

Staff Perspectives on Drug Treatment Services in Prison

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Abstract

This study explored staff perspectives on drug treatment services in prison. Data was collected via four focus groups, with a total of fifteen participants from a range of professions. While staff acknowledged that services had come a long way, frustration was expressed in relation to the impact of the availability of drugs in prison and prisoner living conditions on the ability of treatment services to reach their potential. Staff questioned the goodness of fit between services and prisoner needs in relation to operational issues, methadone use, waitlisting and stage of change. Inconsistent aftercare was also noted and staff expressed hope for increased provision of drug free spaces, alternative activities for prisoners and follow through on proposed new initiatives. The role of the prison system in facilitating the changes needed was highlighted. Findings were discussed in relation to previous research and the role of a systemic viewpoint in relation to services.

Introduction

Recent studies have shown an increasing relationship between drug use and crime (Connolly, 2006), with the Irish Prison Service Annual Report (2008) noting the numbers serving custodial sentences for drug related offences was 20% higher than the previous year. O'Mahony (2008) outlines the magnitude and complexity of the drug issue within the Irish Prison System, wherein studies have found 59% of prisoners to have drug dependency issues (Kennedy et al, 2005) and 52% to have used heroin (Hannon et al, 2000). As far back as 1990, research found that half of the opiate users in a Dublin prison had been abstinent prior to incarceration (O'Mahony, 1990), emphasising the strong drug culture that exists within prisons.

In an effort to address these issues, the 'Keeping Drugs out of Prisons' Drugs Policy and Strategy Document (IPS, 2005) was drafted. This document outlined the main aims of eliminating the supply of drugs into prisons and providing prisoners with a range of opportunities to encourage them to adopt a drug free lifestyle, both before and after release¹. It was emphasised that the issue would be approached by tackling both supply elimination and demand reduction.

Further to these aims, the IPS Psychology Service has conducted research into the characteristics of those using drugs in a Dublin prison and their stage of readiness to change (Burke, 2009). The latter study found 63% of prisoners in the precontemplative stage of change, namely unaware of their drug use as being a problem or discouraged when thinking about changing it (Prochaska & DiClemente, 1982). Of those studied, Burke (2009) found that 75% were not engaged with any services to address their drug use and 55% were using heroin while in custody. This is similar to previous findings that two thirds of those in custody had a history of drug addiction and half were using heroin (O' Mahony, 1990). The difficult conditions that exist in the prison have been highlighted in previous reports, with the European Committee for the Prevention of Torture (CPT) (2007) noting an alarming culture of intimidation and violence and a drug problem that was very likely worsening.

¹It was proposed that this would include supporting care initiatives that address the social, physical and psychological consequences of drug misuse and providing health promotion and lifestyle change information to prisoners (IPS, 2005)

It is within this context that drug treatment services came to operate within the prison. Currently, there is a drug treatment programme consisting of a core multidisciplinary clinical addiction team² which operates primarily within a separate unit of the prison. This is divided into three areas depending on stage of treatment and contains a drug free area. Services include methadone maintenance and stabilisation, slow detoxification and a focussed six week programme incorporating education and addiction counselling. At present the programme accommodates nine participants. There is also a methadone programme operating throughout the prison with pharmacists primarily responsible for this (IPS, 2008).

In light of Burke's (2009) findings, it was thought pertinent to also explore staff perspectives on drug treatment services to ensure a broad view on the issue.

Previous work exploring attitudes of prison officers to drugs issues in Irish prisons found that many felt the problem was out of their control but they were sympathetic to drug users (Allen, 2001). The latter study also highlighted prison officers' favourable attitudes to the provision of drug free spaces for those not using drugs, drug prevention and treatment strategies and methadone maintenance provision, in line with Carlin's (2005) finding that officers in the same Dublin prison were positive about the methadone maintenance programme. International studies have found variously that prison health staff were more likely to be abstinence oriented and disapprove of drug use than their community counterparts (Gjersing et al, 2007), while younger and non-medical staff had more negative attitudes towards methadone treatment (McMillan & Lapham, 2005). While these prior studies focussed predominantly on the perspectives of prison officers, there are a wide variety of staff within the prison³ whose contributions and daily experience differ subject to their role, thus providing a variety and depth to the issue.

Aim of the Research

To explore the perspectives of a variety of staff in a Dublin prison on drug treatment services

² Including a psychiatrist, GP, addiction counsellors and addiction nurses

³ In the prison used for this study, staff are employed in the areas of Education, Chaplaincy, Probation and Welfare, Psychology and medical care, in addition to prison officers of varying grades from prison officers to Assistant Chief Officers to Governors

Method

Design

This is an exploratory study using a focus group approach. This can provide information about a variety of ideas, feelings and perspectives, in addition to a depth of interaction through using group dynamics to explore a topic (Rabiee, 2004).

Participants

Four focus groups consisting of a total of fifteen participants with approximately four participants⁴ in each group were undertaken. Each group represented a specified subgroup of prison staff, namely Prison Officers, Assistant Chief Officers (ACO), Clinical Addiction Team and Regimes⁵ staff.

The Clinical Addiction Team and Regimes staff were recruited by initially providing an information letter to each discipline explaining the nature and purpose of the study and requesting participation (see Appendix I). These letters were then followed up by telephone to arrange logistics. Recruitment and arrangement of the Prison Officer and ACO groups were coordinated by a prison Governor to ensure as little operational disruption as possible. The Governor was provided with an information letter and proposal and it was requested that, where possible, selections be made which would be representative of all the wings and units in the prison. The Regimes group took place in the administrative building within the prison complex, while the ACO and Prison Officer groups were run within available rooms in the main jail. The Clinical Addiction Team group was conducted within the drug treatment unit. Prior to each group, participants were again provided with an information letter to read and a consent form to sign (see Appendix II).

Procedure

Focus groups ran for up to an hour⁶, each beginning with the facilitator explaining the aims, length and structure of the group and reiterating issues of confidentiality. The focus groups were based loosely on general areas of prominence in the Keeping Drugs Out of

⁴ The Clinical Addiction Team consisted of three participants while the other groups had four

⁵ Regimes staff group consisted of representatives from education, chaplaincy, probation and training/employment services

⁶ The Clinical Addiction Team were only able to partake for 35 minutes due to engagements and a delay in beginning the group

Prison: Drugs Policy and Strategy (IPS, 2005), rather than being guided by very specific questions (see Appendix III). This allowed for the maximum opportunity for participants to freely express their opinions on the topic⁷.

Participants were firstly asked for their general opinions on the drug treatment services and facilities, while remaining topics were explored as they arose naturally. Each group finished with an open-ended question to allow participants the opportunity to address any relevant issues they felt had not been covered. Focus groups were audio recorded and transcribed verbatim, with participants' number coded upon transcription to ensure anonymity. Group facilitation, transcription and analysis were undertaken by the same researcher.

Analysis

Thematic analysis was used to investigate the prominent themes to emerge from the transcriptions (Howitt & Cramer, 2005). The specific areas of interest were used to guide analysis. To ensure anonymity, each staff grouping was analysed as a specific entity. Each group transcript was read a number of times to allow the main themes to emerge and these were then colour coded and examined across the groups. The most prominent were extracted to form the framework of the findings⁸.

Results & Discussion

Summary of Main Findings

The main drug treatment related themes to emerge from the data concerned the impact of availability of illegal drugs within the prison, the conditions in which prisoners lived, the goodness of fit of current drug treatment services with prison operations and prisoner needs, difficulty engaging with prisoners, inconsistent aftercare and a desire for improvement and commitment to change within the system.

There was a sense of frustration in all staff groups around these issues and the fact that they impeded staff's ability to engage meaningfully with prisoners. A strong sense emerged that there were people within the system whose needs were not being met by the

⁷ Areas covered were opinions of the drug treatment services and facilities in general, success in engaging prisoners in drug treatment, staff training, aftercare and any other topics participants felt relevant

⁸ Thematic analysis was restricted to general themes of relevance to drug treatment services, with a more detailed exploration of additional themes and sub themes beyond the scope of the study

current services due to lack of availability of spaces, waiting lists, lack of appropriate facilities and lack of options for those in a precontemplative stage.

Impact of Availability of Drugs

*'While the place is awash with drugs it's making it impossible...
it's like living in a bar as an alcoholic'*

Assistant Chief Officers

*'They're back into the main prison again and surrounded by the
same people that are using and it's...impossible[to stay off drugs]'*

Regimes

'I mean this isn't drug free you know...we've got what... one floor'

Clinical Addiction Team

*'Don't want to fault the Prison Service ...but...I don't think it's drug free [the unit
housing the treatment programme]..., it wasn't two hours ago'*

Prison Officers

All staff groups cited the availability of drugs as a major obstacle to drug treatment within the prison. The clinical addiction team reported frustration at the contamination of drug free areas,

*'Good work had been done but couldn't really develop unfortunately ...
some people became contaminated with drugs and went back you know'*

Clinical Addiction Team

while prison officers were frustrated by a perceived lack of commitment from the Prison Service to approach the drug issue seriously.

*'They don't want to stop it entirely ...it's a face you know, 'we're trying,
this is what we're doing, we've a new unit and all this''*

Prison Officers

This view was echoed by ACO's and Regimes, who suggested there was a minimum amount being done in order to pay lip service to the issue but that ultimately keeping a certain amount of drugs in the prison served to control and contain the situation.

'It's a vision, it's seen purely from a prison perspective and from regime...management..., control rather than the care of it'
Regimes

'They couldn't shut off all these supply routes ... there's a greater chance of the prison going up if the supply routes are cut off... So it was a case of we won't be doing that'

Assistant Chief Officers

The ACO's suggested the prison had become a cauldron of the inner city drug and gang problem and that systemic practices of '*cherry picking*' within the prison system meant that these issues were concentrated within some prisons more than others.

'We are a really really toxic jail compared to the others'

Assistant Chief Officers

The ACO and Prison Officer groups both described sadness in seeing people enter prison abstinent from drugs, fearing that in custody they would relapse or people who had never used drugs becoming addicted during their sentence.

'It's kind of a double punishment...their liberty's been taken off them but we'll also put you back on the gear... that's what I think is so sad and where we do fail'

Assistant Chief Officers

'Then there's the sad side of it, people coming in for something minor and going out ...drug users'

Prison Officers

In line with this, previous findings suggest people begin or graduate to more serious forms of drug use in prison (Allwright et al, 1999) and align with Burke's (2009) finding of widespread drug use in the prison.

Both groups noted that this situation was only getting worse, echoing the European Commission for the Prevention of Torture's (2007) finding that management and healthcare staff acknowledged both a rising number of prisoners with substance use problems and a widespread availability of drugs. Staff perspectives suggest the IPS focus on control of supply, as outlined in the policy document (IPS, 2005), may be a

complicated task in the face of the drug culture which has existed within the prison for many years (e.g. O'Mahony, 2008) and is viewed by staff as a major factor compromising drug treatment services.

Impact of Living Conditions

Overcrowding and living conditions in the prison were cited by all staff groups as an obstacle to drug treatment,

e.g.,

'Where do they go... they're back to an overcrowded cell, they've no space for themselves to ... internalise what they have been dealing with ...'

Regimes

'We do not have the room or space to put a proper support system in place....it's only just containment...'

Assistant Chief Officers

Regimes highlighted the lack of staff and facilities to provide adequate alternative activities to prisoners as incentives to address their drug addiction.

'Imagine getting up for work in the morning and being told 'oh well there's no work for you today, go home' and you think 'now what am I going to do with my day?' ... I imagine that plays a big part'

Regimes

'I don't see that there are really very positive incentives set up for people ...say on the drug free landing...it's a very confined space... they don't seem to be given any reward for being there...it seems like they get less sometimes than people who are not drug free'

Regimes

Previous studies suggest that drug treatment programmes which incorporate alternative options and incentives, show reductions in drug use, greater retention and longterm positive outcomes (e.g. Petry et al, 2005; Roll et al, 2006).

This issue was further explored by the ACO's who noted that *'there's rarely a problem when they're occupied with something'* and pointed to the powerful effect that meaningful activities can have.

'You get guys coming down from the school where they're doing mosaics and they're showing this mosaic they're after doing for their kid ...you wouldn't believe the pride, it's amazing the effect it has ...short term goals that they can get a sense of pride and being useful ...'

Assistant Chief Officers

These perspectives ally with Dillon's (2001) assertion that the stress, idleness and boredom of prison make the release provided by opiates an attractive prospect.

The prison officers agreed that the conditions in the prison are probably a strong driving force in wanting to *'escape'* through drug use.

'A single now has three people sleeping in it, two in beds and one on the floor and I suppose...when you're sleeping in a room like that and your toilet is a bucket... if a bit of gear gets you away from it, gets you out of there for a few minutes...go for it'

Prison Officers

Most groups further noted the impact on living conditions of increasing violence, intimidation and peer pressure that prisoners dealt with on a daily basis.

The officers pointed to bullying in relation to bringing drugs into prison, pressure inside where drug *'debts'* are owed and intimidation when someone tries to engage in something positive to help themselves.

'There would be a lot of bullying ...an awful lot of bullying... someone's telling them...you're gonna take something in for me...and you've no choice in the matter'

Prison Officers

'When a guy does try to break out of it he gets ridiculed and abused ...and the handing out of free drugs is just to get you back on it...there's massive pressure to not get themselves right...to not do things for themselves you know'

Assistant Chief Officers

'There's a terrible viciousness in there ...it's getting worse'

Assistant Chief Officers

These opinions resonate with the prison Visiting Committee's (1994) finding that a high number of complaints were from people whose wishes to go off or stay off drugs were frustrated by the prison drug culture and is in line with the CPT's (2007) assertion that prison violence was connected to availability of drugs and lack of purposeful activity.

Goodness of Fit of Drug Treatment Services within the Environment

In terms of drug treatment services, Regimes and the Clinical Addiction Team acknowledged things had come a long way but noted there was more to do.

'I feel that the impressive thing is how far we've come...but we've a lot more to do...'

Clinical Addiction Team

'I think there's some very good work being done... but ... there's more to be done'

Regimes

Methadone

Regarding the use of methadone in drug treatment, staff had differing views.

While the Clinical Addiction Team were positive and hoped to expand the service to allow more options in terms of opiate substitutes,

'If you can say to someone ... you have methadone, you have Suboxone⁹, you give them the benefits of both then it makes for more participation ... I'm very pro methadone, but I do think it would be good to have that'

Clinical Addiction Team

the other staff groups seemed more conflicted. The officers and ACO's expressed the opinion that methadone simply served to contain the prisoners.

⁹ Suboxone is an opiate substitute used in detoxification to inhibit the craving for opiates and minimize withdrawal symptoms, similarly to methadone

'You have no rehabilitation...it's turning a blind eye, the methadone keeps a lid on it'

Prison Officers

'It's always come across to me that the methadone is almost used like a way to keep them quiet'

Assistant Chief Officers

While Carlin (2005) found a similar interpretation by prison officers, they were predominantly positive about the methadone maintenance programme. This is contrary to the reservations expressed in the current study. ACO's expressed concern about the opportunities for service users to cut down on their methadone.

'I don't know how much that's being focussed on ...how much they're on... and how ... severe the rules are in relation to methadone... how long you're going to be on it or not and someone's talking about coming down and they're telling him get this into your head like...'

Assistant Chief Officers

Although there was acknowledgement that the concept might be useful in theory, it was thought to be rendered irrelevant by the environment. Both officer groups were sceptical about the validity of its use when the prison is not drug free.

'The concept of the methadone ... is great as long as you can isolate it from those who don't want to come off the stuff and that's the problem'

Assistant Chief Officers

'Methadone flows out of here like it's milk in the morning... lads come along late for their methadone cos they're smoking gear down in the cell'

Prison Officers

Medical Model

Regimes and prison officers pointed to the medical focus and waitlist approach as incompatible with the prison environment. Furthermore, Regimes noted that waitlisting meant opportunities for intervention are lost by the time a person is called.

'We have adopted a medical model and it's not a hospital we're running...'
Regimes

'When things are that chaotic for you, timing is really really important'
Regimes

*'There's a list for everything, a queue for everything...in the meantime
the lad's on the landing surrounded by drugs...'*
Prison Officers

Similarly, O'Mahony (2008) highlights the move towards medicalisation of the drug issue in Irish prisons, which does not account for aspects of the prison context that promote drug use and culture beyond issues of pharmacology and dependence. The present study's finding that staff question the validity of such approaches in the context of a prison which is overcrowded, 'ruled' by drug gangs and 'awash' with drugs suggests a greater role for a systemic viewpoint on the issue.

Falling Through the Cracks

Regimes suggested that the needs of many could not be met by the current services and environment, wherein prisoners who had decided to get clean were going it alone in substandard conditions as the only option available to them.

*'They're very, very inadequate the amount of ... possibilities that are
available... it's terrible to see somebody who's wanting to stay clean
... down in the Base for that sole reason... in such terrible conditions
just for the sake of staying clean and keeping themselves away...'*
Regimes

They also pointed out that a large group continued to be 'strung out' and no one really approached them. This is in line with findings that 63% of drug users in the prison were in the precontemplative stage of change (Burke, 2009) and may require specific targeted approaches that meet their particular needs. Porpino et al (2002) also suggest that more motivated individuals tend to make use of services while higher risk prisoners may fall by the wayside. There was also a view that the current availability of places on the programme was insufficient to meet the needs of prisoners.

'Nine places in the entire prison population in the country...its nuts...'

Regimes

Difficulties Engaging with Prisoners About Drug Use

Officers and ACO's noted the knock on effect of prison conditions on the ability of frontline staff to engage with prisoners around drug related issues. They noted that while there were *'very good people in here who've some very good ideas about how things could be done'* there was *'nothing from the very top'* to allow these changes.

'When I came in here, it was safety of me and my colleagues and everything else is secondary... on the list of priorities, top is getting through the day'

Prison Officers

'Frankly I wouldn't blame the staff, I'd feel that way in there at the moment ... the way the place is ... tensions are very high...who'd be worrying if Joe Bloggs is going back on the gear....why wouldn't he?'

Assistant Chief Officers

Regimes focussed on the importance of having staff involved in the drug treatment unit who had a specific interest in the area, noting that sometimes this was not the case and it impacted on consistency of services.

'There's no consistency...'

Regimes

'Unless you have training...which was talked about many years ago... and there were officers who were willing to be trained to work in that area [drug related] but it never happened'

Regimes

Allen (2001) highlighted the importance of integrating staff into rehabilitation programmes and Gillis et al (1999) noted that prisoner motivation could be influenced by appropriately trained staff.

The Clinical Addiction team pointed to the fact that prioritising of operational issues often impacted on who was engaged with, where referrals came from and how effective they could be.

'There's always been a problem between operations and drug treatment...we have to accept that if you're working like the prison... operations will always take precedent over clinical work'

Clinical Addiction Team

'A lot of our people ... referred...would be from governors, P 19's who... from a discipline perspective have been causing...you know he who shouts the loudest'

Clinical Addiction Team

These perspectives on engagement and opportunities for improvement are representative of Wexler et al's (1988) assertion that the many political and bureaucratic restraints on prison treatment services make success more difficult. Lipton et al (1992) highlighted the importance of seeing drug treatment as an integrated part of the prison system as opposed to an extra and as such, that it be considered in operational decision making.

Inconsistent Aftercare

'It's one thing having a methadone clinic and keeping them on methadone... it's the follow up support... unless it's there...it's only contained'

Assistant Chief Officers

In terms of aftercare, the Clinical Addiction Team explained that a person must be linked with a community clinic before starting on methadone in prison, thereby ensuring continuity of care upon release.

'That really is a good ... example of good practice...nobody would be started here unless they had a place in the community'

Clinical Addiction Team

Regimes highlighted that there was also input from community agencies which could be continued outside prison but noted that the prison based programme itself was not able to provide aftercare.

'There are agencies that come in and are involved in the six week programme so they can continue to link in with them...wherever they end up going, whatever open prison they go to... but there's no aftercare... from the drug treatment programme'

Regimes

Regimes further noted that operational issues came into play when placing prisoners who have finished the treatment programme within the prison system and if they found themselves back in the main prison it was difficult to have their needs met.

'Before, they really made an effort ...now you come back..., there's a mattress on the floor, that's it'

Regimes

This suggests the precedence that operational issues can take in an already overstretched prison system, wherein it is not always possible to place someone in an environment that serves their best interests after they have completed the drug treatment programme. Studies have shown the importance of follow on care on the success of drug treatment programmes, with Pugh & Comiskey (2006) finding that gains from the drug treatment programme were shortlived when prisoners did not receive continuity of treatment. Pelliser et al (2007) note that throughcare has long been a limitation within the system, again related to issues of integration and coordination of services.

Hopes and Expectations

By far the most common suggestion by staff was the provision of a drug free wing within the main prison to allow those wishing to detox or remain drug free in that environment the best possible chance to do so.

'There's scope for a drug free landing in the main jail as well'

Regimes

'I still think they should go with a drug free wing... I think it actually could be done, make it an area, relaxed regime ..., relaxed regime and services put in and lets see how it goes'

Assistant Chief Officers

'A proper drug free wing that is drug free...no drug free in name'

Clinical Addiction Team

Staff also pointed to possible implementations in the pipeline, which may help improve the situation including Integrated Sentence Management and outreach initiatives. These possibilities were felt to be beneficial in addressing length of waitlists, accessing people not in a contemplative stage of change and helping engagement with prisoners.

'If that outreach thing does come through ... that's a positive step... going out to the yards ...trying to catch people that...are strung out or maybe not even in a contemplative stage...that's a visible presence...and its immediate ...'

Regimes

'Integrated Sentence Management..... where prisoner officers...I think their role is personal officer... I think that would go along way helping things out.....with the drugs now for example'

Assistant Chief Officers

The Clinical Addiction Team expressed a desire for greater integration with operations in terms of developing care plans

'I suppose any form of interdisciplinary work ...linking with probation and operations and working out a kind of standard care plan... at least have a part of our care plan ...'

Clinical Addiction Team

and with the psychology service in relation to '*clinical discussion*' regarding joint clients.

In terms of treatment services, Regimes suggested an incentives approach in conjunction with drug free areas.

'They were talking about incentives with visits...we have ... booked visits but...if you were there you could always have it that you could have more family visits and ... you work up to that... its like a points system...and that would make it an awful lot easier...'

Regimes

These suggestions all point to the need for an acknowledgement of the role of the prison system and environment in dealing with drug treatment issues. Previous studies have shown positive outcomes for services that incorporate incentives (e.g. Roll et al, 2006)

and allow for greater positive engagement between staff and prisoners (Gillis et al, 1999) and, at present, staff views may suggest that the prison environment impedes this.

While staff acknowledged that options available to prisoners have improved in terms of drug treatment in some regards, they cite an inability or unwillingness within the system to acknowledge the issue as a whole as compromising the ability of any treatment services to reach their full potential.

'They're [staff] looking for change... but their hands are tied'

Regimes

'You need change from top and bottom'

Prison Officers

'They get violent, trash the cell... a lot of it is just pure frustration at a system that just can't cope... can't help them'

Assistant Chief Officers

'There's nothing from the very top... the Department of Justice... the heads of IPS either, to implement some of these things'

Assistant Chief Officers

Limitations of the Study

The present study was subject to a number of limitations. Firstly, the perspectives of staff cannot be considered representative of all staff within the Irish prison system, as certain prisons are more likely to have larger drug taking populations (Allwright et al, 1999). Secondly, as the focus groups comprised staff who knew each other, they may have responded more to past experiences or discussions than the immediate topic of concern or have been inhibited in disclosure (Krueger, 1994). Every effort was made to ensure participants were comfortable and aware of the confidentiality relating to the group. A further factor may have been the locations where the groups were run. While the Regimes group took place in a private boardroom, the Prison Officers and ACO's were interviewed within the main jail, meaning that the prison officers group was visible to their colleagues as they left to attend, thereby possibly compromising their level of comfort in participating. Although effort was put into ensuring a balanced participation across staff groups, logistical constraints on the Clinical Addiction Team meant their

group consisted of fewer participants and ran for a much shorter time. This may have impacted on them having the opportunity to fully explore the issues. Lastly, as a thorough thematic analysis was beyond the scope of the study, it may suffer from a lack of transparency which would be otherwise desirable (Howitt & Cramer, 2005).

Conclusions

The main themes to emerge revolved around services being compromised by living conditions and the availability of drugs within the prison. Staff pointed to overcrowding, unsanitary conditions, intimidation, peer pressure and an abundance of drugs, as contrary to providing prisoners with opportunities to get or remain drug free.

While they acknowledged improvements, staff were frustrated with what they perceived as a lack of commitment on the part of the system to address the issue, noting a knock on effect on their ability to engage with prisoners despite many staff having ideas and suggestions about how things could be improved. Opinions on the use of methadone varied, with many staff sceptical about its role given the availability of heroin and feeling its main purpose was one of containment. Staff noted that there was a large group of prisoners whose needs were not being adequately met, in terms of facilities and available options. The provision of adequate drug free spaces was seen by all groups as the most pressing concern, given the knock on effect this had on all other aspects of drug treatment. Furthermore, they expressed the hope that proposed new initiatives which may help increase engagement would come to fruition.

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