6 SUBSTANCE MISUSE PROVISION

At present, initial contact is made at the reception health screen.

If the prisoner is identified as requiring detox, it will be arranged and commenced the day of reception. The prisoner will be review by the medical officer at the next available GP surgery, and then daily by the healthcare staff.

Following detox, the prisoner will be considered for suitability to a designated pathway to help them deal with issues surrounding their addiction.

This will involve Teresa Rodrigues, JAG & A&D service, AA, NA, BBV assessment or pre-release counselling. This depends on a number of variables such as status of prisoner and length of time expected to serve etc.

Proposed drug services at HMP La Moye (June 2003)

New receptions

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If responded yes to Health screen drug help questions are referred to Teresa Rodrigues. If NO, can self refer later.

Current prisoners

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YOI both sexes. See Alan Campion (Drug & Alcohol) via sentence planning. Can see Teresa Rodrigues if non-English Adult female prisoners.
All seen by Teresa
Rodrigues.
Sentence

 $\mathbf{1}$

planning to commence in the near future.

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Remainder of prison population can self refer to Teresa Rodrigues via the Health Care Dept.. Enhanced prisoners & Outside Workers will be seen Thursday Evenings

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speaking.

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Teresa to refer to D&A Service for follow up support post release.

Additional information.

The Drug and Alcohol Service are currently seeking to recruit a counsellor to work within the prison to deliver drug awareness courses, potentially 20 hours per week. To commence September 2003. Suggested hours for Teresa Rodrigues (21 hours per week) funded by the DTCF:

Thursday $12:00 - 20.00 : (12.00-5.00 \ 1:1 \ work) \ (17:00 - 19:00 \ group \ work)$

(19:00 - 20:00 enhanced)

Wednesday; 0830 - 12:00 (1 hour break) then 13:00 - 16.00

Tuesday; 0830 - 12:00 (1 hour break) then 13:00 - 16:00

Note that when Teresa Rodrigues works evenings it will require supervision/assistance from health care staff which in turn may incur overtime. Additional funds could be sought from the DTCF.

7 VOLUNTARY TESTING ARRANGEMENTS

The aims of the VDT:

- a) To help and support prisoners to voluntarily overcome the abuse of drugs and other substances.
- b) To provide an environment in which drugs, alcohol and other substances are not abused.
- c) To support those prisoners who do not abuse drugs, alcohol or other substances.
- d) To help prisoners to be responsible for themselves and to deal with the difficulties and problems in their lives.

All prisoners signed up to the VDT compact will be tested a minimum of 18 times a year.

Failure to comply with any of the conditions of the compact will trigger a review of the prisoner's suitability for a place on the VDT.

The review board will consist of a VDT Co-ordinator, personal officer, VDT worker and mentor if applicable.

The security staff will undertake the voluntary testing procedures.

8 PROVISION OF HEALTH EDUCATION

- A wide range of health education literature is available in the health care wing, in addition to that displayed on all wings and reception area.
- Andy Cowham provides a testing / advice / counselling service to all prisoners re. BBV's.
- Information is displayed re the Jersey Needle Exchange Scheme in the community.
- Needlestick injuries and other injuries caused by sharps, are referred initially to A&E and then to Dr
 I Muscat if appropriate.
- All prisoners and staff are encouraged to have Hep A & Hep B vaccinations.

9 LINKS WITH OTHER ESTABLISHMENT STRATEGIES & DEPARTMENTS

- Where risk is being assessed as part of any application, behaviour in prison, including drugs related behaviour, may indicate a higher risk of re-offending. Those prisoners that can demonstrate that they are drug free, do not engage in drug related activities, and who have made attempts to address their drugs related behaviour are likely to be judged as having reduced the risk they pose to the public.
- Prisoners applying for release on tempory licence will normally be asked to provide evidence of being drug free before consideration.

10 MEMBERSHIP & TERMS OF REFERENCE OF THE HMP LA MOYE DRUGS STRATEGY TEAM.

Purpose: Ensure implementation of the Drug Strategy

Membership: Mr M Kirby, Prison Governor

Mr C Bertram, Deputy Governor

Mr M Gafoor, Director Drug & Alcohol Service

Ms T Rodrigues, HMP La Moye Drugs Counsellor

Mr.J.Quree Unit Manager

Mr S Davies, Unit Manager

Mr.P.Bradbury Unit Manager

Officer A Bisson, Police/Prison Liaison Officer

Officer M Langford, Senior Officer

Officer A Brown

Mr C Russell, Health Care Manager

Jersey Addiction Group representative

Frequency of meetings: Quarterly

Terms of reference:

The Drug Strategy Team will meet quarterly to ensure implementation of the Drug Strategy by:-

- Reviewing progress against agreed action plans.
- Monitoring performance against targets and Prison Programme KPT's.
- Discussing operational/security matters relating to the Drug Strategy.
- Sharing information about drug issues, including feedback from other services and seminars.
- Fostering effective multi disciplinary working.
- Revising the Drug Strategy as necessary as part of the process of ongoing improvement.
- Reviewing prisoner needs at HMP La Moye to ensure that available services are geared towards meeting those needs.
- Assessing training needs and ensure that the minimum standard of drug awareness of for staff
 members is met.

11 AUDITING ARRANGEMENTS

An internal audit of the work will be completed annually.