

Working lives



Sarah Morgan,
substance misuse
developmental
manager at Styal
Women's Prison

Working with drug users in a women's prison is not an easy career choice, but Sarah Morgan is motivated by being part of a workforce determined to bring about positive change.

Working inside a prison is very challenging, and working in HMP Styal Women's Prison with drug users might rank as more challenging still – and not without interest from the outside world.

From November 2002 to August 2003 there were six deaths, all of whom were drug users and who died within a short time of being admitted to prison. In 2003 methadone was introduced, and this has contributed towards a steady decline in self-harm, suicide and mental health problems with drug dependent women. Since then the eyes of the outside world have definitely been watching our every move in addressing the care that is provided to these women.

Although I qualified in 1992 as a Registered General Nurse and experienced a variety of nursing jobs from scrub nurse to a hospital nurse bank manager, there always seemed to be a career void that was never fulfilled until I started working as an agency drugs worker in Liverpool Drug Dependency Clinic in 2003. My eyes were opened immediately to an inner city world of illicit drugs, gun crime, prostitution and child abuse and I spent weeks developing a new 'drug user' language which came from direct and quite often challenging clients. Within two years, I had been promoted to a senior drugs worker within shared care.

In 2005, I started my 'time' in HMP Styal as the clinical substance misuse manager. Although methadone was being prescribed, and there was a well-established CARATs (Counselling, Assessment, Referral, Advice, Throughcare) team, methadone maintenance regimes were not being 'promoted'.

Within two to three months, all women on a methadone regime were given the option to be 'maintained', whether sentenced or on remand, during which time the CARATs team had time to refer them to community prescribers for continuation of treatment. Although the total number of women increased on methadone from approximately 32 a week in 2004 to 160 a week in 2006, 95 per cent were referred to community drug teams, self-harm had decreased further and so had the illicit drug use within the prison. Treatment was continued, on transfer to other female prisons.

Working within the prison is like working in a self-contained town. The population capacity is 440 and half of these women are drug dependent. Many are experiencing mental health issues, housing problems, illiteracy and educational needs and also have a lack of parenting skills. There is a vast dedicated

workforce that tackles these issues head-on each day, and I believe that in some circumstances, the women are more supported within this prison regime than in the community. It sounds corny, but lives are saved every day by prison officers and healthcare staff who are called to ligature and suicide attempts, but these heroic stories are never shared with the 'outside' – perhaps because there are too many.

HMP Styal has been successful in being identified as a 'new wave site' for the National Treatment Agency's 'Integrated Drug Treatment System' (IDTS), due to be launched early this summer. Funding has been ring-fenced to improve the current substance misuse service within the prison, promoting a joint working relationship particularly with CARATs and healthcare – but also including our other prison colleagues, without whom our work could not be done. This will be a 28-day psycho-social regime in which CARATs will be the key workers, ensuring that the prisoner follows an agreed care plan, attends group work, has a range of methadone regimes to choose from and is transferred to a community service on release.

I believe the emphasis should be on a holistic client-led care planning approach, aiming to mirror the care received in the community. There is also a belief that the service should not improve without the input of the service user, and over the past 12 months the Substance Misuse Service User Group (ADDS) has worked closely with myself and a prison officer to provide a one-to-one listening service for drug dependent women, particularly within the first 28 days of admission.

I am currently aiming to develop specific services for individual drug user needs, with the help of my colleagues in the community. These include The Alcohol Service, being developed with the help of Liz Burns of Manchester Health Promotion; the Young Person's Service, being supported by Liz Cotticelli and Vashti Marriot from the Cheshire area; and the Street Workers Service, which is being developed with the help of Graham Dobkin from MASH (Manchester Action for Street Health).

There is optimism that the substance misuse service will continue to develop and improve the service for these drug dependent women in HMP Styal. I continue to be challenged and sometimes emotionally drained from listening to such emotive stories; but it is all worthwhile, and the motivation and enthusiasm remains because a small thank you goes a long way.