

Key points

- Although incarceration poses few obstacles for determined drug users, accessible support services are offered to prisoners wishing to abstain.
- Cannabis continues to be by far the most frequently detected drug in prisons.
- Initiatives on the part of corrective services *do* work and can reduce the extent of drug use in correctional centres.

Introduction

The strong association between some types of criminal activity and illicit drugs means that the proportion of drug users in prisons is usually higher than in the general community. The link between drugs and crime is supported by the results of the Australian Institute of Criminology's Drug Use Monitoring in Australia project, which was discussed at length in the *Australian Illicit Drug Report 1998–99* (ABCI 2000). Initial results from the project showed that in the four areas studied at least 60 per cent of people charged with an offence had bought illicit drugs in the preceding 30 days.

Drug use in prisons is a serious concern not only because the drugs used are illicit but also because of the risk of spreading blood-borne diseases such as HIV and hepatitis C and the fact that using in prison results in a continuation of the behaviour patterns present at the time of offence.

In this chapter, corrective service agencies in the various Australian jurisdictions report on drug use in their respective prisons as well as initiatives undertaken and developments that occurred during 1999–2000.

The Australian prison population

In the final quarter of 1999–2000 an average of 20 828 people were in custody in Australia, an increase of about 2 per cent on the figure for June 1999. Of the 20 828 prisoners, 94 per cent were males, and the average imprisonment rate per 100 000 people was 144 for the quarter to June 2000 (Australian Bureau of Statistics 2000).

Although the data some jurisdictions report in this chapter suggest that a significant number of inmates use illicit drugs, the Australian Institute of Criminology found that between 1988 and 1998 there was little increase in the proportion of inmates sentenced for drug offences; in fact, in New South Wales the proportion fell from 14.9 per cent to 10.9 per cent (Carcach & Grant 2000). Interpreting data

of this kind is, however, difficult, for two main reasons. First, jurisdictions are tending to deal with minor drug matters outside the criminal justice system. Second, inmates for whom illicit drug use might well have been a factor contributing to their offence may have actually been sentenced for an offence not related to drugs.

The national perspective

Urinalysis

Any interpreter of urinalysis data must be mindful of two factors: targeting methods and the metabolism of the drug in the human body.

In relation to targeting, an inmate can be chosen for urinalysis for a variety of reasons, the main ones being the inmate's history and associations, informant or anecdotal information, and the inmate's appearance or behaviour. But targeted urinalysis is a relatively poor indicator of the extent of drug use and the types of drugs used in a prison. Although cannabis is consistently the most detected drug in both targeted and random testing, it should be noted that THC remains detectable in urine for weeks, whereas a drug such as amphetamine is relatively rapidly metabolised and excreted. Further, the consumption of cannabis may be more obvious, especially in closely supervised environments, than intravenous or oral drug use. For example, cannabis smoke has a noticeable smell and its effects—such as reddened eyes and talkativeness—may be more readily observed by prison officers, thus increasing the likelihood of a cannabis user being selected for urinalysis.

As a result, cannabis is probably over-represented in the urinalysis data, even though it is probably the most widely used illicit drug in prisons, just as it is in the general community.

Drug seizures

All jurisdictions seize illicit drugs inside prisons and from people visiting prisons. The drugs are smuggled into and concealed within prisons in many ways, and, as in society at large, any search for the drugs must be carried out with the concept of individual rights at the forefront. Urinalysis data makes it obvious that, despite the efforts of many corrective services, drugs continue to be smuggled into gaol at a significant rate.

As can be seen from jurisdictions' reports in this chapter, a concerted effort to counter the movement and use of illicit drugs in prisons can be effective. Some jurisdictions report an apparent reduction in the use of drugs in their prisons.

Drugs, incarceration and crime

Both New South Wales and Victoria have conducted studies that show the use of illicit drugs to be a feature in the lifestyle and criminality of more than 50 per cent of people who become incarcerated. It also appears that the more times a person has been incarcerated the more likely they are to have a drug problem. Given that the level of drug use is already high among first-time inmates, it is reasonable to conclude that few people actually use drugs for the first time when in gaol; rather, the use of drugs is a predictor of their likelihood, once released, of returning to gaol.

The data provided by New South Wales and Victoria give further evidence of the link between illicit drug use and the committing of offences carrying a gaol penalty. The proportion of the national prison population using drugs while in prison is difficult to determine, but positive results from random urinalysis testing put it at between about 5 and 20 per cent.

State and Territory reports

Agencies in each State and the Northern Territory provided information and data on the illicit drug situation in the prisons in their jurisdiction. Differences in the size of the various corrective services and the resources available to them mean that the amount of information and detail provided varies. All the jurisdictions regard the use of illicit drugs in prisons as a serious problem, as is evident by the adoption of strategies by states such as New South Wales and Victoria to reduce the demand and supply of illicit drugs in prisons.

New South Wales

[The information in this section was provided by the New South Wales Department of Corrective Services.]

New South Wales has a large prison population and has taken steps—both within the prison environment and through the criminal justice system in general—to deal with the problem of illicit drugs.

The New South Wales Department of Corrective Services acts within three broad principles to deal with illicit drug use:

- for offenders with a history of substance misuse, provide access to treatment programs in the community;
- for offenders in custody, provide access to therapeutic programs designed to help them reduce their offending behaviour and to prepare them for return to the community;
- intercept and reduce the flow of drugs entering the correctional system.

The New South Wales Drug Court, the Ngara Nura therapeutic program at Long Bay Prison, and the Drug Detector Dog Unit are all examples of the Department's application of the recommendations resulting from the New South Wales Drug Summit, held in May 1999.

The New South Wales Drug Court

Drug courts have operated in the United States since 1989 and have been trialed more recently in the United Kingdom and Canada. They aim to reduce the crime associated with drug abuse and help offenders lead drug-free lives upon their return to the community.

The Drug Court program is designed to divert people who have committed a drug-related offence away from the traditional criminal justice system. The first drug court for offenders—the New South Wales Drug Court—opened in February 1999 and is in the pilot stage.

Eligibility for participation in the program

To be accepted into the New South Wales Drug Court program, an offender must satisfy the following criteria:

- be highly likely to be sentenced to full-time imprisonment if convicted;
- have stated their intention to plead guilty to the offence;
- be dependent on the use of prohibited drugs—within the meaning of the *Drug Misuse and Trafficking Act 1985*;
- be referred from one of the courts in the catchment area.

The pilot program

The two-year pilot program places treatment within the criminal justice system. Prosecution and defence lawyers work with a Drug Court team that includes probation and parole officers, other Corrective Services staff, police and health professionals. Offenders attend drug treatment and rehabilitation programs, and probation and parole staff provide case-management services, supervise the Drug Court's orders, and arrange access to development programs.

Program participants are often tested for drug use: non-compliance, such as missing an appointment or returning

a positive urine sample, results in the application of sanctions.

About 14 Department of Corrective Services probation and parole staff are assigned to the program, which had 146 participants on 30 June 2000.

Evaluation

In April 2000 the New South Wales Bureau of Crime Statistics and Research released data on the Drug Court's operations in the first 12 months of the pilot and a summary of the methodologies of three evaluations that were being carried out (Freeman et al. 2000).

In the first 12 months of operation 224 offenders were placed on the program; two-thirds were still participating on 31 January 2000. The study found that participants' progress through the program was much slower than anticipated, so the trial was extended by six months.

The Ngara Nura therapeutic program at Long Bay Prison

Substance misuse is a serious problem for many inmates in the New South Wales correctional system. A drug and alcohol exit survey conducted by the Department of Corrective Services found that 67 per cent of the respondents reported being under the influence of a drug at the time of their most serious offence (Kevin 1992). Further, 74 per cent of respondents reported problems resulting from their abuse of drugs and alcohol and 66 per cent said there was a relationship between their drug use and subsequent imprisonment.

In response to a recommendation of the National Drug Strategy, as well as the success of other special care units, the Department decided to establish the Ngara Nura therapeutic program at Long Bay. The aims of the program are as follows:

- to provide a therapeutic program for inmates with substance-misuse and associated health problems;
- to improve participants' ability to deal with their substance-misuse problems;
- to increase the number of inmates who successfully continue treatment in a community setting;
- to reduce the extent of recidivism connected with alcohol and other drugs.

Ngara Nura is designed for inmates with a history of drug-related recidivism who would benefit from, and are willing to participate in, an intensive program and who are otherwise unsuitable for work release because of their classification or drug use in prison.

The program

The aim of the therapeutic stream is to develop a peer-based structure in which program participants can safely explore their personal histories and experiences, thus

identifying thought and behaviour patterns linked to alcohol and drug use, antisocial attitudes and offending. The program works towards replacing maladaptive patterns with positive coping skills through developing interpersonal networks and enhancing self-efficacy and self-esteem. In small group sessions, inmates work on subjects they nominate during their intake into the program, with the assistance of their primary alcohol and other drug worker or case manager, or both.

The educative stream is designed to teach program participants about alcohol and other drugs and how abuse of these substances can affect their lives and relationships. Inmates learn to identify their own cycles of drug and alcohol use and the resultant personal and social harms. They are also encouraged to develop a range of personal and interpersonal skills for dealing with difficulties and managing their lives more effectively.

The life skills and community links stream is presented by the Department's education staff and guest presenters from various government agencies and community organisations. The aim is to develop practical living skills and introduce program participants to services in the community that they will need to contact after their release.

The family and visitor participation stream is ancillary to the program since families and visitors do not participate directly in the inmates' activities. Nominated visitors are invited to an information day at the end of the first week of the program, and inmates may invite visitors to a graduation ceremony at the completion of the course. In addition, weeks six and nine are 'theme weeks' in which all activities in the therapeutic and educative streams relate to set themes—family in week six, children and parenting in week nine. The culmination of the theme weeks is a special weekend visit organised by the inmates.

Table 8.1: Seizures of drugs from male inmates of New South Wales correctional centres, 1998–99 and 1999–2000 (including seizures by the Drug Detector Dog Unit)

Drug	1998-99	1999-2000
Cannabis (grams)	73.9	620.0
Heroin (grams)	15.9	2.0
Amphetamines (grams)	-	5.4
Unidentified white powder (grams)	a	102.0
Tablets-incl. Serapax, Rivotrol, Rohypnol, Panadeine Forte, Valium (number)	210	128

a. In 1998–99 'unidentified white powder' was included with heroin; in 1999–2000 it was counted separately.

Table 8.2: Seizures of drugs in New South Wales periodic detention centres, 1998–99 and 1999–2000 (including seizures by the Drug Detector Dog Unit)

Drug	1998-99	1999-2000
Cannabis (grams)	378.00	465.00
Heroin (grams)	3.04	1.70
Amphetamines (grams)	-	0.90
Unidentified white powder (grams)	a	17.96
Tablets-incl. Serapax, Rivitrol, Rohypnol, Panadeine Forte, Valium (number)	174	361

a. In 1998–99 ‘unidentified white powder’ was included with heroin; in 1999–2000 it was counted separately.

The Drug Detector Dog Unit

In 1998–99 the Department expanded its Drug Detector Dog Unit, taking the number of dog squads in the State’s gaols from 32 to 44 at a cost of \$3.725 million over four years. In 1999–2000 the Unit was again increased, this time by 10 squads, in order to increase drug-interdiction operations. In the 1999 calendar year the Unit conducted more than 50 000 passive screenings of people visiting New South Wales correctional centres.

The Drug Detector Dog Unit is one of the Department’s primary resources in drug reduction; it operates throughout the State, conducting cell and visitor searches. It also responds to requests from individual correctional centres, according to operational requirements. In 1999–2000 the Unit conducted searches at all correctional centres other than those in the remotest parts of the State, such as Broken Hill and Ivanhoe. The Unit itself is based at South Windsor on the outskirts of Sydney, although dogs are also permanently based at the Department’s Silverwater facility.

Active alert dogs are trained to detect cannabis, heroin and amphetamines; they respond aggressively, biting and scratching, if they scent the presence of these drugs. They are ideal for detecting drugs concealed at a correctional centre or any other location. Multi-purpose dogs are trained in a similar manner to active alert dogs but also have a security and attack capability. Passive alert dogs are used to detect drugs on people at the perimeters of correctional centres. They are trained to sit next to and look at any person or thing carrying drugs. Their non-aggressive behaviour allows them to work close to the public, including children.

Dog squad seizures

The increased number of dog squads operating in departmental centres has led to a substantial increase in drug seizures.

As Tables 8.1 to 8.3 show, between 1998–99 and 1999–2000 there was an overall increase in the amount of drugs seized. This increase is attributed in part to the success of the Drug Detector Dog Unit. Total seizures by the Department of Corrective Services also increased—see Table 8.4.

Victoria

[The information in this section was provided by the Victorian Office of the Correctional Services Commissioner.]

The Victorian corrections system

The Department of Justice is responsible for the adult corrections system in Victoria. The Office of the Correctional Services Commissioner oversees the corrections system, including development of statewide policy and service-delivery standards, the monitoring of the delivery of correctional services, and the assessment and placement of prisoners.

At present the corrections system in Victoria is operated by one public and three private entities.

- CORE—the Public Correctional Enterprise—is the public sector operator, managing 10 prisons and community correctional services.
- Corrections Corporation of Australia manages the Metropolitan Women’s Correctional Centre, which is the main facility for female prisoners in Victoria. It also has the contract for prisoner transportation and court escort duties in the State.

Table 8.3: Seizures of drugs from visitors to New South Wales correctional centres, 1998–99 and 1999–2000 (including seizures by the Drug Detector Dog Unit)

Drug	1998-99	1999-2000
Cannabis (grams)	358.0	858.0
Heroin (grams)	34.5	16.3
Amphetamines (grams)	17.5	15.7
Unidentified white powder (grams)	a	43.4
Tablets-incl. Serapax, Rivitrol, Rohypnol, Panadeine Forte, Valium (number)	193	355

a. In 1998–99 ‘unidentified white powder’ was included with heroin; in 1999–2000 it was counted separately.

Table 8.4: New South Wales Department of Corrective Services: total drug seizures, 1999–2000

Drug	Quantity	
	Inmate	Visitor
Cannabis (grams)	674.3	857.9
Heroin (grams)	2.4	16.3
Amphetamine (grams)	6.05	15.7
Unidentified white powder (grams)	143.4	43.4
Pharmaceutical (no. of tablets)	124	82

- Australasian Correctional Management manages the Fulham Correctional Centre and has the contract for prison health care services at nine CORE prisons.
- Group 4 manages the Port Phillip Prison, a maximum-security prison that also provides all the corrections system’s medical services, including a prison hospital and long-term psychiatric unit.

Characteristics of the Victorian prison population

Since 30 June 1996 Victoria’s prison population has grown by 27 per cent.

Within the Victorian system the proportion of sentenced prisoners whose most serious offence is a drug offence increased from 9 per cent at 30 June 1997 to 12 per cent at 30 June 1999. But these figures greatly underestimate the proportion of prisoners whose offences are drug-related: data collected by the Office of the Correctional Services Commissioner show that 83 per cent of male inmates presented with a drug problem and 6 per cent were on methadone; for females, 66 per cent presented with a drug problem and 15 per cent were on methadone.

Prisoners and drug abuse

Substance abuse features strongly in the profile of Victorian prisoners: 63 per cent of male and 68 per cent of female first-time prisoners reported drug-abuse problems prior to imprisonment. With repeat offenders, the proportions rise to 84 per cent for male inmates and 92 per cent for female inmates.

In January 2000, the Office of the Correctional Services Commissioner analysed a sample of 1228 prisoners, representing the prisoner population serving sentences of less than 12 months, to determine whether there were differences in terms of drug and/or alcohol abuse between first-time prisoners and those serving a second or subsequent prison term. The proportion of prisoners reporting drug abuse was much higher among those serving a second or subsequent sentence—see Table 8.5.

Self-reported drug abuse was particularly high among women serving a second or subsequent sentence—70 of the 76 women surveyed, or 92.1 per cent. This group was

also much more likely to report having injected drugs in the 12 months preceding their reception into custody—62 of the 76 women surveyed, or 81.6 per cent.

Table 8.6 shows the numbers and proportions of Victorian prisoners whose most serious offence was a drug offence, by type of offence, at 30 June 1995, 1996, 1997 and 1999. Table 8.7 shows the proportions of male and female Victorian prisoners reporting that they committed their first, second or subsequent offence to support a drug habit.

The Victorian approach to managing drugs in prison

The Victorian Prison Drug Strategy was implemented in 1992 to comprehensively manage the problem of drugs in prisons. The original goal of the Strategy was to maintain the safety and good order of the Victorian prison system by keeping drugs out of prisons. A secondary goal was to apply consistent management to prisoners with substance-abuse problems and consistent sanctions for the use of drugs in prison. The Strategy has three primary objectives:

- to reduce the demand for drugs through deterrence programs;
- to reduce the supply of drugs through effective detection processes;
- to reduce the demand for drugs through treatment initiatives.

The main components of the Strategy are the urinalysis program, the imposition of ‘identified drug user’ status, and treatment interventions.

The urinalysis program, begun in 1991, involves random sampling and testing of prisoners on a routine basis, targeted testing of specific prisoners suspected of drug use, and testing of prisoners undergoing drug treatment.

In 1998–99 an average of 4.7 per cent of inmates of Victorian prisons returned urinalysis samples that were positive for illicit drugs. In 1999–2000 the level decreased to 4.4 per cent. In 1999–2000 the most commonly detected drug was cannabis (52.6 per cent), followed by opiates (26.6 per cent) and benzodiazepines (20.1 per cent). Cannabis use declined slightly from the 1998–99 level of 56.1 per cent, whilst the use of opiates increased, from 14.9 per cent in 1998–99—see Figure 8.1.

Table 8.5: Victorian prisoners reporting drug abuse, by gender, January 2000 (per cent)

Gender	First sentence	Second or subsequent sentence	Total
Male	63.5	83.7	74.5
Female	67.6	92.1	77.7
Total	63.9	84.3	74.8

Table 8.6: Victorian prisoners whose most serious offence was a drug offence, by type of offence, 30 June 1995 to 1997 and 1999

Type of offence	1995		1996		1997		1999	
	No.	%	No.	%	No.	%	No.	%
Possession/use	14	0.7	12	0.6	12	0.6	25	1.1
Traffic	173	8.6	175	8.9	166	7.9	242	10.5
Manufacture/grow	5	0.1	4	0.2	10	0.5	12	0.5

The Victorian Prison Drug Strategy makes provision for ‘identified drug user’ status to be imposed on a prisoner found guilty of committing a drug-related offence in prison. Sanctions on contact visits are imposed on such prisoners, who must participate in an approved education or treatment program if they are to have their identified drug user status removed.

A range of treatment interventions are provided throughout the prison system:

- drug awareness sessions for all prisoners;
- drug education and relapse-prevention programs;
- non-intensive drug treatment programs;
- alternative therapies and pilot programs to meet particular needs;
- intensive residential treatment programs at Fulham Correctional Centre, Bendigo Prison, and the Metropolitan Women’s Correctional Centre;
- individually tailored programs that are equivalent to intensive treatment for prisoners who otherwise would not have access to such programs.

Drug and alcohol treatment services in prisons

The delivery of drug and alcohol treatment services within the Victorian prison system is usually contracted out to specialist drug and alcohol services. The drug and alcohol programs operate separately from prison health services.

Methadone is prescribed to prisoners who are on an established community methadone program before entering prison. Prisoners on remand, who are in custody for less than six months or who are pregnant may also be

placed on a methadone-maintenance program. Prisoners serving sentences of more than six months are placed on a methadone-reduction program. In April 2000, 162 prisoners in Victoria—30 females and 132 males—were on a methadone program.

Data on prisoners’ demand for and engagement in prison-based alcohol and drug treatment programs show that each prisoner attends a drug awareness program and up to one in three attend a drug education program. In addition, about 45 per cent of prisoners complete semi-intensive treatment; the completion rate for education, relapse-prevention and intensive treatment is about 60 per cent.

Strengthening the Victorian Prison Drug Strategy

A review of the Victorian Prison Drug Strategy by independent auditors KPMG in 1999 found broad support for the Strategy but noted the need to reconsider the management of drugs in prisons within the context of harm minimisation. KPMG strongly recommended that greater attention and resources be directed to the periods immediately before and after release from prison if better results in terms of harm reduction and recidivism were to be achieved.

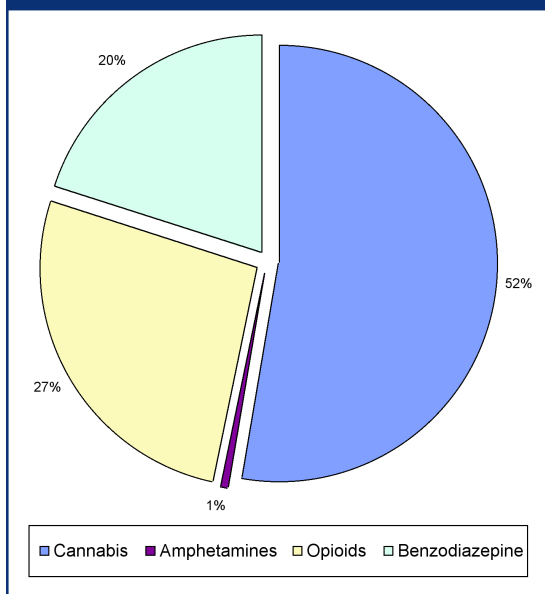
In response to KPMG’s recommendations and government policy initiatives, the Office of the Correctional Services Commissioner has implemented a wide-ranging program to strengthen the Strategy:

- development of diversion alternatives to imprisonment for drug-dependent offenders;
- development and testing of a variety of drug treatment pre- and post-release programs;

Table 8.7: Victorian prisoners reporting offence was committed to support drug habit, by gender, January 2000 (per cent)

Gender	First sentence	Second or subsequent sentence	Total
Male	33.7	37.2	35.6
Female	54.6	73.7	62.5
Total	35.9	39.6	37.8

Figure 8.1: Positive urinalysis tests in Victorian prisons, by drug type, 1999–2000



- review of the ‘identified drug user’ system so as to better balance the goals of safety and deterrence with the reality that drug dependence can often be a chronic, relapsing condition;
- implementation of an expanded methadone program to ensure that all prisoners can opt to continue methadone on entry to the prison system or to start methadone whilst incarcerated or prior to release. Turning Point Alcohol and Drug Centre has been engaged to implement this program;
- review of the effectiveness of the current prison treatment model and service delivery arrangements. People Care Australia has been engaged to conduct the review;
- review of the purpose, scope and requirements of detection methods and barrier control in prisons to ensure that the policies aimed at preventing drugs from entering prisons and detecting drug use are consistent with operational best practice and contemporary technologies. The Victorian Institute of Forensic Medicine has prepared a paper on current testing technologies for prisons and community correctional services, discussing, among other things, the viability of alternative testing methods such as saliva, hair and sweat.

The new Corrections Drug Strategy was finalised in November 2000; it includes ways of reducing prisoners’ vulnerability to post-release overdose, reducing the transmission of blood-borne viruses such as HIV and hepatitis C, reducing the demand for drugs, and reducing drug-related re-offending.

Supporting projects: managing drugs in prison

The New Horizons Program for young male prisoners

The New Horizons Program is an intensive program designed for male prisoners aged less than 30 years and with serious substance-abuse problems. Phase 1 of the Program will be based in a new 68-bed minimum-security unit outside the walls of the Fulham Correctional Centre, near Sale, and will focus on outdoor education and training. Prisoners who complete phase 1 will move on to one of the new community-based pre-release facilities (see below), where an intensive transition program will be provided. Post-release support and mentoring will also be provided. Funding for this Program was allocated in the 2000–01 Victorian Budget.

Community-based pre-release facilities

Three 20-bed community-based pre-release facilities—one specifically for younger male prisoners who have participated in the New Horizons Program, one for female prisoners, and one for male prisoners—are now in operation. These transitional facilities, which are in metropolitan Melbourne, will provide support for prisoners before and after they are released from prison. This includes creating links to the wider community and offering prisoners opportunities to develop re-assimilation skills. Prisoners will be case-managed for up to six months after release.

Post-release programs

Five post-release programs for offenders with a history of drug abuse are being piloted. The aim of the programs is to involve and keep offenders in community-based drug treatment and reduce drug-related offending; this is to be done by developing links with offenders while they are in prison and providing accommodation, support and intensive case-management support on their release. The prisoner populations targeted are women, young offenders, Vietnamese and Cambodian offenders, and older offenders with long-term substance-abuse and imprisonment histories. All five programs are to be delivered by non-government organisations already working in the corrections or drug and alcohol fields, or both.

Queensland

[The information in this section was provided by the Queensland Department of Corrective Services.]

Monthly statistical urinalysis surveys in Queensland prisons in 1999–2000 showed that an average of 5.8 per cent of inmates were using illicit drugs. The level of drug use in the State’s prisons and community corrections centres dropped dramatically in January 1999, when the work of the General Managers’ Drugs Taskforce began to take effect: immediately before that time 14.4 per cent of inmates had been using illicit drugs.

The General Managers' Drugs Taskforce was an initiative of Q Corr, the then government-owned corporation that managed the majority of Queensland prisons. The Taskforce's effectiveness lay in its team approach, the clearer focus of attention and resources, and heightened awareness among staff of the need to deal with the problem of illicit drug use in prisons and community corrections centres.

The Department of Corrective Services' drug strategy seeks to minimise the harm associated with illicit drug use by providing treatment opportunities for prisoners. It also encompasses detection and deterrence. Resources have been allocated to each of these areas, although the main focus has been on efforts to limit the entry of illicit drugs into prisons.

The urinalysis statistics show that the overall reduction in illicit drug use was primarily the result of a reduction in cannabis use. In 1998–99 cannabis represented 63 per cent of total drug use; in 1999–2000 the figure fell to 47 per cent of total drug use. The use of other drugs—opioids, amphetamines, benzodiazepines, and so on—has remained relatively stable since 1997.

The statistics appear to support the theory that, when confronted with action to detect and deter drug use, prisoners avoid using cannabis. There is a higher risk of being caught because cannabis remains detectable in urine for much longer than other drugs.

Drug seizures

The various prisons use differing measures to report drug quantities seized. For example, cannabis can be reported as grams or leaves. Powdered drugs can be reported as grams or units. The meaning of 'unit' is not clear but is taken to mean one sample of a quantity too small to weigh or where there are no facilities for weighing drugs. With this in mind, Table 8.8 shows the number and weight of drug seizures from inmates of and visitors to Queensland prisons in 1999–2000.

Targeted urinalysis

The targeted urinalysis program operates differently in different centres. Under the *Corrective Services Act 1988*, it is lawful to 'target' a prisoner if there is a reasonable suspicion that a urine sample will provide evidence of the commission of an offence. Some open custody centres routinely screen all prisoners as they are transferred to the centre.

The results of the targeted urinalysis program are therefore of limited use and should not be interpreted to indicate levels of drug use in prisons.

Of the 6068 targeted urinalysis samples taken in 1999–2000, 418 (or 6.9 per cent) were positive for an illicit substance. Figure 8.2 provides a breakdown by drug type for the positive samples.

Statistical urinalysis

Each month the Department of Corrective Services conducts statistical urinalysis surveys in prisons and community corrections centres. The Australian Bureau of Statistics developed the statistical model the Department uses, and the use of illicit drugs can be estimated with a 95 per cent confidence interval (plus or minus 10 per cent). This level of accuracy and the frequency of the surveys mean that the Department has an excellent tool for observing trends and evaluating the effectiveness of strategies.

In 1999–2000, 7168 samples were randomly taken from inmates for statistical urinalysis; of these, 527 (or 7.4 per cent) were positive for an illicit substance. It should be noted that the percentage of use is an average of the 12 surveys and there is no statistical weighting to adjust for variations in the size of correctional centres. Figure 8.3 provides a breakdown by drug type for the positive samples.

Western Australia

[The information in this section was provided by the Western Australian Ministry of Justice.]

Table 8.8: Illicit drug seizures in Queensland prisons: number and weight, by drug type, 1999–2000

Drug type	Number of seizures		Quantity (grams)	
	Inmate	Visitor	Inmate	Visitor
Amphetamine	-	1	-	1
Benzodiazepine	-	-	-	-
Cannabis	16	6	16	10
Heroin	1	2	n.a.	n.a.
Other	2	-	n.a.	-
Unknown	8	3	n.a.	n.a.

Figure 8.2: Positive samples from targeted urinalysis in Queensland corrections centres, by drug type, 1999–2000

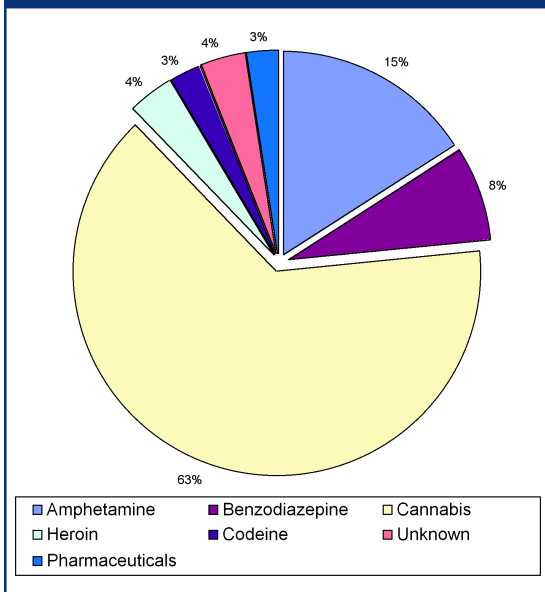
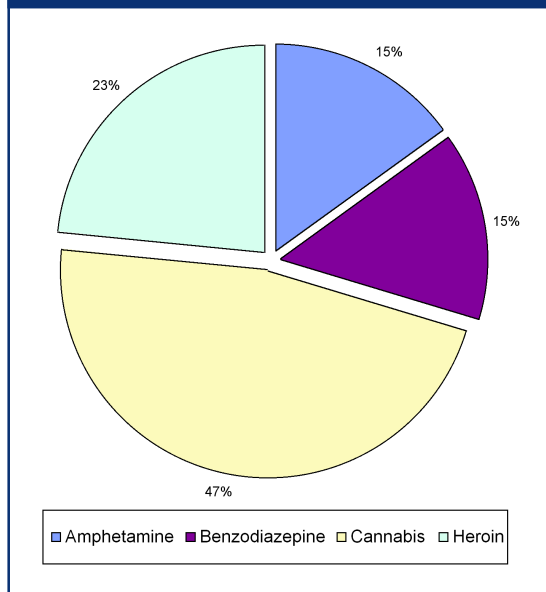


Figure 8.3: Positive samples from statistical urinalysis in Queensland corrections centres, by drug type, 1999–2000



The Western Australian Ministry of Justice is further developing its Drug Management Strategy, which has the broad objectives of supply and demand reduction, harm reduction and management, and the coordination of activity to achieve an integrated effort to counter substance abuse.

Initiatives in 1999–2000

The Ministry of Justice continues to use drug dogs in prisons and has successfully trialed the use of the passive alert dog, or PAD. The PAD is very effective in dealing with prison visitors: it behaves in a non-aggressive, non-threatening manner and so can be used without any risk to visitors' safety. This is particularly important in terms of the Ministry's duty of care when dealing with visitors, especially children. The success of the PAD trial has resulted in the training of a further three PADs and trainers.

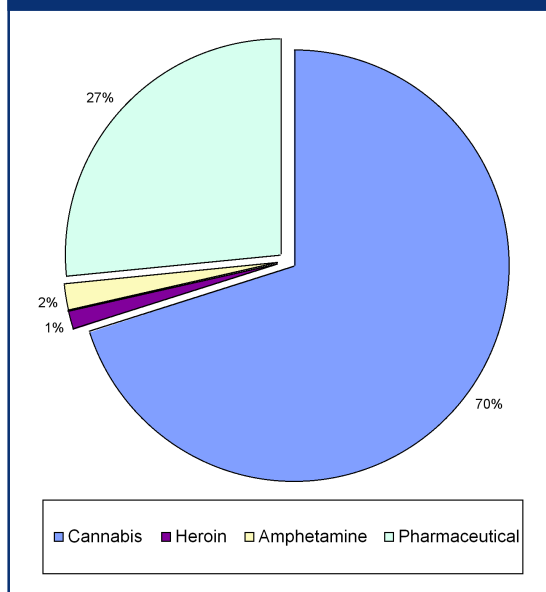
Drug detection sweat patches are also being introduced in the State's prisons. Legislative changes have been necessary to allow the taking of sweat for analysis. Nyandi, the minimum-security annexe of Bandyup Women's Prison, has been designated a drug-free unit and sweat patches will be used there. The unit will offer incentives for prisoners abstaining from drug use, encourage them in their resolve to remain drug free, and provide support and counselling.

An undertaking by the Ministry of Justice to further develop the Naltrexone treatment program in Bandyup Women's Prison will see the program expanded to a male minimum-security facility. Long-term opioid users are to be targeted for inclusion in the program. Prison Health Services is also exploring other medical treatment options, and a medical officer has been engaged specifically to work with the high-dependency population in metropolitan prisons.

Reviews conducted after the Casuarina Prison riot in December 1998 resulted in the levels of prescription drug availability, the security of their storage, and the types of drugs issued coming under scrutiny. Prison Health Services has been working with the Health Department of Western Australia to develop prescribing protocols for prisons, particularly in relation to recommended medications.

A 'Keeping Safe' program is being delivered by outside agencies, using community standards adapted to the prison environment. The program deals with matters such as blood-borne diseases, safe sex, safe tattooing and safe

Figure 8.4: Positive samples from random urinalysis in Western Australian corrections centres, by drug type, 1999–2000



8. DRUGS IN PRISONS

Figure 8.5: Positive samples from targeted urinalysis in Western Australian corrections centres, by drug type, 1999–2000

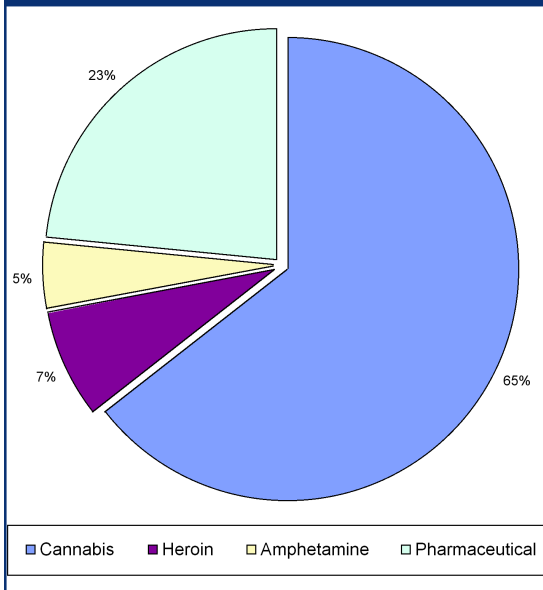
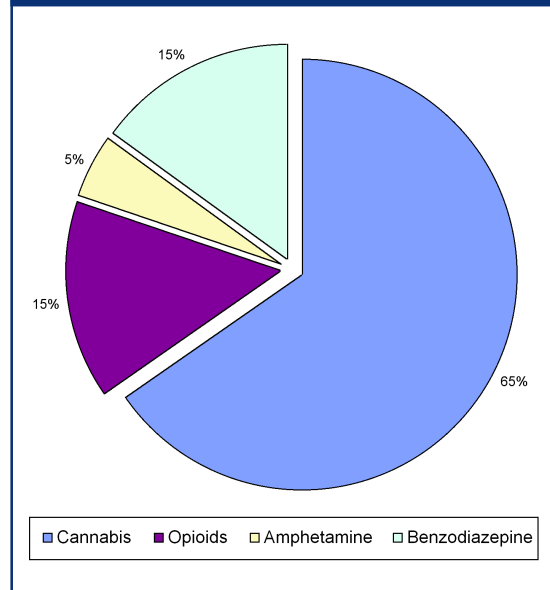


Figure 8.6: Positive samples from random and targeted urinalysis in South Australian corrections centres, by drug type, 1999–2000



injecting. Importantly, Aboriginal medical agencies are able to deliver culturally appropriate information as part of this program.

The Substance Use Referral Unit of the Ministry of Justice has initiated group work with prisoners to better meet the huge demand for the Unit's services.

The Western Australian Drug Abuse Strategy Office expressed concern that a large number of offenders were overdosing shortly after release from custody. This has resulted in expansion of the Prison to Parole program—a

partnership involving the Ministry of Justice, the Drug Abuse Strategy Office and external agencies—to support prisoners completing sentences and ensure that they continue treatment on release. Former opioid users are targeted in the last three months of their sentence, and the comprehensive plan that is initiated is continued upon release. This approach is in keeping with contemporary practice in 'throughcare'. As part of the 'exit kit' a card warning of potential drug-abuse problems is included: it explains the reduction in tolerance that results from lower levels of use while incarcerated.

Figure 8.7: Positive samples from random and targeted urinalysis in Tasmanian corrections centres, by drug type, 1999–2000

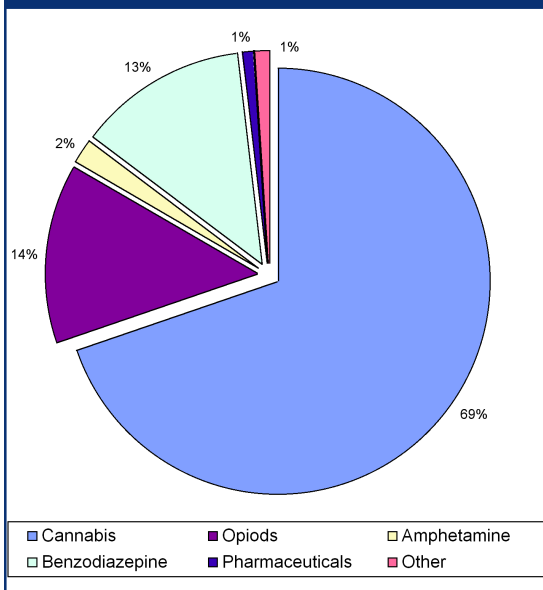


Figure 8.8: Positive samples from random and targeted urinalysis in Northern Territory corrections centres, by drug type, 1999–2000

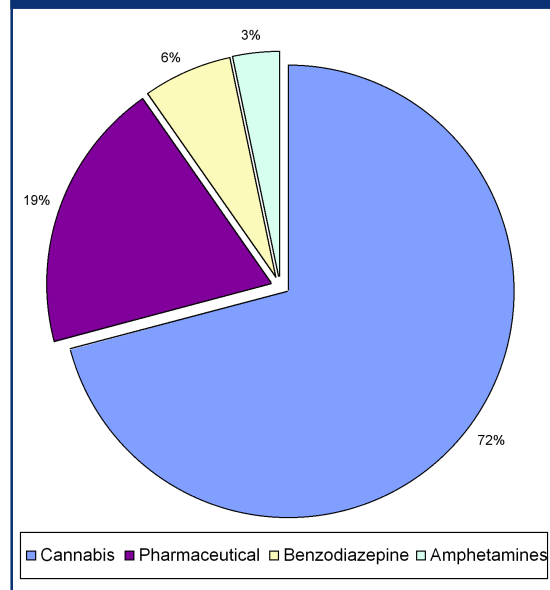


Table 8.9: Illicit drug seizures in Western Australian corrections centres, 1999–2000

Drug type	Number
Cannabis	520
Heroin	88
Pharmaceutical	139
Amphetamine	3

Note: No measurements of weight are available. The number of seizures relates to individual ‘balloons’ or ‘deal bags’ seized.

A pilot drug court regime that includes a court assessment and treatment service is also being developed. The service will offer offenders varying levels of community-based intervention, commensurate with their levels of both offending and illegal drug use.

Urinalysis

In 1999–2000 the Western Australian Ministry of Justice conducted 599 random urinalysis tests and 3811 targeted urinalysis tests—a total of 4370 tests. Of the random tests, 141 (or 23.5 per cent) were positive; of the targeted tests, 1525 (or 40 per cent) were positive.

Figure 8.4 provides a breakdown by drug type for the positive random samples; Figure 8.5 provides the equivalent information for the positive targeted samples.

Seizures

Table 8.9 shows the number of seizures of illicit drugs in Western Australian corrections centres in 1999–2000. The figures are from the records of the Canine Section and the records of individual prisons.

South Australia

[The information in this section was provided by the South Australian Department for Correctional Services.]

In South Australian corrections centres 1534 urinalysis tests (random and targeted) were conducted in 1999–2000; of these, 944 (or 61.5 per cent) were positive for an illicit substance. Figure 8.6 provides a breakdown by drug type for the positive samples.

Tasmania

[The information in this section was provided by the Tasmanian Department of Justice.]

In Tasmanian corrections centres 908 urinalysis tests (random and targeted) were conducted in 1999–2000; of these, 429 (or 47 per cent) were positive for an illicit substance. Figure 8.7 provides a breakdown by drug type for the positive samples.

The Northern Territory

[The information in this section was provided by Northern Territory Correctional Services.]

Urinalysis

In Northern Territory corrections centres 228 urinalysis tests (random and targeted) were conducted in 1999–2000; of these, 31 (or 13.6 per cent) were positive for an illicit substance. Figure 8.8 provides a breakdown by drug type for the positive samples.

Seizures

Table 8.10 shows the number and quantity of seizures of illicit drugs in Northern Territory corrections centres in 1999–2000.

References

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Table 8.10: Illicit drug seizures in Northern Territory corrections centres, 1999–2000

Drug	Number		Quantity	
	Inmate	Visitor	Inmate	Visitor
Cannabis	2	-	n.a.	-
Pharmaceutical	2	-	n.a.	-
Green vegetable matter	2	1	n.a.	n.a.