**Joint Strategy to Reduce the Harm Caused by Substance Use in Custody**

Partnership is the foundation of effective substance harm reduction work. This strategy supports the collaborative, interagency working between the Northern Ireland Prison Service (NIPS), the South Eastern Health and Social Care Trust (SEHSCT) and other key stakeholders. The Strategy emphasises the need for a ‘Whole-Prison Approach’, combined with a targeted approach for those who have a dependency on substances or are at high risk of using substances. While it is acknowledged that individual stakeholders hold lead responsibility for core elements of this strategy, it recognises that reducing the harm caused by substance use is **everyone’s responsibility**.

**Vision:**

People in prison in Northern Ireland are supported by the prevention of access to, and reduction of harm and stigma caused by, the use of alcohol and other substances (including the diversion and use of prescribed medication). They will have access to high quality treatment and support services and will be empowered to maintain recovery.

**Purpose:**

To inform the strategic direction of the care and management of people in custody who have substance dependency, use substances or are at risk of starting to use substances, taking into consideration the complex and challenging issues facing individuals. The Northern Ireland Prison Service (NIPS) will take all reasonable measures to reduce the availability of substances (including the diversion and use of prescribed and non-prescribed medication). The South Eastern Health and Social Care Trust (SEHSCT) will support people in prison to reduce the harm caused by substance use based on a community model, yet recognising the unique challenges people experience in prison

**Outcomes:**

* Prevention of access to, and reduced availability of substances that can cause harm
* Reduction in the harm caused to people by substance use
* People in prison have access to high quality treatment services
* People are empowered and supported on their recovery journey

**Indicators:**

* Number of people in prison who have engaged with addiction services
* Number of people who successfully complete an addiction programme
* Number of potential substance contraband finds indicated by NIPS x-ray body scanners
* Number of potential substance contraband finds through search activity
* Data as a result of testing on types of substances detected, including prescription and non-prescription medication
* Percentage of drug test fails

**CORE OBJECTIVES IN THE REDUCTION OF THE HARM CAUSED BY SUBSTANCE USE IN PRISON**

1. **To ensure that a comprehensive range of security measures are in place to reduce the availability and supply of drugs & alcohol and associated paraphernalia within and entering Northern Ireland's prisons by**:
* working with other law enforcement agencies to close down trafficking routes into prisons
* engaging in intelligence led searches of cells, people in prison, property, staff and visitors
* raising awareness amongst staff, service providers and others who work in prison, and/or with people in custody, that they will feel enabled to report drug related incidents
* maximising and targeting the use of x-ray body scanners as a prevention measure
* maximising and targeting the use of drug dogs as a prevention and enforcement measure
* benchmarking existing screening mechanisms
1. **Harm reduction and recovery will be the explicit aim of all services providing treatment and rehabilitation for people in prison who use drugs and/or alcohol. This should be achieved by:**
* providing a range of therapeutic psychological interventions within the prison setting, which are accessible and person centred
* ensuring safe prescribing practices and medicines management policies and procedures are in place
* facilitating planned drug reduction and/or substitute programmes where appropriate as part of comprehensive assessment and care planning within available resources
* providing evidenced based health education and health promotion in relation to alcohol and substance use, to include information on harm reduction
* ensuring that people’s needs are central to the care planning process and are regularly reviewed to reflect progress made towards recovery
* continuing to develop routine effective communication channels and information sharing protocols between stakeholders whilst complying with the Good Practice Guidelines for Consent and maintaining confidentiality
* ensuring an evidence-based approach to planning, designing and delivery of services to promote recovery and harm reduction
* working in partnership with the voluntary and private sector and other statutory bodies and families
1. **A range of appropriate treatment and rehabilitation services is essential to ensure a person-centred approach to meeting the individual needs of people in prison. This should be achieved by:**
* Offering people a comprehensive assessment in order that appropriate services can be provided to meet their identified needs
* Providing clinical treatment and care in accordance with national, regional and local clinical guidelines
* Providing people with information at induction to prison on how to access addiction services whilst in prison and also on release
* Ensuring a multi-agency approach in the provision of substance use services with access to wrap-around care and support
* Providing access to addiction related services
* Engaging people as ‘experts by experience’ in the design and delivery of service provision/development e.g. harm reduction and recovery models
* Working towards progressing a safer environment in prison establishments to support service delivery, promote recovery and support the person in prison to remain substance free
1. **Treatment and rehabilitation services will be integrated effectively with a wide range of prison based services to address the needs of people in prison with drug and alcohol issues by:**
* Offering a whole person approach to the management of health and wellbeing
* Maximising opportunity for collaborative working within the prison environment
* Supporting people to participate in the “Prisoner Development Processes” to address addiction issues likely to impact negatively on offending behaviours
* Ensuring appropriate Safeguarding Adults and Children policy is in place in both organisations
* Promote an integrated approach and seamless transition from custody to community and vice versa
1. **Testing for substance use by NIPS will be deployed with clearly defined purposes to support clinical prescribing, people safety, risk management and progression / regression by:**
* NIPS carrying out a range of mandatory and intelligence led substance testing for the prevention and identification of illicit substances, including notification to SEHSCT where a test is passed, but a prescribed substance should have produced a fail
* Ensuring a process is agreed between SEHSCT and NIPS in regards to management of failed drug tests
* SEHSCT will carry out testing for the purpose of clinical treatment in accordance with national, regional and local clinical guidelines
1. **A range of blood borne virus prevention, treatment, care and support services will be available in each prison in Northern Ireland by:**
* Continuing to offer immunisation against Hepatitis B, to all people on admission and ensuring any courses of treatment will continue throughout their sentence and after release
* Providing people with information on induction to prison on how to reduce harm and access blood borne virus services and highlight associated risk behaviours
* Providing blood borne virus services in accordance with national, regional and local clinical guidelines, performance indicators and organisational policies
* Continue to offer BBV (triple test) testing to all new admissions to prison which is offered again during an inter-prison transfer
1. **Access to information will take into consideration the increasing diversity of people in prison with substance use issues by:**
	* Providing access to interpreting services as required
	* Supporting people with learning and intellectual disabilities and those with neurodiversity.
	* Facilitating the availability of peer educators/mentors to support other people in custody
	* Appropriately managing individual circumstances with recognised and specific requirements regarding faith and religious observance, within the context of treatment.
	* Ensuring appropriate Information Sharing Agreements between relevant organisations are in place.
2. **The principles of recovery will be reflected in training for staff and service providers to support the continuous development of our workforce by:**
	* Ensuring staff receive appropriate and relevant training
	* Ensuring training offered accurately reflects the learning needs analysis
	* Facilitating evaluation and research that supports the aims of the strategy

**Implementation of strategy:**

Through the established joint Medicines Management Forum, NIPS and SEHSCT will map delivery against the strategy to identify areas that need to be developed and implemented and put plans in place to support delivery. The organisations have committed to work collaboratively to achieve this.