

**TITLE** PRISON DRUG TREATMENT AND SELF HARM

**PROCESS** PSO 3600

**IMPLEMENTATION DATE** 21 November 2005

**EXPIRY DATE** 20 November 2006

## CONTAINS MANDATORY INSTRUCTIONS

*For Action*

Governing Governors  
Directors of Contracted Out Prisons

*Monitored by*

Prison Drug Strategy Coordinators  
Controllers

*For information*

Area Mangers, Area Drugs Co-ordinators,  
Prison Drug Strategy Coordinators, Drug  
Treatment Managers, Safer Custody  
Managers

*On authority of*

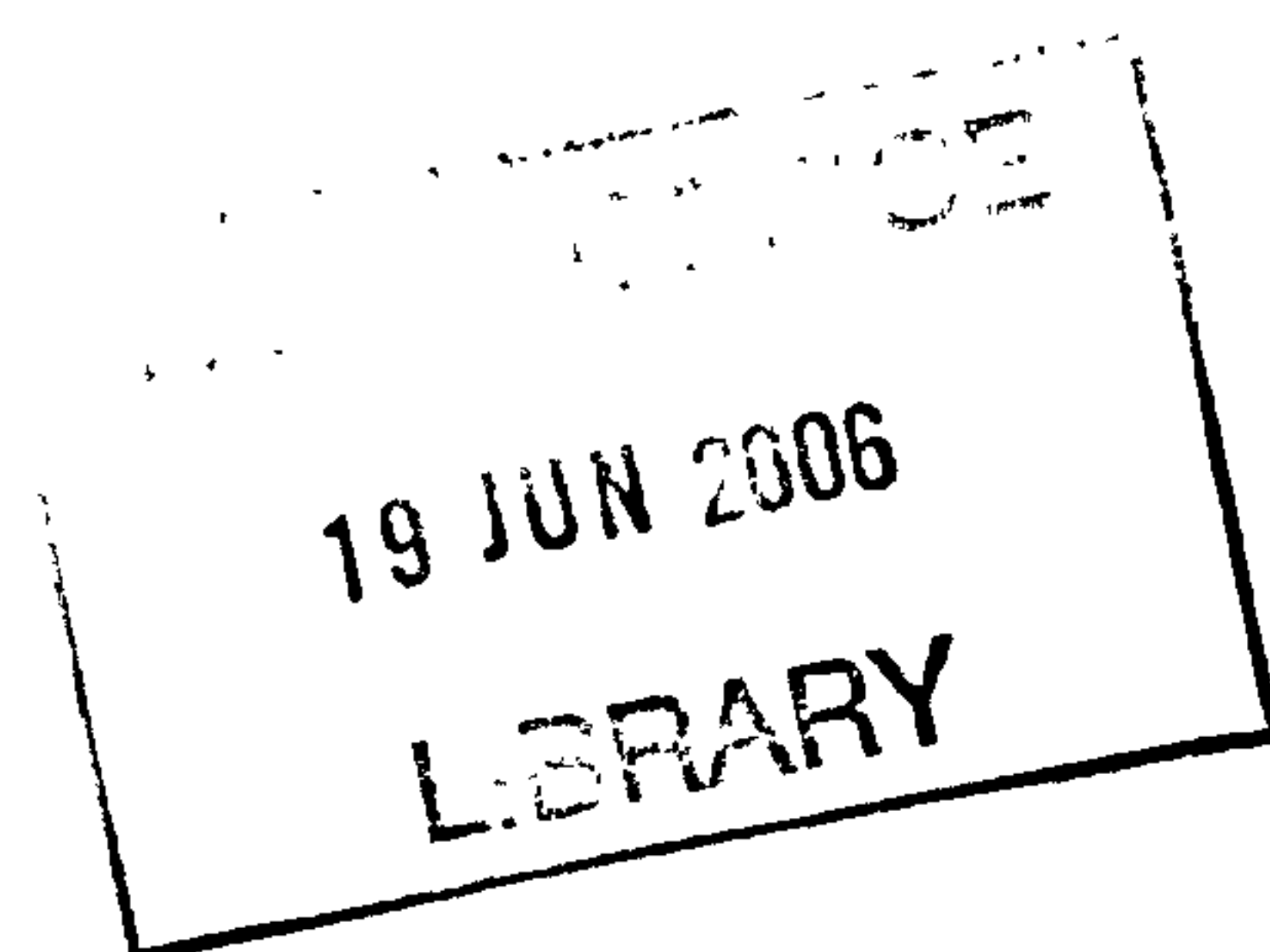
Prison Service Management Board  
Office Of Contracted Prisons

*Contact point*

See inside page 2 for contact details

*Other processes affected*

None



## NOTES

None



**Prison Service Instruction**

Number  
46/2005

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**PROPOSED**

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Prison Service Management Board  
Office of Contracted Prisons

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***Other Processes Affected***

None

**NOTES**

None

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## PRISON DRUG TREATMENT AND SELF-HARM

### Policy and Output

#### Purpose

1. To introduce new procedures to minimise the risk of self-harm occurring as a reaction to the stresses of undergoing some drug treatments.
2. To disseminate the attached NOMS/DH joint guidance note (Annex A) on Prison Drug Treatment and Self-Harm.

#### Output

3. Compliance with this PSI should ensure that there is appropriate sharing of information between establishments and drug treatment providers to ensure proper regard is paid to mental health needs and to reduce the risk of self-harm among prisoners undergoing treatment.

#### Impact and Resource Assessment

4. Improved procedures will be required to ensure that relevant information is gathered and shared appropriately but this represents good practice and should have only minimal resource implications for establishments.

#### Mandatory Action

5. *Governors and Directors must ensure :-*
  - *Drug Treatment managers and drug treatment staff are aware of the attached guidance note and have regard to its contents in referring prisoners for drug treatment and in managing prisoners undergoing treatment.*
  - *Detailed information on case history, including previous drug treatment or mental state, must be obtained by the CARAT team during assessment and shared widely with providers of different drug treatment interventions*
  - *Mental state must be considered as a factor in assessing suitability for any drug treatment intervention*
  - *Mental and emotional well-being of prisoners must be monitored by treatment providers throughout the delivery of drug treatment.*
  - *Drug treatment providers must be familiar with the multi-disciplinary risk management process (ACCT or F2052SH) and must invoke those procedures whenever they identify someone at risk of suicide or self-harm.*

- *Drug treatment providers must promote actively and facilitate access to healthcare services and to the wide range of support mechanisms available in prisons.*

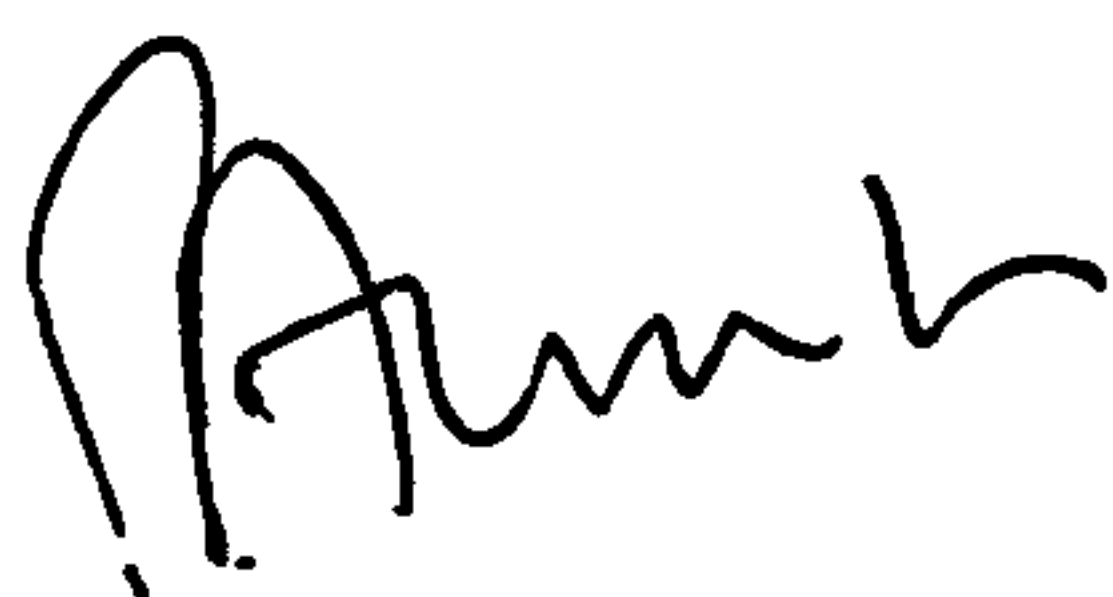
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