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ST. ANDREWS HSE

SCOTTISH HOME AND HEALTH DEPARTMENT

# Prisons in Scotland

**PRISONS IN SCOTLAND REPORT 1982**

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CORRECTION

Page 1, paragraph 2, line 8 — delete 50 insert 100
Page 4, paragraph 18, line 2 — delete 50 insert 100

**EDINBURGH: HER MAJESTY'S STATIONERY OFFICE**
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60. As in previous years, SACRO provided bus services to Castle Huntly, Dungavel, Glenochil, Noranside, Penninghame and Polmont. These services simplified travel arrangements for the relatives and friends of inmates, mainly from Glasgow area, and in many cases enabled inmates to receive visits which they would not otherwise have received because of difficulties in travelling, particularly at weekends, by public transport. SACRO also provided an invaluable service in finding accommodation for homeless inmates on release, as did the Barony Housing Association, the Cyrenians and a number of local authority Housing Departments.

61. Inmates with problems related to excessive drinking were given support from sponsors from Alcoholics Anonymous and also from representatives of the Edinburgh and Glasgow Council for Alcoholism. The Prison Visitors Scheme continued to operate at Aberdeen, Castle Huntly, Cornton Vale, Dungavel, Edinburgh, Pennighame and Perth. WRVS and members of local churches continued to provide canteen facilities for inmates and their families during visiting times and these, together with the continuance of toy library facilities provided by Network at a number of establishments greatly contributed to improving the atmosphere for inmates and their families within the visit areas.

## CHAPTER THREE

## Health and Hygiene

**General**

62. The general health of inmates and the state of hygiene in establishments continue to be very satisfactory. There has been no serious outbreak of infectious or contagious disease. Dietary is very satisfactory and there were reports that the excellent choice of food has allowed the abolition of many medical diets.

63. The overall measurement of the medical contribution to the care of inmates can only be demonstrated by the recording of the number of first attendances on sick parades. This number for the year was 84,253 of which 79,993 were male and 4,260 were female.

64. During the past few years the numbers on sick parades have steadily increased:—

| Year | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 |
|---|---|---|---|---|---|---|---|---|---|
| Number of First Attendances . | 53,739 | 54,014 | 63,885 | 67,422 | 80,979 | 71,935 | 75,493 | 72,969 | 84,253 |

65. These rising numbers are not the result of any marked change in disease pattern, but they do reflect the excellent medical services available to a changing, often vulnerable population. No inmate is denied any necessary medical care which he would have received at liberty. There is no doubt that the easy availability of medical and nursing attention, coupled with many other special circumstances of custodial care increase the demand for medical services. Much of a Medical Officers time is spent in discouraging demands for medicines for every symptom or circumstance.

66. The numbers increase, but the main causes of morbidity remain the same:—

The figure in brackets are those for 1981.

1. *Respiratory System*: 14,670 (11,745). The common cold and sore throats make up the greatest part of this number, but many cases of the more disabling respiratory complaints, bronchitis, asthma and emphysema are recorded and all have shown increased numbers.

2. *Teeth*: 8,815 (6,914) inmates received treatment for dental complaints. This rising figure also reflects the excellent dental services easily available.

3. *Skin*: 7,461 (7,016). That the number of skin complaints, particularly those of infective origin, has remained fairly constant is one indication of satisfactory hygiene.

4. *Alimentary System*: 4,808 (4,497). The incidence of Diarrhoeal disease remains very low, 769 (696), which is another indication of good institutional hygiene. There were no serious outbreaks, but a minor outbreak of Campylobacter infection occurred at the open prison at Penninghame affecting 16 inmates, all of whom made a complete and uneventful recovery.

5. *Nervous System*: 4,540 (3,180). Psychoses were diagnosed in 88 inmates and 771 were treated for epilepsy. An increasing number 3,681 (2,509) were diagnosed as suffering from neuroses and personality disorders. Many of these patients have severe emotional problems and very disturbed personalities and their ongoing care can present very great difficulties to all staff. It should be remembered that the figures given are only for first attendances and give little indication of the amount of continuing supervision, care and attention required to treat and help this group of patients.

**Other Significant Illness**

67. 6,763 (6,430) injuries were recorded, but most were of a minor nature and 1,517 had been sustained before admission. 562 (573) inmates received treatment for injuries inflicted by other persons and 376 (309) were treated for self inflicted injuries, many inflicted before imprisonment.

68. There was a significant fall in the number of cases of pulmonary tuberculosis, 56 (68), treated in penal establishments and all of these illnesses had commenced before admission. All were satisfactorily treated and only two required transfer to an outside hospital. Mobile mass radiography units continue to visit establishments and the X-Ray Unit in Barlinnie Prison Hospital is a useful addition to the screening procedures.

69. 28 inmates were treated for infective jaundice and in 20 cases this illness had commenced before admission. The medical, dental and nursing staff are aware of the large reservoir of hepatitis infectivity in the general public and of the special risk categories which come under their care and all necessary precautions are observed.

**Alcohol, Drug and Solvent Abuse**

70. Alcohol abuse again figures largely as a cause of ill health and again there is an increase in the number so diagnosed, 1,888 (1,085). Chronic

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ingestion of large amounts of alcohol is very frequently associated with various degrees of malnutrition, avitaminosis, brain damage, liver damage and a variety of personality changes. Obviously such chronic abuse leads to much morbidity and varied therapeutic programmes are urgently required during custody.

71. Delirium tremens was successfully treated in 50 cases. This is an extremely serious, sometimes life threatening, condition and its treatment, prevention whenever possible, in such damaged individuals calls for urgent and experienced handling. The symptoms of withdrawal can be most distressing if not rapidly controlled by the necessary sedative medication, followed by the subsequent correction of nutritional state. For these unfortunate individuals this is a social as well as a medical service and they are usually very grateful patients. Unfortunately, they are also, in so many cases, patients who rapidly lapse from grace on release and return again and again to the care of the Prison Medical Service.

72. There is no doubt that over the past few years we have seen steadily increasing numbers of admissions to local prisons who have been abusing drugs. These drugs have, unfortunately, usually been hard drugs such as heroin and diconal. In many cases there are obvious signs of self injection and others willingly give a relevant history. This reflects the well publicised, regrettable and dangerous pandemic of drug abuse taking place at present.

73. All such admissions receive careful observation and, when necessary, the appropriate treatment, often requiring the use of hypnotics, tranquillisers and sometimes other controlled drugs to alleviate very unpleasant withdrawal symptoms. It is fortunate that most respond to this treatment and are quite quickly weaned from all drugs although there is no doubt that many will return to the drug scene on release, thereby increasing their dependency. They do certainly represent a further developing problem in penal medicine, requiring careful observation and assessment, particularly in the initial period of their custodial care.

74. The incidence of solvent abuse in the community is also well publicised and this, too, calls for increased awareness on the part of prison staff. Many of these young people may suffer bizarre withdrawal symptoms, the cause of which is not always immediately apparent, or they may exhibit the many problems associated with their emotional instability.

**Mortality**

75. During the year there were 4 deaths within Establishments. One male inmate died suddenly as the result of coronary thrombosis. Three male young offenders, two on relatively short sentences and one on remand, committed suicide by hanging.

76. Comments have already been made on the increasing number of admissions, many young, suffering from the effects of disturbed personality, emotional disturbance, drug and alcohol abuse. Every effort is made to identify, treat and protect those thought to be at particular risk of self injury.

77. The total number of deaths by suicide over a ten year period is again shown:—

| 1973 | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 1 | 4 | 3 | 4 | 3 | 1 | 3 | 3 |

78. One convicted male prisoner died in a NHS hospital as the result of a cerebral tumour and another as the result of cirrhosis of the liver. One youth died in a NHS hospital whilst under treatment for viral encephalitis.

**General Provision of Medical Care**

79. Regular medical services to the Scottish Prison Service are provided by 3 full time medical officers and 21 part time medical officers. The full time medical officers are all stationed at HM Prison Barlinnie, and each has had many years of general practice experience in the NHS before joining the Prison Service. The part time medical officers, who are in medical charge of the other penal establishments throughout Scotland, are Principals in NHS general practice and they, with the help of their practice colleagues, ensure that all establishments receive full time cover in addition to the daily sick parade.

80. All these medical officers, full or part time, maintain a close relationship with their neighbouring hospitals in their prison and NHS work. During the year 252 inmates were admitted to NHS general hospitals when they required surgery or specialised medical care. Many more were referred to specialist out patient clinics. All of these facilities are readily available to the Prison Medical Staff and no inmate patient is denied any necessary specialist care. Obviously, a very close link between the Prison Medical Service and the National Health Service is maintained.

**Special Medical Services**

81. In addition to the NHS services available in local hospitals, certain specialists visit institutions on a regular basis.

82. At present, 15 Consultant Psychiatrists provide 50 sessions per week to the Scottish Prison Service, ensuring that ongoing psychiatric care is available in every establishment. Some of these consultants are specialists in forensic psychiatry, others are general psychiatrists, but all hold consultant appointments in the NHS. The close link with NHS psychiatric services is, therefore, maintained as with general medical care.

83. Most disturbed offenders are appropriately treated within institutions, but whenever the patients condition warrants hospitalisation, this is arranged. During the year 13 inmates were transferred to District Mental Hospitals and 7 required to be transferred to the State Hospital. Many of the psychological problems of inmates are also the problems of modern society and it is important that the Prison Medical Services maintain their close link with all the community caring professions.

84. At Cornton Vale womens institution clinics are held regularly by a visiting NHS Consultant gynaecologist and venereologist and also by a family planning adviser. These clinics, available to all the inmates of Cornton Vale, have proved to be very valuable. Many inmates have received necessary care, investigation and advice which they either did not realise was necessary or did not seek when at liberty.

85. Since the installation of X-Ray equipment in Barlinnie Prison Hospital regular sessions are carried out by a visiting radiographer and a visiting NHS consultant radiologist. This has greatly assisted the standard of medical care as well as reducing the number of inmates requiring to be seen in busy NHS clinics.

**Use of Medicines in Penal Establishments**

86. All medicines used in Establishments are purchased from the pharmacies of local NHS hospitals. Medical Officers have clinical freedom in their choice of medicines and have the responsibility for the ordering of all medicines. This arrangement with NHS pharmacies ensures that inmates receive exactly the same medicaments as patients in NHS hospitals. Individual prison doctors have their own preferences in their treatment regimes and will order the same medicines as they use in their general practice or in their hospital wards.

87. Interest is frequently publicly expressed in the use of medicines in penal establishments, particularly those which act upon the central nervous system. Those attracting most interest are the psychotropic drugs which may alter mood, other tranquillisers and the hypnotics, the anti depressant and anti convulsant drugs.

88. Such medicines acting on the central nervous system are certainly prescribed in penal establishments and this mirrors the pattern of use of such drugs in general medical practice and in hospital practice. As in the community, prescription only medicines are never issued without the authority of a medical officer.

89. Attention has been drawn earlier in this chapter to the type of morbidity within prisons and young persons institutions. Many inmates have a history of previous nervous illness and are already on treatment when received into custody and, appropriately, this treatment will be continued. Many admissions with withdrawal symptoms will require urgent medication rather than suffer distressing and dangerous complications. Inmates who suffer from epilepsy will require anticonvulsants and it is true to say that, in many cases, their condition is better controlled than when they are at liberty, as medication is carefully controlled and regularly dispensed.

90. The analysis of attendances on sick parades demonstrates that many inmates are suffering from neuroses and personality disorders. Frequently this constitutes a chronic illness and the patients have symptoms, of varied severity, for which they seek help and relief. Such symptoms are commonly headache, insomnia, agitation, anxiety, depression and hysteria and some of these may be aggravated by the stresses of custodial care. If, in the clinical judgement of the medical officer, medication is essential and appropriate for the alleviation of these symptoms it will be prescribed in exactly the same manner as in NHS general practice.

91. Over the past decade psychotropic drugs have been responsible for revolutionary changes in the treatment of mental disorders, enabling patients to lead a normal life free of restraints, able to relate normally with others and able to work productively. Such treatment in individual patients may require to be continued for years, perhaps for a lifetime, and is certainly not going to be denied to a patient if he happens to be in a penal institution.

92. From time to time suggestions have been made that drugs have been used to control prisoners behaviour as an aid to discipline. This is not so and it cannot be too strongly stressed that medical officers have complete clinical freedom and that this is coupled with personal responsibility for all treatments prescribed. Medical officers will only authorise drugs when they are necessary for the restoration of health or the relief of symptoms.

93. Prison medical officers and visiting consultant psychiatrists are all experienced practitioners and in looking after the heterogenous group of patients under their care they would be remiss if they did not consider the relevance of all modern therapeutic resources available, including pharmacotherapy. These doctors working in penal establishments have no statutory authority to administer treatment against the wishes of their patients unless, as is general practice, without it the patients life would be endangered, serious harm to him or others would be likely or there would be an irreversible deterioration in his condition. Such emergencies are rare, but do occur. In no other circumstances is treatment given without the understanding and the consent of the patient.

94. All Prison Medical Officers have the same ethical standards as their colleagues practising outside prisons. As earlier detailed, most Scottish Prison Medical Staff are also employed in the NHS and it is unthinkable that they would change, in any way, their working practices when they enter penal establishments.

95. Finally it should be noted that all medicines used in penal establishments are very carefully documented and every dose of medicine prescribed is recorded. These medicines and their records are open, at any time, to inspection by the local NHS pharmacist, the Governor and Headquarters Inspectorial and Advisory Staff.

## CHAPTER FOUR

# Accommodation and Security

### General

96. Design work continued on Shotts Prison Phase II which will provide additional places for 468 inmates in 4 accommodation blocks. A new kitchen and dining areas, games hall, education block and chapel will also be provided and existing worksheds fitted out. The current estimated cost is £10·5m and construction is now programmed to begin in 1984–85 with completion early in 1987.

97. Expenditure on prison building again showed a marked increase over the level of the previous year and indeed the budget was exceeded primarily as a result of overspill of projects on which slippage had developed in the previous year.

### Major Works

98. At the end of the year work was well advanced on the penultimate phase of redevelopment of Greenock Prison as an adult male establishment with 180 inmates places. This stage of the project involves the provision of

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APPENDIX No. 6

## RECEPTIONS BY CRIME/OFFENCE AND TYPE OF CUSTODY

1982 *Number*

| Crime/Offence | Sentenced to: Prison | | Young Offenders Institution | | Borstal | Detention Centre | Recall | Other |
|---|---|---|---|---|---|---|---|---|
| | Directly | Default | Directly | Default | | | | |
| 1. Non-sexual crimes of violence against the person | 1,132 | 216 | 317 | 70 | 97 | 62 | 5 | — |
| 2. Crimes involving indecency | 123 | 88 | 32 | 6 | — | 12 | 1 | — |
| 3. Crimes involving dishonesty | 4,289 | 2,621 | 882 | 768 | 454 | 615 | 21 | 2 |
| 4. Fire-raising, malicious and reckless conduct | 125 | 144 | 25 | 47 | 9 | 27 | — | — |
| 5. Other crimes | 251 | 200 | 41 | 42 | 14 | 20 | 1 | — |
| Total crimes | 5,920 | 3,269 | 1,297 | 933 | 574 | 736 | 28 | 2 |
| 6. Miscellaneous offences | 1,512 | 3,378 | 145 | 550 | 42 | 100 | 4 | — |
| 7. Motor vehicle offences | 560 | 1,134 | 101 | 196 | 14 | 26 | 1 | — |
| Total offences | 2,072 | 4,512 | 246 | 746 | 56 | 126 | 5 | — |
| Total crimes and offences | 7,992 | 7,781 | 1,543 | 1,679 | 630 | 862 | 33 | 2 |
| Crimes: | | | | | | | | |
| Murder | 23 | — | 19 | — | — | — | — | — |
| Attempted murder | 27 | — | 4 | — | — | — | — | — |
| Culpable homicide | 23 | 2 | 10 | — | — | — | — | — |
| Assault | 860 | 196 | 229 | 63 | 83 | 37 | 5 | — |
| Offensive weapons | 6 | 5 | 2 | 4 | 3 | 1 | — | — |
| Robbery | 182 | 11 | 52 | 2 | 11 | 24 | — | — |
| Other group 1 crimes | 11 | 2 | 1 | 1 | — | — | — | — |
| Sexual assault | 40 | — | 25 | 1 | — | 2 | — | — |
| Lewd and libidinous practices | 55 | 13 | 3 | 1 | — | 2 | — | — |
| Prostitution | 10 | 65 | 3 | 2 | — | — | 1 | — |
| Other group 2 crimes | 18 | 10 | 1 | 2 | — | 8 | — | — |
| Housebreaking | 1,724 | 555 | 465 | 265 | 264 | 330 | 13 | — |
| Theft by opening lockfast places | 206 | 132 | 44 | 38 | 21 | 50 | — | — |
| Prevention of crimes | 116 | 102 | 25 | 28 | 5 | 12 | — | — |
| Theft | 1,675 | 1,508 | 306 | 407 | 154 | 205 | 8 | 2 |
| Reset | 219 | 101 | 27 | 14 | 8 | 10 | — | — |
| Fraud | 289 | 189 | 15 | 12 | 1 | 6 | — | — |
| Other group 3 crimes | 60 | 34 | — | 4 | 1 | 2 | — | — |
| Fire-raising | 23 | 5 | 9 | 4 | 5 | 4 | — | — |
| Malicious conduct | 102 | 139 | 16 | 43 | 4 | 23 | — | — |
| Public order crimes | 3 | 4 | 2 | 1 | 4 | 2 | — | — |
| Contempt of court and Bail Act crimes | 79 | 82 | 24 | 25 | 3 | 1 | — | — |
| Drugs | 70 | 40 | 2 | 4 | — | 2 | — | — |
| Offences: | | | | | | | | |
| Petty assault | 163 | 269 | 20 | 61 | 4 | 48 | — | — |
| Breach of the peace | 1,204 | 2,114 | 114 | 445 | 35 | 52 | 4 | — |
| Children and Young Persons Act | 7 | 33 | — | — | — | — | — | — |
| Fisheries | 20 | 15 | 1 | 2 | — | — | — | — |
| Drunkenness | 29 | 690 | — | 8 | — | — | — | — |
| Police Acts | 43 | 126 | 9 | 25 | 3 | — | — | — |
| Trespass Acts | 7 | 7 | — | 3 | — | — | — | — |
| Supplementary Benefit Act | 15 | 45 | — | — | — | — | — | — |
| Other group 6 offences | 24 | 79 | 1 | 6 | — | — | — | — |
| Reckless and careless driving | 13 | 65 | 7 | 10 | — | 2 | — | — |
| Drunk driving | 69 | 259 | 3 | 15 | 4 | 1 | — | — |
| Driving while disqualified | 414 | 304 | 82 | 86 | 9 | 23 | 1 | — |
| Driving without licence | 2 | 61 | 1 | 20 | — | — | — | — |
| Driving without insurance | 46 | 315 | 7 | 41 | 1 | — | — | — |
| Other group 7 offences | 16 | 130 | 1 | 24 | — | — | — | — |