Title: *Motivation to change drug use: a study of prisoners*

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Abstract

This exploratory study sought to identify the stage of readiness of prisoners to change their drug use as conceptualised in the Transtheoretical model of change (TTM). (Prochaska & DiClemente, 1982). 56, randomly selected, adult males currently incarcerated in an Irish prison took part in the research. Information was gathered through structured interviews consisting of a quantitative measure of recognition of problems, ambivalence and taking steps in addition to self reported levels of drug use and engagement with services. The study found that the majority of participants (63%) in the sample could be described as precontemplative, unaware of their drug problem and/or discouraged when considering changing their use of drugs. Limitations regarding the use of the TTM as a means of conceptualising readiness to change and issues with the mode of assessment were also discussed

"I'm determined to get off it, 100%, I know I am. In my own heart and soul I'm determined to get off it, 'cause the way I look at it now, it's got to the stage now with me if I don't stop it's going to kill me…" (p75)

"*Like it would be like asking an alcoholic to sit in a pub all day and not drink, that's what it's like…"(*p 56)

"*After I seen the kid it just made me start thinking, you know,…, I'm gonna have to do it for him and for meself, 'cause I don't want him to grow up the way I grown up, with all the shit around me"* (p 75)

Prisoners speaking about quitting drugs (Dillon, 2000)

As illustrated in the statements above, prisoners currently incarcerated in the Irish Prison system stop using drugs for many different reasons and effectively treating drug use within this system has become a priority. In 2006, the Drug Misuse Division of the Health Research Board in Ireland published a report which illustrated a worrying trend of increasing substance use and possession in Ireland. The number of drug related offences has risen from a total of 1833 in 1983 to 7302 in 2004, with researchers increasingly emphasising the link between drug use and crime (Connolly, 2006). Moreover, studies conducted in prisons in Ireland have highlighted a predominant drug culture which reinforces drug taking behaviour (O'Mahony, 1999, Dillon , 2000)

In 2005, the Minister for Justice, Equality and Law Reform developed a policy document entitled 'Keeping Drugs out of Prisons'. In addition to outlining strategies to prevent drugs from being smuggled into prisons, the document also summarizes four main aims to address the issue of drug treatment.

1. To identify and engage drug misusers
2. To provide evidence informed treatment options
3. To provide throughcare arrangements ensuring continuity of care from the community into the prison
4. To meet basic Healthcare needs, e.g. treating additional health issues such as hepatitis C.

In response to the first two aims of this policy document, the IPS psychology service highlighted the need to conduct research exploring characteristics of individuals who use drugs in prison. They recognised that not all prisoners using drugs were equally motivated to seek treatment for drug use. They also recognised that motivation to attend drug treatment was a key factor in the successful completion of interventions, with a lack of motivation resulting in negative treatment outcomes (Ryan, Plant, & O'Malley, 1995).

Using an individual's motivation to attend treatment to inform the nature of interventions offered in prison has been applied in the Correctional Service of Canada. This approach has been particularly successful with violence-risk assessment/treatment (Wong & Gordon, 2006) and sex-offender treatment programmes (Marshall, Marshall, Fernadez, Malcolm & Moulden, 2008). These initiatives have derived largely from Miller and Rollnick's (2002) Motivational interviewing techniques and are informed by Prochaska and DiClemente's (1982) Transtheoretical model of change.

Motivational interviewing (MI) has been referred to as *"a client-centred directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence"* (Miller & Rollnick, 2002). Traditionally, struggling to overcome alcohol or drug problems was seen as 'resistant' with attempts made to 'shame' the client into compliance with a treatment programme. MI emphasises a collaborative approach to treatment, recognising the client's ability to identify problems created by their behaviour in their own time and within their own frame of reference. While derived from client-centred therapy, MI is directive with distinct goals for treatment depending on the client's stage of readiness to change.

The Transtheoretical model of change was developed in 1982 to determine the stages of change an individual progresses through when making a specific behaviour change (Prochaska and DiClemente, 1982). It was hoped that through this model, key variables could be identified which play a role in matching specific treatments to the needs of the individual. As illustrated in figure 1.1, change was understood to occur in five distinct stages. In the first stage, precontemplation, individuals do not identify themselves as having a problem and do not seek help. During the second stage, contemplation, individuals do identify themselves as having a problem but have not yet made any relevant behavioural changes. This stage is followed by preparation, during which time, individuals recognise

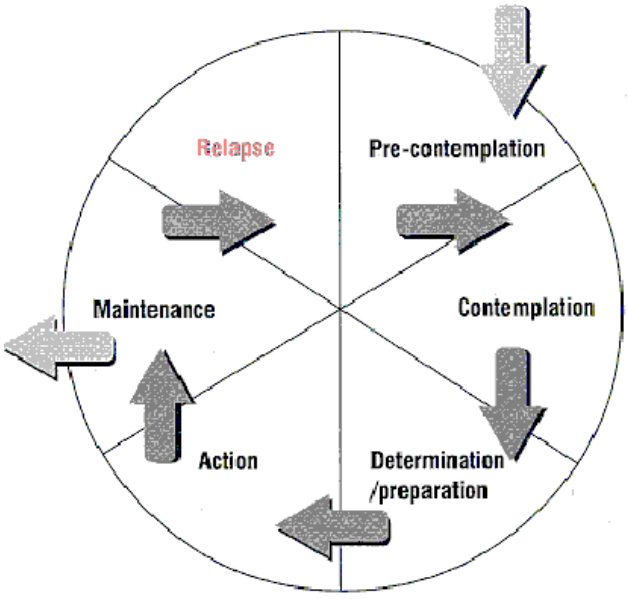


Figure 1: Transtheoretical Model of Change

that they have a problem and start to make initial behavioural changes. In the action stage, individuals have actively changed their behaviour and this change is consistent over a period of time no less than six months. Finally, the maintenance stage refers to individuals who have actively changed their behaviour and this change is consistent over a period of time no less than two years. The model is conceptualised as a cycle with most individuals typically relapsing to an earlier stage before eventually reaching the latter stages. This model has been successfully applied to a broad range of interventions including alcohol treatment (Isenhart & Krevelen, 1998), smoking cessation (DiClemente, Prochaska, Fairhurst, Velcier et al, 1991) and weight loss (Prochaska, Norcross, Fowler, Follick & Abrams, 1992).

According to Prochaska and DiClemente (1992) "*a person's stage of change provides proscriptive as well as prescriptive information on treatments of choice*" (p 1106). In offering treatments to clients, these researchers proposed that mismatching stage of change and interventions may account for high drop out rates. They suggested that certain interventions were more effective at different stages of change. For example, interventions focused on increasing an individual's perception of risk should be more effective with individuals in the Precontemplation stage of change, with helping individuals set goals and determine the best course of action as a more effective strategy with those in the action stage of change. In describing the process of MI, Miller and Rollnick (2005) also highlight the importance of tailoring approach to clients needs. This approach has garnered support in initial studies with substance users yielding positive results (e.g. Longshore, Grill, & Annon, 1999; Barrowclough, Haddock, Tarrier, Lewis, et al, 2001).

It is important to note that while the TTM and MI have both received much popular support in the field of substance use, a number of criticisms with regard to the applicability, assessment and effectiveness of the model have also been made. Miller and Rollnick (2005) have themselves cautioned that MI is not a catch-all approach for all problems. Given the relative youth of the models, it is unsurprising that in addition to the aforementioned studies supporting its use, there are also a number which do not (Miller, Yahne & Tonigan, 2003). Questions have also been raised regarding the assessment of stages of change. The first assessment tool used to identify stages of change in behaviour was the University of Rhode Island Change Assessment Scale (URICA) (McConaghy, DiClemente, Prochaska, & Velicer, 1989). This measure was used to categorise individuals into the four main categories of Precontemplation, contemplation, action and maintenance. In addition to early questions around its test-retest reliability, a clear issue with this measure is the absence of the 'Preparation' stage (Carey et al, 1999).

Aims of the current research:

This is an exploratory study. The main aim of the current research is to identify the stage of readiness of prisoners to change their drug use as conceptualised in the Transtheoretical model of change.

Long term, it is hoped the findings of this study could serve as a starting point to develop interventions likely to be effective and for how many in the prison setting.

Method

Design

In clinical practice, a client's drug taking behaviour, steps taken to address the problem of substance use, attitude towards the problem itself and motivational statements are all utilized to assess a client's stage of change. In order efficiently apply this process with 56 participants, the five stages of the TTM were operationalised (see table 1.) based on Prochaska and DiClemente's model (1982). The main factors to be considered; drug taking behaviour, recognition of problem, taking steps and ambivalence were each assessed using reliable quantitative measures.

Table 1: Evaluation of Stage of Change

Precontemplation: In this stage the individual does not identify themselves as having a problem and is not seeking help.
Characteristics: • No change in drug use (not due to incarceration) • Results on SOCRATES: Recognition (Re): Low to very Low awareness of problem with drugs. May sometimes deny presence of problem Taking Steps (Ts): Low to very Low Taking Steps Ambivalence (Am): Low to very low Ambivalence • Unaware of problem with drugs, unwilling to change drug taking behaviour in the near future.

Contemplation: In this stage the individual does identify themselves as having a problem but has not yet made any relevant behavioural changes

Characteristics:

- No change in drug use (not due to incarceration)
- Results on SOCRATES

  Recognition (Re): Medium/Low to high awareness of problem with drugs.

  Taking steps (Ts): Low to very Low Taking Steps

  Ambivalence (Am): Medium to high levels of Ambivalence
- Reports considering changing drug taking behaviour in the near future though has not implemented any change as of yet.

Preparation: In this stage the individual recognises that they have a problem and initial behavioural changes are evident.

Characteristics[1]:

- Has made efforts to change pattern of drug use (not due to incarceration). In this stage, individuals may report frequent lapses and reported changes in drug use may not be consistent over time.
- Results on SOCRATES

  Recognition: Medium/Low to high awareness of problem with drugs.

  Taking steps: Low to Medium level of taking steps
- May have engaged with a service to support their efforts to stop using drugs.

[1] In the next three stages, preparation, action and maintenance, low ambivalence scores are considered in light of scores on the recognition scale. For example, a low ambivalence score with a high recognition score would reflect an individual who does not wonder if they have a problem because they *know* their substance use is causing a problem; whereas an individual may record a low ambivalence score and a low recognition score because they *know they do not* have a problem with substance use.

Action: In this stage the individual has actively changed their behaviour and this change is consistent over a period of time no less than six months.

Characteristics:

- Is not using drugs (not due to incarceration)
- Results on SOCRATES

  Recognition: Medium to high awareness of problem with drugs and has made efforts to distance self from triggering elements. E.g. Peer relationships which may increase drug use

  Taking steps: Medium to high level of taking steps.
- May have engaged with a service to support their efforts to stop using drugs.

Maintenance: In this stage the individual has actively changed their behaviour and this change is consistent over a period of time no less than two years

Characteristics:

- Is not using drugs (not due to incarceration)
- Results on SOCRATES

  Recognition: Medium to high awareness of problem with drugs and has made efforts to distance self from triggering elements. E.g. Peer relationships which may increase drug use

  Taking steps: Medium to high level of taking steps.
- Has been tested in high-risk situations and has not used drugs.
- May have engaged with a service to support their efforts to stop using drugs.

Participants.

Fifty six adult males, currently incarcerated in a prison in Ireland, between the ages of twenty one and forty nine with a mean age of twenty nine years, took part in this research. In terms of number of participants, the goal of the research was to interview one tenth of the overall sample within one Irish prison.

100 participants were randomly selected from the main prison list using prison numbers (PRIS). Each participant received a personalised letter explaining the nature of the research and inviting them to take part in the study (Appendix 1). Of the 100 individuals who received the letter, four prisoners agreed to take part but were excluded from the study as they had never used drugs, twenty three declined the invitation to take part with a further seventeen unable to participate due to illness, temporary/permanent release from the prison or other activities.

The study was approved by the School of Psychology Research Ethics committee, Trinity College Dublin and the Irish Prison Service Ethics Committee (See Appendix 2). Each participant also signed a written consent to take part (See Appendix 3).

Measures

Following an agreement to take part, each participant was interviewed in a private room in the prison. These interviews consisted of:

1. **Participant Demographics**: A standard demographics questionnaire looking at (Appendix 4):

a. Age
b. Marital Status
c. Length of sentence served
d. Time remaining in prison

2. **Substance Use Measures**: Structured questions regarding (Appendix 4)
    a. Drugs used at present, Frequency of use, Drugs no longer used and length of time since the participant stopped using the particular drug.

        Gathering this information provided the researcher with an insight into the participant's drug taking behaviour both current and prior to starting current sentence.

        Drug taking behaviour was assumed *not* to have changed if the participant had used drugs on a regular basis prior to starting a relatively short sentence and, in addition to having low/very low recognition of having a problem with drugs, had not used since starting his sentence. As illicit/non-prescribed drug use is illegal in prison, a person who has not been incarcerated previously may not know who to contact to acquire drugs or how to smuggle them in themselves.

3. Whether the participant had engaged with any services available in the prison.
4. **Transtheorectical model variables Measure:** The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES – Appendix 5) The SOCRATES was initially developed from the URICA to assess individuals identified as having problems with alcohol (Miller & Tonigan, 1996). It has since been modified for

use with individuals with drug addictions (Isenhart, 1994). This questionnaire is a 19-item self-report measure that assesses an individual's recognition of having a problem with drugs (Re), ambivalence about making the necessary changes to address problem (Am) and the steps already taken to address problem (Ts). It is regularly used in the Irish Prison service. The reliability of the measure has been questioned when applied to the TTM stages themselves (Napper, Wood, Jaffe, Fisher, Reynolds, & Klahn, 2008) and factor analysis has confirmed that this measure does not represent stages (Carey, Purmine, Maisto, & Carey, 1999). Instead, this measure has shown to be both reliable and consistent in measuring recognition and taking steps, though ambivalence has recorded mixed results (Carey et al, 1999). It is for this reason that the SOCRATES was not used independently to assess stage of change, but was supplemented by an additional analysis of drug-taking behaviour[2].

Procedure

Data collection for this study took place over the course of one month and all interviews were conducted by one researcher ensuring consistency of approach. During each interview, in accordance with the safety policies of the prison, a prison officer was assigned to the researcher to collect prisoners from their cells and accompany them to the

[2] Any corrections made to the questions in the SOCRATES by the participants were noted. For example, if a participant answered 'disagree' to the statement 'Sometimes I wonder if I am in control of my drug use' but then said to the researcher – I don't wonder, I know" this was noted. Moreover, 'readiness statements' such as 'I want to change my drug use' or 'I want to be clean when I leave here' were noted. According to Miller & Rollnick (2002) statements such as these, reflect a readiness to consider change on the part of the client and should be responded to in a therapy setting. While a research setting was not appropriate to make such a response, these were still important in terms of the participant's readiness for change.

interview room. The prison officer remained outside the room during each interview but was not able to hear the content of the discussion.

52% of the population in Irish prisons have been reported as having significant literacy problems (Morgan & Kett, 2003). It was possible; therefore, that many prisoners who received a letter would not fully understand the nature of the research. As a result, the researcher verbally explained the project and read the letter aloud before presenting them with a consent form which they then could choose to sign.

Illicit drug use is illegal in Ireland and possession and use of illicit/non-prescribed drugs is illegal in Irish prisons. As a result, Prisoners were assured that all information regarding their drug use would be kept fully confidential and any identifying information (e.g. sentence, attendance to services etc) would be treated sensitively. No incentive was offered for compliance.

Following each interview, all information collected was randomly coded to ensure that the participant could not be identified, even by the researcher.

Data Analysis

Results for each scale of the SOCRATES were scored for each participant in accordance with the guidelines outlined by PROJECT MATCH (1993) (Appendix 5). A profile for each client was developed using these results, the participant's age, marital status and sentence, drug use reported and services engaged with. As previously outlined, using the TTM stages of change as a guide (table 1), the researcher coded each profile as Precontemplation, Contemplation, Preparation, Action or Maintenance.

Using the same criteria, these profiles were assessed a second time by the Senior Clinical Psychologist in the Prison. Given that the data were ordinal, Spearman's Rho was used to assess pairwise correlation between the two raters.

Results

Age profile of the prison sample

56 male participants with a mean age of 29.5 years, standard deviation of 6.75 took part in the research. Of this sample, the most frequently occurring ages were 21 and 30 (Please see table 2, Appendix 6 for details).

Marital Status

Table 3 outlines the marital status of the participants. As illustrated in figure 2, the majority, 66%, of the participants were single with a further 22% recording themselves as being in a 'co-habiting' couple. Of the 5% who fell within the 'other' category, one participant was divorced, one was legally separated and the final participant had been widowed.

Table 3: Marital Status of participants

Marital Status	**Frequency**	**Percentage***
Single	37	66%
Married	4	7%
Living with partner	12	22%
Other	3	5%
Total	56	100%

** Percentages rounded up to closest whole number*

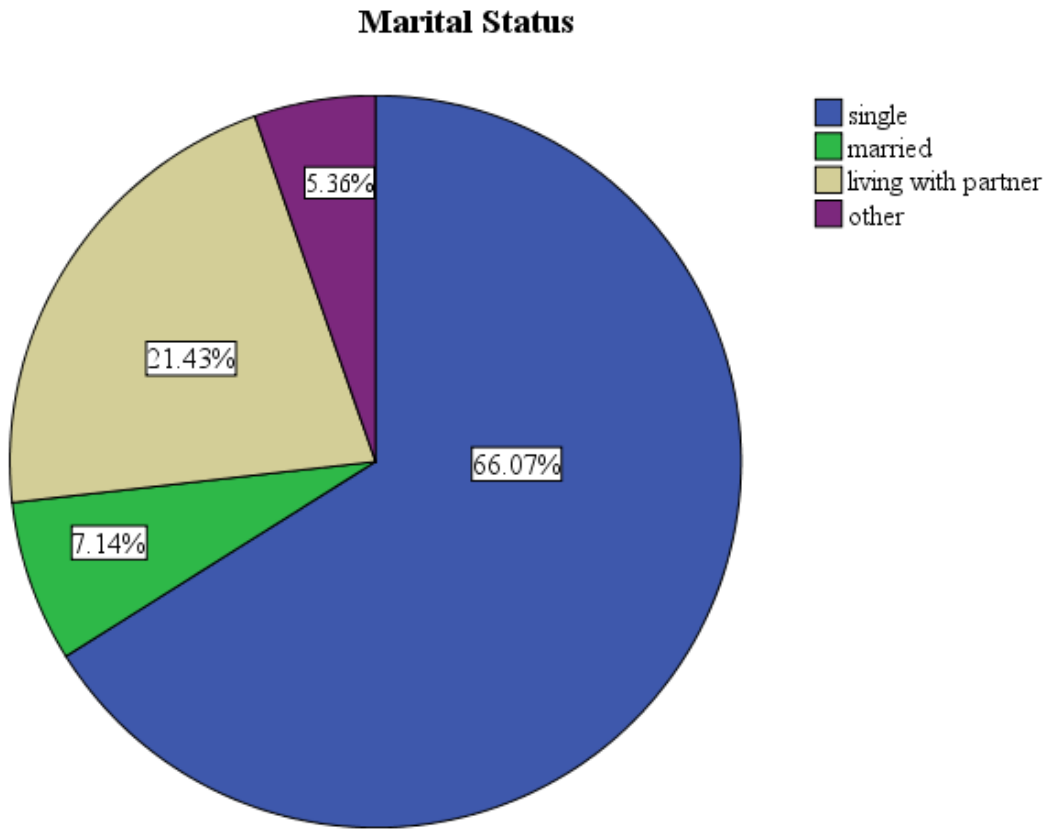


Figure 2: Marital Status of Participants

Sentence Length

As outlined in table 4, the average length of sentence for participants was 65.9 months[3] (Median of 48), with a standard deviation of 60.5 months representing large variation in the sample. The mean time spent in prison to date was 25.9 (Median was 18.5) with the minimum time of 2 days and a maximum of 108 months. The minimum sentence received by this sample was 2 months with the maximum sentence of life in prison.

[3] This study only looked at the participant's current sentences. The researcher was made aware that a large number of the participants had spent time in prison prior to their current sentence but this was not explored in this study.

Table 4: Length of Sentence in Prison

Prison Sentence	**Frequency**	**Percentage***
< 6 months	6	11%
7 – 12 months	4	7%
13 – 36 months	15	27%
37 – 72 months	13	23%
> 72 months	18	32%
Total	56	100%

** Percentages rounded up to closest whole number*

Drug Use in Prison

The main inclusion criterion for this study was that each participant reported current or previous use of drugs. In describing their drug use both before and during their current sentence, the participants appeared open to discussing their use and provided much detail regarding age of first use, route of use and reflections on use which cannot be included in the current study. The drugs most frequently used in prison were non-prescribed sedatives, with 66% (n = 37) of the sample reporting use. As outlined in table 5, of these, 14% (n = 8) reported daily use, with a further 29% (n = 16) reporting weekly use. The second most commonly used drug in prison was cannabis with 63% (n = 35) of the sample reporting current use. Of all the participants interviewed, 32% (n = 18) reported

Table 5: Drug Use reported by participants

Named Substance	**Never Used**	**No Longer Using**	**Daily Use**	**Weekly Use**	**Fortnightly Use**	**Monthly Use**	**Total Percentage currently using**
Sedatives (All)	23%	11%	14%	29%	3%	20%	66%
Unspecified Benzodiazepine	*70%*	*2%*	*7%*	*12%*	-	*9%*	
Diazepan	*94%*	*2%*	*2%*	-	-	*2%*	
Tranquillizers	*98%*	-	*2%*	-	-	-	
D5/D10	*87%*	*2%*	*2%*	*7%*	-	*2%*	
'Sleeping tablets'	*89%*	-	-	*4%*	-	*7%*	
Flurazepan	*92%*	*4%*	*2%*	*2%*	-	-	
Sedatives excluding benzodiazepine - Zymovane	*54%*	*16%*	*9%*	*12%*	*4%*	*5%*	
Cannabis	5%	32%	39%	14%	4%	6%	63%
Opiate type drug (Heroin)	34%	11%	25%	18%	7%	5%	55%
Stimulant (Cocaine)	20%	64%	2%	3%	2%	9%	16%
MethyleneDioxyMethAmphetamine (Ecstasy)	30%	61%	-	2%	-	7%	9%
Freebase Cocaine (Crack)	84%	14%	-	-	-	2%	2%
Stimulant (Unspecified amphetamines – 'Speed')	68%	32%	-	-	-	-	0%
Stimulant (Unspecified amphetamines)	98%	2%	-	-	-	-	0%
Manufactured (LSD) and Mushrooms	62%	38%	-	-	-	-	0%
Volatile Inhalants	91%	9%	-	-	-	-	0%

that they had stopped using cannabis[4]. The third most frequently used drug in prison, reported by the current sample, was heroin. 55% (n = 31) of participants reported that they used heroin in prison. 25% (n = 14) used heroin on a daily basis, while 18% (n = 10) used heroin weekly[5]. Other drugs participants reported using in prison, though to a lesser extent, included cocaine, methylenedioxymethamphetamine (ecstasy), and freebase cocaine (Crack).

Use of Services available in the Prison

In questioning whether participants made use of services in the prison, a majority of 75% did not have any contact with services in the prison (See figure 3). Of the remaining 14 participants, 7 (12.5%) attended the psychology service, 6 (10.7%) attended addiction counselling and 1 participant attended both the psychology service and the addiction counselling service.

Stage of Change

To assess inter-rater reliability between raters, the Spearman's Rho correlation co-efficient was used yielding a strong correlation ($r(56) = 0.95$, $p<0.01$). In outlining the following findings, one can be reasonably confident that the decision reached regarding the stage of readiness to change drug use for each participant would be one that another clinician would reach given the data collected and within the parameters set.

[4] This was not explored in detail in the current study. However, anecdotally, the researcher noted that a number of participants cited 'paranoia' as the main reason they stopped using cannabis.
[5] Weekly use includes those participants who use any drug mentioned up to five times a week. Fortnightly use was used as a category to identify those who used up to five times a fortnight. Monthly use was categorized along the same lines.

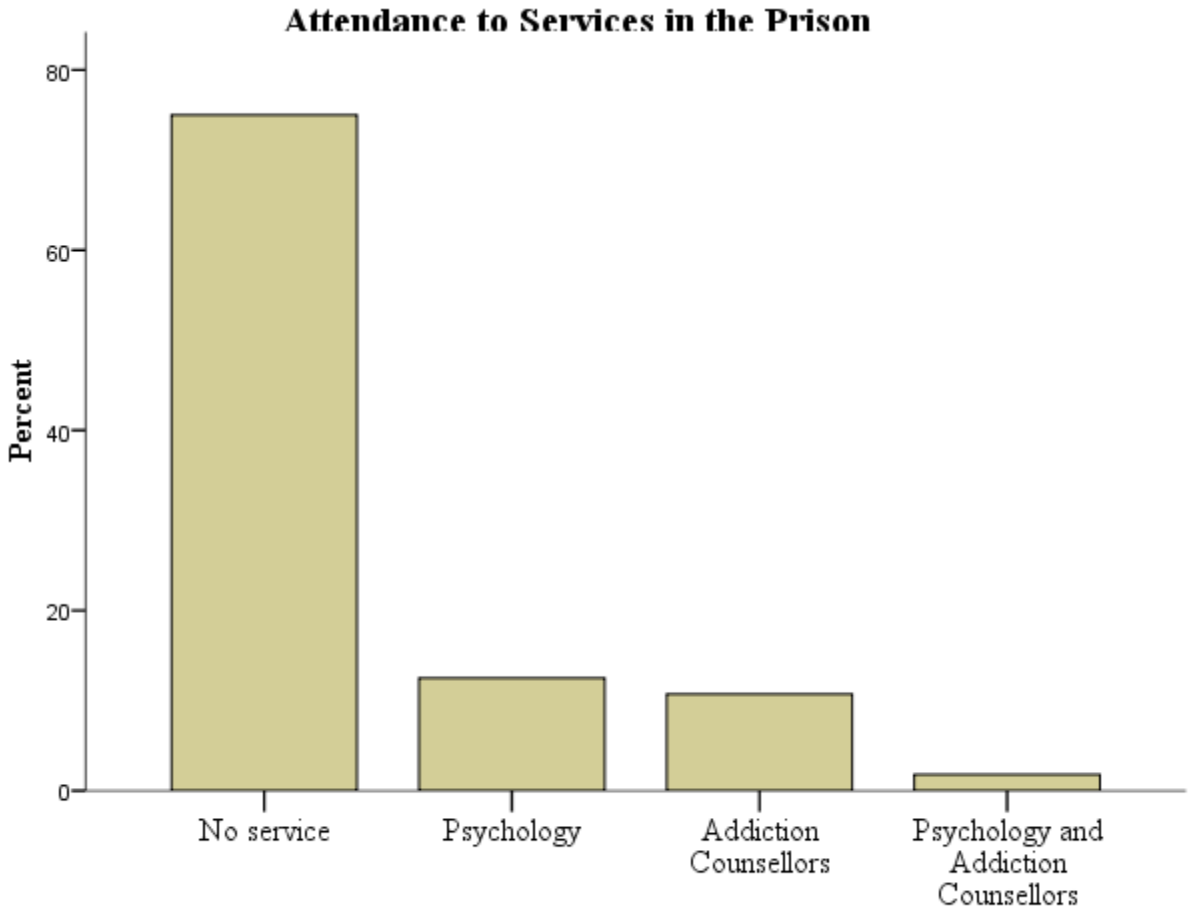


Figure 3: Attendance to Services in the Prison

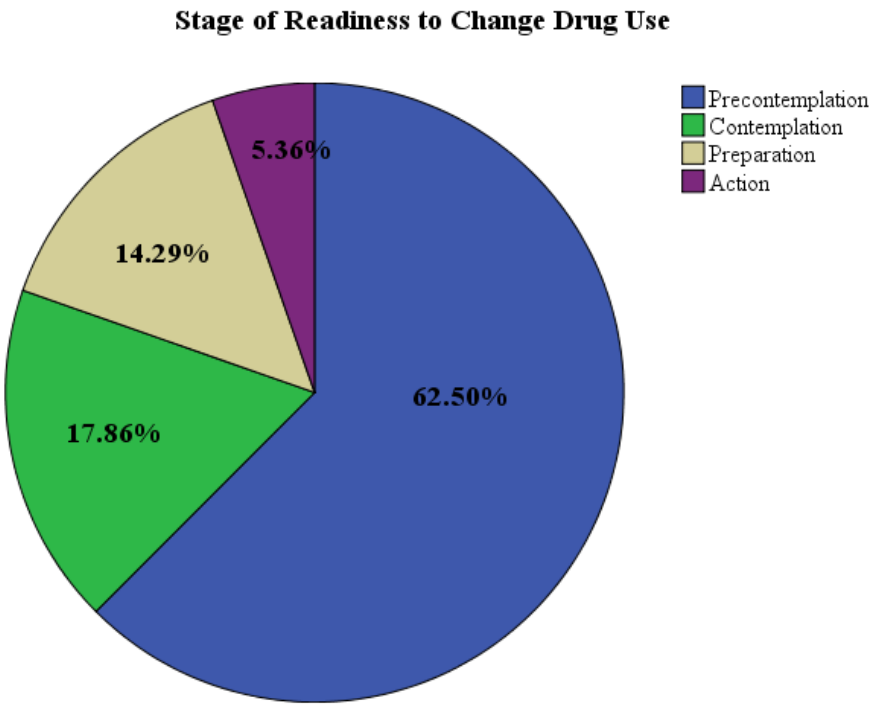
Of the current sample, a majority, 63% (n = 35), of participants were not considering changing their drug use at the time of the study, placing them in the precontemplative stage of readiness. 18% (n = 10) of participants appeared to recognise that their drug use was causing them problems and were evaluating factors for or against change, placing them in the contemplative stage of readiness to change drug use. 14% (n = 8) of participants not only recognised problems with their drug use but reported some level of planning to take steps to address this problem. Only 3 out of the 56 participants

reported specific behavioural change consistent over 6 months placing them in the Action stage of readiness to change.

Table 6: Stage of readiness to change drug use

Stage of Readiness to Change Drug Use	**Frequency**	**Percentage***
Precontemplation	35	63%
Contemplation	10	18%
Preparaption	8	14%
Action	3	5%
Maintenance	0	0%
Total	56	100%

** Percentages rounded up to closest whole number*



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Discussion

Summary of results

The aim of the current study was to explore prisoner's readiness to change their drug use in an Irish prison setting. The study found that the majority of participants (63%) in the population sampled could be described as unaware of their drug problem and/or discouraged when considering changing their use of drugs. 18% of the sample were characterised as contemplative and were considering change while 14% of the sample were making plans to change their drug use and were in the Preparation stage of readiness. Out of the 56 males interviewed, only 5% could be characterised as in the Action stage, having made significant changes to their drug use.

Demographic profile of participants

The demographic profile of the participants interviewed in this study is comparable to profiles reported in previous research. For example, O'Mahony (1997) reported an average age of 28.3, with a standard deviation of 7.1. He noted that his finding represented an increase of one year in the average age of the prison population when compared to the 1986 survey of the composition of the prison population. This study has found a similar increase in the age profile. In terms of marital status, 64% of O'Mahony's sample were not in a relationship at the time of the study and this was also the case in this current research. Overall, the demographic results gathered would appear to be representative of the prison population

Sentencing

In terms of sentence length, there appears to be a large discrepancy between the current study and previous studies. While the current study recorded an average sentence length of 65.9 months, this is significantly higher than the sentence lengths reported in previous studies. O'Mahony (1999) reported an average sentence length of 31.5 months, he also commented that the vast majority (76%) of sentence lengths in Ireland is typically less than 6 months.

There are a number of possible reasons for this discrepancy. Firstly, sample selection for the current study included an exclusion criteria for those who were not currently using/or had not previously used illicit/non-prescribed drugs. One could propose that individuals using drugs serve longer sentences. However, given that a random sample of the prison population was used, this would not account for this discrepancy. More likely explanations for this finding are that the method used in the current study differs from previous studies which may have noted official sentencing, or that due to overcrowding in Irish prisons at present, the individuals available for the study over the period of the research were those serving longer sentences. This is a question that warrants further examination.

Drug Use

An interesting finding from the current study is that the most frequently used drug in the current sample is non-prescribed sedatives. Dillon (2001) reported that heroin and cannabis were the most commonly used drugs in the prison setting. O'Mahony (1997) also reported a similar finding. 86% of his sample (n=124) reported using cannabis in

prison. The current study records a lower figure of 63%. 66% of the 1997 sample reported use of heroin while the current study recorded a slightly lower figure of 55%. These findings appear to represent a departure from more traditional drug use in the prison setting and further examination of this would be beneficial.

Main findings

In proposing this research in response to current policy to effectively address drug use in prison, the IPS Psychology Service sought to explore the various levels of readiness to change drug use in the prison setting. The findings from the current study illustrate that individuals using drugs in prison indeed differ in their preparedness to change their drug use with the majority (63%) in this particular prison setting described as precontemplative.

The precontemplative stage of change is conceptualised as a state of unawareness of a problem with behaviour. Individuals in this stage are likely to feel discouraged or impassive when offered an intervention for drug taking behaviour. According to Miller & Rollnick (2005), approaching a person in this stage requires a service to explore why they currently feel that way and offer low intensity interventions[6] which aim to increase awareness of risk.

18% of the sample interviewed responded to the questions in a manner which reflected that they were beginning to think about changing their drug use. This is the stage where individuals feel high levels of ambivalence and are most open to information

[6] According to Miller, Rollnick & Bell (1993), high intensity programmes produce less results with this group

about their behaviour, particularly through Motivational interviewing (MI) (Miller & Rollnick, 2005).

The current study found 14% of the sample was in the Preparation stage of readiness to change their drug use. Again, drawing on MI techniques, the most appropriate approach would be to strengthen an individuals resolve to change problem behaviour by helping them to identify realistic goals.

Finally, while no individuals in the sample interviewed could be described as being in the Maintenance stage of change, 5% were in the Action stage of change where overt modification of problem behaviour occurs. Particularly in the prison environment where, as studies have consistently shown, a 'drug culture' is a predominant feature, providing these individuals with support at times when they might miss their 'old life' is important. Within the Irish prison setting, this could be achieved through drug free landings and affirmation that they have made the right choice through reinforcements.

As previously outlined, using the Transtheoretical model to inform interventions has found support in other fields in offence related work (e.g. Wong & Gordon, 2006). Other researchers have proposed that the TTM does not provide adequate guidance on how to use stage information to guide treatment (Carey et al, 1999). Moreover, researchers have also argued that conceptualising change in distinct algorithms is logically flawed (Sutton, 2001). As outlined previously, support for the use of the model, and for use of MI is mixed. Despite these criticisms, conceptualising readiness to change in stages is extremely popular in the area of substance abuse treatment and continued exploration and modification of the model is important to further efforts to provide effective drug treatment.

Limitations of the current study

The findings in this study do not reflect the drug taking behaviour of prisoners incarcerated in the Irish prison service as a whole. As noted by Allwright, Barry, Bradley et al (1999), certain prisons in Ireland are significantly more likely to house a large drug-taking population than others.

Like many other studies examining stages of change, a methodological flaw arises in this study with regards to the means of assessment. In order to address the main criticism of the SOCRATES, that it does not measure stages of change (Napper et al, 2008), this study attempted to replicate the process of assessment in a therapeutic one-to-one setting. Not only did it look at recognition of problem, ambivalence and taking steps through the SOCRATES, but it also used self-reported drug-use and engagement with services as a more realistic measure of actual behaviour. While efforts were made to reduce the subjectivity of this method using multiple raters, this remains a limitation of the study.

The validity of results from the SOCRATES must also be questioned. A number of subjects made statements reflecting an acknowledgement that they had a problem/readiness to change during the general interview but responded “disagree’ to recognition items on the questionnaire. Further exploration of this tool is warranted for future studies.

Conclusion

Supporting prisoners in their efforts to change their drug use should begin by exploring their needs. The Trantheoretical model provides a framework to assess the various stages of readiness individuals move through when making changes to their behaviour. This exploratory study highlighted the high number of individuals with little motivation to change their drug use in an Irish prison setting. While using this information to inform individualised treatments has received mixed support, this is a starting point from which decisions regarding interventions for drug use in prisons can be developed.

References

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Appendices.

Contents:

Appendix 1: **Letter to participants**

Dear _____,

My name is XXX. I am a postgraduate student on a Clinical Psychology course in Trinity College Dublin and I am currently on placement in XXX Prison.

I am carrying out research looking at attitudes towards drug use in prison.
The study would involve a short interview (it should take about 20 minutes). If you have ever used drugs, I would be grateful if you would be willing to take part in this study.

I will call you next week for an interview but coming to the interview is entirely voluntary. You do not have to take part if you don't want to and you can leave the interview at any time before it is over.

- All information will be kept confidential. No member of the prison staff will be told of anything you discuss with me

The findings of the study will be reported in a college assignment and will be presented to the prison service. The work will be supervised by David Hevey from Trinity College. There will be no way to identify the answers of any individual who took part.

Thank You,

_____

XXXX
Psychologist in Clinical Training

Appendix 2: Ethics Approval from Trinity College Dublin

School of Psychology
University of Dublin, Trinity College
Dublin 2, Ireland

School of Psychology Research Ethics Committee

March 2008

I am pleased to inform you that your application entitled "Motivation to change drug use: a study of prisoners" has been approved by the School of Psychology Research Ethics Committee.

Yours sincerely,

Dr Tim Trimble
Committee Member
School of Psychology Research Ethics Committee

SCHOOL OF PSYCHOLOGY
Áras an Phairsaigh
Trinity College
Dublin 2

Ethics Approval from the Irish Prison Service.

Re: Motivation to Change Drug Use: A Study of Prisoners.

Dear XXX

Your application to carry out the above research project was considered by the Prisoner Based Research Ethics Committee.

The Committee decided to grant approval for the research project.

Please provide a copy of this letter to the Governor of the institution/s that you wish to visit as entry to the prison/institution for the purpose of the study is contingent on the agreement of individual governors and appropriate security clearance.

* Please note that the Governor must be contacted in advance of your proposed attendance at the prison/institution.

Yours sincerely,

Secretary

Prisoner Based Research Ethics Committee

Appendix 3: Consent Form & Debrief Protocol:

Drug Research in XXX Prison

I have read the letter from XXX and understand that XX is doing research looking at attitudes towards drug use in XXX prison. I have also been told that XX is a postgraduate student on a Clinical Psychology course in Trinity College Dublin currently on placement in XXX Prison.

If I take part I will be asked questions about drug use which will take about 20 minutes. I understand that no-one but XXX will have access to my information and all my answers will be confidential.

I am aware this study will be written up as a college assignment, supervised by David Hevey, and will be made available to the prison service. But I also know that there will be no way to identify the answers of any individual who took part.

Finally, I understand that I don't have to take part in this study if I don't want to. But if I do take part in the study, I can withdraw before the end of the interview.

I would like to take part in this research

Name:

Date:

Debrief Protocol

- Thank you for taking part in this project.
- The questionnaires completed in session will be kept confidential and nothing that was said in the interview will be repeated to other prison staff.
- Any notes taken will only be used for this research and will be destroyed once the project is finished.
- If speaking about your drug use today has made you think you would like to make some changes in your life, I would be happy to refer you to the addiction counsellors or the psychology department.

Appendix 4

Interview Schedule

Age:
Marital Status:

Sentence Details

Time in Prison:
Release Date:

Drug Use History

Drug Use before imprisonment

Drug Name	Route of Use	Frequency	Age 1st Use	Duration Regular Use

Drug Use in Prison

Drug Name	Route of Use	Frequency	Age 1st Use	Duration Regular Use

Drug Treatment

Are you currently doing anything about your drug use?

Have you ever attended treatment for drug use in the past?

Have any treatments been of value to you?

Are there any services or facilities you would like to see provided in the prison for your drug problem?

Appendix 5: SOCRATES questionnaire and scoring template

CASAA Research Branch

Personal Drug Use Questionnaire
(SOCRATES 8D)

FOR OFFICE USE ONLY
_____ Study
_____ ID
_____ Point
_____ Date
_____ Raid

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drug use*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

	1 Strongly Disagree	2 Disagree	3 Undecided or Unsure	4 Yes Agree	5 YES! Strongly Agree
1. I really want to make changes in my use of drugs.	1	2	3	4	5
2. Sometimes I wonder if I am an addict.	1	2	3	4	5
3. If I don't change my drug use soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my use of drugs.	1	2	3	4	5
5. I was using drugs too much at one time, but I've managed to change that.	1	2	3	4	5
6. Sometimes I wonder if my drug use is hurting other people.	1	2	3	4	5
7. I have a drug problem.	1	2	3	4	5
8. I'm not just thinking about changing my drug use, I'm already doing something about it.	1	2	3	4	5
9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10. I have serious problems with drugs.	1	2	3	4	5
11. Sometimes I wonder if I am in control of my drug use.	1	2	3	4	5
12. My drug use is causing a lot of harm.	1	2	3	4	5

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
13. I am actively doing things now to cut down or stop my use of drugs	1	2	3	4	5
14. I want help to keep from going back to the drug problems that I had before.	1	2	3	4	5
15. I know that I have a drug problem.	1	2	3	4	5
16. There are times when I wonder if I use drugs too much	1	2	3	4	5
17. I am a drug addict.	1	2	3	4	5
18. I am working hard to change my drug use	1	2	3	4	5
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before	1	2	3	4	5

SOCRATES-8D SCORING SHEET

Recognition	Ambivalence	Taking Steps
1_____		
	2_____	
3_____		
		4_____
		5_____
	6_____	
7_____		
		8_____
		9_____
10_____		
	11_____	
12_____		
		13_____
		14_____
15_____		
	16_____	
17_____		
		18_____
		19_____
_____	_____	_____
Recognition	Ambivalence	Taking Steps

Recognition + Ambivalence + Taking Steps = _____
Total Socrates Score

INSTRUCTIONS: For each item, copy the circled number from the answer sheet next to the item above. Then sum each column to calculate scale totals. Sum these totals to calculate the Total Socrates Score.

SOCRATES Profile Sheet (19-Item Version 8A)

INSTRUCTIONS: From the SOCRATES Scoring Form (19-Item Version) transfer the total scale scores into the empty boxes at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

DECILE SCORES	Recognition	Ambivalence	Taking Steps
90 Very High		19-20	39-40
80		18	37-38
70 High	35	17	36
60	34	16	34-35
50 Medium	32-33	15	33
40	31	14	31-32
30 Low	29-30	12-13	30
20	27-28	9-11	28-29
10 Very Low	7-26	4-8	8 - 27
RAW SCORES (from Scoring Sheet)	Re=	Am=	Ts=

These interpretive ranges are based on a sample of 1,726 adult men and women presenting for treatment of alcohol problems through Project MATCH. Note that individual scores are therefore being ranked as low, medium, or high *relative to people already presenting for alcohol treatment.*

Guidelines for Interpretation of SOCRATES-8 Scores

Using the SOCRATES Profile Sheet, circle the client's raw score within each of the three scale columns. This provides information as to whether the client's scores are low, average, or high *relative to people already seeking treatment for alcohol problems*. The following are provided as general guidelines for interpretation of scores, but it is wise in an individual case also to examine individual item responses for additional information.

RECOGNITION

HIGH scorers directly acknowledge that they are having problems related to their drinking, tending to express a desire for change and to perceive that harm will continue if they do not change.

LOW scorers deny that alcohol is causing them serious problems, reject diagnostic labels such as "problem drinker" and "alcoholic," and do not express a desire for change.

AMBIVALENCE

HIGH scorers say that they sometimes *wonder* if they are in control of their drinking, are drinking too much, are hurting other people, and/or are alcoholic. Thus a high score reflects ambivalence or uncertainty. A high score here reflects some openness to reflection, as might be particularly expected in the contemplation stage of change.

LOW scorers say that they *do not wonder* whether they drink too much, are in control, are hurting others, or are alcoholic. Note that a person may score low on ambivalence *either* because they "know" their drinking *is* causing problems (high Recognition), *or* because they "know" that they do not have drinking problems (low Recognition). Thus a low Ambivalence score should be interpreted in relation to the Recognition score.

TAKING STEPS

HIGH scorers report that they are already doing things to make a positive change in their drinking, and may have experienced some success in this regard. Change is underway, and they may want help to persist or to prevent backsliding. A high score on this scale has been found to be predictive of successful change.

LOW scorers report that they are not currently doing things to change their drinking, and have not made such changes recently.

Appendix 6: Table 2: Frequency breakdown of Age of Participants

Age	Frequency	Percentage
21	6	10.7
22	3	5.4
23	4	7.1
24	3	5.4
25	3	5.4
26	2	3.6
27	4	7.1
28	4	7.1
29	1	1.8
30	6	10.7
31	1	1.8
32	2	3.6
34	2	3.6
35	5	8.9
36	2	3.6
37	1	1.8
38	2	3.6
39	1	1.8
40	1	1.8
44	1	1.8
45	1	1.8
49	1	1.8
Total	56	100%

Appendix 7: Application to Ethics Committees

Irish Prison Service Research Ethics Committee

Research Application Form

This form must be completed in respect of applications to carry out research involving the prison population

1.

Personal details
Name(s) XXX **Address:** XXXX **Telephone:** XXX **E-mail: XXX** **Fax:**

2.

Title
Please state exact title of research Motivation to Change Drug Use: A Study of Prisoners.

3.

Description
Provide a brief description (approx. 200 words) of the research proposal, including aims and objectives The aim of this research would be to determine the stage of readiness of prisoners to do something about their drug use. Previous research has found that people pass through a number of stages when establishing a long-term change in behaviour (Prochaska & DiClemente, 1984). These stages range from initial precontemplative denial of any behavioural problem to the stage of maintenance where a change has been made and must be maintained. One of the key advantages to identifying stages of change is that it has allowed therapists to tailor the tone of their work to the stage the person is in. In fact, interventions tailored in this way have yielded positive results in the Correctional Services in Canada. This study would be the first step in informing the efficient use of resources for the treatment of drug use in XXX Prison.

4.

Research Methods

Indicate the research methods, including samples, instruments, measures, procedures, analysis, personnel and time scale.

Sample:
100 Prisoners will be chosen at random using their prison numbers (PRIS). Approximately 50 Participants are required for this study (10% of the overall population in XXX Prison) but 100 prisoners will be contacted initially as previous audits of work in the Psychology department have reported a refusal rate of approximately 33%.

Instruments/measures:
Following an explanation of the study and an agreement to take part, each participant will be interviewed. These interviews will consist of:

5. A standard demographics questionnaire
6. The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) questionnaire to assess the stage of readiness of the prisoner to do something about their drug use (Miller & Tonigan, 1996)
7. The Readiness Ruler (Velasquez, Maurer, Crouch & DiClemente, 2001)

Procedures:

1. Each randomly selected prisoner will receive a personalised letter explaining the nature of the research and inviting them to take part in the study.
2. They will be called for an interview where the researcher will explain the nature of the research project and will present them with a consent form which they can choose to sign. Previous researchers have used this method (e.g. O'Mahony, 1997.) As 52% of the population in XXX prison have been reported as having literacy problems (Morgan & Kett, 2003), it is possible that many who receive a letter may not fully understand the nature of the research.
3. The interview, consisting of the aforementioned three measures, will take approximately 20 minutes.

Analysis:
All data will be inputted and analysed using the SPSS computer programme.

Personnel:
All interviews and subsequent analysis will be conducted by XXX. One Prison Officer will be required to be assigned to the researcher during the interviews; to escort the prisoner from his cell, workshop etc. to the interview room.

Time Scale:
As each interview should take approximately 20 minutes, the time scale to complete interviews is 5 days. However, more time may be required if potential problems such as delays, problems with accommodation, refusals, and participants withdrawing consent before the end of their interview are accounted for.

5.

Outcomes

What are the expected benefits of this research for the prison population, in particular, and the Irish Prison Service in general

This study will identify the stage of readiness of prisoners to do something about their drug use. The data can be used to identify which interventions are likely to be effective and for how many in XXX prison as methods that work well with a highly motivated, well prepared person who is ready for active change are quite different to those who that help build motivation in those who are only beginning to think about changing their lifestyle.

6.

Risks

Are there any envisaged risks for the prison population? Please detail, including procedures for minimising risk and for correcting any harm caused by participation in the study.

The assessment tools used require the participant to think about their drug use. Both addiction and psychology service referrals will be available to those who request help with their drug use following the research study.

7.

Consultation with Irish Prison Service

Have you discussed your study with anyone in the Irish Prison Service? Please provide details

The idea for this research study was developed by the psychology service in XXX Prison as part of the Multidisciplinary submission to draft policy document – 'Keeping drugs out of prison' 2006. The Senior Clinical Psychologist, XXX, suggested the study as a suitable piece of work for the researcher, XXX, while on work placement in XXX Prison.

The method, measures and procedures were developed following consultation XXX, Senior Clinical Psychologist, XXX Prison and XXX, Senior Clinical Psychologist, XXX Prison.

8.

Confidentiality

(a) Describe procedures for maintaining confidentiality

Names will not be used. No identifying information will be required. Answer sheets will be numbered and no record of the corresponding participant will be kept.

(b) Describe procedures when confidentiality may be broken, if different from Appendix 1 attached

(c)Do you accept that in signing this pro forma you are accepting the terms outlined in appendix 1? YES/NO please delete as appropriate.

9.

Informed Consent

Specify who will give consent and procedures for obtaining same (please attach a copy of the consent form and of subject information leaflet. If subject has literacy difficulties the researcher must read the material to the subject). If a consent form is not required (e.g. An anonymous survey) a description of the study, specifying all the elements of consent, must be given to all participants.

An information letter will be sent to each participant outlining the details of the study (attached). To ensure that participants fully understand the nature of the study, the researcher will read the details of the information letter and consent form aloud to each participant before they sign. Participants will be informed of their right to withdraw at any point up to the end of the interview. Once the interview is completed, the data are anonymous and participants cannot be identified and therefore their data cannot be withdrawn. They will also be reminded of this before signing the consent form.

All completed questionnaires will be kept in a locked filing cabinet in the psychology department in XXX Prison. FOI will not apply as all data are anonymous.

10.

(a) Please insert below any personal and or professional competencies that you have that would assist you in carrying out this research?

Research Skills:
My research competencies are best outlined by summarising my research experience, through which I developed communication, analytical and investigative skills.

XXXX.

(b) If this research forms part of an academic course, please indicate the following:

Qualifications you are aiming for:
Doctorate in Clinical Psychology
Academic Institution:
Trinity College Dublin
Supervisor:
Academic Supervisor: Mr. David Hevey
Placement Supervisor: XXX
Contact number:
Mr. David Hevey: 01 8961000 (Trinity)
XXX

11.

If this research is being funded please indicate the following:

Funding body:

Contact person:

Contact number:

Please submit confirmation of funding:

12.

Dissemination of research findings

Outline plans for the dissemination of research findings and/or publication

The results of the completed study will be reported to the Irish Prison Service and submitted to the Clinical Psychology Department, Trinity College Dublin, in partial fulfilment of the work required for the Doctorate in Clinical Psychology.

13.

Conflict of interest

Please give details of any potential conflict of interest, including employment with Irish Prison Service or membership of any bodies

14.

Signature	
Signature:	**Date:**

Note:

- *The Prisoner Based Research Ethics Committee advise that you refer to the appropriate sections of the Declaration of Helsinki and give due consideration to the ethical principles/guidelines of your own discipline regarding research*

School of Psychology Research Ethics Committee

Application Checklist

Name of applicant: _XXXXX_____

Date: 23/1/2008

Please read through the checklist below and tick the relevant boxes provided to ensure that each required item has been included with your application. Please put 'N/A' against items that are not relevant to your application. Applications submitted without a completed checklist will not be reviewed by the Committee.

Application Inclusions:	√	**N/A**
Medical ethics approval letter (when testing clinical groups - participants who are currently or have recently undergone active treatment)	☐	**N/A**
For studies involving minors (i.e., participants under age of 16 years), form for obtaining written consent to participate from parent or legal guardian	☐	**N/A**
'Working with Adults' signed declaration form (if submitted with previous application, please give date of submission)	☐	
Signed 'Statutory Declaration Form' when working with minors (if submitted with previous application, please give date of submission)	☐	**N/A**
Letter from clinically responsible person confirming agreement to host study and that sufficient numbers of participants will be forthcoming	√	
Letter of permission from the organisation hosting the study	pending	
Application form (Section 18) states that data will be stored for a minimum of 5 years in line with School of Psychology data protection policy. **N.B. Ticking this box is not sufficient, you must state clearly on Section 18 of the application form that you will implement this specific data storage**	√	
Applicant's and supervisor's signatures on final page of application form	√	
Participant consent form and study information/debriefing sheet	√	

Provision of any advertising material that will be used for the purpose of recruiting participants (e.g., posters)	☐	**N/A**
Study information/debriefing sheet contains contact details of psychological support services that participants may avail of should they experience any distress. Procedure for dealing with/minimising any possible psychological distress in participants to be specified on application form (e.g., in Section 9).	√	
Study information/debriefing sheet contains work contact details (phone number, e-mail and postal address) of applicant and supervisor, if appropriate.	☐	**N/A**
Study's procedure, design and methodology described on application form (Sections 2-4).	√	
Study's consent and debriefing procedures described on application form (Sections 19-21).	√	
If testing/interviewing takes one hour or more, confirm on application form (Section 6) that participants will be offered at least one break per session.	☐	**N/A**

School of Psychology
Research Ethics Committee

Application for approval

Name of applicant	XXX
Date	22/1/2008
Contact info (e-mail & phone)	XXX
Status (e.g., Name of Course, Staff, post-grad)	Doctorate in Clinical Psychology, Postgraduate Student
Title of project (6 words max.)	Motivation to Change Drug Use: A Study of Prisoners
Supervisor (if appropriate)	David Hevey
Date of proposed start	1/3/2008

(Please note: You may exceed the space provided if necessary)

1. What is the research question to be addressed? (30 words max.)

How are prisoners distributed across stages of change with regard to drug use?

2. Describe the procedures the participants will encounter during the study. This account should convey, in straightforward language, exactly what will happen to participants in your study.

Please attach copies of all **non-standard** questionnaires, interview schedules, etc. (We do not require copies of standard/ published questionnaires)

4. The psychology department has access to a prison list and 100 participants will be randomly selected from this list using their prison numbers (PRIS).
5. Each participant will receive a personalised letter explaining the nature of the research and inviting them to take part in the study.
6. Each participant who has received a letter will be called for an interview. The researcher will again explain the nature of the research project and will present them with a consent form which they can choose to sign. Previous researchers have used this method (e.g. O'Mahony, 1997.) As 52% of the population in XXX prison have been reported as having literacy problems (Morgan & Kett, 2003), it is possible that many who receive a letter may not fully understand the nature of the research.
7. These interviews will consist of:
    a. A demographics questionnaire
    b. The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) questionnaire to assess the stage of readiness of the prisoner to do something about their drug use (Miller & Tonigan, 1996)
    c. The 'Readiness Ruler' (Velasquez, Maurer, Crouch and DiClemente, 2001)

Tick here to confirm attachment

3.	**Participant group**	1. Students only ☐ 2. Other non-clinical groups (e.g. participant panel) ☐ 3. Clinical groups*, i.e. any person who is receiving care/treatment presently or in the past. **(No consent will be given without approval from the relevant hospital/medical ethics authority)** ☐
	How many participants are required?	50 Participants are required (100 prisoners will be contacted initially as previous audits of work in the Psychology department have reported a refusal rate of approximately 33%)
		If using a clinical group, please attach the following documentation: 1. Letter from clinically responsible person confirming agreement and that numbers of participants proposed will be forthcoming ☐ *Tick box to confirm attachment* 2. Copy of application to relevant hospital/medical ethics committee ☐ Application to the Irish Prison Service Ethics Committee has been made and am awaiting feedback *Tick box to confirm attachment*
4.	**What design/ methodology will you use?** **How will reliability and validity be assessed?**	Standard Clinical demographic forms and previously validated questionnaires will be used
5.	**Where will participants be tested / interviewed?**	Participants will be tested in a private therapy room in prison
6.	**How long (per participant) will the testing/ interviewing take?**	The interviewing/testing will take approximately 20 minutes
7.	**Does the study involve deception or withholding of information? If yes, why is this necessary?**	No
8.	**Does the study involve physical risk to the participants? If yes, why is this necessary? How has it been minimised?**	No
9.	**Does the study involve any psychological risk to participants (e.g. upset, worry, stress, fatigue, feelings of being demeaned.)? If yes, how has this been minimised? If no, give reason/s.**	The assessment tools used require the participant to think about their drug use. Both addiction and psychology service referrals will be available to those who request help with their drug use following the research study.
10.	**Does the study involve social risk to participants (e.g. loss of status, privacy or reputation)? If yes, why is this necessary?**	No

	How has it been minimised?	
11.	**Does the study require participants to reveal information of a sensitive nature? If yes, why is this necessary, How will the procedure minimise distress caused by such disclosures?**	Yes. This study requires participants to reveal information about illegal drug use. However, all information will be kept confidential as names will not be used. Any distress caused by disclosure will be addressed by referral to the psychology service in the prison.
12.	**Are there any risks other than those encountered in every day life? If yes, how have they been minimised?**	No
13	**How will confidentiality of participants be assured?**	Names will not be used. No identifying information will be required. Answer sheets will be numbered and no record of the corresponding participant will be kept.
14.	**Will you be administering any substances or requiring participants to refrain from taking any substances? Give the following details of any such substances: a) substance, b) amount, c) desired effect, c) possible side effects, d) what will be done to minimise risks? Why is it necessary to administer or withhold this substance?**	No
15.	**Can participants withdraw from the study at any point? How will this be communicated to participants?**	Yes. Participants will be informed of their right to withdraw at any point up to the end of the interview in the initial information letter. Once the interview is completed, the data are anonymous and participants cannot be identified and therefore their data cannot be withdrawn. They will also be reminded of this before signing the consent form.
16.	**If observational research is to be undertaken without prior consent, describe the situation and how privacy confidentiality and dignity will be preserved?**	n/a
17.	**Will participants be paid? What is the rate of payment?**	**No**
18.	**With reference to the Freedom of Information Act what measures will you take for data storage?**	Please see http://www.tcd.ie/foi/ for details All completed questionnaires will be kept in a locked filing cabinet in the psychology department in XXX Prison. FOI will not apply as all data are anonymous. Data will be stored for 5 years in accordance with School of Psychology policy
19.	**How will consent be obtained?**	**(Attach a copy of the consent form)** *Tick box to confirm*

		attachment To ensure that participants fully understand the nature of the study, the researcher will read the details of the consent form aloud to each participant before they sign.
20.	**Information/ debriefing sheet for participants**	**(This should be no more than 150 words in very accessible language)** *Tick box to confirm attachment* An information letter will be sent to each participant.
21.	**What is your debriefing procedure?**	Participants will be thanked for their participation and will be reminded that all information given with regard to drug use will be kept confidential. They will not only be offered a referral to psychology services if they feel they would like it at this point but they will also be given a referral form should they require any services at a later date.

22. *Declaration of applicant*
I confirm that I have read and will abide by the School of Psychology Ethical Guidelines and the Psychological Society of Ireland guidelines on Ethical Research.

Signature of applicant .....

23. *Declaration of supervisor*
I have read through and approved the contents of this application to the Ethics Committee.

Signature of supervisor .....

Appendix 8: Results from Questionnaires

Precontemplation									
Subject	**Age**	**M. Status[7]**	**Drugs used**	**Frequency of use**	**Methadone Programme**	**Attending a service**	**Recognition[8]**	**Ambivalence**	**Taking Steps**
1	36	S	Heroin Benzos Zymovane Cocaine Cannabis Glue/Gas	Monthly Monthly Monthly Off 16 yrs Off 16 yrs Off 20 yrs	Yes	Psy	10	70	20
2	24	S	Cannabis Cocaine E	Daily Off 2 yrs Off 4 yrs	No	No	20	40	30
3	49	O	Cannabis Cocaine LSD/Acid/Mhrs Speed	Daily Off 10 yrs Off 30 yrs Off 14 yrs	No	No	10	20	10
4	38	M	Heroin Cannabis E Speed LSD/Acid/Mhrs	Off 3 mnths Off 3 mnths Off 3 mnths Off 3 mnths Off 19 yrs	No	No	20	60	40
5	30	S	Heroin Vallium Zymovane Cocaine Cannabis Crack Cocaine E	Daily Off 2 yrs Monthly Off 7 yrs Weekly Off 5 yrs Off 12 yrs	Yes	No	20	40	20
6	28	S	Heroin Benzos LSD/Acid/Mhrs Cannabis Crack Cocaine	Off 2 yrs Weekly Off 6 yrs Daily Off 9 months	No	No	20	40	40

[7] S = Single, M = Married, C = Common-law marriage, O = Other
[8] 10 = very low, 20 = low/very low, 30 = low, 40 = medium/low, 50 = medium, 60 = high/medium, 70 = high, 80 = very high/high, 90 = very high

			E	Monthly					
7	28	S	Heroin Benzos Cocaine LSD/Acid/Mhrs Cannabis E	Weekly Daily Off 1 yr Off 13 yrs Daily Off 10 yrs	No	Psy	10	20	40
8	40	S	Heroin Zymovane Cocaine LSD/Acid/Mhrs Cannabis E Speed	Off 25 yrs Off 2 mnths Off 2 mnths Off 24 yrs Weekly Off 9 yrs Off 9 yrs	No	No	10	40	10
9	27	S	Heroin Zymovane Cocaine LSD/Acid/Mhrs Cannabis E Speed	Weekly Off 6 mnths Off 1 mnth Off 2 yrs Off 13 yrs Off 4 yrs Off 8 yrs	Yes	No	10	30	20
10	22	S	D5/D10 Zymovane Cocaine Cannabis MDMA E Speed	Weekly Weekly Off 2 yrs Daily Off 4 yrs Off 4 yrs Off 2 yrs	No	AC	10	20	10
11	45	C	Heroin Benzos D5/D10 Zymovane Cocaine Cannabis Crack Cocaine	Daily Daily Daily Daily Off 2 yrs Daily Monthly	Yes	No	30	30	20
12	37	C	Heroin Zymovane	Weekly Weekly	Yes	No	30	30	50

			Cocaine LSD/Acid/Mhrs Cannabis Petrol MDMA E Speed	Off 10 yrs Off 20 yrs Off 17 yrs Off 22 yrs Off 20 yrs Off 9 yrs Off 20 yrs					
13	30	C	Heroin Benzos Zymovane Cannabis E Speed	Weekly Weekly Weekly Daily Off 10 yrs Off 10 yrs	Yes	Psy	30	20	20
14	36	O	Heroin Zymovane Cocaine LSD/Acid/Mhrs Cannabis MDMA E	Daily Weekly Off 5 yrs Off 13 yrs Off 2 yra Off 5 yrs Off 13 yrs	Yes	No	20	30	40
15	25	S	Zymovane Cocaine LSD/Acid/Mhrs Cannabis MDMA E Speed	Fortnightly Weekly Off 1 yr Weekly Off 1 yr Off 1 yr Off 1 yr	No	No	10	10	10
16	35	S	Heroin Vallium Amphetamine Zymovane Cocaine LSD/Acid/Mhrs Cannabis E	Fortnightly Vallium Off 10 yrs Monthly Off 2 yrs Off 11 yrs Monthly Off 2 yrs	No	No	20	10	10
17	22	S	Heroin Dalmane	Daily Weekly	No	No	30	20	10

			Zymovane Cocaine Cannabis E	Weekly Off 2 yrs Daily Weekly					
18	21	C	D5/D10 Cocaine Cannabis MDMA E	Monthly Monthly Off 4 mnths Off 1 yr Monthly	No	No	10	10	10
19	39	M	Heroin D5/D10 Cannabis	Daily Weekly Monthly	No	No	30	60	40
20	26	M	Benzos Cocaine Cannabis E	Daily Off 1 mnth Monthly Off 1 mnth	No	No	10	30	30
21	30	M	Heroin Benzos Cocaine Cannabis	Daily Monthly Off 1 mnth Daily	No	No	30	40	20
22	34	C	Heroin Vallium Dalmane Zymovane Cocaine Cannabis Crack Cocaine E	Off 2 yrs Daily Daily Daily Off 2 yrs Daily Off 2 yrs Off 14 yrs	Yes	No	20	40	40
23	23	S	Dalmane D5/D10 Zymovane Cocaine Cannabis E	Off 6 yrs Off 6 yrs Off 6 yrs Off 1 mnth Weekly Off 7 yrs	No	No	10	40	20
24	21	S	Cannabis	Off 9 mnths	No	No	10	10	10
25	31	S	Cocaine LSD/Acid/Mhrs	Monthly Off 13 yrs	No	No	10	10	10

			Cannabis E Speed	Off 16 yrs Off 13 yrs Off 13 yrs					
26	21	S	Cocaine Cannabis E	Monthly Daily Off 3 yrs	No	No	10	10	10
27	30	C	Cannabis	Off 2 months	No	No	10	10	10
28	34	S	Heroin Napsons Dalmane LSD/Acid/Mhrs Cannabis Glue/gas	Weekly Daily Off 16 yrs Off 19 yrs Daily Off 23 yrs	Off 3 months	AC	30	20	80
29	24	C	Heroin Zymovane Cocaine Cannabis Crack cocaine MDMA E	Fortnightly Fortnightly Off 1 month Daily Off 1 yr Off 3 yrs Monthly	Yes	No	20	40	40
30	35	S	Heroin Benzos Cocaine Cannabis Crack Cocaine E Speed	Daily Weekly Fortnightly Off 5 yrs Off 2 yrs Off 17 yrs Off 17 yrs	No	No	10	30	50
31	21	S	Sleeping Tabs Cannabis	Monthly Weekly	No	No	10	30	10
32	21	S	Heroin Sleeping Tabs Cocaine Cannabis E	Daily Monthly Weekly Daily Off 1 yr	No	No	30	60	10
33	27	S	Heroin Sleeping tabs Cocaine	Weekly Weekly Off 2 mnths	Yes	No	10	30	10

			LSD/Acid/Mhrs Cannabis E Speed	Off 9 yrs Daily Off 9 yrs Off 9 yrs					
34	28	C	Sleeping tabs Cocaine Cannabis	Weekly Off 1 yr Weekly	No	No	10	20	20
35	30	S	Sleeping tabs Cocaine Cannabis E Speed	Monthly Off 2 yrs Fortnightly Off 7 Yrs Off 7 Yrs	No	No	10	10	10

Contemplation									
Subject	**Age**	**M. Status**	**Drugs used**	**Frequency of use**	**Methadone Programme**	**Attending a service**	**Recognition**	**Ambivalence**	**Taking Steps**
1	36	S	Heroin Benzos Zymovane Cocaine Cannabis Glue/Gas	Monthly Monthly Monthly Off 16 yrs Off 16 yrs Off 20 yrs	Yes	Psy	10	70	20
2	44	S	Heroin Cannabis Cocaine	Weekly Weekly Off 2 yrs	Yes	No	50	50	20
3	38	S	Heroin Benzos Cocaine LSD/Acid/Mhrs Cannabis Crack Cocaine	Fortnightly Off 17 yrs Off 5 mnths Off 21 yrs Off 10 yrs Off 11 Yrs	Yes	No	10	60	40
4	23	S	Benzos Cocaine E	Weekly Monthly Off 3 yrs	No	No	20	50	20
5	27	C	Heroin	Daily	Yes	AC	20	40	40

			D5/D10 Zymovane Cocaine Cannabis E Speed	Weekly Weekly Off 1 yr Off 9 yrs Off 5 yrs Off 9 yrs					
6	35	C	Heroin Benzos Zymovane Cocaine LSD/Acid/Mhrs Cannabis Petrol E Speed	Weekly Weekly Weekly Off 11 yrs Off 15 yrs Weekly Off 19 yrs Off 11 yrs Off 11 yrs	No	No	20	70	10
7	23	C	D5/D10 Cocaine Cannabis	Weekly Monthly Off 8 yrs	No	No	10	40	40
8	29	S	Heroin Zymovane LSD/Acid/Mhrs Cannabis Glue/Gas E	Daily Daily Off 12 yrs Daily Off 16 yrs Off 12 yrs	Off 2 yrs	No	20	60	20
9	35	S	Heroin Cannabis Crack Cocaine Speed	Daily Daily Off 6 yrs Off 13 yrs	No	No	40	60	30
10	25	S	Heroin Benzos Cocaine LSD/Acid/Mhrs Cannabis E Speed	Weekly Monthly Off 2 yrs Off 2 yrs Fortnightly Off 4 yrs Off 4 yrs	Yes	No	50	90	90
11	26	S	Heroin Sleeping tabs	Daily Monthly	No	No	40	60	10

			Cannabis	Daily					

Preparation									
Subject	**Age**	**M. Status**	**Drugs used**	**Frequency of use**	**Methadone Programme**	**Attending a service**	**Recognition**	**Ambivalence**	**Taking Steps**
1	28	S	Cannibas Heroin Benzos Cocaine LSD/Acid/Mhs Speed E	Daily Fortnightly Weekly Off 3 m Off 12 yrs Off 5 yrs Off 5 yrs	Yes	No	50	70	40
2	32	s	Heroin Zymovane Benzo Cocaine Cannibas Crack Cocaine E	Daily Daily Weekly Off 12 yrs Off 17 yrs Off 1 yr Off 12 yrs	Yes	AC	60	90	90
3	25	S	Heroin Benzos Zymovane Cocaine Cannabis E	Daily Daily Daily Weekly Daily Monthly	No	AC	50	30	40
4	35	M	Heroin Cocaine	Monthly Off 12 yrs	Yes	Psy	20	60	80
5	32	O	Heroin Benzos Zymovane Cocaine Cannibas	Weekly Monthly Monthly Daily Off 2 yrs	Yes	AC	60	60	80
6	30	S	Heroin Benzos Cocaine LSD/Acid/Mhs	Monthly Monthly Off 3 yrs Off 13 yrs	Yes	Psy	60	10	50

			Cannibas E	Off 15 yrs Off 4 yrs					
7	22	S	Zymovane Cocaine Cannabis E	Off 18 mnths Off 7 mnths Daily Off 6 yrs	No	AC & PSY	20	70	50
8	24	C	Cocaine Cannabis MDMA E	Off 3 yrs Off 2 mnths Off 3 yrs Off 3 yrs	No	No	10	70	40

Action									
Subject	**Age**	**M. Status**	**Drugs used**	**Frequency of use**	**Methadone Programme**	**Attending a service**	**Recognition**	**Ambivalence**	**Taking Steps**
1	27	S	Heroin Zymovane Cocaine LSD/Acid/Mhrs Cannabis E	Off 3 mnths (R[9]) Off 1 yr Off 3 mnths (R) Off 3 mnths (R) Off 5 yrs Off 2 yrs	No	Psy	60	60	90
2	23	S	Heroin Cocaine Cannabis E	Off 2 mnths (R) Off 1 yr Off 4 yrs Off 5 yrs	No	Psy	50	30	90
3	21	S	Cocaine LSD/Acid/Mhrs E Speed	Off 1 yr Off 4 yrs Off 1 yr Off 1 yr	No	No	10	20	10

[9] R = Relapse.