



KEEPING DRUGS OUT OF PRISONS

Drugs Policy & Strategy

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1: INTRODUCTION

In caring for prisoners with a history of drug abuse, the Irish Prison Service is conscious of the commitment in our Mission Statement:

'The mission of the Irish Prison Service is to provide safe, secure and humane custody for people who are sent to prison. The Service is committed to managing custodial sentences in a way which encourages and supports prisoners in their endeavouring to live law abiding and purposeful lives as valued members of society'

The Irish Prison Service is mindful of its obligations as an agency of the criminal justice system and, in particular, its role in ensuring that there is no place for drugs in prison. Prison management and staff face these very considerable twin challenges on a daily basis. The combination of these challenges sets the prison environment apart from other settings in which services are provided for people who abuse drugs.

There are factors in the prison environment which influence and shape interventions in relation to illicit drugs. Drugs, if they are present, can be a currency in prison systems. They can be bartered and sold and give rise to bullying and intimidation, up to and including violent behaviour. Tackling the problem of drugs in prison is not just about dealing with addiction at the level of the individual prisoner, it is also about dealing with the safety and protection of all prisoners and all prison staff who are in close confines 24-hours a day, 365 days a year.

The Irish Prison Service is conscious of the fact that prisoners come from the community and, upon completion of their sentence, will return to it. Those who have begun to tackle addiction prior to imprisonment will continue to receive support during their time in prison. For those who enter prison with addiction problems, the time spent in prison is an opportunity to deal decisively with both their addiction and offending behaviour.

Statements of Principle

In this context, the approach of the Irish Prison Service to dealing with the issue of drugs in prison translates into three key statements of principle. These are:

1. The presence of drugs in prison will not be tolerated.
2. Prisoners will be encouraged and supported to develop a responsible attitude to drugs, both while in prison and following release, through a range of measures including education and counselling.
3. Prisoners who are addicted to drugs or have other medical problems caused by the misuse of drugs will be offered every reasonable care and assistance.

Aims of Policy

This Irish Prison Service Drugs Policy aims to:

- Eliminate the supply of drugs into prisons, and thereby
 - Contribute to the provision of a safe environment for all who live in, work in, and visit prisons, and
 - Assist in maintaining good order by stopping the flow and trade of drugs into and within prisons.
- Provide prisoners with a range of opportunities which encourage them to adopt a drug-free lifestyle, before and after release, thereby reducing demand for drugs, by
 - Supporting care initiatives for prisoners that address social, physical and psychological consequences of drug misuse, within prison and following release into the community, and
 - Providing health promotion and lifestyle change information and material to prisoners.

Strategic Approach

Informed by these principles and aims, the Irish Prison Service adopts a twin track approach to this issue - supply elimination and demand reduction. This Policy & Strategy outlines:

Policy

- The range of approaches that should be undertaken by each institution to eliminate the presence of drugs in prisons.
- The range of services that should be available to prisoners in each institution.

Strategy

- Who is responsible for the delivery of each element of the Policy.
- The measures that will be put in place to support the implementation of the Policy and measure progress on its implementation.

2: SUPPLY ELIMINATION

There is no acceptable level of drug abuse and the Irish Prison Service is committed to preventing drugs entering prisons. By achieving this goal it will be ensuring a safer and more secure environment in which opportunities for prisoners to abuse drugs are eliminated. This may then act as an incentive for, and encouragement to, prisoners to access treatment programmes and to seek help and support with their addiction. Failure to take action in this area will undermine any treatment gains and will leave them more prone to relapse if they return to former lifestyles or associate with other drug-abusers on release.

Prisoners may attempt to gain access to substances in prison from three main sources. These are:

1. Smuggling into prison (e.g. Illicit drugs such as heroin, cocaine, cannabis etc.)
2. Diversion from legal sources in prison (e.g. licit drugs, inhalants such as glue)
3. Substances manufactured in prison (e.g. alcohol)

The supply elimination methodologies employed by the IPS will encompass all three potential sources, and will focus, in particular, on the smuggling of drugs from the outside into prisons.

Prisons need to admit contractors and service providers, receive mail, food supplies and other deliveries, and prisoners must receive visits from family and friends. All these necessary activities are potential routes for the supply of drugs into prison. Prisoners on committal or newly returned from Temporary Release will sometimes attempt to secrete drugs on or inside their person. Pressure can also be put on vulnerable prisoners to bring drugs into prison for other persons. In addition, many Irish prisons are situated in urban areas where maintaining perimeter security can be problematic. The propulsion of drugs over prison walls into areas to which prisoners have access has been a continual problem in recent years.

Measures

Prisons, therefore, will deploy a balanced range of measures to eliminate the supply and use of drugs in prison, These will include:

General Security

- Each Governor will appoint a Drugs Security Officer who will collate all information regarding drug supply and usage and report to the prison Security Committee. This Committee will in turn report directly to the Governor whose personal responsibility it is to implement this policy.
- The Security Committee in each prison will examine how drugs can come into the prison and will make recommendations to the Governor as to how these routes can be eliminated. The Committee will also review all current supply elimination measures relating to committals, temporary release returnees, escorts, work parties, waiting rooms, gates, search areas, visiting boxes, deliveries, transport and visiting and searching facilities. It will make recommendations to the Governor to update and upgrade these measures with a view to ensuring that they are effective.
- Effective security measures will be put in place to eliminate the supply of drugs.
- Staff vigilance will remain the primary detection tool.
- Each prison will maintain a close working relationship with local Gardaí and devise a procedure whereby those suspected of attempting to bring in and pass over drugs to prisoners, and those reasonably suspected of being in possession of drugs, are reported to the Gardaí.
- An intelligence-led approach will be used to target those supplying and misusing drugs.

Mandatory Drug Testing (MDT)

- A random sample of 5% to 10% of prisoners each month will be drug tested, to monitor and deter drug-misuse.
- A positive test result or a refusal to take a test will result in sanctions being applied.

Canine Units

- Passive drug detection dogs will be made available to all institutions to aid the detection of drugs within prison and to enhance the detection of smuggling attempts.

Controls in visits areas and Sanctions on visitors

- Visits are an important part of prison life. However, they are also a key area in relation to the supply of drugs. Each prison must implement measures aimed at eliminating the supply of drugs through prison visits.
- Facilities for screened visits should be installed in all closed prisons.
- Physical contact between a prisoner and his or her visitor should not be permitted unless the Governor, or an officer acting on behalf of the Governor, is personally satisfied that, in the circumstances of any particular visit and in the light of the other counter-drugs measures in place, there is no likelihood of a transfer of drugs.
- Having regard to the type of prison, any un-screened visits should be booked in advance. This would eliminate the “rush-half-hour” just before the end of visits.
- An Agreed Visitors System will be put in place in all closed prisons. This will allow the prisoner to identify a specified number of proposed visitors. Visitors will have to produce a means of photo-identification which clearly shows their name and address, before being allowed to visit. Excluding children and legal representatives, only those persons on this list, following approval by the Governor, will be permitted to visit upon production of photo identification. This will eliminate the practice of visitors giving false names in order to pass over drugs on visits.
- Optimal use should be made of CCTV cameras in visiting areas and waiting areas. The presence of CCTV will act to discourage the use of visits as a means of introducing drugs into the prison and also aid detection when drugs are passed.
- Tables used in any visiting area that is not screened should be of a design intended to prevent the handing over of drugs.
- Random searches of prisoners after visits should not be confined to known drug users but should also include prisoners who could be put under pressure to bring in drugs for others.

- The use of passive dogs to detect drugs on visitors entering the prison should be available to each Governor where appropriate. Any person identified by the passive dog should be offered a screened visit.

Searches

- All persons, including staff and visitors, entering the prison may be requested to agree to be searched. If a person does not agree to a search, they may be refused entry. If a person is found to have drugs, or what are thought to be drugs, on their person they will be held and the Gardaí will be called.
- Staff are trained in the identification of drugs and the procedures required to search for drugs effectively.
- Prisoners are searched when they have been in contact with persons from outside the prison and where there is reasonable suspicion that they are concealing drugs on their person.
- Prisoners and their cells are searched regularly.
- All searches are recorded including the name of the prisoner, the names of the Prison Officers who conduct the search and the outcome of the search.
- All parcels and correspondence entering the prison will be searched for drugs. If drugs are found, they will be confiscated and the Gardaí will be informed.

Perimeter and physical security

- Having regard to the type of prison and where appropriate, nets will be placed over exercise yards that are subjected to having drugs thrown over the boundary wall into the yard, on foot of a request from the local Governor.
- Where possible, sterile zones will be established outside prison walls.
- All new prison developments will be designed to make it difficult to get drugs into prison.

Voluntary Drug Testing Units

- For many offenders, prison will provide the first opportunity to escape from an environment in which drug-misuse is prevalent, and VDTU's offers prisoners support to maintain and/or the opportunity to demonstrate compliance.

- Voluntary Drug Testing Units will be established within each closed prison to allow those who have given up drugs and those who do not misuse drugs to reside in an environment that has enhanced supports to maintain their drug free status. Incentives will be made available to prisoners on these Units, such as enhanced diet, additional visits, phone calls, letters, etc.
- VDTUs will operate in addition to Mandatory Drug Testing which will be provided for under the Prison Rules.

Ancillary Security Measures

- Local policies may be established regarding monetary control, in order to ensure as far as possible that prisoners do not have the ability to purchase drugs, and are not in a position to keep drugs-related money, without the risk of suspicion.
- Anti-bullying strategies will be developed, aimed at supporting those who may be pressurised to become involved in drug use, smuggling or trafficking.

Seizure Analysis

- Prisons will record accurate statistics of drug seizures by location of seizure, method of introduction to the prison, type of drug, amount etc.
- This will not only provide data for future policy making but allow prisons to adapt tactically to threats as they arise.
- A process for prisons to share information on existing and emerging security threats in relation to drugs will be established.

3: DEALING WITH DRUG ABUSE

The Irish Prison Service recognises reducing the demand for drugs in prison as a key task. Prisoners, upon completion of their sentence, will return to the community where drugs will be more readily available. Ending prisoner demand for drugs during their time in prison should lead to a reduced demand on their release. The IPS believes that the rehabilitation of drug abusers can best be achieved by the putting in place of a comprehensive range of evidence informed treatment options for prisoners.

Drug abusers who arrive in prison are by no means a homogenous group. Contrary to popular misconception, they are not all injecting drug abusers. They include people who are at different levels of drug addiction, varying from those who abuse so called 'soft' drugs to those - mainly in Dublin prisons - who are deeply addicted to 'hard' drugs such as heroin. People entering prison vary from people who want to come off drugs, to people who may have tried and failed several times to come off drugs, to people who have no inclination at all to stop taking drugs. More recently, we have a growing number of persons being sent to prison who are stabilised on Methadone maintenance and who wish to continue on maintenance while in prison and when they return to the community on release.

Drug abuse is a multifaceted problem and there is no 'one-size-fits-all' solution which can be applied. People who abuse drugs need help if they are to successfully tackle their addiction. In many cases, that help must come in different forms, some of which will be welcomed by the addict and - initially at any rate - some which may not. Meeting the individual needs of drug abusers requires a variety of different interventions which are tailored to address both their particular circumstances and the circumstances of the environment in which intervention takes place.

The three core tasks for the IPS to support drug rehabilitation are

- Identifying and Engaging Drug Misusers
- Providing Treatment Options
- Ensuring Throughcare

Identifying and Engaging Drug Misusers

- Key to developments in this area will be the establishment of appropriate Assessment Processes and the wide scale provision of informational and educational drug misuse programmes
- Identification of drug misuse may take place at various stages in the passage of a prisoner through the prison system.
 - On first reception into custody (whether on remand or conviction), a healthcare screening procedure based on self-reporting will identify those drug-misusers who admit their drug use.
 - Prisoners may at any stage in their time in custody seek a referral for treatment.
- In their interactions with prisoners, all prison staff and prison services will highlight the necessity of addressing addiction and encourage prisoners to avail of treatment options.
- Specific Education and Information campaigns will be run to ensure that all prisoners are aware of treatment options.
- All Healthcare staff will promote the healthy choice options to prisoners and advise them of all treatment options available to them at every available opportunity

Providing Treatment Options

It is IPS policy to recognise the diverse risks or needs of offenders with drug problems and the consequent need to provide an appropriate range of treatment initiatives or programmes across the prison service. The development of a comprehensive assessment process will assist in matching prisoners to the most effective and appropriate treatments and interventions.

- The IPS will provide a range of evidence informed treatment options as part of a planned progression for each prisoner who has been identified as a drug user.
- These support and treatment initiatives should adequately address both physical and psychological dependence / social factors associated with drug abuse and be cognisant of the distinct needs of short term and longer term prisoners.
- The Irish Prison Service recognises the need to target high intensity interventions to those presenting with the greatest risk or need in relation to their drug abuse and offending behaviour.

Options

A prison based drug team with dedicated staff will be created in each prison, which will build on current arrangements in many institutions. All institutions, where appropriate, will provide the following core treatment options:

- Assessment and Throughcare Planning
- Information, education and awareness programmes, etc.
- Opiate replacement therapies (where clinically indicated).
- Detox, maintenance and reduction programmes
- Symptomatic treatment options
- Support services, to include mental health
- Supported Voluntary Drug Testing Units
- Motivational interventions

Extended treatment options will be provided in specific sites based on assessed risk or needs of the prison population there. These will include:

- Evidence informed programmes regarding drug misuse and offending behaviour
- Cognitive Behavioural Treatment programmes
- 12 Step programmes
- Appropriate peer support programmes

Appropriate treatment options for prisoners with specific needs will be developed.

Such groups will include:

- Remand prisoners
- Women prisoners
- Young people (aged under 21)
- Ethnic minorities
- Prisoners with involvement in prostitution
- Drug misusing prisoners with co-existing physical/mental health problems, most notably Hepatitis C

Ensuring Throughcare

The IPS recognise that people move within the prison system and between prisons and the community. The main objectives of Throughcare are as follows:

- to ease the transition process between community and prison, and vice versa, for prisoners
- to provide continuity, insofar as is practicable, for those receiving treatment and support in the community, on their arrival in prison, on transfer between prisons, on return to the community and thereafter
- to encourage and facilitate in-reach initiatives by community-based groups into the prisons

There are several stages in a person's journey through the prison system at which a focus on Throughcare is particularly relevant, and for which specific Throughcare practices will be developed. These are:

- Entry to prison
- Time on remand/ short stay
- Time in prison on sentence
- Transfer between prisons
- Preparation for release
- Release and aftercare into the community

Measures to Ensure Throughcare

- The IPS will ensure, insofar as is practicable, continuity in the provision of treatment, care and services to the individuals with drug problems.
- Throughcare processes will be co-ordinated through a multidisciplinary team, reflecting the range of services involved with drug misusing prisoners.
- The IPS must form strategic and tactical partnerships, and increase its interaction with community-based agencies, in order to integrate and co-ordinate the delivery of services to prisoners.
- The Irish Prison Service anticipates that Throughcare policies regarding drug misusers will be contributed to greatly in the context of the development of Positive Sentence Management in the coming years.

- It is crucial that effective working relationships are established between the various disciplines and agencies responsible for delivering a comprehensive Throughcare component to prison drug treatment.
- There is a need to focus on and regularly review the practicalities of communications between all agencies involved, which should include protocols, named key workers, standardised documentation and databases etc.
- At local level the Prison Governor and a named individual in the relevant Health Service Executive area should ensure that effective interdisciplinary and interagency working arrangements and communication channels are maintained.

Meeting Healthcare Needs

In addition to addiction problems, the needs of this client population are diverse and will include basic primary care through to management of dual diagnosis and treatment of chronic diseases such as Hepatitis C, HIV etc.

4: STANDARDS, MONITORING AND RESEARCH

Standards

Measures will be adopted by the IPS to improve the range and quality of treatment available to prisoners.

Models of Care

- Models of Care will be developed which will reflect a consensus of 'what works best' for drug-users and is informed by current evidence, guidance, quality standards, and good practice observed in the delivery of drug treatment. These Models will provide the basis for institutional planning in the area of drugs

Quality Standards

- Quality Standards for those working in the area of drug treatment will be developed and published. These standards will include qualifications, supervision arrangements and reporting relationships, etc.

Quality Assurance

- A number of measures will be put in place to assure quality and consistency of delivery and audit standards. This will include accreditation and clinical management.

Monitoring

Organisational arrangements to ensure the implementation of this policy will be put in place. These will include the monitoring and evaluation of:

- Health outcomes
- Service delivery
- Target achievement

Research

An important element of any strategy is the knowledge upon which it is based. The provision of good quality information on the extent and nature of drug misuse problems in Irish prisons will underpin the implementation of this Policy. In doing so, it will support and inform policy-makers and service providers. As in the wider community, the issue of research on prison based drug-related issues is one that needs to be strengthened in terms of acquiring comprehensive and comparable data. Indeed, the need noted in the National Drugs Strategy for improved research in each of the main areas - supply elimination, education, prevention & awareness and treatment & rehabilitation, including risk-reduction, is a persistent theme. Ongoing research is essential to enable the dissemination of models of best practice.

Research in the area of Drugs and Prisons is to be based on the foundation of partnership, between the Irish Prison Service and the relevant statutory and non-statutory bodies, in order to provide a structure for much greater co-operation between the interests involved. It also recognises the added-value to be gained from co-operation between the many prison based disciplines in research.

General Principles

- The Irish Prison Service will commission and encourage research into drug related matters with the emphasis on prison related research.
- Evaluation of all programmes and interventions will be carried out and will be used to inform both policy and practice.

Data Collection

- The Irish Prison Service will funnel all research data and information to, and undertake regular liaison with, relevant bodies.
- Systems to identify and manage patient outcomes data will be explored.
- Intervention outcome information will be used to evaluate the effectiveness of drug interventions used within the Irish Prison Service. This will inform future decisions on funding and service provision.

External Co-operation

- The Irish Prison Service, insofar as is possible, will also endeavour to ensure that efforts are made to achieve compatibility in the area of data recording and dissemination, with the other relevant stakeholders, to achieve greater ease of data sharing for research purposes.

Ethics, Consent and Confidentiality

- All research projects in this area must be approved by the Irish Prison Service Research Ethics Committee which will examine all proposals for research involving prisoners, from external and internal sources, and recommend to the Irish Prison Service authorisation, rejection or modification of any such proposals insofar as adherence to ethical standards is concerned.
- Full cognisance will be taken of the fact that where prisoners are taking part in research, proper regard should be given to the ethics of consent and confidentiality. Prisoners who do not want information given to a specific agency will have their rights respected unless there are statutory or compelling reasons not to do so. Confidentiality will be respected and subject to ethical guidelines.

5: STAFF TRAINING AND DEVELOPMENT

The Irish Prison Service recognises the importance of staff training and development as a key tool to aid the implementation of its Drugs Policy. In particular the Irish Prison Service recognises that staff training and development is essential in order to:

- Promote an environment that is supportive of working with prisoners with drug misuse issues.
- Develop a co-ordinated approach among those working with drug misusers in prison.
- Disseminate basic information regarding Irish Prison Service policy and strategy on drug misuse.

Staff training and development will only be effective where there is an equal commitment to the processes of consultation and information sharing with all the key stakeholders.

Objectives

The principal objectives in this area of the Policy are to ensure that:

- Where appropriate, all who work in prisons or with prisoners will be trained or briefed to play their part in the Irish Prison Service's Drugs Policy.
- Training and development provided will be conducted in multidisciplinary and multi-agency fora, where possible.

Guidelines

The training of all those who work in prisons or with prisoners will be informed by the following principles:

1. Basic drug misuse awareness will be provided to all staff as the first part of a tiered approach to training and development.
2. Training will be tailored to the specific needs of teams and key individual service deliverers, based on effective practice with the prison population.

3. Training and development initiatives will be appropriate to the needs of those working with the client population.
4. Training courses will be manualised where appropriate.
5. Evaluation will be an integral part of all training programmes and will inform the ongoing development of such programmes, as well as monitoring their effectiveness and impact.
6. Training the trainers will be a key feature in order to maximise the efficiency, credibility and ownership of such initiatives.
7. Training and development initiatives will aim to build upon existing good practices in prison/community settings regarding drug misuse.
8. A needs assessment, based on effective practice with this population, will be conducted to inform the requirements of particular training and development initiatives in each institution.

6: MAKING IT HAPPEN

Setting strategic objectives and goals are key elements to ensure progress towards a drug free prison system. They will provide an effective means of focusing action and of measuring progress towards achieving this goal. These goals are challenging, yet realistic.

The Irish Prison Service recognises that the achievement of supply elimination and provision of adequate drug rehabilitation and prisoner care will depend on the development of a co-ordinated and phased implementation plan. This Policy cannot be implemented overnight and, even were that achievable, it is not considered that it would be advisable. Initiatives that are planned and phased in accordance with this policy document will be delivered in each institution by a prison based drug team.

This Chapter sets out the structure of accountability and responsibility for the delivery of the various objectives and initiatives in the Irish Prison Service.

Corporate Level Actions Supporting Implementation	Lead Responsibility	Target Date
Establish Drugs Policy Implementation Group	Director General	Completed
Carry out review of current organisational arrangements for development and implementation of drugs related issues.	Drugs Policy Implementation Group	May 2006
Appoint IPS representative to Interdepartmental Group on Drugs	Director General	Completed
Commence Corporate level engagement with Community & Voluntary Sector through National Drugs Strategy Team	Director of Regimes	Completed

Supply Elimination Actions	Lead Responsibility	Target Date
<u>General Security</u>		
Appoint a Security Officer	Governor	Completed
Establish Security Committee	Governor	Completed
Identify and engage Garda Liaison	Governor	Completed
<u>Mandatory Drug Testing</u>		
Define Policy and draw up Guidelines	HQ	June 2006 ¹
Implement Policy	Governor	End 2006
<u>Canine Unit</u>		
Establish Unit	HQ	Completed
Roll-out to Institutions	HQ and Governor	End 2006
<u>Visits</u>		
Install Facilities for Screened Visits	HQ	End 2006
Introduce Agreed Visitor System	Governor	July 2006
Enhance CCTV in Visiting Areas	HQ and Governor	End 2006
<u>Search Strategy and Policy</u>		
Define and Implement Strategy and Policy	HQ and Governor	July 2006
Train staff in identification of drugs and searching techniques	Training Officer	Ongoing
<u>Perimeter Security</u>		
Review Provision of Netting over yards	HQ and Governor	June 2006
Establish Sterile Zones for all new Prisons	HQ	Ongoing

¹ Within one month of the implementation of Prison Rules

<u>Voluntary Drug Testing Units</u>		
Establish in all closed prisons	HQ and Governor	End 2007
<u>Ancillary Security Measures</u>		
Review Monetary Control Policies	Governor	End 2006
Implement Anti-bullying Policy	Governor	June 2006
<u>Seizure Analysis</u>		
Prisons will record accurate statistics of drug seizures	HQ and Governor	Ongoing
Establish process for sharing information on existing and emerging security threats	HQ	Completed

Demand Reduction Actions	Lead Responsibility	Target Date
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<p><u>Identifying and Engaging Drug Misusers</u></p> <p>Carry out review of current Assessment Processes and implement any changes necessary.</p> <p>Ensure the running of informational and educational drug misuse programmes in all institutions.</p>	<p>HQ</p> <p>Governors</p>	<p>June 2007</p> <p>End 2006</p>
<p><u>Providing Treatment Options</u></p> <p>Ensure full access for all prisoners requiring drug treatment to the range of Healthcare and Treatment options.</p>	<p>HQ</p>	<p>End 2007</p>
<p><u>Ensuring Throughcare</u></p> <p>Put in place appropriate policies and mechanisms to support Throughcare with identified staff managing defined areas of responsibility.</p>	<p>HQ</p>	<p>End 2007</p>
<p><u>Meeting Healthcare Needs</u></p> <p>Continue to meet the diverse needs of drug addicted prisoners; which may include basic primary care through to management of dual diagnosis and treatment of chronic diseases such as Hepatitis C, HIV etc.</p>	<p>HQ and Governors</p>	<p>Ongoing</p>

Standards, Monitoring and Research Actions	Lead Responsibility	Target Date
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<u>Standards</u> Document Models of Care provided in IPS. Define Delivery Standards in the provision of Drug Treatment and put in place appropriate monitoring mechanisms.	HQ HQ	End 2007 End 2007
<u>Monitoring</u> Put in place appropriate external monitoring processes for the delivery of care.	HQ	End 2007
<u>Research</u> Carry out an evaluation of all programmes and interventions in the area of Drug Treatment. Establish a process for feeding information into the National Drug Treatment Reporting System. Ensure funnelling of all research data and information to, and undertake regular liaison with, relevant bodies. Ensure compatibility in the area of data recording and dissemination with National level bodies. Ensure all research projects in this area are approved by the Irish Prison Service Research Ethics Committee.	HQ HQ HQ HQ HQ	End 2007 End 2006 Ongoing End 2006 Ongoing

Staff Training and Development Actions	Lead Responsibility	Target Date
Provide basic drug misuse awareness to all staff.	Drug Training Officer	Ongoing
Train or brief relevant staff to play their part in the Irish Prison Service's Drugs Policy.	Drug Training Officer	End 2007
Needs assessments will be conducted to inform the requirements of particular training and development initiatives in each institution.	HQ, Governors and Drug Training Officer	End 2006
Manualise Training courses.	Drug Training Officer	End 2007