms and conditions of a process. For example, the compact for the ISFL wing is a contract stating what the prisoner can and cannot do on the ISFL wing, and what will happen if the contract is broken (e.g. consume illegal drugs).⁶

Incentivised Substance Free Living (ISFL) wing

ISFL wings allow prisoners who demonstrate that they are not misusing drugs through regular testing, to receive support and treatment to live substance-free in designated areas of the prison.

Narcotics Anonymous (NA)

Based on the same principles as AA (see Alcoholics Anonymous), NA focuses on recovering from drugs rather than only alcohol.⁷

Opioid Substitution Treatment (OST)

Treatment for people who are dependent on illegal opioids (e.g. heroin). The treatment involves substituting the illegal opioid with prescribed, regulated and longer acting opioids, e.g. methadone or buprenorphine.⁸

⁵ For more information see: <https://prisonjobs.blog.gov.uk/your-a-d-guide-on-prison-categories/>

⁶ For an example of a compact, please see Annex 1 of this report.

⁷ For more information see: <https://ukna.org/>

⁸ For more information see: <https://www.gov.uk/government/publications/opioid-substitution-treatment-guide-for-keyworkers/part-1-introducing-opioid-substitution-treatment-ost>

PSO 3601

A Prison Service Order (PSO) from the HMPPS on Mandatory Drug Testing for prisoners. The PSO 3601 is a manual of policy and procedures on mandatory drug testing.⁹

Novel Psychoactive Substances (NPS)

Novel Psychoactive Substances (NPS) are synthetic drugs (e.g. 'Spice', a synthetic cannabinoid) that mimic the effects of traditional drugs (e.g. cannabis). Prior to the Psychoactive Substances Act in 2016, most of these drugs were not covered by the Misuse of Drugs Act (1971) and so the purchase or production of these drugs was not prohibited.

Psychologically Informed Planned Environments (PIPE)

Interventions conducted in prisons among those who are high risk, high harm, and have or are likely to have a personality disorder. PIPEs are offered as part of the wider HM Prison and Probation service (HMPPS) and NHS England & Improvement Offender Personality Disorder (OPD) pathway. PIPEs aim to support a prisoner's journey through the Criminal Justice System and back into the community.¹⁰

Therapeutic Community (TC)

A group-based approach used in custodial settings as well as community settings to treat the effects of drug consumption and mental illness. TCs involve professionals as well as people who used to use drugs.¹¹

⁹ For more information see: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101834/ps0-3601-mandatory-drugs-testing.pdf

¹⁰ For more information see: <https://www.gov.uk/government/publications/evaluation-of-psychologically-informed-planned-environments>

¹¹ For more information see: <https://www.college.police.uk/research/crime-reduction-toolkit/therapeutic-communities>

Abbreviations

10PP	10 Prisons Project
CC	Cellular Confinement
HMP	His Majesty's Prison
HMPPS	His Majesty's Prison and Probation Service
rMDT	Random Mandatory Drug Test
ISFL	Incentivised Substance Free Living wing
OST	Opioid Substitution Treatment
PIPE	Psychologically Informed Planned Environment
NPS	New Psychoactive Substances
PSO	Prison Service Order
SBDT	Suspicion-based Mandatory Drug Test
TC	Therapeutic Community
VDT	Voluntary Drug Test

1. Executive summary

RAND Europe was commissioned by the Ministry of Justice in 2022 to conduct a study exploring the lived experiences of two interventions in prisons in England and Wales: drug testing regimens and incentivised substance free living (ISFL) wings.

Mandatory drug testing is routinely conducted in prisons to monitor drug trends, deter drug consumption (through sanctions), and identify individuals in need of further support.

ISFLs are dedicated wings for prisoners who want to live in a drug-free environment, whether that be free from the consumption of drugs, the violence related to drugs, or the culture of drug use.

Drug testing regimens and ISFLs feed into the delivery of His Majesty's Prisons and Probation Service's (HMPPS) drug policy for prisons, which is guided by three key aims: restrict supply, reduce demand and build recovery.

This study aimed to understand how drug testing regimens are delivered, experienced, and perceived. Findings will shape the ISFL model by understanding the lived experience of staff and prisoners both on existing ISFL wings and elsewhere in the prison. Findings from this report will also be used to inform the design of a randomised controlled trial and process evaluation on ISFLs and a larger qualitative piece of work on implementation of drug testing.

Data collection consisted of interviews and focus groups with prisoners, interviews with prison staff, and observations of drug testing suites and ISFL wings. Fieldwork took place in March and April 2023 in three prisons: a category C men's prison in the North of England; a category B/C men's prison in Wales; and a closed women's prison in the South of England.

Key findings on drug testing regimens

Drug testing regimens appear to be designed with limited consideration of the variation and uniqueness of each prison and its population. The research identified

practical limitations for prisoners on remand or serving short sentences in accessing support services. Female prisoners experienced the process of being tested as degrading due to the different way that they provide a sample in comparison to men.

The illicit use of prescription medication, sourced through the prison's medication hatch and traded among prisoners, was reported to be prevalent in all three sites.

There was no immediate way for prison staff to know whether a positive result was the result of misuse or legitimate prescription use. The process for confirming this, via medical records, was described as lengthy and, at times, inappropriately punitive to prisoners legitimately taking prescription medication. Several staff and prisoners commented that the regimens were testing for substances that were widely understood **not** to be consumed in the sites.

Drug testing regimens were not always seen to be effective as a therapeutic tool to support prisoners or address underlying needs that drive drug use. Generally, prisoners were either indifferent to, or supportive of, drug testing itself. The punitive responses to positive drug tests were felt to do little to deter drug use, in the absence of support being offered.

Most participants, particularly in the men's prisons, felt that drug testing was currently ineffective at deterring drug use in part due to inconsistent implementation. Additionally, for some at the South of England prison the 'benefit' of taking drugs to help deal with mental health issues and prison life, outweighed the 'cost' of getting caught.

Key findings on ISFL wings

There were mixed perceptions about the value of ISFL across the prison population.

In the North of England and Welsh prisons, staff and prisoners were generally positive about the operation of the ISFL and attributed this to a calm atmosphere, positive and supportive relationships with staff and other prisoners, extended time out of cells and additional support services to help prisoners address their mental health needs. At the South of England prison, the ISFL was struggling to differentiate itself from other wings which staff and prisoners attributed to a lack of incentives specific to the ISFL. ISFLs were described by both staff and prisoners as having 'a bad rep' and creating 'ill feeling' among

prisoners on other wings. This was put down to jealousy and resentment about the additional privileges and a perception that prisoners on ISFLs were colluding with management.

ISFL referral processes differed significantly in implementation across the three prisons. All three wings used some form of **referral criteria** for recruiting participants. However, how referral worked in practice seemed *ad hoc*, informal and varied from site to site. The process for being able to reside on the wing was also unclear to many prisoners.

Approaches to dealing with positive drug test results from ISFL residents also differed across the sites. In the North of England prison, a ‘two strikes’ approach to excluding prisoners from the wing appeared to be implemented consistently, while in the Welsh prison there was more flexibility for prisoners who volunteered information that they had used drugs. In the South of England prison no such penalty was applied.

Talking therapies and purposeful activities were important in supporting recovery. The peer-led component of therapies and the opportunities to build supportive relationships with other residents through additional time out of cells and in shared spaces was felt to be effective in helping prisoners to understand the drivers of their drug use and how to address their mental health needs.

The importance of a stable, safe environment and providing activities tailored to the needs of the population was highlighted by interviewees. Many believed that an ISFL should primarily be a settled environment where prisoners can access help to support their needs, and that a mix of prisoners, with and without histories of drug use, was beneficial in creating this environment. However, the environment in the ISFL at the South of England prison was described as ‘disruptive’ as it included prisoners who had not chosen to be on the ISFL, and other wings were described as offering a more therapeutic, communal environment. At this prison, staff also reported that the incentives on offer were typically more popular in a male, rather than female, prison (e.g., gym weights or pool tables) and female prisoners described different motivations for taking drugs. Findings underlined that the types of drugs consumed, reasons for drug consumption, and mental health and other needs vary by sex.

Interviewees across the sites also commented on the importance of positive relationships between prisoners and experienced staff who work consistently on the wing. The strength of these relationships was felt to be particularly important given the expectations that residents will be open to sharing their life experiences/asking for support and a key cornerstone of the culture change that the ISFL model aims to achieve.

Lessons from the North of England and Welsh prisons point to some unintended negative consequences that must be managed. Managing ill feelings from prisoners in other areas of the prison about the benefits that ISFL residents receive may be a challenge. The risks of creating or increasing disparities in prison experiences needs further consideration. Furthermore, staff and residents on the ISFL may not be well equipped and supported to deal with the traumatic experiences of prisoners that they are exposed to on the ISFL.

Findings have been a key input in developing a Theory of Change,¹² informing research questions and the randomisation approach of additional research to gain insight into the impact and implementation of ISFLs. Additionally, findings have informed a broader piece of research on mandatory drug testing to understand current staffing models' ability to effectively operationalise drug testing regimens following the Covid-19 pandemic.

¹² A Theory of Change is a comprehensive description of how and why a desired change is expected to happen in a particular context.

2. Introduction

2.1 Background

RAND Europe was commissioned by the Ministry of Justice to conduct a study exploring the experiences and perceptions of drug testing regimens and incentivised substance free living (ISFL) wings in prisons in England and Wales among prison staff and prisoners.

The study had two main goals:

1. To understand how drug testing regimens are delivered and experienced, and the perceived effectiveness of them in deterring drug use and identifying prisoners who use drugs.
2. To shape the ISFL model by understanding the lived experience of staff and prisoners both on existing ISFL wings and elsewhere in the prison.

Data collection took place in March and April 2023 in three prisons: a Category C male prison in the North of England; a category B/C male prison in Wales; and a female closed prison in the South of England.

2.2 Context

In its 2019 'Prison Drugs Strategy', His Majesty's Prison and Probation Service (HMPPS) named substance use as 'one of the biggest challenges facing our criminal justice system today' (HMPPS, 2019). Drug consumption is widespread in prisons in England and Wales. A survey conducted by the HM Inspectorate of Prisons in 2017/18 found 42% of females and 28% of males reported having a problem with drugs upon their arrival to prison (HMPPS, 2019; HM Chief Inspector of Prisons for England and Wales, 2022). Across the entire prison estate, the percentage of positive drug tests found in 2017-18 was 21%.¹³

¹³ The most recent annual digest presents data from 2022/23; however, it recommends referring to 2017/18 data due to underestimation of drug use in 2018/19 and 2019/20 and then disruption due to the COVID-19 pandemic (Ministry of Justice, 2023).

The types of drugs consumed in prisons across the country typically mirror the types of drugs consumed in the local community, and so the prevalence of certain drugs may change depending on location. However, a common concern in many prisons is the increase in use of novel psychoactive substances (NPS)¹⁴ – drugs that mimic traditional illegal drugs – over the past decade (Norman, 2023). Indeed, while use of NPS has declined in the general population, it remains prevalent in prison settings (Vaccaro, 2022; UNODC, 2022).

Drug use inside prisons poses a safety risk for both prisoners and staff. It contributes to violence towards self and others as well as to crime, undermining prison security, affecting individuals' physical and mental health, and lowering a person's chance at successful rehabilitation upon release (HM Prison & Probation Service, 2019). The difficulties prisons are experiencing with drug supply and consumption mirror difficulties across the country. However, these difficulties are compounded by broader challenges in the prison system in England and Wales, with an increased prison population, extensive staff shortages and a reported lack of leadership (HM Chief Inspector of Prisons for England and Wales, 2022).

The Ministry of Justice (MoJ) and HMPPS manage a multi-armed programme designed to address three key areas of drug policy within prisons:¹⁵

1. **Restrict supply of drugs** – by improving security, building intelligence, and targeting the criminal networks who bring drugs into prison.
2. **Reduce demand for drugs** – by developing more meaningful regimes, providing more constructive ways for prisoners to spend their time, and ensuring the balance of incentives encourages prisoners not to take drugs.
3. **Build recovery** – by working closely with our health partners to support prisoners in treatment and providing prisoners with environments that support recovery.

¹⁴ Please see glossary for further description of New Psychoactive Substances.

¹⁵ Further details on the aims and objectives of MDT regimens can be found in the Prison Service Order (PSO) 3601 (HM Prison Service 2005)

The current study focuses on two interventions that contribute to these aims: drug testing regimens, which have been used in prisons for decades, and Incentivised Substance Free Living wings (ISFL wings).

2.3 Drug testing regimens

There are three main types of drug testing in prison in England and Wales: clinical, voluntary, and mandatory (HMPPS, 2022). Clinical drug testing occurs when deciding upon a recovery treatment plan. Voluntary drug testing (VDT) occurs to support prisoners to be drug-free, manage risks related to employment, and can be carried out in ISFL wings. Mandatory drug testing (MDT) is intended to track the levels of drug use in a prison, to deter drug consumption (through sanctions after positive tests) and to identify prisoners who may require drug treatment or additional support (HMPPS, 2022). This report focuses primarily on MDT; however, VDT will be discussed through its use in ISFL wings.

The two types of MDT focused on in this report are randomised mandatory drug testing (rMDT) and suspicion-based mandatory drug testing (SBDT).

rMDT are drug tests carried out on a random sample of a fixed proportion of the prison population per month (between 5 and 10 per cent, depending on the size of the prison) (HM Prison Service, 2005). In addition, HMPPS relies upon rMDT data to measure trends and volumes of drug use in prison (e.g., for national and local surveillance), and conducting rMDT is one of the key indicators for prison performance (HM Prison & Probation Service, 2022). SBDT occurs when prisoners are selected for a drug test due to a suspicion of drug use. Both rMDT and SBDT supports the aims of restricting supply, reducing demand, and building recovery.

Despite its prevalence, little is known about the effectiveness of drug testing regimens on reducing drug use in prisons. Previous evidence on drug testing in prisons found that rMDTs underestimate drug use in prison (Singleton et al., 2005) and do little to deter drug use (Grommon et al. 2013; Nguyen et al. 2021). Indeed, a case study examining substance misuse in five English prisons concluded that control-based approaches, such as rMDT, would be unlikely to impact levels of drug consumption alone, without the use of rehabilitative approaches (Wakeling & Lynch, 2020). If prescription drugs are detected, it is

difficult to distinguish what quantities are being consumed legally and what are being consumed illegally. In addition, a research study examining staff and prisoner perceptions on the 10 Prisons Project (10PP) found that the types of drugs consumed changed after prisons increased security (EP:IC Consultants, 2019).

2.4 Incentivised Substance Free Living Wings

ISFL wings were rolled out as part of the 10PP, launched in 2018. An ISFL is a dedicated wing of the prison for prisoners who want to live in a drug-free environment. Prisoners do not need to have used drugs to live on an ISFL, although many have. Prisoners are incentivised to remain drug-free on an ISFL wing through access to additional privileges such as gym equipment, cooking facilities, music lessons, video games and priority family days.

ISFL wings have been reported¹⁶ to vary considerably from prison to prison, whether that be by location, incentives or the culture created; however, there are key elements that are shared across the intervention. These elements include a culture change among both staff and prisoners to focus on support and community rather than punishment, the inclusion of Substance Misuse Services (SMS) from the planning stage to the running of the ISFL wing, and the use of a compact¹⁷ between the staff and each prisoner on the wing (see Annex 1). Prisoners on ISFLs undergo voluntary drug testing twice a month. This testing is intended to be used differently from rMDT, in that a negative result should be celebrated, and a positive result should not accrue a sanction but, rather, should open a discussion for further support. New residents sign a compact that outlines how many positive results will lead to the removal of the prisoner from the wing.

Early monitoring found the rate of assaults dropped and there was a reduction in positive rMDT after comparing monitoring data in the first three months of June to August 2018 to April to June 2019 (Ministry of Justice, 2019). Since the 10PP in 2018/19, the number of ISFL wings in England and Wales has risen. In June 2023, there were 57 ISFL wings

¹⁶ These reports came from policymakers who were consulted as part of this study.

¹⁷ Compacts are contracts between the prison and prisoner stating the terms and conditions of a process or intervention. Please see glossary for additional information.

open, with a further 24 in the planning stage.¹⁸ With the expansion of this intervention, there is a need to understand how ISFL wings work, and their utility for supporting prisons to combat drug use. There are positive testimonies from staff and prisoners regarding ISFL wings, but how these ISFL wings are being implemented and what elements of the ISFLs can be standardised for maximum effectiveness are unknown (EP:IC Consultants, 2019; HM Prison & Probation Service, 2020).

2.5 This report

This report was commissioned to understand current experiences of staff and prisoners with regards to drug testing and ISFLs given challenges in HMPPS (described above). Findings from this report will be used to inform the design of a randomised controlled trial and process evaluation on ISFLs. The research will also inform research questions into a larger qualitative piece of work on implementation of drug testing. This research programme has been funded by the Cabinet Office Evaluation Task Force Evaluation Accelerator Fund.

The current study took place in three prisons: one male prison in the North of England, one male prison in Wales and one female prison in the South of England. The research team took a qualitative case study approach at each of these three prisons. The research team sought to capture the lived experience of prisoners and prison staff to understand how drug testing regimens and ISFL wings are perceived and experienced by these stakeholders.

This report provides details of the research aims, research questions, data collection sites and activities (Section 3); thematic analysis of the findings from the fieldwork on drug testing regimens across the three prisons (Section 4); and thematic analysis of the findings from the fieldwork on ISFL wings across the three prisons (Section 5). The report concludes with reflections on the study and next steps for the programme of research (Chapter 6).

¹⁸ Information retrieved from email exchanges between RAND Europe and HM Prison & Probation Service staff on ISFL wings.

3. Methods and data collection activities

3.1 Context and methodology

This research took a qualitative, case study approach to gain a deep understanding of the lived experience of drug testing regimens and ISFL wings from both prisoners and prison staff. A case study approach allowed researchers to focus on a small number of prisons to explore these interventions within their real-life context. The qualitative methodologies chosen for each case study comprised individual interviews, focus groups and ethnographic observations. Researchers conducted a rapid review of the literature examining drug testing regimens and ISFLs in prisons in England and Wales, and five scoping interviews with policy leads to inform the development of the data collection materials. Research questions can be found in Annex 2.

3.2 Prison sites

Three sites were selected for inclusion in this study. Each site had a drug testing regimen in place and an ISFL wing in operation. Sites were selected to ensure a mix of male and female prisons; a mix of categories B and C; and a variety in terms of prison size and geographic location. Only three sites were chosen to take a qualitative case study approach and gain a deeper understanding of a small number of sites to inform future more in-depth evaluations, as part of a broader programme of work (see Study Aims).

3.2.1 Male Prison in the North of England

This prison is a category C prison and young offender institution for men aged 18 and over. It has capacity for roughly 1,000 individuals in seven wings. The men are mostly housed in single rooms. The prison provides facilities such as courses on alcohol and other drugs, offending behaviour programmes, vocational training, and access to exercise facilities. The ISFL wing at the prison was opened as part of the launch of the 10PP in 2018.¹⁹

¹⁹ (EP:IC Consultants, 2019).

3.2.2 Male prison in Wales

This prison is a category B/C men's prison and has capacity to house around 500 men, split between six wings. The prison provides facilities such as educational programmes as well as employment positions (e.g., in the kitchens). The ISFL wing at the prison was opened in February 2022.²⁰

3.2.3 Female prison in the South of England

This prison is a category C training prison for women and has a capacity of around 280 individuals, split across seven wings (HMPPS & MoJ, 2022c). The women each have their own room with a toilet and a shower, except for one wing where there are double rooms and a communal bathroom. The prison provides facilities such as education and training programmes (e.g., customer service, horticulture), as well as additional distance learning courses. The ISFL wing at the prison was opened in March 2021.²¹

3.3 Recruitment

3.3.1 Prison staff and prisoners

For the prison staff interviewee recruitment, the researchers liaised with prison management prior to the visit to identify suitable staff to approach for an interview. The two main factors guiding the recruitment of staff interviewees were 1) their first-hand knowledge in the topic area; and 2) ensuring that a wide range of views and experiences were covered across the interviews (i.e., not just recruiting those with positive views). All staff were informed that their participation was entirely voluntary. The prison governors at all three sites were also interviewed.

Recruitment for prisoner interviewee and focus groups was also facilitated through prison management. Prisoners who had lived experience of drug testing and/or an ISFL wing, who were broadly reflective of the population of the prison where they are located were selected. It was not a requirement that prisoner participants had any history of consuming illicit drugs. Prisoners were informed that participation in the study was entirely voluntary. It should be noted that the fieldworkers did not collect data on demographics of the prisoners

²⁰ Information retrieved from email exchanges between RAND Europe and HMPPS staff on ISFL wings.

²¹ Information retrieved from email exchanges between RAND Europe and HMPPS staff on ISFL wings.

(to reduce the risk of identification) and therefore cannot report whether the interviewed prisoners were representative of the prison population.

3.4 Data collection

Table 1: Numbers of study participants in each site

Data collection activity	Male Prison – North of England	Male Prison - Wales	Female Prison – South of England
Interviews with ISFL residents	5	4	2
Interviews with non-ISFL residents	2	2 (previous ISFL residents)	3
Interviews with staff	7	6	8
ISFL prisoner focus groups	2 focus groups (5–6 participants in each)	1 focus group (12 participants)	1 focus group (5 participants)
Non-ISFL prisoner focus groups	0	0	1 focus group (2 participants)

3.4.1 Prison staff interviews

Semi-structured interviews were conducted with senior leaders, administrative and operational staff in each prison. Five audio recorded interviews were conducted in the North of England prison, six in the Welsh prison and five in the South of England prison. A further two interviews in the North of England prison and three in the South of England prison were conducted that were not audio recorded, but written notes were taken and incorporated into the analysis.

Individual interviews were chosen over focus groups for staff data collection due to the sensitive nature of the subject matter and the potential for differing views. It was deemed by the research team that professionals may be more open about their experiences in a one-on-one setting. All names of staff were anonymised in the report to minimise recognition among colleagues. Interviews were conducted by the study fieldwork team on site and took up to 40 minutes each, but on average lasted 30 minutes.

For the staff interview protocol, please see Annex 3.

3.4.2 Prisoner interviews

Semi-structured interviews were also conducted with prisoners to capture the voices of those who are most directly involved in, and impacted by, drug testing and support programmes in prison.

Five audio recorded interviews were conducted in the North of England prison, six in the Welsh prison, and five in the South of England prison. Individual interviews were conducted in addition to prisoner focus groups because of the sensitive nature of the subject matter and the potential for differing views. It was deemed by the research team that prisoners may be more open about their experiences and able to go further in-depth in a one-on-one setting. All names of prisoners were anonymised in the report to minimise recognition among fellow prisoners. In addition, demographics were not captured to further minimise potential identification. Individual face-to-face interviews by the study fieldwork team were conducted with prisoners for up to 40 minutes each, averaging 25 minutes in length.

For the prisoner interview protocol, please see Annex 3.

3.4.3 Prisoner focus groups

Focus groups were conducted with prisoners in each prison, averaging one hour each. Two were conducted in the North of England prison, one in the Welsh prison and two in the South of England prison. Only one focus group was conducted in the Welsh prison, as the numbers from two focus groups were combined (12 participants in total). The fieldworkers had originally planned to conduct one focus group in each prison with ISFL residents and one focus group with non-ISFL residents. However, in the North of England prison, the first fieldwork site, the fieldworkers were not able to conduct a non-ISFL focus group because it was difficult to recruit such individuals. Those not on the ISFL wing were on highly restricted regimens, and we were informed by staff and ISFL residents that there was resentment directed towards those on the wing. Both staff and fieldworkers agreed it would be both impractical and potentially unethical and risky to bring together a group of men who were distressed about living in such restricted conditions to talk about their frustrations, and then return them to their cells. After the experience in this prison, prisoners were not actively recruited who did not reside on the ISFL wing. The focus group

in the Welsh prison included all ISFL wing residents. In the South of England prison, one focus group included two prisoners who had previously been on the ISFL wing but had since moved on, and one prisoner who was not currently residing on the ISFL wing.

The fieldworkers conducted focus groups in addition to individual interviews because they offer the benefit of research participants being able to engage with each other; to discuss, debate and bounce ideas off one another.

For the prisoner focus group protocol, please see Annex 3.

3.4.4 Observations

Four consecutive days of ethnographic style observations were conducted in each of the prisons. During the observations, the fieldworkers observed the operation of drug testing regimens and the ISFLs to understand the physical setting(s), interactions between staff and prisoners, the activities taking place, and how resources were organised. Two fieldworkers were present at each prison. Fieldworkers separately conducted observations and interviews, and jointly conducted the focus groups. Observations included a tour of the drug testing suite and the ISFL wing, and fieldworkers sitting in on staff meetings and prisoner group sessions and activities. The researchers used data collected through the observations to triangulate and validate data collected from the interviews and focus groups. In particular, the researchers sought to understand any differences between policy and practice in the implementation of both programmes and potential drivers of these differences.

Observations were recorded on paper using a semi-structured observation framework. This framework was used to broadly capture the context of the observations, including analytic notes/observer comments and subjective reflections (identified separately).

For the observation framework, please see Annex 3.

3.5 Analytical approach

For the interviews and focus groups, full transcripts were written up for each interview and focus group and all personally identifiable information was redacted. For the observations, semi-structured field notes were synthesised and summarised by the researchers to be

analysed using the same approach as the interviews and focus groups. Thematic analysis was used to sort and examine the data to identify recurring themes and patterns. Initially, a coding framework was developed based on the research questions and topic guides. This was used to manually and systematically code and analyse portions of data (by two researchers).²² The framework was updated and refined as more detail emerged from the transcripts. Key codes were then grouped into themes to reflect broad patterns in attitudes, behaviours, and insights.

Throughout Sections 5 and 6, direct quotes from the participants are presented. While some quotes are verbatim, other quotes have been lightly edited or condensed for grammatical clarity and brevity.

3.6 Ethics and data protection

The study received ethical approval and went through the analytical quality assurance process via the Ministry of Justice (MoJ). RAND Europe complied with data collection and privacy requirements (see Annex 4).

3.7 Limitations

There are some limitations of this study that should be noted. First, there are inherent limitations of qualitative research, such as **small sample sizes**, which limit representativeness and generalisability beyond the scope of the study. However, the main purpose of this research was to inform design of an impact study and two more detailed process evaluations.

Another inherent limitation of qualitative research is that self-reported data is subject to **social desirability biases**. Drug consumption is stigmatised, and possession is illegal, which may have attenuated the honesty of answers from the interviewees or even dissuaded prison staff or prisoners from participating. The research design attempted to overcome this limitation by telling participants that they did not have to answer questions (also reiterated by fieldworkers in person), that all data collected would be confidential

²² Guest, G., MacQueen, K. M., & Namey, E. E. (2011). Applied thematic analysis. Sage publications.

(apart from the security exceptions, noted above) and that it would not be possible to identify participants in the report.

A limitation that arose with the recruitment process was that **prison staff selected the sample of participants**, which may have resulted in a sample that does not reflect a range of views and experiences.

Most prisoner participants were **residents of the ISFL wings**, which may have biased the findings of the perceptions and experiences of an ISFL wing and drug testing. As described in Section 3, it was the original plan to conduct one focus group with non-ISFL residents. However, at the first prison site, the prison in the North of England, the fieldworkers were informed that there was resentment directed towards those on the wing and so it was agreed that it would be impractical and risky to conduct these focus groups. As a result, only two interviews were conducted with prisoners not residing on the ISFL wings.

Finally, there were difficulties in **collecting aggregated quantitative data** on ISFL wings (e.g. referrals to ISFL wings) and drug testing regimens (e.g. proportion of prisoners who were offered and accessed support after a positive test) to contextualise and triangulate findings from the qualitative data. These data were not held centrally for the study team to access.

4. Drug testing regimens

This Section of the report presents findings by prison site on the operation of each drug testing regimen. For each prison, a short overview is provided on issues around illicit drug use and the implementation of the regimen. It describes any support or sanctions given to prisoners who have received a positive drug test result, and staff and prisoner perceptions of testing fairness and effectiveness in identifying and deterring drug use. It also presents stakeholder views on barriers and challenges to the implementation of the regimen. The Section concludes with a discussion of cross-cutting themes from across the three prisons and a series of considerations to improve the knowledge base and effective implementation of drug testing regimens.

4.1 North of England prison

4.1.1 Operation of the drug testing regimen

The prison conducts suspicion-based drug tests (SBDTs) and random mandatory drug tests (rMDTs) for residents of all wings, as well as voluntary drug tests (VDTs) for residents on the ISFL. The rMDTs apply to 5 per cent of the prison population each month (approximately 50 prisoners) in a list randomly generated via a centralised data system. Two members of staff reported that they 'always' met their rMDT targets.

Candidates for SBDTs are identified during the Daily Brief (a handover between staff where information is shared about any issues or concerns including suspicions of substance use) or directed by security because of intelligence. It was reported by two staff members that drug testing does not detect prisoners 'topping up' their prescribed medications with those purchased or forcibly taken from other prisoners, which may contribute to the recent drop in positive test results. In contrast to rMDT and SBDT, which use urine samples, saliva swabs are used for the VDTs in the ISFL.

4.1.2 Drug use

Staff and prisoners alike expressed the view that illicit use of drugs was more effectively controlled in this prison than other prisons of their experience. However, they described

the misuse of prescription medications such as buprenorphine as relatively widespread in the prison. Reportedly, almost all these prescription medications are supplied by the prison through the medications hatch. According to staff and prisoner interviewees, these medications, widely referred to as ‘tradeable meds’, are typically legitimately prescribed to prisoners who may then illicitly trade them to other prisoners voluntarily for money, other benefit or under duress. Staff described various approaches to controlling this illicit trade, including the supervision of all medication hatches, but noted that staffing shortages meant that assigning prison staff to supervise the dispensing of medication on a consistent basis was a challenge (the prison was described by a staff member to be at only a 60 per cent staffing level). One prisoner interviewee commented:

Medication drugs – you are never going to stop that in any jail. You might be able to have two officers stand there and watch [the dispensing of medication from the hatch], but that’s going to drop off after a week or two.

Interviewees (both staff and prisoners) also noted the use of substances containing synthetic cannabinoids, commonly referred to as ‘Spice’, and one staff interviewee mentioned that the violence and unstable behaviour that results from ingesting Spice has led to the prison being unsettled and has contributed to difficulties in retaining staff.

4.1.3 Sanctions and support given to prisoners following positive test results

Where a prisoner has been given a positive rMDT result, the security team receive a notification and the prisoner is placed on report. He will then go to the prison governor for an adjudication, which will consider the prisoner’s behaviour history in the prison. The governor will impose a sanction on the prisoner, which was reported by staff to typically be a week in the segregation wing (the ‘Care and Containment Unit’)²³ or in cellular confinement.²⁴

Staff interviewees also reported that a positive rMDT result would automatically trigger a referral to the prison’s substance misuse team for support and advice on harm reduction strategies and the risks of using drugs illicitly. One staff interviewee noted that “whether

²³ Areas of a prison where prisoners are separated from the rest of the prison either due to punishment or security reasons (e.g. the prisoner is a risk to others or themselves).

²⁴ The practice of keeping a prisoner in a single cell on their own (i.e. ‘locked up’), as a form of punishment.

[the prisoners] engage in that is entirely up to them". However, prisoner interviewees and focus group participants were either unaware of available support or reported that none was offered, except for one prisoner who had received a positive test result. He reported that he spoke to the mental health team and a drug worker about his result but "that's all that happens".

4.1.4 Staff and prisoner perceptions of testing fairness

Prisoner interviewees and focus group participants were generally indifferent to or in favour of having a drug testing regimen in operation in the prison, with many apparently **accepting drug testing as part of prison life**. Of those who commented favourably on the regimen, one focus group participant stated: "It does deter people. People talk about 'I don't want to go over there'", referring to a sense of dread around testing positive for drugs. One prisoner interviewee reflected that receiving consistently negative test results made him feel proud of himself:

I think it's a good thing. I think it's a positive thing [for] letting the probation officer know... it's for the prisoner himself to know that I'm going to be straight and narrow. It's a positive thing. "I've got a negative." It's a little buzz.

Although prisoners felt neutral or positive about the drug testing regime itself, they did report that the **prison response to positive test results was purely punitive and, as a result, ineffective**. One commented: "If you get a positive, they don't see the support side, they see the punishment side". Prisoners expressed the view that the approach to dealing with positive rMDT tests, compared with the more supportive approach to positive VDT results, was unjust. One focus group participant, who resided on the ISFL wing, stated:

On here if you give a positive test they give you a warning, but with an MDT you get nicked for it. It's the same thing, you've given a positive test both ways. Why does a mandatory test get you nicked and lose all your privileges but if you just get that test on the wing you get a warning, it doesn't make sense.

Another prisoner, who had previously had a positive rMDT test result, also reported that the use of segregation as a sanction was excessively harsh:

I've done a lot of prison in the block, and "CCU" is bad for your head. It doesn't matter who you are. Long periods down there – you come out a different person. Trust me, you do. I'm saying that if someone has just had a joint on the wing and then they've given 14 days CCU for that, that's kind of harsh.

4.1.5 Staff and prisoner perceptions on the effectiveness of drug testing

Some staff interviewees expressed **doubt that the drug testing regimen in operation was effective in identifying illicit drug use in the prison**, with two interviewees commenting that the composition of some of the drugs used by prisoners was continually changed by prisoners to evade detection. One of these interviewees commented "...they just get more clever".

Furthermore, almost all staff interviewees felt drug testing was **ineffective in deterring or preventing illicit drug use**. Another interviewee commented: "They will take it anyway and come down to MDT and say 'I'll tell you now what I'll test for. I've taken some Spice". Nevertheless, one interviewee commented that a consistent and effective drug testing regimen would improve the operation of the prison, as it would give prisoners more certainty around, and confidence in, prison processes, and facilitate cooperation as a result. The interviewee commented "... it stabilises the prison. I think they know at the moment that we're not doing this on a daily basis".

4.1.6 Barriers and challenges to implementation

There was consensus among the staff interviewees that the most significant barrier to the operation of the prison's drug testing regimen was the substantial and long-term **staff shortages** across the prison. This was reported to impact on all aspects of the prison's efforts to identify and deter drug use, including providing sufficient staff to supervise the administration of prescription medication, and ensuring that testing and other deterrent measures were implemented consistently. For example, one staff interviewee expressed:

Staff resources is a huge [factor] because of the [low] retention rate. We run MDT and we run searching, so we'll get either/or. They don't have the staff to give us both.

Similarly, another staff interviewee, responding to a comment about some prisoners' desire for an official notification that their test result was negative,²⁵ commented:

The problem we've got is everything is resource time...if we were constantly at 100 per cent staffing, then these are all the niceties that just put that little bit of glitter on top. We're a third of the staff down, so we have to look at priorities and surely a priority is trying to stop the drugs coming in rather than somebody spending time giving certificates.

4.2 Welsh prison

4.2.1 Operation of the drug testing regimen

rMDTs and SBDTs (urine tests) are in operation in the prison, along with voluntary tests. For rMDTs, a list of prisoners to test is randomly generated, and around 40 tests a month are conducted. This number is approximately 10 per cent of the prison population. Should a sample generate a positive test result, the prisoner is placed on report while the result is cross-referenced with his medication history, in case the result reflects licit use of a medication. As with the North of England prison, it was reported by a staff interviewee that drug testing does not detect those 'topping up' their prescribed medications.

4.2.2 Drug use

As with the North of England prison, trade in illicit prescription medication was reported by staff and prisoners alike to be the biggest issue for drug use in the Welsh prison, with little trade in other types of substances brought into the site. Traded drugs were reported by staff and prisoners to be sourced from the prison's medication hatch and prescribed legitimately to prisoners who then traded them among other prisoners voluntarily or under duress.

4.2.3 Sanctions and support given to prisoners following positive test results

According to staff and prisoner interviewees, should a positive result stand following checks with the medical staff, the prisoner is sent to the governor for an adjudication and

²⁵ According to the policy, all prisoner must be informed of the result of their test.

punishment. This punishment may include a period of segregation or temporary withdrawal of privileges such as time on association or access to the prison canteen.

According to two staff interviewees, a positive test result will also result in a referral to the prison's substance misuse team. One of these interviewees reported that a substance misuse worker will speak to the individual within a few days to discuss the result and offer advice and support. However, some other staff interviewees and several prisoner interviewees reported either that they were unaware of support being offered to prisoners following a positive test or believed that none was offered systematically.

4.2.4 Staff and prisoner perceptions of testing fairness

As with the North of England prison, in reflecting on testing fairness, staff and prisoner interviewees tended to make a distinction between their views on the drug testing regimen itself and on the prison's approach to dealing with test results.

Overall, staff and prisoners appeared **generally neutral about or in favour of the prison operating a drug testing regimen** in and of itself. One prisoner interviewee commented about testing: "It's just jail, it's just a thing you've got to do, isn't it?" This view was echoed by a staff interviewee involved in drug testing, who stated: "I think the men would accept it as part of prison life, so you don't get complaints regularly" and noted that it was rare for a prisoner to challenge the result of a test. Echoing the findings in the North of England prison, this interviewee went on to say that negative test results gave a sense of achievement for prisoners:

Certainly, if people have a clear test, they're very proud. Someone did say to me yesterday, "I've just had a clear MDT so that's all looking good because I've got a parole hearing in July".

In contrast to this, staff and prisoner interviewees generally expressed **negative views about the effectiveness of the support and sanctions** provided to prisoners following a positive test result. In relation to the availability of support, two staff interviewees described significant challenges with the operation of the referral process to the prison's substance misuse team, described in Section 4.2.6 below.

In addition, one interviewee also noted that support groups that had been in place in the prison before COVID-19, including Alcoholics Anonymous and Narcotics Anonymous,²⁶ had not yet resumed operation due to issues with vetting the relevant personnel. As noted above, some staff interviewees and most prisoner interviewees were unaware of support being offered or believed that none was offered systematically. One staff interviewee, who had reported that no support was offered, stated that “They get penalised for it but there’s nothing stopping them from doing it again, because no intervention is in place to prevent it”.

One prisoner interviewee, who reported having received a positive test result in the prison, said that a substance misuse service provider used by the prison visited him following the result, but described the support offered as “Nothing really, just they come around, ask you if you’re alright and that, and if you want to do in-cell work, and just stuff like that basically”. The interviewee explained that the in-cell work entailed short assignments about handling challenging situations, for which prisoners are given a certificate for completing. He stated that he did not find this service helpful, and was critical of the prison’s approach to dealing with drug use more broadly:

...[P]eople are failing on it. And yes, OK, they go into basic, they can take their TVs off them, they don’t care... So they’re getting punished for – I can’t say it’s an illness, but some people have had so much drama in their lives, they think drugs is the only way out. And instead of punishing them, offer them help... sit down with them and say “what do you want out of life?”

A small number of other prisoner interviewees echoed this view that an effective response to drug misuse entails **understanding the drivers of this behaviour and addressing any needs**, through support such as talking therapy and more constructive activity, to support their recovery. As such, a punitive approach would inevitably be ineffective in the long-term. Another interviewee commented:

²⁶ Please see glossary for more information on Alcoholics Anonymous and Narcotics Anonymous.

Instead of actually sitting them down and saying, “Right OK, why have you done this? Why have you taken that?” They’re sitting them down and saying, “Right, we’re giving you two weeks losses, a week block.” That’s not helping that person.”

4.2.5 Staff and prisoner perceptions on the effectiveness of drug testing

As with the North of England prison, staff and prisoners generally did not feel that the drug testing regime was effective at identifying drug use and deterring it. Two prisoners and one staff interviewee suggested that the prison should be conducting more testing to increase its deterrent effect. Additionally, staff commented that **testing should focus more on substances that are known to be in circulation** in the prison, rather than other substances such as crystal methamphetamine or cocaine. This was seconded by a prisoner interviewee, who commented: “It makes no difference to me about the test, but it does seem a bit silly when they test for substances which is not here”.

Furthermore, and building on the findings regarding the perceived fairness of the drug testing regime, several staff interviewees expressed the view that the punitive process by which the **prison deals with positive test results rendered the regimen ineffective at deterring individuals from drug use**. For example, one staff interviewee commented:

Punishment don’t stop it. Heroin is illegal. It doesn’t stop them taking it, does it? In some cases, it’s an attraction, the fact they’re breaking the law and they’re breaking the rules. So no, MDT don’t work. It’ll never work. It’s pointless. Absolutely pointless.

4.2.6 Barriers and challenges to implementation

Similarly to the North of England prison, several of the barriers and challenges to the effective operation of the drug testing regimen reported by staff interviewees related to a **lack of staffing**. In particular, the substance misuse team was described by one staff interviewee as chronically short-staffed, currently consisting of two case workers, a group facilitator, an administrator, and a team leader.

One staff interviewee described the process for provision of support services as inefficient and confusing, and **reflective of broader communication problems within prison management**. In particular, they noted that while their team will automatically receive a

notification of a positive test result, there is no further information supplied on whether the result is actually due to the individual's prescribed medication:

... every time somebody fails [an MDT], it's not clear if that is their prescribed medication. And I can't get an answer from anyone. I go to healthcare, they take me back to MDT, then security take me to healthcare. And even healthcare said they have no way of knowing either.

Finally, one staff interviewee commented on the challenge of providing the support that many prisoners need in the context of the relatively **short periods of time** in which most prisoners stay at the Welsh prison. As a Category B/C prison, the Welsh prison houses many prisoners who are on remand or are serving sentences of less than a year. Significantly, this was not noted as an issue in the North of England prison, a Category C prison that houses prisoners with longer sentences and where, in theory at least, there is more opportunity to engage with prisoners who need support with managing drug use over a longer period.

This staff interviewee noted:

It's a revolving door prison... because short sentences, a lot of remand prisoners, people in and out, not here long enough perhaps to have their offending behaviour addressed and for them to undertake sufficient rehabilitation programmes.

4.3 South of England prison

4.3.1 Operation of the drug testing regimen

Urine rMDTs were reported by staff to be consistently conducted on 10 per cent of the prison population every month (approximately 18 prisoners).

For rMDTs, a list of prisoners to be tested is generated randomly and staff will go to those individuals' cells in the morning to take them to the MDT suite, where there are four holding rooms. The women are not permitted to drink any water before their test,²⁷ although there is no consistent practice around whether the women are allowed to take

²⁷ According to the policy, prisoners should be given water hourly whilst waiting to provide a sample.

their prescribed medication before providing their sample.²⁸ If any prisoner refuses to provide a sample, for example because they say they are not physically able to at that time, they are placed on report.²⁹ The name of a replacement will be taken from a reserve random list to be tested, so that the prison does not miss its monthly target.

To provide a sample, the women must place their hands on a wooden board, to prevent them using a concealed urine sample, and urinate into a small pot. It was reported that many women spill their sample out of the pot, often because they are overweight and are unable to see the pot. In such cases, the women will be given four hours to provide another sample. If they do not, they will be placed on report. This process, as described by the staff interviewee, is in marked contrast to the different testing regimens in place for the male prisoners in the Welsh prison and the North of England prison. Views of the women on their experiences of the testing process are presented below in Section 4.3.4. SBDTs were also reported by staff to be conducted regularly. Negative test results are noted by testing staff in their MDT book, although the prisoners themselves are not notified of negative results.³⁰

4.3.2 Drug use

As with the North of England prison and the Welsh prison, illicit use of prescription medication was described by staff interviewees as a serious issue in the South of England prison.

4.3.3 Sanctions and support given to prisoners following positive test results

In the case of a positive test result, a prisoner is automatically placed on report while the healthcare team is notified. Checks are conducted in case the result is due to medication that the prisoner has been legitimately prescribed, although the results do not show whether she is taking more of the medication than was prescribed. Should the result stand, the prisoner is sent to the governor, or in some cases an outside adjudicator, for an

²⁸ According to the policy, prisoners must be asked if they need to access any medication over the next 5 hours.

²⁹ Prisoners have 4 hours to provide a sample.

³⁰ According to the policy, all prisoners must be informed of the result of their test.

adjudication. It was reported that the most given sanction is 14 days in isolation and loss of privileges, such as television.

Forward Trust, a service provider that offers substance misuse support programmes in the prison such as Narcotics Anonymous, Alcoholics Anonymous and fellowship meetings, is typically notified of positive results for women who are engaging with their programmes. If the woman is not engaging with Forward Trust, she is not referred to them. It was reported by one staff interviewee that there is, nevertheless, high awareness of the availability of these programmes in the prison although this was disputed by two prisoner interviewees.

4.3.4 Staff and prisoner perceptions of testing fairness

While staff interviewees tended to be somewhat **neutral about the drug testing regimen** in operation in the prison, **prisoner interviewees and focus group participants were generally in favour of it**. Indeed, several suggested that mandatory testing should be more frequent, particularly those residing on the ISFL. One prisoner stated that she had recently asked for a VDT as she had not been tested in the almost two years she had been in the South of England prison and wanted to show her Offender Management Unit officer that she had not been using illicit drugs. Similarly, another prisoner reported that she had taken VDTs because women are given a paper confirmation of a negative result: "... my sister's got my children. If she thinks I've been using I can send her the certificate and be like: 'Well, actually I haven't'".

Despite being in favour of or neutral towards drug testing per se, there was consensus among many prisoner interviewees and focus group participants that the **process of providing a urine sample** was degrading, physically challenging and unnecessarily strict.³¹ One focus group participant stated:

... it's rubbish because we cannot aim. We are women... if you miss that, you've got to sit down three for four hours to try and piss again. That's out of order.

Another participant, agreeing with this statement, added: "Then you've got two officers looking at you. So, you're nervous already." By contrast, male prisoners in the North of

³¹ According to the policy, prisons are given some discretion in how they balance privacy/decency issues and the need to ensure tests cannot be altered.

England prison and the Welsh prison did not comment on the process of providing a sample.

4.3.5 Staff and prisoner perceptions on the effectiveness of drug testing

Among prisoners, opinion was split over whether the drug testing regimen, and the associated response by the prison to positive results, had any deterrent effect on drug use. Several prisoners commented that if an individual did not **want to address their drug use**, neither sanctions nor support would have any impact on her. One interviewee stated:

It's something you've got to want... Like, I don't want to be on drugs anymore, I don't want that lifestyle.

Similarly, to the views expressed by prisoners in the Welsh prison, participants in one focus group argued that the **perceived focus on sanctions** for illicit drug use meant that the underlying issues driving the behaviour was left unaddressed. One stated:

There should be more support [instead] I'm being punished for suffering with my traumas because I can't cope straight-headed.... And I'm getting no support and then that's going to make me use even more because I'm feeling. I'm going to use on them feelings and it's going to be in a big cycle.

Another interviewee also commented on the **difference in perspective on sanctions** such as losses of privilege in the context of very lengthy prison sentences, relatively common in the South of England prison. She felt that a relatively brief period of punishment was perceived less seriously by women who will spend years in prison:

It's for a week. Maybe two weeks... That's not going to make you think... a lot of these girls have been locked up a long time, they're lifers. They've been used to not having privileges, they don't care.

However, others reported that the risk of sanctions following a positive test result did change behaviour around drug use. One prisoner interviewee commented:

I wish there could be more mandatory tests. Because I was scared when I first came in; I was taking more of my own medication than I should have been and

I was scared maybe the levels were going to come up. And that scaredness stopped me doing that, because I didn't want to get into trouble.

4.3.6 Barriers and challenges to implementation

Many of the concerns raised by interviewees in the North of England prison and the Welsh prison, such as the impact of staffing shortages and the limited periods of time in which many prisoners are able to engage with support services, were not mentioned by the interviewees in the South of England prison. Indeed, as noted above, staff and prisoner interviewees commented that many of the women in this prison are serving **lengthy sentences**, which poses its own challenges in responding to positive drug tests.

However, as was seen in the North of England prison and the Welsh prison, two staff interviewees highlighted issues with the process of dealing with a positive test result, particularly in relation to the **prisoner being placed on report** while the result is being checked by the healthcare team against their prescription history.

Indeed, one prisoner interviewee, who reported that she had received a positive test result because of legitimately prescribed medication, described the experience of being placed on report as "traumatic".

4.4 Reflections and Considerations

Reflection One: Drug testing regimens appear to be designed with limited consideration of the variation and uniqueness of each prison and its population.

The Welsh prison houses many prisoners who are on remand or serving short sentences. This creates practical limitations in ensuring that prisoners who are using drugs can access support services and have sufficient time to engage with them. The experience of being tested was perceived to be degrading and unjust by female prisoners in the South of England prison, compared with male prisoners in the North of England and Welsh prisons.

Consideration: HMPPS should consider amending guidelines on the processes of drug testing and onward support referrals in prisons to allow prison staff to tailor drug support to the needs of its population – in particular sex, weight, sentence length and whether a prisoner is taking a prescribed medication (legally).

Reflection Two: The illicit use of prescription medication, sourced through the prison's medication hatch and traded among prisoners, was reported to be prevalent in all three sites.

There was no initial way of knowing whether a positive result was the result of misuse or legitimate prescription use. The process for confirming this was described as lengthy and, at times, inappropriately punitive to prisoners legitimately taking prescription medication. Furthermore, as rMDTs cannot consistently or accurately identify prescription drug misuse (EP:IC Consultants, 2019), this problem may be underreported or under detected in prison sites, reducing the number of prisoners who need to be identified to access support or treatment.

It is also notable that several staff and prisoner interviewees in our study commented that the regimens were testing for substances that were widely understood not to be consumed in the sites. This suggests that staff are following protocols that may be wasteful and inefficient in implementation.

Consideration: Explore improving processes within prisons so that prisoners have quicker notification when a positive drug test reflects their legitimate prescription use. Prison drug policy leads could explore alternative ways to identify prisoners who require support in their prescription drug consumption.

Reflection Three: Drug testing regimens were not always effective as a therapeutic tool to support prisoners or address underlying needs that drive drug use.

Generally, prisoners were indifferent to, or supportive of, drug testing itself. However, for many interviewees, particularly from the men's prisons, the regimens were not being used as a therapeutic tool to understand who needs support or to address the underlying needs that drive their drug use. The lack of support for prisoners who have received positive test results contrasts with drug testing protocols, where, as indicated under PSO 3601, appropriate support must be offered to prisoners who provide a positive test (HM Prison Service, 2022).

Furthermore, the punitive responses to positive drug tests were felt to do little to deter drug use, in the absence of support being offered.

Consideration: More work is required to ensure that provision, communication, and administrative processes within the prison are strengthened as necessary to ensure that the substance misuse team is consistently alerted to positive test results and that prisoners are offered and encouraged to accept a needs assessment and appropriate treatment and support. Prison drug policy stakeholders should reflect on the focus (actual or perceived) of providing sanctions over support in response to positive test results and whether this is the right approach.

Reflection Four: Most participants, particularly in the men's prisons, felt that drug testing was currently ineffective at deterring drug use due to inconsistent implementation.

Due to staff shortages, many interviewees felt that the drug testing regimens were not applied consistently or frequently enough to provide a deterrent effect. Additionally, for some prisoners in the South of England prison, the 'benefit' of taking drugs to help deal with mental health issues and prison life, outweighed the 'cost' of getting caught.

Lack of information sharing, through poor communication and coordination, meant that even if support was available in theory, in practice this didn't materialise.

Consideration: More work is required to understand the ability of current staffing models to be able to conduct minimum service levels to effectively operationalise rMDT.

5. ISFL wings

This Section of the report presents findings by site on the ISFL wings located at the prison. It describes the operation of the ISFL; services and activities that are available to its residents; and the referral criteria for new recruits to the wing. It presents staff and prisoner views on benefits of and concerns around the wing; the types of prisoners who appear to benefit from participating in it; and identified barriers and challenges to the effective implementation of the wing. It presents findings on how the ISFL wings are perceived by prisoners in other parts of the prison. The Section concludes with a discussion of cross-cutting themes that have emerged from this analysis across the three prisons and considerations to improve the knowledge base and effective implementation of ISFLs.

5.1 North of England prison

5.1.1 Operation of the ISFL wing

The ISFL in this prison was opened as part of the prison's participation in the 10PP, was closed during COVID-19 and then reinstated in 2021. According to a staff member, a drug-free wing had already been set up in the prison previously, following an internal evaluation of prisoner needs. The resource that was allocated to creating an ISFL allowed them to add additional equipment and to redesign the space. It has around 60 residents and is the only House Block in the prison where all the men are out 'on association'³² and live in single occupancy cells. Staff on the wing were reported as coming from a range of backgrounds and have different levels of experience in the prison, from 12 months to 20 years of service. The substance misuse team are located in the wing, with their own office space. Staff reported that residents have a monthly forum in which they can feed back suggestions for the improvement of the wing to staff.

Staff interviewees reported that VDTs are conducted on residents twice a month, using swab tests; the timing of the tests for each resident is agreed between ISFL staff and the substance misuse team. VDTs are the responsibility of the area drug lead rather than

³² 'Association' refers to time prisoners spend out of cells.

internal prison staff who are responsible for rMDTs. Residents are given paper notifications when they reach a 'landmark' negative test result, such as their first on the wing. In the case of a positive test result, residents are offered a second chance to stay on the ISFL ('two strikes') and support from a substance misuse worker in the first instance. If a resident incurs a second positive result, they are excluded from the wing. There had been no positive test results for the previous four months.

Prisoners are either informed about the ISFL via the in-cell Connect TV service or via word of mouth from staff or other prisoners; prisoners can also be recommended to the wing by a member of staff. It appeared that some residents were unclear on the recruitment process for the ISFL.

Formal criteria for coming onto the ISFL wing include no adjudications for misbehaviour and having negative drug test results for the previous three months. Staff also reported that they review an individual's work history in the prison and their engagement with their sentence plan, as well as the prisoner's offence history. Staff noted that, while they receive many applications to join the wing, they are selective about who they accept and, beyond the formal criteria, base their decisions on whether they believe the prisoner would contribute to a 'settled' atmosphere in the ISFL.

5.1.2 Available services and activities

There is a strong emphasis on lived experience and peer-led group recovery sessions on the ISFL, including support provided by an external men's suicide prevention charity called Andy's Man Club. The wing also arranges for visits by guest speakers, for example a reformed drug dealer and a former professional footballer. A staff interviewee also reported that there have been more specialist services on offer, such as the charity 'Care After Combat'. This service provides support for veterans in prison, such as mentorship with volunteers who have military backgrounds and 'Wellbeing Activity packs', which include stamped envelopes to enable communication with family and others. However, during fieldwork observations, staff described visits from external organisations as infrequent and sporadic.

Participation in evening group activities such as peer-led support sessions are mandatory, even for those without a history of drug use. The requirement for attendance is written into

the compact that all ISFL residents must sign. ISFL residents are also allocated recovery mentors, who are fellow prisoners.

Gym equipment is available to men on the ISFL wing, and includes cardiovascular machines in the wing and static gym equipment in a dedicated exercise yard outside. Other reported benefits included computer games, bigger televisions, snooker, and access to outside space. This contrasts with other wings in the prison, which did not have these amenities and appeared under resourced. It was also reported by a prisoner interviewee that residents are given much more time out of their cells than other prisoners, although this time is not consistently allocated.

5.1.3 Perceived benefits of the ISFL from staff and residents

Staff and prisoners were generally positive about the operation of the ISFL and its impact on residents. One focus group participant described the wing as “about as good as you’re going to get” in prison and noted that he called it “Costa del [name of prison]”. One staff member stated:

Our ISFL has been open for 14 months and the atmosphere on there is fantastic. There has been no violence. There’s been no self-harm. There’s no bullying there... I’ve got nobody in adjudication. I’ve got people engaging in work. I’ve got people doing group work. I’ve got 60 lads on there all buying into what success looks like... If you didn’t realise you were in a jail, you wouldn’t know you were in a jail.

Almost all prisoner interviewees and focus group participants commented on the **calm, supportive atmosphere** on the wing; one noted that there is “nobody screaming football, there’s no swearing, no shouting, no fighting” and another stating that “we’re living stress free. Very relaxed, there’s no fights... no hard drug taking”. Prisoners additionally commented on the feeling of safety and noted that residents left their cell doors open while they were out during the day. **Extended time out of cells** was also reported to help facilitate a social atmosphere: one focus group participant noted that “we’re open an hour every night through the week, so you meet more people, you talk to more people”.

Several prisoners spoke highly of the **staff on the wing**, with one stating that “they’re calm, collected, if you’ve got a problem you can see them they’ll listen, they’ll talk”. Another commented “they always find time when we need them”.

In addition, residents spoke favourably about the **VDT regimen**, noting that support was offered in the case of a first positive test result. One prisoner interviewee added that residents had “a lot to lose” if they were excluded from the ISFL, referring to the less favourable conditions in the rest of the prison. A small number of prisoners also highlighted the **support groups** in which they participated, such as peer-led recovery groups, as beneficial, again stressing that the drivers of drug use must be addressed supportively to reduce this behaviour.

5.1.4 Types of prisoners who appear to benefit from the ISFL

While some staff interviewees commented that they were selective about the prisoners they recruited to join the wing, others noted that the impact of the wing could be transformational even for those they had considered to be the most difficult prisoners. One member of staff commented:

I’ve got some lads on there that five years ago were on my basic wing, and they were the most horrible people you’d ever come across... you had lads who [previously] would never go to work, they wouldn’t obey the rules. They were constantly using. And now they’re on there and I’ve not heard a peep out of them. They’re completely different people.

Perhaps reflecting the high proportion of residents on the wing who were not drug users, several residents expressed the view that the wing should welcome such recruits. Staff reported that these residents benefited from being on the ISFL wing, as did almost all other residents at different stages of their recovery journey. This indicates a tacit view in the prison that the ISFL is not primarily a wing to address drug use but rather a settled, supportive environment where residents may access help to support their needs – even those who do not relate to illicit drugs.

5.1.5 Barriers, challenges and concerns surrounding the operation of the ISFL

Despite many perceived benefits of the ISFL reported by study participants, a small number of concerns were also raised. Staff interviewees commented that more specialist **training** for working with those with a history of drug use or exposure to trauma should be provided to staff. Two staff interviewees described the personal impact that hearing stories from prisoners about abusive or neglectful childhood experiences had on them and expressed the desire for more tools for managing these conversations and for self-care. The need for more **employment-related and skills development courses** for the men was also raised by focus group participants.

One staff interviewee commented that in certain instances, staff on other wings will want to **keep well-behaved prisoners on their wing** and try to convince them to stay with incentives such as favoured jobs in the prison. This was reported to be because of the stabilising influence of these prisoners on wings that are otherwise unsettled and because they do not require as much staff attention as the more poorly behaved prisoners.

Two focus group participants also expressed **discomfort with the benefits** they had access to as residents on the wing, compared with prisoners in the non-ISFL wings. One commented: “prisoners getting this – it doesn’t sit right with me”, while another stated that he feels “embarrassed, like we’re grasses”, further highlighting the disparity of experience between those residing on the ISFL and those in other parts of the prison.

Lastly, there were concerns raised – by prisoners and staff alike – about the lack of support to **prepare for release from prison**. While this is not unique to the ISFL, some felt there was a missed opportunity for the men residing on the wing to access training that would enable them to look for suitable work in the community. There was also shared concern that they were not psychologically prepared for release. One prisoner spoke about how he felt his risk of reoffending was high as he had spent so many years in prison, and while he had material incentives on ISFL that enhanced his day-to-day quality of life, these would not benefit him when he was released. As noted above, prisoners spoke about how they felt relaxed, living without threat from others (compared with the other wings of the prison) and supported by peers, which suggests a culture of openness and good communication. It seems that for some residents on the ISFL this is an optimal time for

effective work on other aspects of their rehabilitation, which is not being fully recognised or utilised.

5.1.6 Perceptions of the ISFL from non-residents

Staff noted that at least some prisoners in other parts of the prison were **'jealous' and resentful** of ISFL resident privileges, leading to tension. As noted in Section 4, this reported ill feeling even went so far as to impact the data collection for this study.

This view was acknowledged by some ISFL resident interviewees, one of whom stated that other prisoners saw residents as "spoilt". Despite prisoners discussing these tensions, staff did not express concerns on this point. Indeed, two staff interviewees remarked that having the ISFL in the prison gave prisoners something to work towards, implying that the tension and resentment was not necessarily a bad thing. One of these interviewees added:

No matter what, in life someone is going to be jealous of something. They know the unit, it's just explaining how to get on here, play by the rules. Do good, don't get any adjudications, or whatever. And you'll go on the list to come on.

It was also reported that ISFL residents are viewed as cooperating with prison management in the eyes of other prisoners. This could result in some prisoners being pressured not to move onto the wing, even if they were given the chance to do so. One staff interviewee described an instance where a prisoner had turned down a place on the wing because:

The other lads... said to him that the only people that go on there are all the snitches and grasses, and things like that.

Clearly, in this instance, peer pressure acted as a barrier for this individual taking up the potentially beneficial position offered to him on the ISFL.

Two non-ISFL residents were also asked their views on the wing. One described it as "a good place to be" and spoke favourably about incentives such as table tennis, pool tables and new televisions. He stated that he was approached by prison staff to move to the ISFL but decided against it as he felt that his current job on his House Block was 'trusted' and 'important' and came with a single cell as a benefit. Another interviewee said that he had

applied to join the wing but had not been selected, which he attributed to his poor behaviour history in the prison from which he had been previously transferred. He said that he had “shown that he could behave” and had recently reapplied to join the ISFL. This supports the views of staff interviewees, described above, that the wing could provide an incentive for good behaviour by prisoners in other parts of the prison. He said that ISFL incentives such as single cells, increased gym access and televisions did not appeal to him. Rather, he said his relationships with the staff on the wing was the main draw.

5.2 Welsh prison

5.2.1 Operation of the ISFL wing

The ISFL wing in this prison was opened in February 2022. It is made up of 27 cells, all but two of which are double occupancy, with a maximum capacity of 52 residents. The primary shared space is a room with a few coffee tables and chairs, two fridges and basic cooking facilities for prisoners to use, two televisions and a pool table. In a separate small area, there is a dining table that is used to play cards, as a makeshift barber shop, and to do ironing. In a prisoner interview, it was stated that residents also have their own bathrooms and can wash their own clothes.

The prison officers on the wing were described by staff interviewees as among the most experienced in the prison, with most having between 20 to 30 years’ experience. However, it was noted that many of these officers were working part-time while preparing for retirement from the service. Funding for dedicated wing staff was described as ringfenced,³³ although there were some complaints from staff about being redeployed elsewhere in the prison when staffing shortages necessitated it. VDTs are conducted on residents at least twice a month, using swab tests. One staff interviewee confirmed that if a resident receives a negative result, they receive a paper confirmation.

A positive VDT result will typically result in exclusion from the wing, although if the prisoner volunteers that they have used an illicit substance the response may be more supportive and flexible. Similarly, two staff noted that while protocol dictates that a positive rMDT

³³ A guarantee that funds allocated for a particular purpose will not be spent on anything else

result would require the prisoner to be excluded from the ISFL, in practice there may be more flexibility in their approach. One staff interviewee commented:

Last month, we had two fellas who failed an MDT. One of them prior to the MDT came and saw staff and said, "I've messed up, this is what's happened, I've had a bad day, I've had a bad week, I've messed up and I need a bit of support". He's still on here. The other fella said nothing until we got the results... he's gone. So, if someone holds their hands up and says, "Look, I need the support", then we're inclined to support them.

This approach appears to be in contrast to the prison in the North of England, where they followed a more consistent 'two strikes' policy.

To join the wing, prisoners are required to meet several criteria. All residents must be employed in the prison or be participating in the 'Next Steps' programme that runs out of the wing. In addition, they must sign a 'compact' agreement before they join the wing, which requires commitment to good behaviour, including refraining from illicit drug use or trading, and participation in VDTs.³⁴ The recruitment process was described as somewhat informal. Multiple prisoners reported hearing about the ISFL wing from other prisoners or their probation officer, and then meeting up with ISFL staff for a conversation about joining the wing. As in the North of England prison, not all residents had a history of using drugs.

5.2.2 Available services and activities

According to staff and prisoner interviewees, the availability of support services and activities is substantially more extensive and more embedded in daily life than in other areas of prison. Indeed, the ISFL is partly based around the rolling delivery of an adaptation of the first three steps of the Twelve Steps programme which is termed 'Next Steps' and based on the Twelve Step principles of Alcoholics Anonymous and Narcotics Anonymous. This programme, which has not been formally evaluated, takes around four months to complete and is delivered by two men with lived experience of incarceration and substance use who are employed by an external community organisation.

³⁴ An example ISFL compact is included in Annex 1 of this Report.

Those participating in Next Steps engage in group work three days per week, with two sessions of around two hours each of those days. A staff member reported that approximately 20 per cent of the ISFL residents are actively participating in the programme at any given time. Another member of staff confirmed that there are plans to introduce a three-week restorative justice programme in the wing to be delivered by the probation interventions team. Staff members commented that residents are also assigned key workers, which prisoners in other wings are not reliably given, for support and advice.

The 'unlock' regime, in which prisoners are permitted to be on association outside their cells, is more generous than in other parts of the prison. Typically, it is between 07.30–12.00, 13.30–17.00 and 18.00–19.00. There are no dedicated recreation or exercise activities in or near the unit, apart from a largely unused ping pong table. There is a small exercise yard, and residents expressed a desire for gym equipment in it. Other than this yard, there are few opportunities for prisoners to be outside, which partly reflects the small site that the Welsh prison occupies on the edge of the city. Staff noted that there are also opportunities for socialising in the shared association space, for example by watching movies. While previously ISFL residents had more extensive access to the gym than non-ISFL residents, this had recently been reduced to the same amount as other areas of the prison.

5.2.3 Perceived benefits of the ISFL from staff and residents

Staff and prisoners alike were generally very positive about the impact of the wing on residents, with several residents describing the experience of being on the wing as transformative for their mental health and dealing with their drug use issues. One commented:

My mental health is brilliant, because I've got rid of all those problems I had that I was hiding away for all them years. Yeah, I've got so much out of it. I feel such a better person. I quite like myself now.

Several aspects of the wing were highlighted by residents as contributing to their improved wellbeing. Like the North of England prison, staff and prisoners commonly discussed the **positive relationships between staff and residents**, and a feeling that staff on the ISFL

were more experienced and supportive than in other areas of the prison. One resident commented:

The wing is brilliant. The staff are brilliant as well. On the upper wings, the staff, they don't even speak to you properly. You ask them to do something and they're like "f--- off". Whereas the officers on this wing, if you ask them to do something, they'll go out of their way and actually do it... The staff over here are old school. They've known us for years...they know how to speak to us and how to communicate and interact with prisoners. Whereas all these new, young screws and officers, they've got no respect, they don't care.

Staff interviewees noted that one of the benefits of positive relationships with residents was that mutual trust and respect facilitates good behaviour in residents.

As in the North of England prison, interviewees and focus group participants also commented on the calm, cohesive atmosphere on the ISFL, which was thought to be brought about by a shared sense of purpose about their personal goals. One staff interviewee remarked:

One of the reasons it works is because it's got aims and it's got direction for people on it... It would have to be more than just an enhanced wing, there would have to be some reason and goal while you're on it.

This view was seconded by a prisoner interviewee, who commented:

I feel a lot better because when I was on the other wings other people [would say] "Oh, do you do this [drug]? Do you do that?" I kind of self-isolated myself I don't want to be on drugs... And I used to sit in my cell a lot. Over here I feel a lot more freer, I can get up, walk about, talk to people, and not have other people... trying to sell you things [drugs].

Two residents also commented on the more extensive 'unlock regime' as a benefit to being on the wing, facilitating a supportive, social dynamic among residents.

Several residents were enthusiastic about the **support services** on offer in the wing. One focus group participant praised the Next Steps programme, and the individual counselling he went on to access, as helping him to open up for the first time about the traumatic exposure to family violence during his childhood. This participant noted that, because of his experiences, he had learned to express himself through violence. However, by engaging with the support services provided to him, he anticipated that he would be able to break out of patterns of behaviour that might otherwise lead him to return to prison. In particular, he described reflecting on the life paths of his peers in prison and wanting something different for his future:

It's changed my life, it has, since I've been on this course. It's given me a better realisation of the man who I was taking drugs and the man who I am now and... if I pick the tools now, what's going to happen to me when I'm older? Because all the boys are older than me and they've been in and out of jail, and some of them stayed in for a long time and then still on drugs, [and] back in jail. So for me now, this thing is the best thing that's ever happened to me.

5.2.4 Types of prisoners who appear to benefit from the ISFL

Several staff expressed the view that the wing should not be selective in recruiting residents and that all prisoners deserved a chance to benefit from it. One staff interviewee, commented:

I'm not bothered about who comes over here. A prisoner is a prisoner. Everybody deserves a chance. There are some people on here who, five years ago, you'd have said there's no way in a million years would they last in a regime like that, and they've flourished.

Several ISFL residents also commented on the types of prisoners who benefit from being on the ISFL and stressed the importance of being **motivated to accept help and address their behaviour**. One stated "The thing is you've got to be willing to help yourself. You've got to be willing to talk about your problems".

5.2.5 Barriers, challenges and concerns surrounding the operation of the ISFL

Several staff interviewees commented on the impact of staff shortages and **redeployment of dedicated ISFL staff** to other areas of the prison. One interviewee stated:

We've got ringfenced money and they've taken the ringfenced money... it's frustrating when you're trying to achieve something and it seems as if you're the first port of call all the time.

One staff interviewee expressed the view that, rather than residents being incentivised to good behaviour with consistent staffing, they were instead being inadvertently penalised by staff being redeployed elsewhere, and the subsequent lock up this caused:

... [O]ne of our problems with the staffing [is] we seem to be the first port of call [when there are shortages elsewhere in the prison]. And that has a direct knock-on effect.... the whole [ISFL] wing gets affected because we've banged everybody up. It seems unfair that... the first opportunity [the prison] get, they take a member of staff off and we lock them up in their cells.

Another staff interviewee also noted that they were struggling to recruit residents to the wing and complained about the **lack of communication and support** from other parts of the prison to ensure that staff and prisoners were aware of the wing and how to be selected to join. Poor communication between the ISFL, the substance misuse team and the offender management unit was also acknowledged by staff as impacting negatively on the operation of the wing, for example in relation to sharing information about residents.

Staff interviewees also pointed to the **relatively brief periods in which prisoners reside in the Welsh prison**, either because they are on remand or are serving short sentences, as impacting on residents' opportunity to access or fully benefit from the ISFL. One interviewee commented:

I'm sure there are prisoners who would wish to make their way to this wing in time. But the profile of the prison is such that a number of gentlemen here will be ineligible because their sentence wouldn't be sufficiently long or they're on remand or whatever.

One prisoner interviewee expressed some concern that the **Next Steps programme was abbreviated**. As in the North of England prison, they suggested that the programme encouraged participants to open up about traumatic experiences and behaviours over a relatively short space of time, without ensuring that support remained in place in the longer-term as they sought to process them. This further highlights the complex issues that drug users in prison need support with, beyond abstaining. As several prisoners reflected, the issues that led people to use drugs need to be addressed to maintain an effective recovery.

5.2.6 Perceptions of the ISFL from non-residents

While no prisoners without experience of living on the ISFL participated in this study, there appeared to be consensus among staff and prisoners interviewed that there was some ill feeling among prisoners on other wings about the ISFL wing. One prisoner interviewee expressed the view that: “People think we have it easy over there. We don’t. We’ve got as much or more rules to comply with than they have”. One focus group participant described the negativity towards the ISFL from non-residents, adding that: “It’s because they know they need to surrender, they’re not ready to say they’ve got a problem. Their mask is still on”.

5.3 South of England prison

5.3.1 Operation of the ISFL wing

The ISFL wing in this prison was opened in March 2021. It currently occupies a narrow corridor on one of the prison wings and has 19 residents. One staff member reported that this number includes two ‘lodgers’ who are not participating in the ISFL but rather have been placed on the wing by prison management due to lack of space elsewhere in the prison or removal from another wing because of behavioural issues. There is an association room for socialising, although it was reported by a prisoner that this space is used for other purposes such as adjudications. There are no cooking facilities on the wing beyond a microwave and toaster, although this has been requested by residents. During fieldwork observations, one staff member reported that “there are things we definitely don’t adhere to on the ISFL policy”, and another acknowledged that the wing was not currently functioning properly. There was also some confusion among staff interviewees about the

ownership of the ISFL. This was partly because a previous iteration of the wing was opened by the Forward Trust, a charity that works with people with drug and alcohol dependency, without the involvement of the prison drug strategy leads.

Women on the wing are tested for illicit drug use twice a month, using swabs rather than urine tests, and receive a paper notification of a negative result. Staff interviewees stressed that a non-punitive approach is taken to positive test results and in those cases the woman is typically referred to the Forward Trust. One staff interviewee reported:

I think you've got to look at the whole, is this just a one-off blip, have there been other circumstances, has there been a difficult therapy session which may have led them to use?... you have to look at the wider picture of each individual.

A new drug strategy lead has selected eight officers to work on the ISFL and is consulting with the women residing on the wing on how it should operate. There were plans to relocate the ISFL to a new space and launch it fully in September 2023.

According to a staff member, the referral criteria for a prisoner to join the wing requires that she has **standard or enhanced status** (privilege levels given to prisoners who have demonstrated good behaviour in the prison); that she has **not received an adjudication for the previous three months**; and that she can provide a **negative drug test result**. There was some confusion among staff interviewees about whether ISFL residents are required to engage with the Forward Trust as part of their engagement with the wing. Residents in the focus groups discussed that, in practice, there is no such expectation. A staff member confirmed that residents are also not required to be in education or work.

However, a member of staff noted that there is currently no liaison officer in place to facilitate placements on the wing, and the process by which a prisoner is referred to the wing was described by staff and residents as informal and somewhat *ad hoc*. Furthermore, as noted above, the ISFL will on occasion be informed by the prison's security staff that they must accept a new resident, who does not meet the criteria, because she cannot be placed elsewhere in the prison. This was reported by women on the ISFL and prison staff to be disruptive to the environment on the wing.

Like the North of England and Welsh prisons, ISFL residents do not need to have a history of illicit drug use to be accepted onto the wing.

Prisoners must sign a compact in order to join the ISFL, acknowledging expectations of their engagement with the wing, and setting out behaviours that may result in their expulsion from the wing, including bullying, drug-taking or violence (the South of England prison ISFL wing compact is included in Annex 1 of this report). One staff interviewee noted that the compact they are currently using comes from male prisons, and they are engaging in a consultation process with ISFL staff and residents to understand if and how it could be adapted to be more appropriate for the prison's female ISFL residents. Results from this consultation so far revealed that ensuring a sense of safety on the wing should be prioritised in the female compact.

Staff interviewees stated that in cases where a resident has broken the terms of the compact, exclusion from the wing is a last resort – a more accommodating approach than was reported in the North of England and Welsh prisons. Some staff interviewees described this as motivated by compassion for women in a very vulnerable situation. One staff interviewee commented:

Think about what they've been through, it's not a normal environment. You're locked away, away from your house. People are going to lose their temper and they could be abusive.... Sometimes it's the only way they know how to react...you get some saying "I either punch a member of staff or I self-harm. I have no other coping mechanisms".

This interviewee described the most recent exclusion from the wing. The quote below illustrates how multiple other avenues are pursued before a woman is excluded from the ISFL wing:

She was incredibly abusive to staff ... actually threatening to slap staff, screaming and shouting – she was warned, put on basic. Spoken to about it. And then, it got really bad. So [she] had adjudication and was found guilty. Again, another adjudication. [Only then] we thought it's best for the whole wing when she's removed.

5.3.2 Available services and activities

Notably, and in contrast to the North of England and Welsh prisons, there were **no distinct services** offered on the ISFL in the South of England prison. For example, The Forward Trust provides support and advice to women on the ISFL and the other wings of the prison. In addition, Twelve Step programmes, providing mutual aid support for individuals who have struggled with addiction, were offered throughout the prison, including on the ISFL. Indeed, the mental health and substance misuse offer across the prison was considered by staff and prisoner interviewees alike to be comprehensive, including a Psychologically Informed Planned Environment (predominantly for women with a recognised personality disorder) and Therapeutic Community for women with 18 months to 3 years left of their sentence. As a result of the availability of these support services, staff reported that the ISFL had struggled to find its identity and unique selling point to appeal to women in the prison.

While the physical education manager at the prison was enthusiastic about promoting physical activity among the women, and there were unused green spaces between wings that could be used for outdoor recreation, there appeared to be minimal coordinated efforts to achieve this. The women on the ISFL had a dedicated gym session to themselves, although among study participants there appeared to be minimal take up of this offer. This reflects comments by a staff interviewee about national trends for women in prison to be the least active population, as well as the unsuitability of exercise equipment for women's preferences. This staff member noted a general issue across the prison of being allocated equipment such as gym weights or pool tables that are well used on male estates but generally unpopular with women, suggesting more could be done by the prison to encourage women in the wing to engage in physical activity.

They also noted that there are currently **minimal other activities** on offer to ISFL residents except for a monthly breakfast; there are plans to introduce game nights and other social activities and new services such as acupuncture. The staff member confirmed that residents on the wing are not given additional time out of their cells compared with other prisoners. The overall impact of this was that, at the time of the visit, the ISFL wing was **generally considered to be no more desirable to residents than other wings**, including the general population wings.

5.3.3 Perceived benefits of the ISFL from staff and residents

Staff and prisoner study participants were generally frank about the lack of incentives for women on the ISFL wing; this is in contrast to the North of England and Welsh prisons, where the benefits of the ISFLs were much clearer to staff and prisoner interviewees. Importantly, the South of England prison has other ‘specialist’ wings including the Psychologically Informed Planned Environments (PIPE) and Therapeutic Community (TC) that offered incentives, and the ISFL was seen as less attractive to prisoners by comparison.³⁵ However, a small number of positive aspects were noted. Firstly, prisoners and staff were generally enthusiastic about the **support services** on offer, especially the ‘Stepping Stones’ and ‘Footsteps’ programmes. One focus group participant stated:

It encourages you and teaches you to go deep. It’s a very deep programme but you’ve got to really want it to be able to do it. I’m so glad that I’m on it, I look forward to coming to it. I might cry and leave but I like doing it, yeah.

However, it should be noted that these services are not unique to the ISFL but rather are offered throughout the prison.

One staff interviewee and several prisoners pointed to the **monthly breakfasts** as highlights of being on the wing. One focus group participant commented:

I mean, I love our breakfasts once a month, I absolutely love it and it’s a lovely treat. They really do supply with a lot of different brands, you have a lot of different things and we’re able to make a lot of stuff, aren’t we?

However, focus group participants noted that these breakfasts clash with Footsteps meetings for some of the residents, meaning that they miss participating in the activity.

Some prisoners also spoke positively about the **VDT programme** on the wing, with three commenting that proof of negative drug test results was beneficial for their parole hearings. One focus group participant noted that she preferred the swab tests used for VDTs, compared with the urine tests for rMDTs. In particular, she highlighted that the

³⁵ Please see glossary for further information on PIPE and TC.

process for providing a swab sample was more hygienic and allowed greater privacy for the women, and suggested that it was more difficult to provide a fraudulent sample:

I like the drug testing. I prefer the way they do the drug tests now because before when it was urine tests, it was just a bit icky to be honest, wasn't it? Because they're random and because they came to our door, that was awful. And one thing about the way they do it now is I think that it would be a massive deterrent to anyone who wanted to use drugs because with the urine ones, there was ways of getting away with it.

5.3.4 Types of prisoners who appear to benefit from the ISFL

There were a range of views shared by study participants on the prisoners who benefit most from being on the wing. Two prisoner interviewees and one focus group participant focused on the **motivation to change and improve oneself**.

It is the girls who actually want to get clean and be in recovery...engaging in recovery courses, go to their appointments. With Forward [Trust], have a community where they're all in the same boat and they're all supporting each other.

One staff interviewee felt that having **women on the wing with no history of drug use** was beneficial, as they could offer support to those who were in recovery. However, a small number of prisoners were somewhat ambivalent about the presence of these women on the wing, with one interviewee commenting:

You've got some ladies who's never taken drugs, who just want to be in an environment where they're not putting up with [that]. I think if this wing is to be purely people who are drug free, and then maybe the other landing, [should] be [for] people who don't do drugs, don't want to be around people [who do].

There were also divergent views on **where residents should ideally be in their recovery journey**. While some residents thought that the wing should be for people who had been in drug recovery for a long time, some staff members disagreed. As one staff interviewee suggested:

I think they may benefit from it early in their transition purely because if you have mentors, and we have people that have been there and they're now at the end of that period – you can see then that someone else can do it.

5.3.5 Barriers, challenges and concerns surrounding operation of the ISFL

Both staff and prisoners highlighted **the poor physical condition and inappropriate physical space** of the wing as a fundamental challenge to its operation. Relative to other wings in the South of England prison, the ISFL landing is extremely narrow, with low ceilings. It is one continuous corridor compared with other wings where there is more of a central association area with cells surrounding it. When visiting the landing, fieldworkers reported that it felt claustrophobic and more aligned with a care and confinement unit rather than a place that women might choose to move to. Prisoners on the wing described the association area as 'dull', 'dirty, filthy and grimy'. Both staff and prisoners described the negative affect this confined, gloomy space had on wellbeing and the ability of the prisoners to socialise and take part in activities.

Staff interviewees commented on issues around **staffing** of the ISFL which were also linked to comparisons about the operation of other specialist wings. They noted that those wings have their own dedicated staff, whereas the ISFL has not had consistent staffing. One staff interviewee described this as contributing to behaviour issues on the wing, commenting: "when there's non-ISFL officers on the wing, that's when you see the negative behaviour come out because they're like 'You're not an ISFL officer, I don't want to listen to you'". Another staff interviewee, commenting on discussions with the prison governor about the need for dedicated staff on the ISFL, noted:

[I]t's difficult to take them away from the main residence staff. So, what I've been granted is that I've got my own staff. When they're in, they'll work there. However, if they are needed operationally somewhere else, then they will be used there...
The reasoning behind me wanting our own staff is number one for consistency [as that is] the thing that every member of staff and every prisoner will ask for.

Staff and prisoners also had concerns about the **inconsistent application of referral criteria and the informal recruitment process** for new residents. One prisoner interviewee, recalling her recruitment experience, reported:

It wasn't really described to me in any way. It was just they drug tested me, and they said, "you're going on the ISFL, it's a drug free landing..." I wasn't doing anything on that wing anyway, but I thought, well, it would be a different atmosphere. But there's more girls on there that take drugs [on the ISFL] than do it on [the normal wing].

Another prisoner, who did not want to be moved onto the ISFL, described physically fighting against prison staff who were relocating her and "getting bent up and dragged here". The presence of lodgers such as this interviewee, or women otherwise disengaged from the wing, was described as disruptive and counterproductive to the goals of the ISFL by several staff and prisoner interviewees. One prisoner interviewee commented:

It's meant to be a drug-free landing...we need Forward Trust staff to have an office on here and have more control over who they let in and who gets kicked off, instead of the officers letting any old person on here who aren't here for the right reasons...They need more control over their wing that's meant to be for recovery.

Even beyond the presence of the lodgers, ISFL residents described **aggressive and anti-social behaviour** as common, uncontrolled, and contributing to a lack of cohesion among the women. One resident complained that substance misuse staff were not located on the wing and faulted ISFL staff for failing to deal with poor behaviour effectively or proactively:

It needs to be tougher as well... If you're loud, you get away with stuff. If you're quiet, you're overlooked.

Other prisoners also described **illicit drug use** on the ISFL and the negative impact it had on other women:

You've got people on here who obviously aren't drug-free – whether it's prescription meds or whatever they can get their hands on. Which is a shame for people who do want to make a difference, like people on [support service] Footsteps and who are doing groups and who actually want to be in that community of drug-free. It's very hard when you've got people walking around and they're high as a kite, and you can tell.

One focus group participant, who had been on the ISFL before relocating, also complained about the **presence of prisoners with histories of sexual offences** on the wing, particularly given the goal of the ISFL to be a therapeutic space for residents to receive support for their mental health and drug use issues:

I'm sorry, but as someone who has suffered trauma, as a lot of us have, with abuse, sexual abuse and that – I'm on a drug free landing where I'm trying to live clean and [...] What? That's going to make me use more and that's why my actions become aggressive to them.

5.3.6 Perceptions of the ISFL from non-residents

One staff interviewee commented that the ISFL wing had had a 'bad rep' among the prisoners in other wings. This was confirmed through data from a focus group that comprised non-ISFL residents and contrasts with perceptions in the North of England and Welsh prisons of the desirability of being on an ISFL. Prisoners in the South of England prison noted the **lack of cohesion** among ISFL residents and the **lack of incentives** to join it, both of which had been highlighted by interviewees in the men's prisons as key aspects of the wing's appeal. One participant stated:

It don't feel any different to a normal wing. It's nothing special. There ain't no differences or perks to being on there. I mean the only perk is really your VDT certificate every month. But in my experience in other jails, ISFL wings were a lot more to it than what we've got here.

Other participants compared the ISFL unfavourably with other specialist wings within the South of England prison which they described as having more support staff and better atmosphere. Two interviewees also described the **lack of activities and structure** as harmful to residents. One stated:

There is absolutely no incentive to go in there...It's boring, and if people aren't relapsing, they probably will soon because there's nowhere to go, nothing to do... As an ex-user, you need to have structure in recovery, otherwise it just doesn't work.

Participants also described the wing as ‘depressing’ and noted that some residents stay in bed during the day.

5.4 Reflections and considerations

Overall, there were mixed perceptions about the value of ISFL across the whole prison population. In the North of England and Welsh prisons, staff and prisoners were generally positive about the operation of the ISFL and attributed this to a calm atmosphere, positive and supportive relationships with staff and other prisoners, extended time out of cells and additional support services to help prisoners address their mental health needs. At the South of England, the ISFL was struggling to differentiate itself from other wings which staff and prisoners attributed to a lack of incentives. ISFLs were described by both staff and prisoners as having ‘a bad rep’ and creating ‘ill feeling’ among prisoners on other wings which was put down to jealousy and resentment about the additional privileges and a perception that prisoners on ISFLs were colluding with management.

Reflection One: ISFL referral processes differed significantly in implementation across the three prisons.

While the ISFL wings have all been in operation for similar (relatively brief) periods of time, they were clearly at different stages of development and were operating differently. All three wings used some form of **referral criteria** for recruiting participants. However, how referral worked in practice seemed *ad hoc*, informal and varied significantly from site to site. The process for getting onto the wing was also unclear to many prisoners.

Previous research evaluating the drug recovery wings (Lloyd et al., 2017) and ISFLs (EP:IC Consultants, 2019) in English and Welsh prisons also stated the presence of lodgers (as was the case in the South of England prison) were detrimental to the function of the wing.

Consideration: Clear and transparent referral processes for the recruitment of new residents to the ISFL should be established and implemented consistently. This would

reduce bias in selection, provide clarity to prisoners who want to move to the wing and support good behaviour that would help ensure their eligibility to join it.

Reflection Two: Approaches to dealing with positive drug test results from ISFL residents also differed across the sites.

In the North of England prison, a ‘two strikes’ approach to excluding prisoners from the wing appeared to be implemented consistently, while in the Welsh prison there was more flexibility for prisoners who volunteered that they had used drugs. In the South of England prison no such penalty was applied. According to ISFL guidance, a first positive VDT result will lead to a referral to the substance misuse team and a review of their eligibility to remain on the ISFL, with a case conference recommitment meeting. If a resident receives a second positive result within a six-month period, they are given increased support from the substance misuse team and a second case conference, which may result in their exclusion from the ISFL.

Consideration: ISFLs should implement a transparent and consistent approach to dealing with positive drug test results in order to provide clarity to residents and model good boundaries. In addition, further research could explore the effectiveness of different approaches to dealing with positive tests in ISFLs on residents’ recovery journey.

Reflection Three: Talking therapies and constructive activities were important in supporting recovery.

The peer-led component of therapies and the opportunities to build supportive relationships with other residents through additional time out of cells and in shared spaces was felt to be most effective in helping prisoners to understand the drivers of their drug use and how to address their mental health needs. These benefits were for the most part not available in the South of England prison’s ISFL wing at the time of fieldwork; indeed, it was noted that other wings in the prison had a more comprehensive offer for prisoners with drug use and/or mental health issues and a more therapeutic, communal environment.

Consideration: With the expansion of ISFL wings across England and Wales currently underway, rollout in each site should be informed by analysis of the inputs required to

provide services that prisoners need to support their recovery; services already available to individuals in the prison; and the general infrastructure and attitude around recovery among staff and prisoners.

Reflection Four: Creating a stable, safe environment and providing activities tailored to the needs of the population were important in supporting recovery.

Many interviewees believed that an ISFL should primarily be a settled supportive environment where prisoners can access help to support their needs, and that a mix of prisoners, with and without drug use, was beneficial in creating this environment. The environment at the South of England prison was described as 'disruptive' as it included two prisoners who had not chosen to be on an ISFL and other wings were described as offering a more therapeutic, communal environment.

At this prison, staff also reported that the incentives on offer were typically more popular in a male, rather than female, prison (e.g. gym weights or pool tables). In addition, previous research has reported differences between male and female prisoners with regard to drug use and mental health more broadly (Light et al., 2013; Lloyd et al., 2017; Tyler et al., 2019). As the types of drugs consumed, reasons for drug consumption, and mental health or other needs vary by sex, it is perhaps a key requirement of ISFLs to be tailored to sex.

Consideration: HMPPS should develop sex-specific guidance on the design and implementation of ISFLs, informed by evidence on the needs of women who use drugs in prison. Prison management should also ensure that the physical environment of the ISFL more generally is supportive of residents' mental health, including clean shared spaces, access to outside areas and properly maintained facilities.

Reflection Five: Interviewees across the sites also commented on the importance of positive relationships between prisoners and experienced staff who work consistently on the wing.

The strength of these relationships was felt to be particularly important given the expectations that residents will be open to sharing their life experiences and asking for support. The support and commitment of the staff on the ISFL wing is a key cornerstone of

the culture change that the ISFL model aims to achieve, and it is widely reported as a key factor to the success of an ISFL (EP:IC Consultants, 2019; HMPPS, 2020). In this regard, the North of England and Welsh prisons can be seen as model examples of the types of positive staff-prisoner relationships we hope to see within ISFLs.

Consideration: ISFLs should be consistently staffed by experienced, appropriately trained staff who are committed to the ISFL ethos. Furthermore, forums should be established across prisons with ISFLs and HMPPS to share learning and examples of good practice that could inform staff training programmes.

Reflection Six: Lessons from the North of England and Welsh prisons point to some unintended negative consequences that must be managed.

Managing ill feelings from prisoners in other areas of the prison about the benefits that ISFL residents receive may be a challenge for prisons with these wings. The risks of creating or increasing disparities in prison experiences for those who engage with the prison in relation to their drug use, compared to those who are struggling with addiction issues in other areas of the prison, has also been explored in the literature (see, for example, Duke, 2003). Furthermore, staff and residents may not be well equipped and supported to deal with the traumatic experiences of prisoners that they are exposed to on the ISFL.

Consideration: Understanding of the attitudes towards ISFL wings from non-residents should be improved by prison management and policymakers, to then inform policies and processes that mitigate against the risk of negative unintended consequences in the prison. Clear referral criteria may also be supportive of minimising harmful feelings of resentment. Furthermore, ISFL staff should be appropriately trained in self-care and provided with the resources they need to signpost residents to skilled counselling staff where required.

6. Conclusion

This study explored the implementation of drug testing regimens and ISFL wings in three prisons in England and Wales.

In relation to the drug testing regimens, the study found that the three prisons typically reached their monthly testing targets. However, issues were raised by staff and prisoners about the effectiveness of the regimens in accurately identifying drug misuse. There was also a widespread view that sanctions were ineffective in deterring drug use, and that prisoners who received positive test results were not consistently (or at all) offered appropriate support to address the needs and behaviours driving their drug use. In the women's prison, the process of providing a urine sample was experienced by some prisoners as degrading and this negatively influenced their perceptions of testing fairness.

In relation to the ISFLs, there were broad similarities between the two men's prisons in the operation of the wings. These included the incentives on offer and how the wings were experienced by staff and residents as cohesive, therapeutic environments. Peer-led support, whether through more formal activities such as group sessions or informal opportunities to socialise, facilitated by more time out of cells and shared physical spaces, was valued by residents and felt to be supportive of their recovery. Caring, mutually respectful relationships between residents and wing staff was also highlighted as a benefit and an incentive to join the wings. However, the ISFL at the South of England prison was not functioning according to HMPPS guidance at the time of fieldwork, with a poor physical and social environment and few incentives on offer compared with other parts of the prison.

While this report analysed drug testing regimens and ISFLs separately, some unifying themes can be found.

Firstly, the challenge of accurately identifying drug misuse, including detecting the misuse of prescription medication, is a potential concern for both rMDTs administered to the general population, and VDTs as administered on ISFLs.

Given the reported levels of prescription drug misuse across the prisons, there is a need to review drug testing processes so that they can effectively track all types of drug misuse, including distinguishing between the abuse of prescription medication and its legitimate usage. Such a change will enable prisons to correctly monitor drug misuse among the prison population. It will also assist in detecting to some extent if prisoners on ISFLs are managing to abstain from drugs, as well as ensuring they are receiving the support they need for any potential prescription drug misuse issues.

Mechanisms by which recovery could be supported and drug misuse reduced were discussed by staff and prisoners in both the drug testing and ISFL research.

Many prisoner interviewees, whether in the general prison population or residing on ISFLs, valued receiving paper confirmation of a negative drug test result.

Opinions on the most effective forms of support for prisoners who are using drugs were also shared across staff and prisoners in the ISFL and other parts of the prisons. This included positive relationships with experienced staff who were appropriately trained to support vulnerable individuals and consistently allocated to work on specific wings. Similarly, peer-led support and a sense of community among prisoners was also perceived to be conducive to supporting recovery and reducing drug misuse.

Finally, prisoners from both the ISFLs and other parts of the prisons agreed that punitive responses to drug misuse rarely acted as a deterrent. Instead, punitive responses could often make the issue worse.

All of the above indicates that, to help individuals become drug free, prisons should adopt a supportive, rather than punitive approach, which addresses the root causes of drug misuse while celebrating successes in recovery.

Issues with staffing and communication acted as barriers to the effective implementation of both the drug testing regimens and the ISFLs.

Across the prison sites studied, short staffing and issues with management communication and coordination impacted negatively on the operation of drug testing regimens and ISFLs. These issues not only affected staff's ability to deliver the regimens as intended, but they

also hindered prisons in offering the appropriate support to individuals struggling with drug misuse and recovery. Ensuring that prisons are appropriately staffed, and that effective communication processes are in place across prison management, is essential to tackle drug misuse and deliver the support prisoners need. The importance of such a 'whole system' approach to dealing with drug use in prisons was also highlighted in HMPPS's 2019 'Prison Drugs Strategy' as well as the UK Government's 10-year drug strategy 'From Harm to Hope.'

Some challenges were unique to each prison's drug testing regimen or ISFL, demonstrating some of the complexity of implementing consistent protocols to different prison populations in different settings.

Key differences that affected delivery of the regimens and wings included sentence length (which can vary substantially between category B/remand prisons and other estates) and sex. Challenges arose when policies designed for the needs or preferences of male prisoners were delivered to women, or when prisoners on shorter sentences were unable to access support that those on longer sentences could benefit from. This suggests the need for drug policies to be more appropriately tailored to specific prison populations.

Learning from this research has been fed back to teams involved with operations and drug policy. It has been a key input in developing the Theory of Change for ISFLs and has informed the research questions and randomisation approach as part of further research into ISFLs' impact and implementation. Finally, the research has informed the research questions for an additional broader piece of research on mandatory drug testing. This will aim to understand the ability of current staffing models to be able to conduct minimum service levels to effectively operationalise drug testing regimens following the Covid-19 pandemic.

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Annex 1

Welsh Prison ISFL Standards Compact

G Wing & Next Step Programme Compact

Overview

G wing is primarily an accommodation area which operates on the basis that all occupants comply with the community and enabling environment required for the successful functioning of the unit.

All occupants of G wing are required to agree and sign the standards compact. You are required to follow these standards whilst living on the unit. Failure to do so will result in a review of their suitability to remain on the unit.

This is inclusive to all residents of the unit.

G wing Standards and Conditions

- All staff and occupants are to be treated with respect and dignity
- There will be no vaping on the landing
- Appropriate & Relevant PPE will be worn correctly, and social distancing observed whilst out on the landing.
- Correct footwear & clothing to be worn out on the landing at all times even when going to use the showers
- Once returned from work, all workers are to change out of dirty work wear and are not to collect food whilst in work gear.
- No kit is to be damaged; this includes bedding and clothing.
- All cells will be issued with the correct and appropriate contents, any surplus or additional kit will be removed if it has not been authorised
- All cells are to remain graffiti free, any pictures displayed are not to be offensive or explicit in any way
- Everyone on the landing is responsible for the cleanliness of the landing and the facilities, if not upheld these facilities Will Be Reviewed.

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- If using the additional kitchen facilities then you are responsible for cleaning it, if not upheld these facilities Will Be Reviewed
- When required you will have to participate in the Voluntary Drugs testing programs.
- Failure or refusal WILL result in a review of your status to remain on G-wing.
- Participation in the Next step programme will require dedication and commitment, any additional support you will be provided by staff.
- Options will be available if you wish to have more regular VDT Testing at your request.
- An open and honest approach is required from all parties to build a community type living on the unit.
- In addition to the above if moving onto G-wing for the purpose of the 12 steps program you will be expected to reduce controlled medications as a way of progression with the support of healthcare and program facilitators

I declare that I have read or had explained to me all the conditions set out in the above compact. I understand that failure to follow the community rules may result in my relocation back to general location and disciplinary action being taken.

Prisoner Name: Number :

Signature : Date :

Staff Name :Staff Signature

Date:

Annex 2

Research Questions

There were eight research questions pertaining to drug testing regimens and seven pertaining to ISFL wings.

Research questions 1-8 pertain to drug testing regimens:

1. How are the two mandatory drug testing regimens (random and suspicion) carried out? Do mandatory regimens follow protocol, and if not, in what ways for what reasons?
2. What drugs are most commonly misused in the prisons?
3. How fair and effective are the drug testing regimens perceived to be by staff and prisoners?
4. What proportion of prisoners identified took up support offered after a positive test?
5. What proportion of prisoners were able to access support? How long did they wait to access support?
6. How effective did prisoners and staff perceive the support prisoners received to be?
7. How fair and effective did prisoners and staff perceive sanctions following positive tests to be?
8. What are the key barriers/challenges of implementing drug testing from the perspectives of staff and prisoners?

Research questions 9-15 pertain to ISFL wings:

9. What are the key characteristics of the operation of the ISFL?
10. What are the key referral criteria to ISFLs?

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11. What are the key similarities and differences between the ISFL wings across the three sites?
12. What are the perceived benefits and concerns from the perspective of prisoners and staff on the ISFL wing? Do these differ between the three prisons and in particular between the female prison and the male prisons?
13. What aspects of ISFL wings or types of support within ISFL wings have helped or hindered prisoners? Do these differ between the three prisons and in particular between the female and male prisons?
14. What are the perceived benefits and concerns from the perspective of prisoners and staff who are in different areas of the prisons? Do these differ between the three prisons and in particular between the female prison and the male prisons?
15. Are there differences in the types of prisoners who appear to benefit from ISFLs? Do these differ between the three prisons and in particular between the female prison and the male prisons?

Annex 3

Data collection materials

Prison staff interview guide

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Individual Staff Interviews – Interview Protocol (45 min.)

Introduction to study: RAND Europe is a not-for-profit organisation conducting independent research to inform policy making by government. RAND has been asked to carry out an evaluation of two programmes on behalf of the Ministry of Justice: the drug testing regimens trial, and the Incentivised Substance Free Living (ISFL) wings. This study aims to fill important gaps in our understanding of the implementation of these programmes, which could lead to better implementation in the future.

During this part of the study, RAND will conduct interviews and focus groups with prison staff and prisoners in three UK prisons to better understand their experiences with drug testing regimens and ISFLs. We would like to ask you questions about either the prison's drug testing regimens, and/or the ISFL wings, depending on what you have experience with. This includes questions on how the programmes work, your views on their potential benefits or challenges, the different types of support they provide, and their outcomes.

Privacy and consent: Have you had a chance to review the privacy notice?

If yes: Were any aspects unclear?

If not: I would like to briefly mention that:

Your participation in this interview is voluntary and you can withdraw your participation at any time, including after the interview.

This interview is confidential. The only time we would need to officially report anything to the relevant authority is if we hear about:

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1. something that could hurt you or someone else
2. a breach of prison security, for example if you told us how and when drugs are coming into the prison
3. an offence that a prisoner hasn't been convicted of, and
4. if you name someone who has supplied drugs to the prison.

You can speak about drug consumption in prisons generally, including in the ISFL, as we don't need to officially report that.

Information provided in the interviews will be included in reports which may be published and available to the public. The reports will bring together information from all study participants, and it will not be possible to identify any individual who participated in the study. We may also potentially use direct quotes from interviews, but this will only be reported anonymously.

We would like to audio-record this interview to make sure we have not missed anything in the notes. This recording will not be shared with others and will be deleted once the notes are developed. May we ask your permission to do this?

Background

1. Please could you start by briefly describing your current role and how long you've held it?
2. What have you observed about drug use in this prison – how common it is, what types of drugs people are using etc.?
3. In your experience, what is the impact of drug use on the operation of the prison?
4. In your experience, what is the impact of drug use on the wellbeing of prisoners?
On the wellbeing of prison staff
5. Has COVID-19 impacted on the operation of the prison and on prisoner wellbeing?
If so, in what ways? Has it impacted on drug use in this prison?

6. We are particularly interested in learning more about the use of incentivised substance-free living wings (ISFLs) as well as different types of drug testing regimes in your prison. Do you have experience with both? (*if only one, skip questions for the other*)

Staff's perception of effectiveness of drug testing regimens

Explanation: We would like to ask you about how drug testing regimens works in practice in the prison where you work and what you think are some of the challenges as well as potential benefits.

1. Can you describe the drug testing regimens operating in your prison?
 - a. What is a typical procedure for [whichever testing regimen was named]?
Prompt: (e.g. type, frequency etc.)
 - b. Follow up if they mention suspicion-based testing: what is the suspicion based on?
 - c. Does testing in your prison currently take place as planned, in terms of type, frequency, rationale for testing etc.? If not, why not?
 - d. Does the prison meet set targets for mandatory testing?
 - i. If not, why not?
 - ii. If so, what are the facilitators and barriers to meeting mandatory testing targets?
2. Does the purpose of the different regimens differ, and if so, how?
 - a. Do you think the regimens serve this purpose(s)? Why/why not
3. In your experience, how effective overall is [whichever testing regime was named] for *identifying* people who use drugs?
 - a. Why do you think it is effective/ineffective?

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4. How effective overall is [whichever testing regime was named] for *detering* drug use?
 - a. Why do you think it is effective/ineffective?
5. Is there a policy or standard practice in place in terms of actions following a positive test result? If so, could you describe it?
 - a. If support is offered to prisoners following a positive test result:
 - i. Could you describe the services that are available to support prisoners?
 - ii. Are prisoners taking up the offered support? If so/not, why?
 - iii. Are prisoners able to access the offered support? If so/not, why?
 - iv. Do you think these services are effective in supporting prisoners not to use drugs?
 - b. If sanctions are given following a positive test result:
 - i. Could you describe the sanctions that may be given to prisoners?
 - ii. How appropriate/effective do you think these sanctions are in supporting prisoners not to use drugs? If so/not, why?
6. Have you observed any unintended consequences to the drug testing regimens in the prison where you work?
7. What are the barriers/challenges of implementing drug testing from your perspective? (*Prompt: for example, sufficient staff and resources to carry out drug testing as intended?*)
8. What are the facilitators for implementing drug testing from your perspective?
9. Is there anything that could be improved? If so, what would be required to implement these improvements?

Lived experience of staff on ISFL wings

Explanation: We would like to ask you about how the ISFL works in practice and what you think are some of the challenges as well as potential benefits.

1. Firstly, I would like to ask you about the prisoners on the ISFL in your prison. Could you please explain how prisoners are recruited to ISFL wings?
 - a. How are they made aware of the ISFLs?
 - b. What are the recruitment criteria (if any exist)?
2. What do you think motivates a prisoner to join an ISFL?
 - a. In your experience, are these motivating factors different for people with different backgrounds (e.g. the type of drugs they use, etc.)?
3. Are there different types of prisoners, for example from particular backgrounds or who have particular issues around drug use, who appear to benefit more or less from ISFLs? If so, why/why not?
4. I'd also like to ask you about staff on the ISFL. Firstly, how are staff selected to work on the wing?
5. What is their (*or your, if the interviewee works on the ISFL*) motivation to join
6. Do staff receive any specialised training before starting to work on the wing? If so, what did the training entail?
7. I would like to ask a few questions about how ISFLs work in your prison.
 - a. Could you provide some details on the location, layout, physical size, and capacity of the ISFL wing in your prison?
 - i. Can you speak as to why these decisions were made? Have these details changed over time?
 - ii. How does the location/layout/size/capacity affect how the ISFL operate?

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- b. Could you talk a little bit about the services and support that are available to incarcerated people as part of the ISFL and how they have developed over time?
 - c. On what basis do prisoners on the wing access these services – (*Prompt: for example, are they expected to participate in all, or only what they choose?*)
 - d. Are the services/support available intended to be suitable for all or tailored to specific needs?
 - e. Have there been instances in which illicit substances have been found on the ISFL?
 - i. If so, what were the actions taken?
 - f. Are there any types of prisoners for which the wings are not appropriate (for example if they pose a risk to themselves or others)?
 - i. If so, is there a policy around exclusion from the wing?
8. How would you define success for an ISFL wing?
9. Have you observed any beneficial impacts from the ISFL on
- a. prisoners on the wing?
 - b. Staff in the ISFL and in the prison more widely?
 - c. other areas of the prison?
10. Have you observed any negative or unintended impacts from the ISFL on
- a. prisoners on the wing?
 - b. Staff in the ISFL and in the prison more widely?
 - c. other areas of the prison?

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11. What would you say are some challenges in operating ISFL wings, if there are any?
12. What would you say are some facilitators in operating ISFL wings, if there are any?
13. Have you worked in an ISFL wing in another prison? If so, could you describe some of the main similarities and differences to the wing in this prison?
14. Can you describe attitudes towards the ISFL among staff on the wing, and in the prison more broadly?
 - a. In your opinion, do staff attitudes have any effect on the operation of the ISFL? If so, why and how?
15. Can you describe attitudes towards the ISFL among prisoners on the wing, and in the prison more broadly?
 - a. In your opinion, do prisoner attitudes have any effect on the operation of the ISFL? If so, why and how?
16. *(Question for senior leadership interviewees)* What are the staffing and resourcing required to operate ISFLs as intended?
17. Does the ISFL currently have sufficient staff and resources?
 - a. Why or why not?
 - b. *(If there are not sufficient staff/resources, question for senior leadership interviewees)* Have you been able to come up with any mitigation strategies to manage staffing or resourcing issues? If so, how do you think they have worked?
 - c. *(If there are not sufficient staff/resources, question for frontline prison staff interviewees)* Are you aware of any mitigation strategies to manage staffing or resourcing issues? If so, how do you think they have worked?

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18. In your view, is there anything that could improve how the current ISFL operates?
If so, ask them to explain what this is.

Closing

1. Is there anything else that you would like to add to our conversation today?

Prisoner interview guide

Tackling Drug Use in Prisons

Individual Prisoner Interviews – Interview Protocol (45 min.)

Introduction to study: We work with RAND Europe, a research company. We have been asked by the Ministry of Justice to study how drug testing, and the Incentivised Substance Free Living (ISFL) wings, work in this prison.

We will conduct interviews and focus groups with prison staff and prisoners in this prison and two other prisons to ask what they think about the drug testing regimens and ISFLs.

We would like to ask you questions about your experience with both of these programmes. Please be as open and honest as you are comfortable being, and please don't talk to anyone else about what we've talked about today. Is that OK?

Do you have any questions for us?

Privacy and consent: Have you had a chance to read the privacy notice?

If yes: Was anything unclear?

If not: I would like to briefly mention that:

Your participation in this interview is voluntary and if you change your mind about participating, just tell us and we won't include what you say in our report. We won't tell anyone outside the prison or the research team that you are participating in this interview.

What you tell us today is confidential. The only time we would need to tell anyone else about what you tell us is if we hear about:

1. something that could hurt you or someone else
2. a breach of prison security, for example if you told us how and when drugs are coming into the prison

3. an offence that a fellow prisoner hasn't been convicted of and
4. if you name someone who has supplied drugs to the prison.

You can speak about drug consumption in prisons generally, including in the ISFL, as we don't need to tell anyone about that.

After this interview, we will look at everything you have told us, as well as what other people we have spoken to have told us and put it into a report. This report will be published online for anyone who wants to read it. We won't use anyone's name in the report or include any information that could identify anyone.

We would like to make a recording of this interview to make sure we have not missed anything in the notes. We won't share this recording with other people outside the research team and we will delete it once we have written the notes. May we ask your permission to do this?

Background

1. Can you tell us how long you have been in this prison, and how long have you been in this ISFL?
2. Have you been in any other wings in this prison before you joined the ISFL?
3. Can I ask you about drug use in this prison – how common it is, what types of drug people are using etc.?
4. Has drug use in this prison had an impact on you? If so, in what ways?

Lived experience of prisoners on ISFL wings

Explanation: We would like to ask your opinion on how the ISFL works, any parts you find helpful and what could be improved.

1. Firstly, could you please explain how you found out about the ISFL, and why you wanted to join it?
 - a. Do you think other people on the wing have similar or different reasons for joining as you?

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2. Have you found any of the services/support provided in this wing helpful to you?
 - a. If so, which services (or aspects of services)?
 - b. How was it helpful?
3. Have you found any of these services/support to be unhelpful to you?
 - a. If so, which services (or aspects of services)?
 - b. How was it unhelpful?
4. Is there any form of support which is not currently being provided in the wing which you think could be helpful to you or other people on the wing?
5. Overall, how has living on this wing affected you? (Prompts: has it made a difference in if/how you use drugs, have you made any other changes because of being in this wing, has it changed your relationships with other prisoners and/or prison staff, has it changed your relationships outside prison, has it changed your opinion of being prison, has it changed how you see yourself?)
6. *(If they have been in another wing in this prison)* Does being in the ISFL feel different at all to being in another wing in this prison? If so, how? If not, what parts feel the same?
7. Do you think there some types of people for which the wings wouldn't be right (for example, if they are dangerous) or wouldn't be helpful? If so, why?
8. Have there been any times that you know of that drugs have been found on the ISFL?
 - a. If so, what happened?
 - b. Do you think the way it was handled by the prison was fair? If so/not, why?
9. Overall, is there anything in particular that you like about being on the ISFL?
10. Overall, is there anything in particular that you don't like about being on the ISFL?

11. Is there anything that can make being on the wing difficult for you?
12. What do you think other prisoners on the ISFL think about being on the wing?
13. What do you think other prisoners in the rest of the prison think about being on the wing?
14. Do these opinions affect you at all?
15. In your opinion, is there anything the ISFL do better to help you not to use drugs?

Perceived effectiveness of drug testing regimens:

Explanation: We would like to ask you some questions about how drug testing in the prison more widely works, not just in the ISFL. We understand that the prison has the following regimens in place [update with data from the staff interviews].

1. Can you describe what happens if someone in the prison has a positive drug test result?
 - a. If support is offered to prisoners following a positive test result:
 - i. Do you think that prisoners take up the support that is available? If not, why?
 - ii. Do you think these services help people to stop using drugs?
 - iii. Can you think of any ways that the support the prison gives could be more helpful? If so, what?
 - b. If sanctions are given following a positive test result:
 - i. Do you think these sanctions help people to stop using drugs?
 - ii. Do you think these sanctions are fair? If so/not, why?
 - iii. Can you think of any ways that the sanctions given to prisoners could be more helpful to them in not using drugs? If so, what?

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2. If you don't mind telling me, have you ever had a positive drug test in this prison?
If yes:
 - a. Was it from a mandatory or suspicion test?
 - b. Can you describe what happened? (*Prompts: how did you find out, did you discuss the test result and possible support and/or sanctions with prison staff, did they give you an opportunity to challenge or explain the result, did you express a preference about support/sanctions and was it considered by the prison?*)
 - c. Did you find this process fair?
 - i. If so, in what way?
 - ii. If not, what parts did you find unfair?
 - d. How did that experience/s affect you? (*Prompts: has it made a difference in if/how you use drugs, did you make any other changes because of that experience, did it change your relationships with other prisoners and/or prison staff, did it change your relationships outside prison, did it change your opinion of the prison, did it change how you see yourself?*)
3. In general, do you think that mandatory testing helps the prison staff identify people who use drugs?
4. Is there anything that could make mandatory drug testing better at identifying people who use drugs? If so, what?
5. Do you think that the mandatory drug testing is fair? If so/not, why?
6. Do you think that suspicion testing helps the prison staff identify people who use drugs?
7. Is there anything that could make suspicion drug testing better at identifying people who use drugs? If so, what?

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8. Do you think that suspicion drug testing is fair? If so/not, why?
9. Is there anything that could make the drug testing process better at stopping people from using drug? If so, what?
10. Is there anything else that could work better to make the drug testing more fair?

Closing

1. Is there anything else that you would like to add to our conversation today?

Prisoner focus group guide – ISFL residents

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Prisoner focus group protocol – ISFL residents

Introduction to study: We work with RAND Europe, a research company. We have been asked by the Ministry of Justice to study how drug testing, and the Incentivised Substance Free Living (ISFL) wings, work in this prison.

We will conduct interviews and focus groups with prison staff and prisoners in this prison and two other prisons to ask what they think about the drug testing process and ISFLs.

We would like to ask you questions about your experience with both of these programmes. We would like everyone to have an opportunity to share their opinion and bounce ideas off each other. Please be as open and honest as you are comfortable being, and please don't talk to anyone else about what we've talked about today. Is that OK?

Do you have any questions for us?

Privacy and consent: Have you had a chance to read the privacy notice?

If yes: Was anything unclear?

If not: I would like to briefly mention that:

Your participation in this focus group is voluntary and if you change your mind about participating, just tell us and we won't include what you say in our report. We won't tell anyone outside the prison or the research team that you are participating in this group.

What you tell us today is confidential, the only time we would need to tell anyone else about what you tell us is if we hear about:

1. something that could hurt you or someone else
2. a breach of prison security, for example if you told us how and when drugs are coming into the prison

3. an offence that a fellow prisoner hasn't been convicted of and
4. if you name someone who has supplied drugs to the prison.

You can speak about drug consumption in prisons generally, including in the ISFL wing, as we don't need to tell anyone about that.

After this focus group, we will look at everything you have told us, as well as what other people we have spoken to have told us and put it into a report. This report will be published online for anyone who wants to read it. We won't use anyone's name in the report or include any information that could identify anyone.

We would like to make a recording of this focus group to make sure we have not missed anything in the notes. We won't share this recording with other people outside the research team and we will delete it once we have written the notes. May we have your permission to do this?

Introductory questions

1. Can you tell us how long you have been in this prison?
2. How long have you been in this ISFL?
3. Have you been in any other wings in this prison, before you joined the ISFL?
4. Can I ask you about drug use in this prison – how common it is, what types of drug people are using etc.?
5. Has drug use in this prison had an impact on you? If so, in what ways?

Lived experience of prisoners on ISFL wings

Explanation: We would like to ask your opinion on how the ISFL works, any parts you find helpful and what could be improved.

1. Could you please explain how you found out about the ISFL, and why you wanted to join it?

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2. Have you found any of the services/support available on the ISFL helpful to you? If so, which services (or aspects of services) and how?
3. Have you found any services/support to be unhelpful to you? If so, which services (or aspects of services) and how?
4. Is there any form of support which is not currently being provided in the ISFL which you think could be helpful to you or other people on the ISFL wing?
5. Overall, is there anything in particular that you like about being on the ISFL?
6. Overall, is there anything in particular that you don't like about being on the ISFL?
7. Is there anything that can make being on the wing difficult for you?
8. If you have been in another wing in this prison, does being in the ISFL feel different at all? If so, how? If not, what parts feel the same?
9. What do you think other prisoners on the ISFL think about being on the wing?
10. What do you think other prisoners in the rest of the prison think about the wing?
11. In your opinion, is there anything the ISFL do better to help you not to use drugs?

Perceived effectiveness of drug testing regimens

Explanation: We would like to ask you some questions about how drug testing in the prison more widely works, not just in the ISFL. We understand that the prison has the following regimens in place [update with data from the staff interviews].

1. Can you describe what happens if someone in the prison has a positive drug test result?
 - a. If support is offered to prisoners following a positive test result:
 - i. Do you think that people take up the support that is available? Why? If not, why?
 - ii. Do you think this support helps people to stop using drugs?

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- iii. Can you think of any ways that the support the prison gives could be more helpful? If so, what?
 - b. If sanctions are given following a positive test result:
 - i. Do you think these sanctions help people to stop using drugs?
 - ii. Do you think these sanctions are fair? If so/not, why?
 - iii. Can you think of any ways that the sanctions given to prisoners could be more helpful to them in not using drugs? If so, what?
2. Do you think that mandatory testing helps the prison staff identify people who use drugs?
3. Is there anything that could make mandatory drug testing better at identifying people who use drugs? If so, what?
4. Do you think that the mandatory drug testing is fair? If so/not, why?
5. Do you think that suspicion testing helps the prison staff identify people who use drugs?
6. Is there anything that could make suspicion drug testing better at identifying people who use drugs? If so, what?
7. Do you think that suspicion drug testing is fair? If so/not, why?
8. Is there anything that could make the drug testing process better at stopping people from using drug? If so, what?
9. Is there anything else that could work better to make the drug testing more fair?

Closing

1. Is there anything else that you would like to add to our conversation today?

Prisoner focus group guide – non-ISFL residents

Tackling Drug Use in Prisons

Prisoner focus group protocol – non-ISFL residents

Introduction to study: We work with RAND Europe, a research company. We have been asked by the Ministry of Justice to study how drug testing, and the Incentivised Substance Free Living (ISFL) wings, work in this prison.

We will conduct interviews and focus groups with prison staff and prisoners in this prison and two other prisons to ask what they think about the drug testing process and ISFLs.

We would like to ask you questions about your experience with both of these programmes. We would like everyone to have an opportunity to share their opinion and bounce ideas off each other. Please be as open and honest as you are comfortable being, and please don't talk to anyone else about what we've talked about today. Is that OK?

Do you have any questions for us?

Privacy and consent: Have you had a chance to read the privacy notice?

If yes: Was anything unclear?

If not: I would like to briefly mention that:

Your participation in this focus group is voluntary and if you change your mind about participating, just tell us and we won't include what you say in our report. We won't tell anyone outside the prison or the research team that you are participating in this group.

What you tell us today is confidential. The only time we would need to tell anyone else about what you tell us is if we hear about:

1. something that could hurt you or someone else

2. a breach of prison security, for example if you told us how and when drugs are coming into the prison
3. an offence that a fellow prisoner hasn't been convicted of and
4. if you name someone who has supplied drugs to the prison.

You can speak about drug consumption in prisons generally as we don't need to tell anyone about that.

After this focus group, we will look at everything you have told us, as well as what other people we have spoken to have told us and put it into a report. This report will be published online for anyone who wants to read it. We won't use anyone's name in the report or include any information that could identify anyone.

We would like to make a recording of this focus group to make sure we have not missed anything in the notes. We won't share this recording with other people outside the research team and we will delete it once we have written the notes. May we ask your permission to do this?

Background/rapport building

1. Can you tell us how long you have been in this prison?
2. Can I ask you about drug use in this prison – how common it is, what types of drug people are using etc.?
3. Has drug use in this prison had an impact on you? If so, in what ways?

Perceived effectiveness of drug testing regimens

Explanation: We would like to ask you some questions about how drug testing in the prison more widely works, not just in the ISFL. We understand that the prison has the following regimens in place [update with data from the staff interviews].

1. Can you describe what happens if someone in the prison has a positive drug test result?
 - a. If support is offered to prisoners following a positive test result:

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- i. Do you think that people take up the support that is available? Why? If not, why?
 - ii. Do you think this support helps people to stop using drugs?
 - iii. Can you think of any ways that the support the prison gives could be more helpful? If so, what?
 - b. If sanctions are given following a positive test result:
 - i. Do you think these sanctions help people to stop using drugs?
 - ii. Do you think these sanctions are fair? If so/not, why?
 - iii. Can you think of any ways that the sanctions given to prisoners could be more helpful to them in not using drugs? If so, what?
2. Do you think that mandatory testing helps the prison staff identify people who use drugs?
 3. Is there anything that could make mandatory drug testing better at identifying people who use drugs? If so, what?
 4. Do you think that the mandatory drug testing is fair? If so/not, why?
 5. Do you think that suspicion testing helps the prison staff identify people who use drugs?
 6. Is there anything that could make suspicion drug testing better at identifying people who use drugs? If so, what?
 7. Do you think that suspicion drug testing is fair? If so/not, why?
 8. Is there anything that could make the drug testing process better at stopping people from using drug? If so, what?
 9. Is there anything else that could work better to make the drug testing more fair?

Lived experience of prisoners not on ISFL wings

Explanation: We would like to ask what you think about the ISFL wing in this prison.

1. Firstly, have you heard about the ISFL wing in this prison?
2. (For those who answered 'yes') What do you know about the ISFL wing in this prison? (*Prompt: how is it different from other wings in this prison? Is there anything offered to prisoners on the wing that isn't offered to you? What do you think about prisoners on the wing?*)
3. What do you think about the wing? (*Prompts: What do you think about the services/support that is provided on the wing? (If services are different to other wings) what do you think about that? Etc.*)
4. Is there anything about the ISFL that you would like to have?
5. Is there anything about the ISFL that you wouldn't like to have?
6. *Does having some prisoners on the ISFL wing and away from other wings make things better or worse (or no different) for you and other prisoners?*
7. Do you think that having an ISFL wing in this prison changes anything else about how the rest of the prison operates? (*Prompts: Does it ever mean that that there is more or fewer staff on duty in the rest of the prison? etc.*)
8. Did you ever think about joining the wing? If not, why not? If you did think about it, why did you decide not to join it?
9. Have you heard about or lived in an ISFL wing at another prison? If so, was it different to the wing in this prison?

Closing

1. Is there anything else that you would like to add to our conversation today?

Observation framework

Observation protocol

For each case study site in Strand 1 of this study, we will conduct non-participatory, structured observation of the operation of the prison's Incentivised Substance-Free Living (IDFL) wings and their drug testing regimens in February-March 2023. Researchers will record their observations in line with the protocol set out below, which seeks to produce data pertaining to Strand 1 research questions 01, and 02. The structured observation will thus help the community to share an understanding of where they are and where they want to get to, and then to review the extent to which they have made progress towards that goal. Interviews and focus groups with key stakeholders will be used to supplement these findings.

Protocol for non-participant observation

Observation objectives

The main objectives of the observations are the following:

- To gather evidence to shape the ISFL model by understanding the lived experience of staff and prisoners both on existing ISFL wings and elsewhere in the prison (R01).
- To understand the perceived effectiveness of drug testing regimens in deterring drug use and identifying prisoners who use illicit drugs, and if any gaps exist between relevant operational policies and practice (R02).

Observation procedure

Non-participant observations will be conducted over four days in each prison site in February-March 2023.

Observations will be made about each of the following elements in order to meet the above objectives:

- The physical setting: organisation of the physical space (such as the ISFL wing, the drug testing facilities etc.)

- The human setting: how staff and prisoners are organised in the ISFL wing and in the drug testing process, their composition and actions, appearance and behaviours of individuals.
- The programme setting: the activities taking place and how resources are organised.
- The interactional setting: the formal and informal interactions that take place.

If the activities include group sessions, the researcher will, where possible, move between groups in order to capture a variety of observations. For group sessions or parts of group sessions that the researcher is unable to observe, the researcher will review any available materials in order to understand the activities and interactions that took place during these sessions.

Observations will also take place outside meetings or other formal activities, and researchers will aim to collect additional data by observing, for example, informal conversations taking place between staff and/or prisoners.

Recording of observations

Observations will be recorded using a semi-structured observation framework. This will not be used to systematically record information on the site and specific location, date, time, length of observation, individuals present, but to broadly capture the context of the observations, including analytic notes/observer comments and subjective reflections (identified separately). Brief notes will be taken on site and later summarised by the researchers.

Based on the general aims of this strand of the study, researchers will use the following questions and themes as prompts to structure their observations. However, it should be noted that observations will not be limited to or constrained by these prompts and that, should additional themes emerge, they will be recorded.

Box 1: Prompts for the observations

Content of each point in the event agenda

Keep track of the content of the activities being observed. A one-line description of each activity will be useful for future analysis and reference.

Ethnographic observations

R01: Understanding the lived experience of staff and prisoners both on existing ISFL wings and elsewhere in the prison

- How is the physical space of the ISFL organised – for example the layout, size, physical capacity, position in relation to the rest of the prison?
- What can be observed about the profiles of the prisoners in the ISFL in terms of their background, drug use, motivations for joining the ISFL etc.?
- What roles do staff selected to work on the ISFL fulfil and is staffing sufficient to ensure effective operation of the ISFL?
- What resources are being used to operate the ISFL (including for the services)?
- What are the services and other forms of support available to prisoners on the ISFL and how are they operationalised and accessed?
- If any disciplinary incidents or failed drug tests are observed, how are they responded to?
- What can be observed about prisoner and staff attitudes towards different aspects of the ISFL?
- What is the nature of the observed interactions between staff and prisoners, and between prisoners themselves, in the ISFL?
- Is the ISFL operating as planned, and if not, what changes have been made and why?
- What, if any, factors are facilitating or hindering the effective operation of the ISFL?

R02: Perceived effectiveness of drug testing regimens in deterring drug use and identifying prisoners who use illicit drugs

- Describe the drug testing regimens in operation at the prison – for example the types and frequency of testing being deployed, the process of operationalisation, procedures following positive test results, the purpose of the regimens and if/how they differ from each other.

- What roles do staff involved in the testing fulfil and is staffing sufficient to ensure its effective operation?
- What can be observed about prisoner and staff attitudes towards different aspects of the drug testing regimens, including in relation to their perceived effectiveness in deterring drug use and identifying prisoners who use illicit drugs?
- What is the nature of the observed interactions between staff and prisoners, and between prisoners themselves, during the testing process?
- Are the regimens operating as planned, and if not, what changes have been made and why?
- What, if any, factors are facilitating or hindering the effective operation of the testing regimens?

Analysis

The semi-structured field notes will be synthesised and summarised by the researcher in order to provide a summary of background and contextual information. These syntheses will be analysed alongside the data coming from the interviews with senior leaders and administrative and operational staff in the prison and interview and focus groups with prisoners.

Consent / notification of research being undertaken

Informed consent will not be sought from the individuals observed during the observations, since there are minimal risks associated with participation, no personal information will be collected and to seek consent would interfere with the natural behaviours we are seeking to observe. However, researchers will ensure that all parties being observed are aware of the identity and presence of the researchers. If anyone expresses confusion or discomfort, they will have the possibility to ask questions about the study. Researchers will halt the observation in the presence of any person who requests us to do so.

Annex 4

Safeguarding Measures and Data Protection

Safeguarding measures for participants

All participants, both prison staff and prisoners, invited to take part in the interviews and focus groups were given an information sheet on the study, a consent form, a privacy notice and a form to opt-out of the study if they changed their mind at any point about taking part.

Before commencing an interview or focus group, the research was explained, participants were given the chance to ask questions, and consent forms were completed. If participants were happy to take part in the research but did not consent to recording their interview/focus group, then the fieldworkers wrote detailed notes instead. Indeed, a number of participants refused consent to recording interviews (primarily staff) as did one focus group (North of England prison). All participants were informed that interviews and focus groups would be confidential, barring serious safety concerns or breaches.

Participants were told, in the information sheets and again verbally at the beginning of the interview or focus group, that they could speak about drug consumption in prisons generally. However, they were warned that specific information such as people involved in supplying drugs or times of drug dealing/entry would not be confidential. If a participant revealed information that was exempt from confidentiality, the fieldworkers would notify the participant that the information would be passed to the Head of Security and the interview terminated. In practice, this scenario did not occur and no participant described a situation exempt from confidentiality.

It was possible that, for some prisoner participants, discussing their experiences surrounding drug testing and ISFL wings would be upsetting. The consent form outlined which members of staff to contact if this was the case, and this information was verbally reiterated by the research team at the beginning of the interviews and focus groups.

Posters were sent to each prison prior to RAND Europe's arrival to raise awareness of the study and data collection activities taking place. Informed consent was not sought from the individuals observed during the observations, since there were minimal risks associated with participation, no personal information was collected and to seek consent would interfere with the natural behaviours the research team were seeking to observe. However, the fieldworkers ensured that all parties being observed were aware of the identity and presence of the fieldworkers. If anyone expressed confusion or discomfort, they had the possibility to ask questions about the study. There was no evidence of such a response; the arrival of the fieldworkers on a wing typically provoked either indifference or interest from prisoners and staff.

Finally, as mentioned above, participants were given an opt-out form which, if completed, would allow them to withdraw themselves and all their data from the study. Prison staff and prisoners were told that they could withdraw their participation at any stage of the study up until the analysis stage (stated to be April 2023) and were informed of the relevant processes to do this. No participants chose to opt out of the study.

Safeguarding measures for researchers

There were two fieldworkers at each prison visit. All fieldworkers were escorted to interviews and workspaces by allocated prison staff. The fieldworkers were debriefed after interviews and focus groups to provide each other with support when needed if distressing topics or interviews arose.

Data protection

RAND Europe is certified to ISO 27001:2015. RAND Europe holds a Cyber Essentials Plus certification, demonstrating our commitment to the protection of personal data. RAND Europe recently achieved an excellent rating of its data procedures in an audit by NHS Digital.

For this study, the Authority is the Data Controller and RAND Europe is the Data Processor, with fieldworkers and the transcription company as the sub-processors. Data sharing agreements were set up between RAND Europe and fieldworkers as well as RAND Europe and the Authority. These allowed RAND Europe to share data safely and securely.

The ways in which data protection was ensured in this study are as follows:

A Data Protection Impact Assessment (DPIA) was created covering intended activities and the measures that would be put into place to protect any personal data being processed. It included a description of the processing operations and their purpose, an assessment of the necessity and proportionality and of the risks to the rights and freedoms of data subjects, and our recommendations on appropriate measures to address these. This document states who the Data Controller (the Authority) and Data Processors (RAND Europe) are for the data being processed. A Data Safeguarding and Management Plan covering data security, confidentiality, data transmittal, data storage and destruction, procedure for notifying a security breach, and the specific approach to data management and security for this project (i.e., for interviews, focus groups, observations) was created.

Privacy notice

What is a privacy notice

This Privacy Notice tells you what personal data we collect about you, why, how we use it and what you can do about it. **Personal data** means any information that can be used to identify you, such as your name, address or contact number. RAND Europe's detailed Privacy Notice gives more information (details of who to contact for this are on the second page).

Who looks after your information?

The Ministry of Justice (MoJ) is the data controller of the personal data you give, and RAND Europe (RE) uses it to carry out the tasks the MoJ has asked us to do. A **data controller is** in charge of the personal data collected about you. The RE has a Data Protection Officer (DPO) - persons who make sure we do everything the law says we should. If you wish to make contact, their details are on the second page.

Why do we collect and use your information?

As you are a participant in our research project, we will only collect information that we need to help us do our job. In this project we will use your information for interventions such as drug testing and the incentivised substance free living (ISFL) wings, which may help reduce drug misuse in prisons and provide better outcomes for supporting individuals who need help to recover.

What information do we collect and how?

In addition to your name and contact details we may also collect information on your drug use, recovery and treatment and these are called sensitive information. In doing so, we may also collect details connected to your health or race/ethnicity. During the interview we will collect information on activities which happen within a prison setting and as you are a resident of the prison this information could be classified as criminal offence data.

The prison staff will decide who is to participate in this research project. To gather the information needed from you as a participant in this research we will conduct interviews, observations and focus group sessions with you. We will also make notes and may record the audio captured from any interviews, observations or focus groups. We will always ask you before we record anything.

Your personal information is never published unless we have gained permission from you to do so. Research outcomes are mainly statistical, and facts without any individual personal information linked to them.

Our lawful basis for using your data

As a research participant we will only use your personal data when the law allows us to. We will always inform you of our lawful basis for processing within the Privacy Notice and/or the Participant Information Sheet and/or a Consent Form you are presented with at the point of collection of your personal data.

The lawful basis for RE using your personal information will be Legitimate Interest for society's benefit within the research project.

For the collection of your sensitive personal information, we will ask you for your consent to participate in the project and if we work with any criminal offence data it is necessary for research purposes.

Should you remove your consent for participation when the data is being analysed, we would not be able to immediately remove your data until the analysis is complete. Where possible we would work to remove all association to your personal information from the

point of removal and inform you where this may not be possible depending on the stage of analysis and project as a whole.

Security, Storage and Sharing of your data

We take the security of your information very seriously and have put physical, technical, operational, and administrative controls and measures in place to help protect your personal information. We will always keep these under review to make sure that the measures we have carried out remain appropriate. RAND Europe will process all personal data in accordance with the Data Protection Act and & UK GDPR requirements.

The law allows us to get and use your information. Your personal data may also be shared and stored with specific third-party services (e.g., the researchers interviewing you) for the minimum period necessary to perform activities with your personal information. Each third-party is subject to a contract to ensure there is sufficient level of security.

Whenever we transfer your personal data, we ensure safeguards are in place for your data at rest, during work and when it is transferred.

How long we keep your data

We will only keep personal information for as long as it is needed to achieve the purpose for which it was collected.

The audio recordings of individual interviews and focus groups will be securely deleted once the transcriptions have been created. All other raw data such as transcriptions and observation notes will be deleted three months after the project ends at the end of the contract (October 2024). The final report containing analysed anonymous data (that does not contain personal data) will be kept indefinitely.

What are your rights?

- Be told how we use your information.
- Ask to see the information we hold about you.
- Ask us to change your information you think is wrong.
- Ask us to remove information we hold about you when it's not needed anymore.
- Ask us to only use your information in certain ways.

- Tell us you don't want your information to be processed.

If you have any questions about this Privacy Notice or any Data Protection related matters about this project you can send an email to our Data Protection Officer: at REdpo@randeurope.org or in writing to DPO, RAND Europe (RE), Westbrook Centre, Milton Road, Cambridge, CB4 1YG, UK.

For independent advice about data protection or to lodge a complaint about how we have handled your personal data, you can contact the Information Commissioner's Office. You can visit www.ico.org.uk, email casework@ico.org.uk, or write to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, UK

If you would like further information on the project or to read the more detailed Privacy Notice please contact Lucy Strang, the project lead, at tacklingdrugmisuse-prisons@randeurope.org, or speak to the member of staff who approached you regarding this project, or the researchers carrying out your interview or focus group.