

Annual Report 2016
from
Mountjoy Visiting Committee
to the
Minister for Justice Frances Fitzgerald TD

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All persons deprived of their liberty shall be treated with respect for their human rights.

Persons deprived of their liberty retain all rights that are not lawfully taken away by the decision sentencing them or remanding them in custody.

Judge Michael Reilly Inspector of Prisons 2015

Section 1 Introduction

1.1 Members of the Mountjoy Prison Visiting Committee wish to thank the prisoners who spoke with them during 2016 and to acknowledge the experiences of prisoners as reported. Many spoke of their hopes and wishes for rehabilitation and change, the negative impact of their lifestyle and imprisonment on their own and the lives of their families. Many reported a history of deprivation, trauma, intergenerational substance abuse, out of home care and loss of family contact.

1.2 Many prisoners expressed an appreciation of services including rehabilitation, education and experience in prison workshops, gardens, kitchens and library. They acknowledged the opportunity to make a fresh start, avail of drug treatment programmes, and the support and guidance of prison officers, external specialised staff including teachers, Chaplains, counselling, nursing and medical staff.

Prisoners also expressed frustration, hopelessness and at times anger about conditions of their custody including, prevalence of gang culture giving rise to the need for protection, widespread abuse of drugs in prison, lack of drug free environment in prison and drug free accommodation on release. Other complaints included restrictions on family contact during visits and occasional restriction on access to workshops, gym and recreation yard in context of staff shortages. A small number of prisoners expressed concern about verbal intimidation by staff.

A number of prisoners expressed concern regarding an apparent delay and uncertainty about the outcome of complaints made. There appears to be an element of confusion regarding processes and procedures with regard to making complaints.

1.3 Members of the Visiting Committee wish to acknowledge the assistance of the Governor and staff of the prison in facilitating their work. The safe, secure custody provided with dignity of care and respect for rights of prisoners is a common goal of the Committee, the Governor and the management team. Many instances were observed where humanity, sensitivity and constructive planning and intervention were integral to the arrangements and interactions between groups of and individual prisoners. Members also interacted regularly with prison staff and wish to acknowledge the courteous and professional manner of staff.

1.4 The Visiting Committee note that the aspirations and expectation of many in the wider community that conditions, services and resources might improve for the benefit of all is mirrored in the prison community. The aim of increasing focus on rehabilitation, treatment and support in transition to release is a positive and welcome development. However, staff resources and specialised services required to provide the necessary level of supervision, care and treatment are currently limited with consequent risk of negative impact on prisoners' health, welfare and successful return to life outside prison and resettlement.

1.5 The large number of prisoners on restricted regimes in the prison generally is a reflection of the divisions and disputes in the community from which the prisoners come. The context of threat and violence has an impact on safety, health and rehabilitation of prisoners and is a cause of concern. In the absence of a solution to the problem in society as a whole the numbers in prison requiring protection is likely to persist. The capacity of management in the Mountjoy complex to ensure the security of prisoners while, at the same time, providing an acceptable level of out of cell time and activity is severely constrained by shortages of staffing accommodation, recreational space and workshops. This is having a significant impact on prisoner life, can contribute to long periods in cell and limit opportunities to attend education, training and restrictions on family visits. While there has generally been continuing improvements in all facilities during the year through major construction projects, modernisation and management initiatives, it is difficult to see how the position of prisoners on restricted regimes can be improved without a coordinated effort throughout the prison service.

Section 2 Statutory Framework

2.1 A Visiting Committee is appointed to each Prison under the Prisons (Visiting Committees) Act 1925 and Prisons (Visiting Committees) Order 1925

Section 3 of the Act describes 'Duties and Powers of Visiting Committees'

3.—(1) Every visiting committee appointed under this Act shall conform to and observe such of the rules made by the Minister under this Act as shall apply to them, and, subject to such rules, it shall be the duty of every such visiting committee—

(a) from time to time and at frequent intervals to visit the prison in respect of which they are appointed and there to hear any complaints which may be made to them by any prisoner confined in such prison and, if so requested by the prisoner, to hear such complaint in private; and

(b) to report to the Minister any abuses observed or found by them in such prison; and

(c) to report to the Minister any repairs to such prison which may appear to them to be urgently needed; and

(d) to report to the Minister on any matter relating to such prison on which the committee shall think it expedient or shall have been requested by the Minister so to report.

(2) Every such visiting committee and every member thereof shall be entitled at all times to visit either collectively or individually the prison in respect of which they are appointed and shall at all times have free access either collectively or individually to every part of such prison.

2.2 The Committee report to the Minister as described in 3 (b)(c)(d) Act 1925

2.3 Under the current system appointment to Visiting Committees is by Ministerial/Government appointment.

Section 3 Structure, Procedures and Practice

3.1 The Mountjoy Prison Visiting Committee provides an outside perspective on life and work of the prison as it affects prisoners, an element of independent monitoring of conditions, treatment, dignity of care and prisoners' rights.

3.2 Since July 2016 there are four members on Mountjoy Visiting Committee who visit the prison weekly, meet with prisoners and review conditions. The Committee meet monthly with a focus on planning, review and reflection on concerns raised. The Governor joins this meeting and is present when issues reported by prisoners are raised and solutions sought in keeping with safe care, respect for rights and dignity of the prisoner. The Visiting Committee wishes to acknowledge the consistent, high level of briefing and positive response by the Governor to concerns raised throughout the year.

3.3 During 2016 up to 150 prisoners requested to meet with the Committee, of those 93 were met with for formal interview. Others, who had concerns regarding general issues including, laundry distribution, state of cleanliness of showers, lavatories and general areas were met with informally while visiting kitchens, workshops and landings.

3.4 Fifty-three (53) visits were made to the prison and never undertaken by less than two members of Visiting Committee. Fourteen Committee meetings were held and average attendance was four members.

3.5 Notice of availability of the Visiting Committee and how to access it is generally publicly displayed on each landing. Two Books in which requests to meet the Committee are recorded are available in the Administration offices. Many prisoners informally approach members on landings to speak of their concerns and request assistance.

3.6 Generally two members meet with the prisoner in an office, corridor or, in exceptional circumstances, in his cell, with due regard for secure and safe care. Committee members are mindful of the need for time, space, confidentiality and respect for the prisoner's perspective. Having listened to the prisoner, gained an understanding of his concerns which may include details of background, family and on occasion evidence of distress and illness a brief anonymised record is developed. Class Officer and staff on landings facilitate meetings with prisoners in a spirit of professionalism and cooperation.

3.7 The Committee consults with the Governor, management and staff members seeking to ensure that a solution to concerns expressed is found and feedback is given to the prisoner. The Visiting Committee has noted that prisoners highly value clear feedback and direct communication regarding

outcome and response to concerns raised. Where, due to security or other reasons, circumstances cannot be improved, prisoners consistently express appreciation of clear communication.

3.8 It has been the experience of the Visiting Committee that the response of the Governors, Chiefs, officers and other staff to concerns raised has been timely, effective and has had positive outcomes for the prisoner. In a number of circumstances, for example, staff resources, access to specialised mental health services, where a national system-wide solution might be indicated or considered appropriate, there seemed to be more limited possibilities.

3.9 Members of the Visiting Committee also had informal interaction with prisoners on a weekly basis walking around the prison and consider that some prisoners may be more willing to discuss issues on an informal basis. Concerns in relation to health, family, access with children, possibilities for treatment and rehabilitation tend to surface in these more informal discussions. It is intended that the availability of Committee members in this more informal way can and will continue into 2017 with due regard to confidentiality and security.

3.10 The Visiting Committee members recognise that Officers on the landings in regular contact with prisoners are the first to encounter distress, trauma, anger and disturbance. Ongoing support, supervision, debriefing and training is essential to further develop skills and equip staff deal with such circumstances. The Visiting Committee welcomes the development of Mental Health Awareness Training currently being rolled out for staff.

3.11 During 2016 the Chairperson attended quarterly meetings of the National Chairpersons Group held at Stack House in Portlaoise. Visiting Committee members attended the Conference 'The Ombudsman behind Bars' on 12 May 2016 and the Prison Litigation Conference organised by the School of Law at Trinity College and the Irish Penal Reform Trust on April 14.

Section 4

Concerns raised by prisoners

4.1 Concerns raised by prisoners included: loss/ restriction of access to services including, education, health, rehabilitation, recreation programmes in the context of staffing shortages. Reallocation of staff who previously provided supervision and support in classrooms, library, workshops, and on occasion attendance at medical, psychological and addiction services have been reported by prisoners. Many prisoners spoke with the Committee about the lack of drug free accommodation on discharge.

4.2 A small number of prisoners reported being spoken to or treated in a demeaning or derogatory manner. Others reported being reluctant to raise concerns or fear of retaliation of being picked on.

4.3 In the second half of 2016 increasing numbers of prisoners raised concerns regarding restrictions on visiting and limitations on their possibility of availing of the full scope of the privileges associated with their 'Enhanced' status. These issues generally arose in the context of changes to visiting arrangements and Protection status. While there are significant organisational dilemmas providing safe drug free care in these circumstances, maintaining trust, cooperative relationships and an environment of mutual respect is likely to be greatly enhanced when appropriate information to changes in practice are clearly communicated to all.

4.4 Significant concern is persistently raised by prisoners, prison and health service staff, and the In-reach Forensic team, about the lack of access to secure specialised treatment and mental health services for prisoners in need of inpatient treatment (See Section 5 Health services).

4.5 Many prisoners reported a past history of homelessness and significant concern about the lack of drug free and suitable accommodation on release, particularly those prisoners who have successfully completed a drug treatment programme.

4.6 Concerns have also been expressed by prisoners and management and are noted by the Visiting Committee, about an increasing trend of media reporting of detailed personal information not previously in the public domain (See Section 6 on Media reporting).

4.7 Visiting Committee members took account of the general state of cleanliness of areas, including shower and toilet facilities, and if required highlighted any issues to prison staff and/or management as appropriate. Generally physical conditions in the prison continue to improve; the single cell accommodation, food, both in terms of quality and quantity, generally attract positive remarks. Prison staff has provided appropriate food to meet diverse dietary requirements.

4.8 The Visiting Committee note that in 2016 some doubt has been expressed by a number of prisoners about the complaints procedures and processes, the reports generally applied to complaints about matters that would not be considered of the most serious category.

Some prisoners reported that they were not clear about the formal complaints procedure, the outcome of investigation or inquiry into their complaint, the question of trust, fairness or fear of implications was identified by a small number of prisoners. Others mentioned delay or had no memory of receiving any clear feedback on the matter about which they complained. There appears to be a need for more effective communication with the prisoner and adequate training for staff with regard to the Complaints procedures.

4.9 The Visiting Committee would welcome the implementation of recommendations by Judge Michael Reilly in his published *Review, Evaluation and Analysis of the Operation of the present Irish Prison Service Prisoner Complaints Procedure April 2010*. Judge Reilly notes that:

..."it is essential that the procedure for investigating prisoners' complaints is fair, transparent and accepted as such by prisoners"

Section 5

Health Service for Prisoners

5.1 It has been recognised in national and international research and reports that the health needs of prisoners are complex and varied, also that prisoners suffer disproportionately from mental health conditions. Published research undertaken by Professor Seena Fazel Forensic Psychiatrist University of Oxford found that one in 7 prisoners has a psychotic illness or major depression and approximately one in 5 enters prison with a clinically significant substance abuse disorder. Professor Louis Appleby University of Manchester notes that, a ‘comprehensive package of treatment and social supports are needed... (for prisoners who suffer from poor mental health)... that address poor housing, unemployment and substance abuse’¹²

The provision and planning of treatment services for prisoners with dual diagnosis, both in physical and mental health, requires further developing. Ongoing coordination and cooperation between services are considered to lead to better outcomes for prisoners’ health. The Visiting Committee commends the ongoing cooperation between the Specialised Mental Health In - Reach Forensic multidisciplinary team, the prison service, community mental health and other community based services.

The recent introduction of screening for Hepatitis C is a welcome emphasis on prevention of physical ill health.

5.2 An expert group from the UNODC and WHO European Network on Prison Health concluded –

‘The management and coordination of all relevant agencies and resources contributing to the health and wellbeing of prisoners is a whole Government responsibility’

‘Health Ministers should provide and be accountable for health care services in prison and advocate healthy prison conditions’

It is the view of the Visiting Committee that in the Irish context the need for cooperation and coordination between the voluntary sector and state services and between various Departments of Government in the interests of prisoner health, education, housing and welfare needs greater emphasis.

5.3 The risks where prisoners with a diagnosed serious mental illness are unable to receive appropriate treatment outside of a hospital setting are a cause of serious concern to the Visiting

¹WHO (2013) *Good Governance for prison health in the 21st century, - a policy brief on the organization of prison health*, UNODOC, Denmark, p.3.

²Professor of Psychiatry, University of Manchester.

Committee. Some prisoners requiring admission to a secure hospital setting may be unable to receive treatment and therapy from specialist staff with training and expertise. There may be risk for prisoners and for staff in these circumstances. In the interests of prisoners' health and welfare, extra resources are needed both in the prison service and the specialist mental health service to provide appropriate treatment and rehabilitation in a humane, safe and therapeutic environment.

5.5 It is the view of the Visiting Committee that conditions for prisoners, who may be disturbed and presenting challenging behaviour occasionally requiring up to 23 hours in cell are in need of urgent review. The lack of a dedicated Dual Purpose Unit for the small number of prisoners spending long periods of time in cell, at times isolated with minimal human contact, with troubled and troubling behaviour is a cause of serious concern for the Visiting Committee. This long-term segregation may contribute to poor mental health including depression and paranoia. The implications for prisoner welfare are immeasurable, prisoner human rights are at risk of being eroded and opportunities for rehabilitation seem severely limited. It is the view of the Visiting Committee that urgent priority should be accorded to the planned Special Unit.

5.6 In the context of the past embargo on recruitment of public sector posts a number of nursing posts were not filled in the prison service. The recent recruitment of nursing staff and appointments due are welcomed. It is acknowledged that at a National level in primary, secondary and tertiary care there are difficulties recruiting staff in the health service. However, the current reported practice of one nurse on duty at night for the whole campus is a cause of concern. On rare occasions, whether due to staff illness or absence for other reason there may be no nurse on duty. This practice where a large prison campus, with more than 700 prisoners, including the High Support Unit, men and women, may be without the services of a nurse on-site is a serious issue. It is the view of the Visiting Committee that this apparent gap in nursing cover needs to be addressed as a matter of urgency.

5.7 Following recommendations made by Judge Michael Reilly in his Report of 2009 a working group: *National Review and Audit of Deaths and Deliberate Self Harm by Prisoners in Irish Prisons* was established by the Irish Prison Service in consultation with the National Specialist Forensic Mental Health Service and input from other appropriate agencies. The aim was to have a retrospective analysis of deaths in custody with an emphasis on assessment, accountability and lessons learned in order to prevent further tragedy. Since 2013 at the invitation of the Governor a representative of the Visiting Committee has been a member of the Mountjoy Group on this Review.

Even where the numbers of deaths by suicide have reduced, members of the Committee recognise that each individual death is a tragedy for the prisoner and his family.

5.8 The multidisciplinary approach involving the In-Reach Specialist Mental Health Service, Prison Management, nursing staff, has been effective in developing assessment protocols, policy, internal

review, care pathways, with a focus on effective clinical outcome for prisoners considered to be at risk. The ongoing need for drug screening, a drug-free unit for treatment and rehabilitation post release is emphasised. Ongoing training for all staff is considered an essential element in addressing the mental health needs of vulnerable prisoners.

5.9 The Visiting Committee welcomes the recent re-establishment of the In-Reach Optical service to prisoners. Concern had been expressed at the lengthening of the waiting list for eye tests and other ophthalmic assessments. Members of the Committee note that a new service is reducing the waiting list at a fast rate.

5.10 The need for coordination and cooperation between the voluntary sector and state services and between various Departments of Government in the interests of prisoner health, education, housing and welfare needs greater emphasis.

5.11 Hepatitis C remains the most significant infectious cause of liver disease in Ireland with 675 cases notified in 2015.³ There have been major advances in the treatment of hepatitis C in recent years and there is cautious optimism that the national programme of treatment established in the HSE in 2015 will avert the serious complications such as cirrhosis and cancer of the liver in many of those affected. Among those at risk from Hepatitis C are former or current injecting drug users who engage (d) in unsafe practices such as sharing needles. The majority of those with Hepatitis C are men and are aged 25 to 54 years. This risk profile would apply to many male prisoners in Mountjoy prison. The Visiting Committee welcomes the recent development of a programme for screening for Hepatitis C in Mountjoy.⁴

Section 6 Media

6.1 The European Code of Ethics for Prison Staff 2012 states that “Information of a confidential nature in the possession of prison staff shall be kept confidential, unless the performance of duty or the needs of justice strictly require otherwise.”

6.2 During 2016 the Visiting Committee has noted increasing media reporting on Mountjoy prison in some media outlets. Concern about this has been brought to the attention of the Committee by a small number of prisoners who expressed concern that the depth of detailed knowledge in these articles is an infringement of their and their families’ rights to privacy. Some of the prisoners who approached the members of the Committee maintained that they are trying to serve their sentence in peace and feel upset for themselves and their family when details not previously in the public domain are released in the national media about them.

³Extracted from data of Health Protection Surveillance Centre, Dublin.

⁴Health Management Institute of Ireland, 2016, July

6. 3 It is understood that media outlets may see these articles as of public interest, however it is the view of the Visiting Committee that the right to privacy of prisoners is at risk of being encroached upon. How some detailed information about events inside the prison regarding prisoners is available to media outlets is unclear and requires further strong preventative measures on the part of the Irish Prison Service.

Section 7 Family visiting

7.1 The Council of Europe states that family relationships ‘should be maintained and developed in as normal a manner as possible.’⁵The main method for this support is via relatives and friends visiting the prisoner. Methods such as writing letters are also important but less so for the many prisoners who have incomplete education and are effectively illiterate.

7.3 The Visiting Committee was approached by many prisoners in West Wing of Mountjoy when changes were made to their visiting system in particular. A number of issues were subsequently resolved. The system of screened visits, which are designed to prevent the possibility of illicit substances being passed from visitor to prisoner, has generated many reports to the Visiting Committee from prisoners in the West Wing. The Committee welcomes the reported reduction in contraband entering the prison. Many prisoners acknowledge the positive changes in risk, intimidation and aggression resulting from reduced availability of drugs in the context of screened visits and preventative measures. Enhanced prisoners, prisoners with jobs, prisoners who have gone through rehabilitation programmes, may be offered and report that they value unannounced and randomly timed visits.

It has been reported to members of the Committee that screened visits can be a source of considerable anxiety to prisoners and their family members, children in particular.

7.4 The Visiting Committee welcomes plans for new visiting areas.

⁵Article 15.6

Section 8 Restricted Regimes

8.1 The requirement to segregate prisoners for the purpose of avoiding inter-prisoner violence is a difficult issue. It has been raised globally in the light of the revision of international standards on prison detention known as the *Mandela Rules*. The issue was debated in the Dáil on December 1st 2016. Mountjoy has a high proportion of prisoners under what is described by prisoners and others as a ‘protection’ regime. At times, it can reach one in four prisoners. The competing needs of ensuring the safety of vulnerable individuals while allowing them acceptable out-of-cell time imposes considerable demands on staff and resources.

Table 1
Mountjoy prisoners, restricted regime and hours of lock-up 2016

Period	Total Prisoners Affected	23 hours	22 hours	21 hours	20 hours	19 hours
January	126	8	17	85	0	16
April	121	38	0	75	0	8
July	134	21	23	73	0	17
October	120	2	4	23	0	91

Source: Extracted from Irish Prison Service, Statistical Information, Census 2016

8.2 During 2016, attempts were made to reduce the number of prisoners on 23-hour lock-up and to implement at least three hours out-of-cell time. In October 2016, some 91 prisoners on restricted/protected regime obtained five hours out-of-cell time. The Visiting Committee notes that where the groups of prisoners on a restricted regime multiply, the logistics of managing out-of-cell time becomes complex. The Committee recognises that the lives of ‘protection’ prisoners are at risk of being demoralising and welcomes initiatives to review their situation and improve their opportunity to avail of fresh air, recreation, work activity, education and therapeutic services.

Table 2 Reason for restricted regime among prisoners, Mountjoy 2016

Period	Total Number	Rule 62 Order	Rule 63 Voluntary	Rule 63 Involuntary	Rule 64 Observation	Rule 67 Discipline	Other
Column	1	2	3	4	5	6	7
January	126	5	120	1	0	0	0
April	121	4	117	0	0	0	0
July	134	5	129	0	0	0	0
October	120	2	118	0	0	0	0

Source: Extracted from Irish Prison Service, Statistical Information, Census 2016

8.3 The Visiting Committee notes that the great majority of prisoners on restricted regime (Table 2, Column 1) have voluntarily sought to be protected from other prisoners (column 3) and have renewed this request on a monthly basis. A proportion of 96 to 98 per cent of prisoners on restricted regime are there at their own request. It is accepted that the separation of most 'protection' prisoners from the main body of prisoners is necessary to ensure that the prisoners are actually safe and feel safe, including those instances where prisoners have fears that may not be well founded.

8.4 The capacity of the management in the Mountjoy complex to ensure the security of prisoners while at the same time providing an acceptable level of out of cell time and activity is severely constrained by shortage of staff, accommodation, recreational space, and workshops.

8.5 The Visiting Committee is of the view that restricted regimes are an issue which should be addressed as a systems issue across the entire 14 prison system or estate.

Section 9

Illegal Drugs in Mountjoy

9.1 As in previous years, the availability of illegal drugs in Mountjoy continues to pose problems for prisoners, prison officers and prison staff providing therapeutic and educational services, as well as being a potential source or risk of intimidation to prisoners' families. The trend in society and among prisoners to consume unregulated psychoactive substances in tablet form poses new issues of safety and security. There are now 560 different types of such tablets circulating in Europe⁶; this puts prisoners further at risk.

9.2 The Visiting Committee notes that the proportion of prisoners experiencing screened visits behind glass has had to be increased during 2016 with the aim of eliminating the movement of drugs into the prison. We have been informed that the volume of contraband drugs coming into the prison has reduced. This is a welcome development.

9.3 While strong efforts have been made to restrict the supply of illegal drugs, emphasis on treatment and recovery may need more investment,⁷ as well as providing a sufficient supply of drug-free landings in the prison for those who have made substantial efforts to overcome drug dependency and need more drug free treatment and post-release opportunities for settlement.

⁶OECD/European Union (2016) *Health at a Glance Europe*, Paris.

⁷A. Eustace and A. Clarke (2016) *Drug and alcohol treatment services for adult offenders in prison and in the community*, March. See website of the IPS.

Section 10 Recommendations

Prisoners' Rights

- Prisoners with a diagnosed mental illness requiring treatment in a secure hospital setting need urgent priority attention and specialist staff resources.
- The Complaints procedures need to be reviewed in order to ensure fairness and transparency.
- The Visiting Committee is of the view that the detailed information about prisoners reaching the media needs to be monitored and requires strong preventative measures on the part of the Irish Prison Service.
- The need for coordination and cooperation between the voluntary sector and state services and between various Departments of Government in the interests of prisoner health, education, housing and welfare needs greater emphasis.

Communication

- The Visiting Committee has noted that prisoners highly value clear feedback and effective communication regarding outcome and response to concerns raised.

Health

- In keeping with the WHO Guidelines, the Visiting Committee recommends that the planning and provision of health care services for prisoners should come within the remit of the Department of Health.
- Extra resources need to be made urgently available, both in prison and in forensic mental health setting for prisoners with a serious mental illness who cannot be treated outside of a secure hospital setting.
- The provision and planning of treatment services for prisoners with dual diagnosis, both in physical and mental health presenting with behavioural disturbance requires further developing. It is the view of the Visiting Committee that the planned Special Unit at national level needs urgent priority.
- Ongoing staff training and support is essential to further develop skills in assisting prisoners who are unwell.
- It is the view of the Visiting Committee that the resourcing of nursing staff particularly at night needs to be addressed as a matter of urgency.

Complaints

- In Recommendation 11 and 15 of his Review of the Complaints Procedure 2010 Judge Reilly recommended that;
‘Relevant and adequate training in the prison complaints process must be afforded to all relevant staff’ and that ‘effective communication systems must be put in place across the prison estate.
The Visiting Committee would welcome the full implementation of recommendations 11 and 15 of the 2010 published review.

Drugs

- Staff resources and specialised services are required to further develop drug treatment programmes.
- Further investment in drug-free treatments and accommodation in prison and drug-free opportunities for settlement post-release are required.
- There is a need for drug-free landings in the prison for those who have made substantial efforts to overcome drug dependency and need more drug free treatment and post-release opportunities for settlement
- The ongoing need for drug screening, a drug free unit for treatment and rehabilitation post release is emphasised.
- Continued effort to stop the supply of drugs reaching the prison needs further emphasis.

Restricted Regimes

- The Visiting Committee is of the view that restricted regimes are an issue which should be addressed as a systems issue across the entire 14 prison system.