Research Publication

Views of Recidivists Released after Participating in the NSW Prison Methadone Program and the Problems they Faced in the Community.

Evaluation of the NSW Department of Corrective Services Prison Methadone Program: Study 8

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SUMMARY

This study sought to obtain qualitative information to supplement Study 7, a record study, which examined among other things the reoffending patterns of prisoners released on methadone. While this earlier study was able to quantify the reoffending patterns, it was not able to determine what "went wrong" for those who were returned to gaol. The present study involved interviewing a sample of people who had been reincarcerated since their release on methadone (together with a comparison sample). Information was collected about the financial or emotional problems inmates reported facing on release, their reported reasons for committing offences and feedback about the Prison Methadone Program. The sample consisted of fifty inmates, twenty-eight inmates who had been released from gaol on methadone and twenty-two inmates who were drug involved but who had not been released from gaol on methadone. The principal findings are outlined below.

Life after release

* The majority of the inmates in the sample (72%) reported committing their current offence(s) for financial reasons, this was either to support their drug habit (42%), for personal financial reasons (24%) or a combination of both these reasons (6%).

* 10% of the inmates interviewed stated they were using benzodiazepines and did not remember committing their offence. A further twelve per cent of these inmates claimed they were innocent of the charges against them or were an accessory.

* 70% of the sample stated that they used drugs when they committed their current offence. The drugs most frequently mentioned were heroin (34%), heroin and benzodiazepines in combination (16%) and benzodiazepines (28%).

* Those released on methadone stated experiencing similar problems to those not released on methadone. These problems included: day-to-day aspects of life such as finding accommodation, employment and managing finances (50%), adjusting from the restricted gaol environment to the community (48%) and experiencing the need to use drugs (32%).

* 74% of the sample stated they received support from their family and friends on release. The most frequent type of support mentioned was emotional support (60%).

* 72% of the sample claimed to look for work and 66% of the sample reported finding a job. The longest length of employment at a particular job was on average 7 months. The main reasons inmates stated for leaving work included: their return to gaol (18%), personal problems (16%) and because they started using heroin (16%).

* 32% of the sample were in debt, of whom less than half said they could pay their debts.

* Only eight per cent of the sample reported being able to save any money following their release.

* Most of the inmates (84%) claimed that they would change some aspect of their life when they were next released from gaol.

Reported effects of methadone

* 87% of those in the sample who had commenced methadone stated that methadone helped them reduce/stop using heroin.

* 77% of the inmates in the study who had commenced methadone stated that methadone helped decrease the number of crime(s) they committed, usually (68%) because it reduced or eliminated their need to finance a heroin habit.

* Positive aspects of methadone maintenance were stated to be: curbing or removing the need to use heroin (49%), establishing a stable lifestyle (41%) and psychological benefits (30%).

* Negative aspects of methadone maintenance were stated to be: the physical effects of methadone (43%), daily pick-ups (42%) and the fact that methadone was still a drug (33%).

Methadone history

* 54% of the respondents commenced their first methadone program in gaol, the remainder commenced methadone in the community. Those beginning methadone in gaol were, on average, older (26.5 yrs) than those beginning methadone in the community (23.6 yrs). The average time spent on each methadone program was 4.5 months. Younger inmates spent, on average, shorter periods of time on methadone than older inmates.

* Inmates interviewed spent, on average, 21 weeks on a community methadone program when released from gaol.

* 87% of those in the sample registered on a community methadone program reported using illicit drugs when on the community methadone program. These included heroin (41.9%) and benzodiazepines (41.9%).

* Reasons inmates gave for ceasing the methadone program included the difficulties involved in daily pick-ups (36%) and because they returned to gaol (32%).

The findings of this study illustrate that in order to reduce recidivism we need to provide these inmates with the knowledge and resources to support themselves in the community. This could be achieved by introducing inmates to a variety of programs prior to release, covering practical living skills such as cooking and budgeting, in addition to drug and alcohol issues. Information about, and referrals to community services should also be provided. Methadone should be established as one aspect of a cohesive package of rehabilitative services.

1. INTRODUCTION

In April 1986, a pilot pre-release methadone program was established for inmates with a history of opiate addiction. This program was established using funding from the National Campaign Against Drug Abuse (NCADA).

In late 1987 the pre-release program was expanded to become the N.S.W. Prison Methadone Program. The expansion of the program included a number of changes to policy and an increase in funding. Positions were available for up to 500 inmates, in a wider variety of gaols. Acceptance onto the program now encompassed prisoners on a methadone program at the time of incarceration, long-term prisoners, inmates who were HIV or Hepatitis B positive, or at the risk of infection as a result of needle sharing as well as pre-release prisoners. It was no longer a requirement that inmates on the program be released under the supervision of the Probation and Parole Service.

One of the salient objectives of the Prison Methadone Program was to "break the cycle of criminal activity associated with drug use" (Baldwin, 1987). This objective has been evaluated most recently in the seventh study of this series ("Study 7", Hume and Gorta, 1989), in which the available record data on criminal recidivism were investigated. This study also looked at retention in the community programs.

The methadone treatment policy was again altered in August 1989, during the period of the current study. The change in policy emphasis is reflected in the removal of the specific objective to "break the cycle of criminal activity associated with drug use" which was replaced with the more general objective "to reduce the harmful effects of the use of illicit opioids in N.S.W. prisons and minimise the likelihood of relapse into illicit drug dependence, following release". The current heightened awareness of the Human Immunodeficiency Virus has resulted in the prevention of needle sharing within prison, and consequently the reduction of the spread of HIV and Hepatitis B within prison, becoming an objective of greater priority.

This study is one in a series of studies investigating different aspects of the N.S.W. Prison Methadone Program. Issues that have been addressed in previous studies include recidivism, retention rates in community methadone programs, inmates' and staff's perceptions of the methadone program and drug use as measured by urinalysis both in gaol and in the community.

Study 7 evaluated criminal recidivism using a range of measures, including, for example: return to gaol, the number of convictions/charges since release, the type of most serious offence committed and the type of penalty received. These measures for those released on methadone were compared to those of a suitable comparison group, who were identified through computerised records as having been supervised by a Probation and Parole officer for an offence to support an illegal drug habit. The comparison group was then matched on sex, date of release and type of release (that is, probation, parole or licence) to control for the severity of the offence. A pre-post comparison was also conducted comparing the severity of offences committed during a period prior to starting the Prison Methadone Program and the same period following release on methadone.

The results of Study 7 indicated that while the N.S.W. Prison Methadone Program enables some people to reduce their criminal activity, there are others who do reoffend and may be reincarcerated. In particular, it was found that 70% of the methadone group had been reconvicted or charged since their release. The average time between release and until data collection was 12.9 months. The methadone group had, on average a greater number of convictions and/or charges (4.4 versus 3.6) and were more likely to receive a further gaol sentence (37.7% versus 22.7%) than the comparison group. About one-third (33.6%) of the methadone sample were continuously on the community program since release, 34.5% stopped voluntarily and 31.8% stopped methadone in the community due to reincarceration. Of those who stopped methadone treatment in the community, the majority (79.3%) did so within six months.

Such information is available from police, prison and other records about what happened when prisoners were released from gaol. However, we cannot determine from the records why these patterns occurred. It may be that the relationship between drugs and crime was severed but the skills required to find accommodation, employment and manage finances that is, to re-establish a lawful position within society were not available to some of these people. Alternatively inmates may begin the Prison Methadone Program for a variety of reasons when in gaol, other than to break the drug/crime cycle. There is an increasing emphasis placed on the role of the Prison Methadone Program in preventing the spread of HIV within the prison system. Inmates who begin the Prison Methadone Program to prevent catching or spreading HIV may choose to revert to their previous behavioural patterns on release.

This current study supplements Study 7 by providing qualitative information from a sample of people who have been reincarcerated in order to establish their perceptions of what happened last time they were released from gaol. The interviews cover the financial and emotional problems inmates faced, their reported reasons for committing the offence(s) and feedback about the Prison Methadone Program.

The broad aims of this study were to:

(a) outline the perceived problems faced by inmates released on methadone who return to gaol;

(b) document the reasons prisoners released from prison on methadone who return to gaol give for committing their offence(s);

(c) determine whether these problems (a) and/or reasons (b) differ from those of other prisoners with a drug history who are released (not on methadone) and return to gaol;

(d) document these inmates' perceptions of the Prison Methadone Program;

(e) allow these prisoners the opportunity to provide some suggestions about how to supplement the Prison Methadone Program, to aid in rehabilitation.

2. METHODOLOGY

2.1. The sample

The study included those people released from gaol on methadone between April 1986 and 30th June 1988 who had been reincarcerated and were currently in gaol during the period between 24th July and 31st August 1989. In order to determine whether the reported problems being faced on release were specific to those released on methadone or were common to all prisoners, the responses to a variety of questions were compared to those of a comparison group.

The comparison group was based on the matching procedure carried out in Study 7. The comparison group was identified through computerised records as having been supervised by a Probation and Parole Officer for an offence committed to support an illegal drug habit. The two groups, those released from gaol on methadone and the comparison group were then matched on sex, date of release and type of release.

The Department of Corrective Services' computerised Offender Record System was accessed to determine which of these inmates were currently in gaol, their location, current status (sentenced or unsentenced), offences and sentence (where applicable). The sample selected for interviewing was not a random sample. All but one of the women eligible for inclusion into study was contacted for an interview. The majority of men contacted for an interview were from metropolitan gaols, the proportion of inmates in country gaols was under-represented. This was due to a limitation in financial resources and time limitations. Furthermore, six inmates (12% of the sample interviewed), two who were released on methadone (7.1%) and four not released on methadone (18.2%) had yet to be convicted/sentenced for their current offence(s). This may, in some instances, have biased or influenced the inmates' response to various questions.

Fifty interviews were conducted at ten prisons: Mulawa Training and Detention Centre for Women, Norma Parker Centre (female prisoners); Parramatta Gaol, the Assessment Prison, the Reception Prison, the Remand Centre, the Training Centre, the Special Care Unit (male prisoners); Bathurst Gaol and Parklea Prison (both female and male prisoners). The interviews were conducted between 24th July and 31st August 1989.

The sample falls into two groups. Inmates who have been released from gaol following participation in the N.S.W. Prison Methadone Program and who were transferred onto a methadone treatment program in the community, hereafter referred to as "those released on methadone" (N=28) and inmates who have been reincarcerated but have not been released on methadone. This latter group consists of nine people who have begun a methadone program in either the community or in prison since data collection for Study 7 was undertaken but have yet to be released from prison on methadone and thirteen inmates who have either never begun or never applied for the Prison Methadone Program. This group shall hereafter be referred to as "those not released on methadone" (N=22).

2.2 The questionnaire

The major source of information was self-report data. Inmates were interviewed individually. The interview schedule consisted of two main sections incorporating both forced-choice and open-ended questions, this gave the inmates the opportunity to clarify or expand on certain issues. The two main sections of the questionnaire are described below.

(a) Response to release

This section covered the types of problems inmates may have faced such as accommodation, employment, financial and emotional support and drug use in the community. Initially, this section commenced with an open-ended question about what it was like to be released from gaol, so as not to lead or bias the respondents' answers. In this section the responses of those released on methadone (N=28) were compared to those not released on methadone (N=22).

(b) Perceptions of methadone

This section consisted of two parts:

1. *Inmates' general perceptions of methadone programs.*
   This outlines the inmates' perceptions of both positive and negative aspects of methadone programs and their main reasons for beginning a methadone program. The responses of all inmates who had commenced a methadone program (N=37) are included.
2. *Reported behaviour on the community methadone program.*
   This includes more specific information about behaviour on a methadone program in the community, for example, drug use and reasons for ceasing the community methadone program. Information has been collated from thirty-one inmates, those released from gaol on methadone (N=28) and those who have been on a methadone program in the community but have not been released from gaol on methadone (N=3).

The interviews were conducted face-to-face in either an available room at the clinic or a probation and parole office in the gaol. The interviews took between twenty minutes and one and a half hours. There were five refusals, three women and two men. Four of the refusals were from those not released on methadone. The only difficulty encountered during data collection was to distinguish the research project from a routine visit by a methadone assessor or an assessment. That is, in some instances when inmates were called for a visit, they expected a methadone assessor and were initially confused as to the purpose of the interviewer's visit.

3. RESULTS

3.1. Description of the sample

(a) Sex

The sample was made up of 31 men (62%) and 19 women (38%). Those released on methadone consisted of 16 men and 12 women. Those not released on methadone were comprised of 15 men and 7 women. Table 1 illustrates the proportion of men and women in each group.

Table 1: Methadone status of men and women

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Male	62.0	57.1	63.2
Female	38.0	42.9	31.8

(b) Age

The average age of the respondents was 30.2 years. The median was 31 years and the range 21 years to 40 years. The average age for those released on methadone was 30.1 years. The average age for those not released on methadone was 30.4 years. Table 2 illustrates a more detailed description of the ages of respondents. The distribution of ages among the two groups was not statistically different ($t_{40} = 0.21, p > 0.5$). However those released on methadone were clustered (57.1%) in the 31 to 35 year bracket, whereas those not released on methadone were more evenly spread between the 31-35 years group (31.8%) and the 36-40 years group (22.7%).

Table 2: Distribution of ages

Age group in years	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
20-25	18.0	17.9	18.2
26-30	24.0	21.4	27.3
31-35	46.0	57.1	31.8
36-40	12.0	3.6	22.7
mean	30.2 years	30.1 years	30.4 years
median	31.0 years	31.5 years	31.0 years
range	21-40 years	22-38 years	21-40 years
std. dev.	4.8 years	4.3 years	5.5 years

The sample was on average two years older than that of Study 7. This corresponds to the amount of time since completion of Study 7. In Study 7 the average age of the total sample and of the methadone group was 28.1 years, the average age of the comparison group was 27.2 years.

(c) Most serious current offence and sentence

The three most serious current offences/charges for each prisoner and where applicable, current sentence were obtained from Departmental records stored on the computerised Offender Record System.

The current offences/charges are those for which these people have returned to gaol. The percentages in each offence category have been defined on the basis of whether or not a person was convicted/charged with the offence rather than the number of counts for each offence and is thus indicative of the type of offence(s) committed (rather than a weighting of each offence).

Table 3: Three most serious current offences (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Property	52.0	60.7	40.9
Breach of Order	42.0	35.7	50.0
Robbery, Major Assault	24.0	14.2	36.4
Fraud	14.0	14.3	13.6
Opioid	8.0	7.1	9.1
Minor offences	6.0	3.6	9.1

*Percentages are indicative of the type of offence(s) prisoners were convicted/charged (of the three most serious offences). Percentages do not sum to one hundred per cent.

About half of the inmates (52%) had been convicted/charged of at least one property offence. Property offences consisted of break, enter and steal, theft and larceny. Breach of Order offences such as breach of parole or probation were committed by 42% of the sample. Table 3 illustrates the type of offences for which prisoners were currently incarcerated. Those who had not been released on methadone were more likely to be currently convicted of robbery with major assault as their most serious offence (36.4%) than those who had been released on methadone (14.2%). This difference was statistically significant ($X^2_1 = 3.292, p < 0.05$). There were no other statistically significant differences between those released on methadone and those not released on methadone.

The distribution of most serious current offence was similar to that of Study 7 in that property offences were committed most frequently (by 54.8% of respondents in Study 7). Of interest to note was the increase in the proportion of inmates whose most serious current offence was Breach of Order. This proportion had increased from eight per cent to forty-two per cent, indicating that the current sample may not be a representative sample.

The distribution of sentences for those released on methadone and those not released on methadone was essentially the same ($t_{42} = 1.17, p > 0.2$). A greater proportion of those not released on methadone were yet to be sentenced. This may possibly influence the inmates' response to certain issues. Table 4 illustrates the distribution of current sentences.

Table 4: Distribution of current sentence

Sentence length (years)	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
< 2 years	20.0	17.9	22.7
2-5 years	26.0	39.2	9.1
5-8 years	20.0	17.9	22.7
> 8 years	11.0	17.9	27.3
No current sentence	12.0	7.1	18.2
mean	6.1 yrs	5.4 yrs	7.1 yrs
median	4.8 yrs	3.8 yrs	7.0 yrs
range	.1-14.8 yrs	.3-14.5 yrs	.1-14.8 yrs
std. dev.	4.6 yrs	5.5 yrs	7.1 yrs

(d) **Convictions before involvement with heroin**

Inmates were asked about their convictions prior to using heroin regularly. This was to determine if those released on methadone had different offending patterns (prior to heroin use) from those not released on methadone. Almost half the inmates (48%) reported being convicted of at least one offence before they began using heroin regularly. This proportion was distributed evenly among the two groups. The most frequently reported offences were property offences, committed by 32% of the sample and juvenile offences, such as 'uncontrollable child' committed by 18% of the inmates. There were no statistically significant differences between the type of offences that those released on methadone and those not released on methadone reported committing before using heroin regularly.

Table 5: Percentage of inmates stating that they committed an offence before using heroin regularly

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Committed an offence prior to drug use	48.0	46.4	50.0
Did not commit an offence prior to drug use	50.0	50.0	50.0
Did not respond	2.0	3.6	—

Table 6: Type of offence inmates reported committing before using heroin regularly (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
No offence	50.0	50.0	50.0
Property	32.0	32.1	31.8
Juvenile	18.0	17.9	18.2
Assault	8.0	7.1	9.1
Armed Robbery	6.0	3.6	9.1
Fraud	4.0	3.6	4.5
Other/minor	4.0	3.6	4.5
Did not respond	2.0	3.6	—

(e) **Reported age inmates began using heroin**

Table 7: Reported age that inmates first began using heroin

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
9-15 years	32.0	42.8	18.2
16-20 years	40.0	35.7	45.5
21-25 years	16.0	17.9	13.6
26-32 years	6.0	—	13.6
Heroin not drug of choice/no response	6.0	3.6	9.1
mean	17.8 yrs	16.9 yrs	19.1 yrs
median	17.0 yrs	16.0 yrs	17.0 yrs
range	9-32 yrs	12-25 yrs	9-32 yrs
std. dev.	4.8 yrs	3.5 yrs	6.2 yrs

The average age that those released on methadone (16.9 yrs) and those not released on methadone (19.1 yrs) stated that they began using heroin was essentially the same ($t_{45} = 1.53, p > 0.1$). However the proportion of those released on methadone who reported that they began using heroin at fifteen years or younger (42.8%) appears to be greater than the proportion of those not released on methadone who reported first using heroin at fifteen years or younger (20.0%). This difference was not quite statistically significant ($X^2_1 = 3.447, 0.05 < p < 0.1$).

3.2 The reasons inmates stated for committing the current offence(s)

The majority of inmates (72%) reported committing their current offence(s) for a financial reason that is, either to specifically obtain money to support their drug habit or for financial reasons of a more general nature.

There were essentially no differences in reported reasons for committing the current offence between those who were released on methadone and those who were not. As this is the case, percentages for the total sample are discussed. Group differences are presented in Table 8.

The most frequently reported financial reason for committing an offence was to obtain money to support a drug habit. This was mentioned by 42% of the sample. Financial reasons of a personal nature, for example, obtaining money to pay for food or rent, were reported by 24% of the sample. Six per cent of the prisoners stated obtaining money both for drugs and personal financial reasons as motivating them to commit an offence. Some responses are quoted below:

> "Money mainly to live, the essentials, a cheap car, I don't have a fridge or a washing machine". (Released on methadone, male, 35 years);
>
> "Trying to pay off my debts after a few personal problems". (Released on methadone, male, 34 years);
>
> "To get me out of the house . . . my children were raped (by my de facto)". (Not released on methadone, female, 31 years);
>
> "Stole a car to live in". (Released on methadone, female, 24 years);
>
> "I wanted to live better. Now and then it caught up with me". (Not released on methadone, female, 40 years).

The remaining 28% of the sample committed their offence(s) for a variety of reasons other than those of a financial nature. This includes 12% who reported being either an accessory or not committing the offence. One respondent stated that:

> "My boyfriend committed the offence, I was in the back seat with my son". (Released on methadone, female, 28 years).

Ten per cent of inmates did not remember committing the offence, most of whom reported using benzodiazepines at the time, for example:

> "When you're on the pills you do stupid things. I wouldn't do it if I was straight". (Released on methadone, female, 28 years);
>
> "I took too many rohypnol, can't remember what happened. I was trying to commit suicide". (Released on methadone, male, 32 years).

Of the remaining respondents, one person said their offence was self defence, one person had his parole revoked because he failed to report and one person declined to respond.

Table 8: Reported reasons for committing offence(s)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Money for drugs	42.0	46.4	36.4
Personal financial	24.0	21.4	27.3
Accessory	12.0	7.1	18.2
Do not remember	10.0	10.7	9.1
Pers. financial/money for drugs	6.0	7.1	4.5
Self defence	2.0	3.6	—
Parole revoked	2.0	—	4.5
Did not respond	2.0	3.6	—

In summary, almost three-quarters of the sample reported committing an offence for a financial reason, most of whom stated that the financial reason was specifically to support their drug habit. This may be reflected in the type of crimes for which inmates are currently incarcerated, that is, property offences. Those released on methadone reported similar reasons for committing their offence(s) compared to those not released on methadone.

3.3 Drug use when committing the current offence

Most of the respondents (70%) reported using drugs when they committed the offence. This comprised of 75% of those released on methadone and 64% of those not released on methadone. This difference was not statistically significant ($X^2_1 = 0.31$, $p > 0.5$).

The most frequently reported drug being used was heroin. This was reportedly used by 34% of the sample. Benzodiazepines were used by 12% of the sample. These two drugs were used in combination by 16% of the inmates. The pattern of drug use for the two groups is presented in Table 9.

Table 9: Drugs reportedly used when committing an offence (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Heroin	34.0	28.6	40.9
Heroin & Benzodiazepines	16.0	21.4	9.1
Benzodiazepines	12.0	14.3	9.1
Cocaine	8.0	10.7	4.5
Amphetamines	4.0	3.6	4.5
Other	2.0	3.6	—

There were no statistically significant differences between the types of drugs reportedly used by those released on methadone and those not released on methadone when committing an offence.

Of those who had experienced a methadone program (N=37), inmates aged 30 years and under were more likely to report using heroin when committing an offence (80.0%) than inmates over 30 years (40.9%). This difference was statistically significant ($X^2_1 = 5.55$, $p < 0.05$).

3.4 Resources on release

(a) Support on release

Almost three-quarters of respondents (74%) reported receiving support from their family and friends. This was comprised of 75% of those released on methadone and 73% of those not released on methadone. The most frequent form of support (60%) was emotional support.

Table 10: Forms of support received by inmates (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Emotional	60.0	64.3	54.5
Accommodation	44.0	46.4	40.9
Money	30.0	32.1	27.3
Employment	6.0	3.6	9.1
No support	26.0	25.0	27.3

None of the differences between the groups was found to be statistically significant.

(b) Accommodation

The majority of the respondents (88%) had organised somewhere to live following release from gaol. Most inmates reported living with either their family (32%) or their friends (20%). Again, there were no statistically significant differences in the reported patterns of accommodation between the two groups, as illustrated in Table 11.

Table 11: Residence on release

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Parents	32.0	35.7	27.2
Friends	20.0	25.0	13.7
Partner	12.0	7.1	18.2
Hotel	10.0	10.7	9.1
Other family	10.0	3.6	18.2
Half-way house	8.0	10.7	4.5
Own flat	6.0	3.6	9.1
Rehabilitation Centre	2.0	3.6	—

(c) Employment

Most of the respondents (72%) reported looking for work when they were released from gaol. This proportion was spread equally among the two groups, 71.4% of those released on methadone and 72.7% of those not released on methadone.

The most common means used to find work were through family and/or friends (47.1%), the newspaper (29.4%) and the Commonwealth Employment Service (23.5%). There were no statistically significant differences in the reported means used by inmates to gain employment. Table 12 illustrates the means prisoners reported using to find employment.

Table 12: Means reported as being used to find work (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Family/friends	32.0	39.3	22.7
Newspaper	20.0	14.3	27.3
C.E.S.	16.0	14.3	18.2
Personal inquiry	12.0	14.3	9.1
Self employed	6.0	3.6	9.1
Previous job	6.0	—	9.1

Of the inmates looking for work on release most found a job, that is, 66% of the sample. The reported success in

finding a job was distributed equally among the two groups.

Table 13: Percentage of inmates stating that they found employment following release from gaol

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Found work	66.0	67.9	63.6
Did not find work	6.0	3.5	9.1
Did not look for work	28.0	28.6	27.3

The average stated length of employment for the total sample was seven months. The length of employment at any one job ranged from less than one month to twenty-four months. Table 14 outlines the distribution of length of employment for the two groups. The distribution of longest stay at a particular job was essentially the same for both groups ($t_{31} = 0.61$, $p > 0.5$).

Table 14: Longest reported stay at a particular job

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
< 1 month	20.0	17.9	22.7
1 - < 6 months	16.0	17.9	13.6
6 - < 12 months	22.0	21.4	22.7
12 - < 24 months	8.0	10.7	4.5
Not employed	34.0	32.1	36.4
mean	7 months	7 months	6 months
median	4 months	4 months	4 months
range	< 1-24 months	< 1-24 months	< 1-18 months
std. dev.	7 months	8 months	6 months

The most frequently reported reason for leaving work was to return to gaol (18%). Personal problems were cited by 16% of respondents and 16% of the inmates stated that they left work because they started using heroin again. Table 15 illustrates the reasons inmates stated for leaving work.

Table 15: Reported reasons for leaving work (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Return to gaol	18.0	17.9	18.2
Personal problems	16.0	17.9	13.6
Started using drugs	16.0	10.7	22.7
Asked to leave	6.0	7.1	4.5
Retrenched	4.0	3.6	4.5
Bored with work	4.0	—	9.1
Boss/colleagues aware of gaol history	4.0	7.1	—
Do not know	4.0	7.1	—
Methadone pick-ups	2.0	3.6	N/A
Did not start work	2.0	3.6	—
Did not look for or did not find work	34.0	32.1	36.4

There were no statistically significant differences between groups for the reported reasons for leaving work. Of interest to note, is the small percentage of inmates (3.6% of those released on methadone) who report leaving employment because of the difficulties encountered in picking up methadone daily at a clinic.

About one-third of the sample (34%) reported either not looking for or not finding employment. For these people, the majority reported supporting themselves through some form of benefit or pension. The differences between the two groups were not statistically significant ($X^2_1 = 1.54$, $p > 0.1$). The most commonly stated type of benefit (28.5%) was unemployment benefits. Several inmates claimed to receive unemployment benefits before or between periods of employment.

Table 16: Reported means of financial support other than employment (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Benefit/Pension	36.0	42.9	27.3
Family/friends	4.0	3.6	4.5
Crime	4.0	7.1	—
No response	2.0	3.6	—

(d) Finances

Over half the inmates in the sample (56%) reported having enough money to get by. The differences between those who were released on methadone and those who were not released on methadone were not statistically significant ($X^2_1 = 0.93$, $p > 0.25$).

Almost one-third of the respondents (32%) claimed that they were in debt while 14% of the sample stated that they were able to pay off their debts.

Table 17: Reported financial status of inmates on release

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Enough money	56.0	50.0	63.6
Not enough money	44.0	50.0	36.4
Not in debt	68.0	64.3	72.7
Able to pay debt	14.0	3.6	27.3
Not able to pay debt	16.0	28.6	—
Don't know	2.0	3.6	—

Only 8% of the sample reported being able to save any money. This consisted of 3.6% of those released on methadone and 13.6% of those not released on methadone.

3.5 Release from gaol

Self report data have been collected based on the most recent release from gaol for each inmate, about the type and length of supervision and more generally what it was like to be released from gaol.

(a) Supervision on release

Most of the sample (84%) stated that they were released under the supervision of the Probation and Parole Service. There were no statistically significant differences between the groups on the stated type of release from gaol.

Table 18: Reported type of supervision on release from gaol

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Parole	50.0	42.9	59.1
After-care probation	32.0	35.7	27.3
No supervision	16.0	21.4	9.1
Licence	2.0	—	4.5

The average length of supervision for the sample was 3.4 years. There were no statistically significant differences between the groups ($t_{48} = 0.73$, $p > 0.4$).

Table 19: Reported length of supervision on release

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
No supervision	18.0	21.4	13.6
< 2 years	40.0	42.9	36.4
3-4 years	16.0	14.3	18.2
> 5 years	24.0	17.9	31.8
Do not know	2.0	3.5	—
mean	3.4 yrs	3.1 yrs	3.8 yrs
median	2.3 yrs	2.0 yrs	3.5 yrs
range	4 mths-14 yrs	4 mths-14.5 yrs	10.5 yrs
std. dev.	3.1 yrs	3.3 yrs	2.9 yrs

(b) Problems encountered on release

The inmates interviewed were asked an open-ended question about "What was it like when you were released?" (from gaol). This gave inmates a chance to phrase in their own words, their positive and/or negative experiences. Further information was gathered about the most difficult aspect of life after release. There were no statistically significant differences between those released on methadone and those not released on methadone. Therefore the percentages for the whole sample are discussed in the text. Group differences are illustrated in Table 20.

Half the inmates in the sample reported that they found day-to-day aspects of their life, for example, finding employment, accommodation and paying bills difficult. There were no statistically significant differences between those who were released on methadone and those who were not released on methadone. Examples of the problems encountered on release include:

> "When I was first released I was full of hope, I felt comfortable, didn't feel like a shot. Gaol is a protected environment. I tried to get a job, almost impossible, didn't get one, more problems about getting a job and paying a phone bill (than using). On 'done you try and be normal. We didn't grow up knowing how to cope. A simple thing, it's hard for us. Problems build up and I never find a way to release pressure". (Released on methadone, male, 24 years);
>
> "I had nothing, no money, if you don't have someone to help you, you might as well come back (to gaol) ... confused, on your own, inadequate with money because you haven't had it. Almost forced to cheat". (Released on methadone, male, 31 years);
>
> "I beat my heroin problem without 'done (in gaol). (On release) I prepared myself for the mishaps of heroin, not prepared for financial difficulties ... couldn't get much work because of my crime history". (Released on methadone, male, 23 years);
>
> "Didn't know how to manage money, wasn't prepared to get out, worked to get off all drugs, never tried to get a job because I don't know how to ... so I get up and rob another bank". (Released on methadone, male, 34 years);
>
> "It was really hard walking out of gaol with no money, no support". (Released on methadone, female, 33 years).

Almost half the inmates (48%) talked more generally about adjusting from the restrictions of the prison system to the choices and responsibilities of living in the general community:

> "Like a culture shock, knowing you could take one path or another, really lonely". (Released on methadone, female, 35 years);
>
> "After (the) initial shock, it hurt when people found out I'd been in gaol. Nothing in gaol to prepare me for general acceptance". (Released on methadone, male, 23 years);
>
> "Going back into the world. Mentally you're always outside, you can't wait to get out. When you're out things are different ... scary". (Released on methadone, male, 31 years);
>
> "Not being mentally and physically prepared because of the Department of Corrective Services pre-release scheme. All the basics, it's so simple, start rehabilitating us instead of letting us do it ourselves. Prove to the guys that they've got ability and style, see that there's someone inside ... reality. (I) never knew how to face reality, now I'm starting to find my feet". (Released on methadone, male, 34 years);
>
> "Scared. Everything in the world hits you in the face, responsibilities all jump out at you ... starting from scratch". (Not released on methadone, female, 40 years);
>
> "Getting people to understand me. This (gaol) is like a communist society. I tend to carry some of my habits, I like to be isolated, left alone". (Not released on methadone, male, 23 years);
>
> "It was different, took a couple of months to adjust, make your own decisions, in gaol everything is done for you. It took a while to be able to relate to people, inside you talk about different things ... trouble communicating ... through gaol it takes a long time to trust people, you're always on the defensive". (Not released on methadone, male, 30 years).

One-third of the inmates (32%) emphasised staying away from the drug scene and/or the need to use drugs as difficult aspects of life after release, for example:

> "Keeping away from associates in the drug scene". (Released on methadone, female, 32 years);
>
> "I came off 'done before release (this time), I felt strong, but in a few months I was using again. I met up with people I knew". (Released on methadone, female, 27 years);
>
> "Staying straight, staying off the gear and pills. Doctors give them out freely. I use pills when I can't get on and end up (overdosing) because of pills and heroin". (Not released on methadone, female, 22 years);
>
> "When things start going wrong I fall back on drugs, argument with my girlfriend, parents, easy way out for hassles, started using then started stealing". (Not released on methadone, male, 30 years);

"I said I wasn't going to use. I met up with someone who was using and the whole thing began again. (Despite the fact) I had a home, no problems, no plans". (Not released on methadone, female, 27 years).

One-quarter of the inmates (26%) stressed positive things that happened to them at some stage of their release:

"I felt good, the first time out there and I didn't have to use". (Released on methadone, female, 28 years);

"Very surprised . . . I didn't feel out of place at all. I worked (Work Release) and continued to work with ----- up until about 2 weeks before my arrest". (Not released on methadone, male, 37 years);

"Helped my girlfriend dry out off pills and gear. She was on 'done ... really positive, I saw a different place, having a social life. It was good to be able to face up to reality, I had almost forgotten what it was". (Not released on methadone, male, 28 years).

About 20% of the sample talked about difficulties with specific relationships:

"Different ... a death in the family. I wasn't aware of what was going to hit me. I needed to be twice as powerful to cope". (Released on methadone, female, 26 years);

"My girlfriend picked me up, she was using, I didn't know what to do, I only had one shot to see what it was like". (Released on methadone, male, 25 years);

"Getting into the swing of having four children, coping with my de facto. Lots of fights ... my children were raped (by my de facto). (Not released on methadone, female, 31 years).

Depression and self-worth were mentioned by 18% of the sample as a difficult aspect of life after release:

"Finding security. Having someone there to talk who knows you're alive". (Released on methadone, male, 28 years);

"Self-worth as a person was down, not enough respect for self to pull up anymore". (Not released on methadone, male, 37 years);

"(A) dissatisfaction with self, no real problems". (Not released on methadone, male, 38 years).

Finally, some people reported problems with time constraints because of picking up methadone daily or reporting to their Parole Officer (14%):

"Picking up was a hassle, I couldn't have a job because it interfered with 'done. It (pick-ups) needs to be more flexible". (Released on methadone, male, 34 years);

"Probation Office was far away. Got a transfer to a closer clinic. In the end I breached, too far to travel, running into the same people at the clinic when you're in trouble (tempted to use again)". (Released on methadone, female, 35 years).

In summary, it appears that those released on methadone stated that they experience similar difficulties to those not released on methadone. The most frequently reported difficulties encountered were day-to-day aspects of life such as finding accommodation and employment and adjusting from the restrictions of the gaol environment to the general community.

Table 20: Stated responses to release from gaol (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Day-to-day problems	50.0	50.0	50.0
Adjusting from gaol	48.0	53.6	40.9
Drug-related	32.0	28.6	36.4
Positive aspects	26.0	25.0	27.3
Relationships	22.0	25.0	18.2
Self-worth	18.0	17.9	18.2
Time constraints	14.0	21.4	4.5

3.6 Outlook on future release

(a) Differences on release

Most of the inmates (84%) claimed they would change some aspect of their life, when they were next released from gaol. The differences between the two groups were not statistically significant.

Table 21: Percentage of inmates claiming to wish to do something differently when next released from gaol

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Something different	8.40	82.1	86.4
Nothing different	6.0	3.6	9.1
Do not know	10.0	14.3	4.5

When asked what they would do differently when next released from gaol, the most frequently mentioned response by the inmates was to change some aspect of their lifestyle (38%). Half of these prisoners (20% of the sample) specifically mentioned changing aspects of their lifestyle related to drug issues for example:

"I won't let my wife use, won't have any association with heroin . . . get a job". (Released on methadone, male, 32 years);

"Hopefully . . . just got to get away from drugs". (Released on methadone, male, 32 years);

"Don't know or want to look for people here (other users) there is no peer pressure (to use). Life here is slower ... time to think about things". (Released on methadone, female, 24 years);

"I've been there, I don't like the life that goes with it ... too scared to take a chance on my own ... (I'll) get off methadone, come off eventually when I'm stable". (Not released on methadone, female, 22 years);

"(I) owe it to my girl and kids ... keep healthy, don't need to use ... no association with people who use". (Not released on methadone, male, 27 years).

The remaining prisoners in this group (18%), stressed changing more general aspects of their lifestyle, for example:

"I'm not going to chase the world, slow things down until I (learn to use) the skills I have (more efficiently) . . . filling in a normal day". (Released on methadone, male, 31 years);

"If I have financial difficulties I'll ask for help (there are) many places around to get help. The rest of my life was perfection, the way I like it". (Released on methadone, male, 23 years);

"Get married, work with my husband, answer phones'. (Released on methadone, female, 40 years);

"Get out of gaol. Do my best. Work with my brother out on the land, a sheep farm shoeing horses". (Not released on methadone, male, 32 years).

A change in attitude was claimed as a motivating factor to do something differently by 22% of the sample, for example:

"Make my own decisions, not go along with the crowd. In gaol, start to learn how to use your time, enjoy my own company, read a book ... I'm looking at dealing with it (my addiction)". (Released on methadone, male, 31 years);

"I'm more positive about myself, want to work on it to make it ... won't be in a relationship ... I have my children (three) to think of". (Released on methadone, female, 35 years);

"Not over-commit myself, take it nice and slowly ... keep busy, stay on 'done a while then come down slowly, get my life organised". (Not released on methadone, male, 31 years);

"More aware of myself, situations I get myself into, a lot more awareness". (Not released on methadone, male, 28 years);

"Won't be using heroin again, that's a big plus. Be a bit more patient looking for work, I wanted things a bit quickly last time". (Not released on methadone, male, 31 years);

"(I) want to be more constructive, (I've) started reading new age therapy, inner feeling, (I) want to help people who are like me. Teach others to learn about themselves ... it's the first time I've looked at myself". (Not released on methadone, female, 37 years).

Several respondents (14%) stated that they would move to another location, to give themselves a chance to start again for example:

"(I'll be) in Bathurst, not Sydney. Won't be in the same environment. Life is slower". (Released on methadone, female, 24 years);

"As soon as my boyfriend gets out, we'll go somewhere no-one knows us, no crime". (Released on methadone, female, 38 years).

About 14% of the sample claimed to be unsure of what they would do on release either because their release date was too far away or they were unsure of their personal circumstances for example:

"Stay out of trouble, off the gear. It depends how I'm feeling at the time. I haven't thought about it". (Released on methadone, male, 34 years);

"Unless on Works Release, the same merry-go-round. Get up and go to work for a year (disciplines you). (I) had to pay for everything, get essentials". (Released on methadone, male, 34 years);

"I've got six years to think about it, too far in the future. Maybe (I'll) find the answer". (Not released on methadone, male, 38 years).

Several inmates (8%) suggested that methadone would make the difference when they were next released:

"If on methadone, get myself a better job, a place to live. If not on 'done, go straight back to gaol in a few months". (Not released on methadone, female, 36 years);

"If I get on 'done, not if I get back to dope, wouldn't have these thoughts in my head ... need something. Slowly get off it ('done). Experience life, do all the things I haven't done before. (I) don't have any fun". (Released on methadone, male, 25 years).

Finally, counselling was mentioned by 6% of the respondents as a first step toward doing something differently:

"Going to a rehab. Not picking up the first shot ... try not to". (Released on methadone, female, 35 years).

Table 22 outlines the responses made by inmates when discussing the changes they would like to make when next released from gaol. (One respondent declined to answer the question).

Table 22: Perceived changes in lifestyle/ attitudes when released from gaol (not mutually exclusive)

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Change lifestyle	20.0	22.0	19.0
Change attitude	22.0	21.4	22.7
Change drug use	18.0	22.0	14.0
Geographical	14.0	7.1	22.7
Do not know	14.0	17.9	9.1
Methadone	8.0	3.6	16.6
Counselling	6.0	10.7	—
No response	2.0	3.6	—

There were no statistically significant differences between the reported ways in which those released on methadone and those not released on methadone gave for wanting to change some aspect of their lifestyle on release from gaol.

(b) Perceived future likelihood of reoffending

When asked if they thought they would reoffend, the majority of the inmates (82%) replied that they would not, 16% claimed they were unsure and 2% reported that they thought they would reoffend. The distribution among the two groups was similar.

Table 23: Percentage of inmates stating that they would/not reoffend

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Will not reoffend	82.0	82.1	81.8
Do not know	16.0	17.9	13.6
Will reoffend	2.0	—	4.5

The reasons inmates stated for believing that they will not reoffend are discussed below and group differences are presented in Table 24. There were no statistically significant differences between the two groups. Almost one-third (32%) of inmates claimed that they would not

reoffend because they had experienced a change in lifestyle or outlook, for example:

> "I have a more positive attitude than I have had in the past". (Released on methadone, female, 27 years);
>
> "Slower life, can fit back in gradually, work my way in (to society) . . . take it one day at a time". (Released on methadone, female, 24 years);
>
> "Letting not so much myself down but my son down. Too much to lose, I'm getting married". (Not released on methadone, male, 23 years).

The next most frequently mentioned reason for not reoffending was that inmates had simply "had enough" (28%). For example:

> "Not with the change in remission. I'm sick of gaol, too old for it. Sick of not being with my family". (Not released on methadone, male, 28 years);
>
> "My sentences are getting longer. (I've) had enough". (Not released on methadone, female, 22 years);
>
> "(I'm) not that impressed with gaol. Last time, first charge was nine years, this time seven years". (Not released on methadone, male, 33 years).

Some respondents (22%) mentioned that they would always be tempted to use drugs again and that if they could "control or curb" their drug use then they would not reoffend. For example:

> "'Done has helped me in the past. It makes it difficult without 'done. One slip and I'm back in gaol". (Released on methadone, male, 25 years);
>
> "(I've) been in a fair bit of trouble, I can do it if I want to. I haven't needed heroin in here so I won't need it out there". (Not released on methadone, male, 21 years);
>
> "(My) crime is related to heroin. 'Done keeps me off heroin. I haven't gone near gear in gaol". (Not released on methadone, male, 33 years).

The remaining 16% of prisoners cited a variety of reasons for believing they would not reoffend. Eight per cent stated that they were not responsible for their current sentence because they were old charges, they did not commit the offence or they were an accessory for example:

> "I didn't do the crime (I) was with my boyfriend who committed the crime". (Released on methadone, female, 35 years).

Six per cent stated that they did not know if they would reoffend or not, for example one inmate stated that:

> "Without Works Release I'll come back to gaol". (Released on methadone, male, 34 years).

Table 24: Stated reasons for not reoffending

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Change attitude/ lifestyle	32.0	39.3	22.7
Had enough	28.0	25.0	31.8
Curb/control drug use	22.0	17.9	27.3
Not responsible for current sentence	8.0	7.1	9.1
Do not know	6.0	7.1	4.5
One off thing	2.0	—	4.5
Did not respond	2.0	3.5	—

Finally, one respondent stated that she would not reoffend because her current sentence was the result of a:

> "stab in the dark, it was there and I did it". (Not released on methadone, female, 31 years).

3.7 Programs and skills perceived as beneficial

(a) Programs and skills perceived as helpful in gaol

The inmates were provided with the chance to outline any ideas they had as to drug and alcohol programs or general skills they felt would be beneficial to them either in gaol or in the community. The responses of the two groups are tabulated below. There were no statistically significant differences between the two groups. Almost one-third of the inmates (32%) believed counselling would be beneficial to them. For example:

> "Counselling, Drug and Alcohol counselling, re-education more help. Protection is very restricted, we can't go to programs in general wings". (Released on methadone, male, 34 years);
>
> "The Special Care Unit, different (personal) gaols, communication skills, Drug and Alcohol counsellors occasionally". (Not released on methadone, male, 27 years);
>
> "Seven (inmates) in the group, all confidential, meditation, relaxation, talk to school kids about drugs, one-to-one counselling". (Not released on methadone, male, 30 years).

About one-quarter of the inmates (28%) were more pessimistic, stating that they thought that nothing in gaol would benefit them. Some examples of these responses are quoted below:

> "All you're interested in is the day you get out. Can't get interested enough in other things. Don't like talking in big groups . . . (you get) bad advice". (Released on methadone, male, 31 years);
>
> "Have been to them, try to put them into practice, you don't have to go to them continuously". (Released on methadone, male, 32 years);
>
> "None. Drug and Alcohol programs are all false. I haven't been in long enough to do courses. The waiting list is too long". (Released on methadone, female, 32 years).

One-quarter of the inmates (24%) believed education courses to be beneficial. For example:

> "Courses in tech, working with people with disabilities". (Released on methadone, female, 27 years);
>
> "M.T.C. aerobics/gym instructors' course. Tech. courses, Bar and Cellarman work. Future goal to start my own courier business". (Not released on methadone, male, 32 years).

Approximately one-quarter (22%) of the sample believed physical fitness and a healthy lifestyle in gaol would help them with the problems they faced. Those not released on methadone were more likely to perceive fitness programs as helpful (40%) compared to those released on methadone (7%), ($X^2_1 = 7.82$, $p < 0.05$).

Handcraft skills were perceived by approximately

16.3% of the sample as useful. One respondent claimed that:

> "Anything teaching you how to use your hands, skills, fill in your time.... making jewellery ... giftware. It (heroin) doesn't enter your life". (Released on methadone, female, 31 years).

Several inmates (10%) found employment in gaol useful. For example:

> "Working keeps me occupied". (Released on methadone, female, 23 years);

> "Working in the serving room, helps you get a job outside". (Not released on methadone, female, 40 years).

Only a small proportion of inmates (8%) suggested that skills to help them readjust back into society would be useful. For example:

> "Back up to teach us how to work and fit back into society, money management. Works release, start a year before I get out at working at (getting the) essentials". (Released on methadone, male, 34 years);

> "Pre-release schemes, the basics, opening a bank account, Medicare card, finances, pre-fabricated rooms to reduce the culture shock, main focus (of prison) should be (rehabilitation)". (Released on methadone, male, 32 years).

Finally one person suggested that methadone would help her with the problems she faced.

Table 25: Programs or general skills available in gaol that inmates perceived as helpful

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Counselling	32.0	32.1	31.8
No program	28.0	35.7	18.2
Education	24.0	21.4	27.3
Fitness	22.0	7.1	40.9
Handcraft	16.0	10.7	22.7
Job in gaol	10.0	14.3	4.5
Adjustment skills	8.0	10.7	4.5
Methadone	2.0	—	4.5
Did not respond	2.0	3.6	—

(b) Drug and alcohol programs and general skills perceived by inmates as beneficial in the community

Counselling was again suggested by about one-third of the inmates (38%) as beneficial in the community. The differences between the groups were not statistically significant. Some examples are outlined below:

> "Positive ego training, graduated W.H.O.'s, N.A. it's the best thing, ex-addicts helping addicts. (Your) sponsor pulls you in all the time, (they) understood the distance, (it) gives you some faith". (Released on methadone, female, 35 years);

> "People who know what you've been through, you're not afraid to tell them". (Released on methadone, male, 34 years).

About 38% of the sample believed nothing in the community to be particularly helpful. Several inmates considered that keeping busy was beneficial (12%). Others (8%) suggested that improving their living and financial skills was necessary. One woman stated that it was necessary to establish:

> "Living and coping first, then looking for things to help yourself. Got to have stability first ... need support, a lot of halfway houses won't take people on 'done". (Released on methadone, female, 35 years).

Of the remaining respondents, two thought education would be helpful and one person thought that the Welfare Department helped her with the problems that she faced. Table 26 outlines the responses of the two groups.

Table 26: Drug and Alcohol programs or general skills perceived by inmates as helpful in the community

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Counselling	38.0	39.3	36.4
Keeping busy	12.0	3.6	22.7
Living/financial skills	8.0	10.7	4.5
Education	4.0	—	9.1
Welfare	2.0	—	4.5
Do not know	2.0	3.7	—
Nothing	38.0	44.9	31.8

3.8 Description of methadone history

(a) Methadone program

Almost three-quarters of the sample had begun a methadone program. This proportion reflects the sample design rather than being an estimate of the proportion of prisoners with a drug history who had commenced methadone. The majority of these (68% of the sample) had begun a methadone maintenance program. Table 27 illustrates the methadone history of inmates.

Table 27: Type of methadone program inmates have begun

	No. of inmates (N=50)	%
Maintenance	34	68.0
Withdrawal	2	4.0
Maintenance/withdrawal	1	2.0
No methadone program	13	26.0

At the time of the interviews, almost half of those who had begun a methadone program (45.9%) were currently on methadone. Over half the prisoners interviewed had begun their initial methadone experience in gaol (54%). The remaining people had commenced their first methadone program in the community. The number of methadone programs that inmates reported having begun ranged from one to three. Approximately half the inmates had been involved in two or three methadone programs.

Table 28: Number of methadone programs prisoners stated having begun

	No. of inmates (N=37)	%
One	16	43.3
Two	11	29.7
Three	10	27.0

(b) Average length of time spent on methadone

The average length of time spent on each methadone program, reported by the inmates was 9 months. This

ranged from about 1 month to 23 months. Table 29 illustrates the average time inmates spent on each methadone program be it in gaol, in the community or a combination of both.

Table 29: Reported average amount of time spent on a methadone program

	No. of Inmates (N=37)	%
< 1 month	2	5.4
> 1 month ≤ 3 months	4	10.9
> 3 months ≤ 6 months	8	21.6
> 6 months ≤ 9 months	5	13.5
> 9 months ≤ 12 months	8	21.6
> 12 months	5	13.5
Not completed a methadone program	5	13.5
mean 9 months		
median 9 months		
range 1 month - 23 months		
std. dev. 9 months		

The current age of inmates appears to have an association with the reported average length of time spent on a methadone program (see Table 30), for inmates who had completed at least one methadone program. In particular younger inmates (30 years and under) are more likely to report, on average, shorter periods of time on methadone (6 months or less) than older inmates (more than six months), $X^2_1 = 4.097$, $p < 0.05$).

Table 30: Reported amount of time spent on methadone by age

	Total % (N=37)	30 years and under (N=15)	> 30 years (N=22)
1 - 6 months	37.8	53.3	27.3
> 6 months	48.6	26.7	63.6
Not completed a methadone program	13.5	20.0	9.1

Other variables such as sex, the number of programs commenced or the age inmates began methadone and whether inmates began methadone in gaol or the community do not appear to be associated with the reported average length of time spent on a methadone program.

Table 31: Average age for inmates beginning a methadone program

	Total % (N=37)	Begin in gaol % (N=20)	Begin in community % (N=17)
16 - 20 years	18.9	5.0	35.3
21 - 25 years	35.1	40.0	29.4
26 - 30 years	27.0	30.0	23.5
31 - 35 years	18.9	25.0	11.8
mean	25.2 yrs	26.5 yrs	23.7 yrs
median	25.0 yrs	27.5 yrs	25.0 yrs
range	16 - 32 yrs	20 - 32 yrs	16 - 31 yrs
std. dev.	4.5 yrs	4.1 yrs	4.6 yrs

The data indicate (see Table 31) that people who initially commence a methadone program in gaol are on average older when they commence a methadone program (26.5 years) than those who initially commence methadone in the community (23.7 years). The difference between the two groups was not quite statistically significant ($t_{35} = 1.94$, $p < 0.061$).

(c) **Non-Methadone**

Twenty-six per cent of the sample had never commenced a methadone program. Sixteen per cent had never applied for a methadone program. Of the inmates who did apply for a methadone program (10%), most of these did so because they believed it would help them stop using heroin (8%) and one inmate stated that:

> "I didn't want to keep using especially while I was in gaol, with (the threat of) AIDS". (Not released on methadone, male, 30 years).

Six per cent of the sample stated they did not commence methadone either because no assessor came to see them (4%) or the wait was too long (2%). One person commenced methadone but stopped after two doses. He stated that this was because:

> "It (methadone) was a waste of time, I was using ten times the amount (of methadone) they'd give me". (Not released on methadone, male, 31 years).

This person has been included in this section as he did not perceive himself as having commenced methadone and was therefore not able to comment on the questions about methadone.

Inmates who did not apply for the methadone program chose not to do so for a variety of reasons. Six per cent suggested that methadone was as bad as heroin for example:

> "(Methadone) is the lesser of two evils. I've seen what it's done, the demise and deterioration of people. Everyone I've spoken to, haven't heard anyone say anything good about it". (Not released on methadone, male, 35 years);

> "I have no need. I had a habit but 'done is changing it from one to another . . . the same". (Not released on methadone, male, 32 years).

Two inmates (4%) stated that heroin was not their drug of choice and therefore methadone was not applicable to them. A further two inmates (4%) reported that they did not need methadone, for example:

> "I don't think I need it, the change in people's attitudes, I've seen what it does to people". (Not released on methadone, male, 21 years).

Finally one person did not apply for methadone because he had heard that the withdrawal from methadone was worse than that from heroin.

3.9 Reasons reported for beginning methadone

The majority of inmates beginning a methadone program claimed that they started the program to help them stop using heroin (83.8%). Almost half the inmates (45.9%) stated that they began methadone to help them stay out of gaol. One-third of the inmates reported that they began a methadone program to help them establish a "normal life". Table 32 illustrates the percentage of inmates stating particular reasons for beginning a methadone program.

When asked to specify the most important reason for commencing a methadone program, half the prisoners (51.3%) stated that they wanted to stop using heroin. About one-third of the inmates (32.4%) claimed that they wanted to establish a normal life. Table 33 outlines

reasons given as the "most important" for those beginning a methadone program.

Table 32: Reported reasons for beginning a methadone program (not mutually exclusive)

	No. of inmates (N=37)	%
Stop using heroin	31	83.8
Stay out of gaol	17	45.9
Establish a normal life	12	32.4
Try something different	9	24.3
To get parole	6	16.2
Prevent contracting AIDS	3	8.1

The current age of the inmates appears to influence the most "important reason" reported for starting the prison methadone program. In particular, inmates 30 years and under are more likely to state that they began a methadone program to stop using heroin ($X^2_1 = 10.32$, $p < 0.005$) and less likely to report beginning a methadone program to help them establish a "normal" life when compared to inmates aged over 30 years.

The average age that people report beginning a methadone program has some influence on the most important reason that inmates gave for starting a methadone program. The data indicate that prisoners beginning a methadone program at 25 years and younger are more likely to state that they wish to "stop using" than those over 25 years ($X^2_1 = 3.25$, $0.05 < p < 0.1$).

Table 33: The stated "most important" reason for beginning a methadone program

	Total %	Current age		Age began methadone		Began methadone in gaol/community	
		≤ 30	> 30	≤ 25	> 25		
	(N=37)	(N=15)	(N=22)	(N=20)	(N=17)	(N=20)	(N=17)
Stop using	51.3	86.7	27.3	65.0	35.3	60.0	41.2
Establish a normal life	32.4	6.7	50.0	30.0	35.3	15.0	52.9
To get parole	8.1	—	13.6	—	17.6	15.0	—
Stay out of gaol	5.4	6.7	4.5	5.0	5.9	5.0	5.8
Try something different	2.7	—	4.5	—	5.9	5.0	—

Those who began a methadone program in the community are more likely to state that they did so to establish a normal lifestyle compared to those beginning methadone in gaol ($X^2_1 = 4.80$, $p < 0.05$).

3.10 Therapies, programs and other treatments used:

(a) Treatments before methadone

The majority of inmates (81.1%) had tried at least one other way to stop using heroin before they began a methadone program. The most frequently mentioned means of giving up heroin was "self-detoxification", reported by almost half of the prisoners (48.6%) who had begun a methadone program. Self-detoxification in most cases meant that the prisoner either stopped the use of opiates suddenly, for as long as possible or cut down gradually then stopped. Forty-one per cent of the inmates reported participating in a therapeutic community. Table 34 outlines the various methods inmates reported trying to give up heroin before they commenced methadone.

Women were significantly more likely than men to state that they used self-detoxification as a means of trying to give up heroin before they went on methadone ($X^2_1 = 11.63$, $p < 0.001$). The other sex differences were not statistically significant using the chi-square analysis or the binomial distribution. There were no statistically significant differences between the ways that prisoners reported trying to give up heroin before methadone treatment and other demographic variables. The demographic variables compared consisted of current age, the age inmates began using heroin, whether they began methadone in gaol or the community and the number of times respondents had begun a methadone program.

Table 34: Reported ways of trying to give up heroin before methadone

	Total % (N=37)	Men % (N=21)	Women % (N=16)
Self-detoxification	48.6	23.8	87.5
Therapeutic community	40.5	38.1	50.0
Detoxification Unit	18.9	28.5	6.3
Narcotics Anonymous	18.9	23.8	12.5
Benzodiazepines	10.8	19.0	—
One-to-one counselling	5.4	4.8	6.3
Group counselling	5.4	4.8	6.3
Acupuncture	5.4	9.5	—
Relaxation	2.7	4.8	—
Sleep Therapy	2.7	4.8	—
Nothing	18.9	28.6	6.3

(b) Treatments in conjunction with methadone in prison

Over one-third of the inmates claimed to use one-to-one counselling in conjunction with methadone in gaol. Almost one-third (29.7%) of respondents stated that they used education programs in conjunction with methadone. Table 35 outlines the programs/therapies used by inmates in conjunction with methadone.

Table 35: Stated programs, therapies, treatments used in conjunction with methadone in gaol (not mutually exclusive)

	No. of inmates (N=37)	%
One-to-one counselling	14	37.8
Education	11	29.7
Health/fitness	9	24.3
Employment	8	21.6
Group counselling	7	18.9
Communication skills	3	8.1
Inmate support groups	2	5.4
Stress management	2	5.4
Alcoholics Anonymous	—	—
No therapy used	7	18.9
Not on methadone in gaol	4	10.8

(c) Treatments in the community in conjunction with methadone

One-third of the inmates (32.4%) stated that they used some programs and therapies in conjunction with

methadone in the community. The most frequently mentioned form of therapy was counselling from the psychologist at the methadone clinic (21.6%).

The proportion of inmates stating that they were seeking treatment in conjunction with methadone in gaol was 81.1%. This decreased to 37.8% when inmates were released from gaol. This decrease was statistically significant ($X_1^2 = 14.4$, $p < 0.001$).

Table 36: Therapies and/or programs used in conjunction with methadone in the community (not mutually exclusive)

	No. of inmates (N=37)	%
No therapy used	23	62.2
Psychologist at the clinic	8	21.6
Counselior	2	5.4
Parole Officer	1	2.7
Drug & Alcohol Parramatta	1	2.7
Not on methadone in the community	2	5.4

3.11 Reported behaviour on release to the community methadone program

(a) Supervision on release

The majority of those released on methadone were released from gaol under some sort of supervision (78.6%). The average time that these people reported spending on a community methadone program when released from gaol was 5.25 months. This ranged from one week to fifteen months. Half of those released on methadone stayed on the community program for four months and under.

Table 37: Average time inmates reported spending on a community methadone program, on release

	No. of inmates (N=37)	%
< 1 month	5	13.5
> 1 month ≤ 3 months	6	16.2
> 3 months ≤ 6 months	8	21.6
> 6 months ≤ 9 months	2	5.4
> 9 months ≤ 12 months	5	13.5
> 12 months	1	2.7
Not released on methadone	9	24.3
Did not respond	1	2.7
mean	5 months	
median	4 months	
std. dev.	4 months	
range	1 week - 15 months	

Variables such as the sex and age of the respondents, the reported age they began a methadone program, the number of times they had begun a methadone program and whether they began methadone in gaol or in the community does not appear to be associated with the reported length of time spent on a community methadone program after release from gaol.

(b) Drug use on the community methadone program

Twenty-eight inmates were released from gaol onto a community methadone program. An additional three inmates who had not been released from gaol on methadone commenced community methadone programs. The information collected from these respondents has been included in this and the following section. That is, the calculations are based on information from thirty-one inmates.

Table 38: Percentage of respondents reporting drug use when on the community methadone program

	No. of inmates (N=31)	%
Reported using drugs	27	87.1
Reported not using drugs	4	12.9

The drugs reported as being used most frequently were heroin and benzodiazepines, each used by 41.9% of the inmates. Table 39 illustrates the type of drug used and the frequency of its reported use.

Table 39: Reported drug use by inmates registered on a community methadone program

	Total % (N=31)	Daily	2-3 times/ week	Weekly	Occasion-ally
Heroin (N=13)	41.9	22.6	12.9	—	6.5
Benzodiazepines (N=13)	41.9	19.3	9.7	3.2	9.7
Cannabis (N=13)	41.9	9.7	19.3	3.2	9.7
Cocaine (N=6)	19.4	6.5	3.2	—	9.7
Amphetamines (N=6)	12.9	6.5	3.2	—	3.2
Barbiturates (N=1)	3.2	—	3.2	—	—
Hallucinogens (N=1)	3.2	—	3.2	—	—
Did not use drugs (N=4)	12.9	—	—	—	—

The data indicate that the number of times inmates have begun a methadone program was associated with heroin use when on methadone in the community. In particular inmates who had begun one methadone program were more likely to report using heroin (61.5%) than inmates who had begun two or three methadone programs (27.8%). This difference was not quite statistically significant ($X^2_1 = 3.53$, $0.05 < p < 0.1$).

Inmates who reported beginning methadone in gaol, were more likely to report using heroin in the community (64.7%) than those who stated that they began methadone in the community (14.3%). This difference was statistically significant ($X^2_1 = 8.02$, $p < 0.005$).

The sex, current age or reported age that inmates began using heroin were not associated with stated heroin use in the community. None of the above mentioned variables were associated with reported benzodiazepine use while on the community methadone program.

Table 40: Alcohol and tobacco use when on methadone

	(N=37)	Increase	Decrease	Stable	Do not use
Alcohol	%	12.9	6.5	25.8	54.8
Tobacco	%	38.7	12.9	45.2	3.2

Over one-third of inmates reported that the number of cigarettes they smoked increased when they were on methadone. Several inmates (12.9%) stated that the amount of alcohol they consumed increased when they were on methadone.

(c) Reported reasons for stopping the community methadone program

Information was collected from inmates as to why they ceased the community methadone program. Almost half the inmates (45.2%) claimed to stop methadone in the community voluntarily.

The most frequently stated reasons for stopping the community methadone program were because of the difficulties involved in daily pick-ups (35.5%) be it either because of trouble with people at the clinic, associations with old acquaintances or work commitments. Almost one-third of respondents (32.3%) ceased methadone in the community because they returned to gaol. The differences between the reported reasons for stopping methadone and variables such as the sex, current age, stated age inmates began methadone and whether they began methadone in gaol or the community were not statistically significant.

Table 41: Reported reasons for stopping methadone (not mutually exclusive)

	Total % (N=37)	Stopped voluntarily (N=14)	Did not stop voluntarily (N=17)
Pick-ups	35.5	57.1	17.6
Return to gaol	32.3	—	58.8
Dirty urines	19.4	14.3	23.5
Personal problems	9.7	21.4	—
No longer needed methadone	6.5	14.3	—
Preferred heroin	3.2	7.1	—
Withdrawal program	3.2	7.1	—

3.12 Summary of respondents' opinions of methadone

(a) Positive aspects of methadone

The information presented in this section is based on all inmates who have experienced a methadone program (N=37). Inmates were asked an open-ended question about the positive aspects of methadone. Almost half those who had commenced a methadone program (48.6%) stated that a positive effect of methadone was that it either curbed or removed their need to use heroin. For example:

> "(Methadone) does control the use of heroin ... you don't need as much ... it overrides heroin, (you need to) use more to get a high". (Male, 22 years);
>
> "(I) didn't care about other drugs ... helps you stay straight ... it's not worth using because you need so much more". (Female, 22 years).

Introducing some stability into the inmates' lives, was the next most frequently reported response (40.5%). For example:

> "(Methadone) puts life into perspective ... when you're using it's the only thing you think about". (Male, 34 years);
>
> "'Done helps you stabilise, to change your attitude". (Male, 31 years);
>
> "Having to pick up gives you stability, using takes all the routine away". (Female, 31 years);
>
> "(Methadone) gives you more time to get on with your life, plans, family, improve relationships with society and everyone around you just because the government says you can have it". (Male, 34 years).

Other inmates stressed the psychological benefits of using methadone (29.7%) for example:

> "(I have) a better outlook on things, it makes me stronger in myself, I can get out and get on with it". (Female, 23 years);
>
> "(I) feel confident, normal, able to deal with problems because I'm not craving for heroin". (Female, 26 years);
>
> "Depends on how much you want to be helped. In your mind you have the supplement. It relaxes you because you don't have to worry about your next shot". (Male, 25 years).

Some inmates (18.9%) did not believe there were any positive things about methadone. One person felt that the positive aspects of methadone depended on the dose:

> "When on a high enough dose, I have energy, dosage to suit the person". (Female, 35 years).

Finally one respondent suggested that the positive thing about methadone was that:

> "You can legally pick up 'done, you don't have to rob a bank". (Male, 27 years).

Table 42 illustrates the percentage of respondents stating the different positive aspects of methadone.

Table 42: Stated positive aspects of methadone (not mutually exclusive)

	No. of inmates (N=37)	Total %
Stop using	18	48.6
Stability	15	40.5
Psychological effects	11	29.7
Nothing positive	7	18.9
Dose	1	2.7
Legally available	1	2.7

The current age of inmates is associated with the aspects of methadone they stated to be positive, that is, inmates 30 years and under, were less likely to state that methadone gave them stability (20%) than inmates who are over 30 years (54.5%). This difference was statistically significant ($X^2_1 = 4.416$, $p < 0.05$). Conversely inmates 30 years and under were more likely to specifically state that methadone helped them stop using heroin (66.7%) than inmates who were over 30 years (36.4%). This difference was not quite statistically significant ($X^2_1 = 3.278$, $0.05 < p < 0.1$).

The age that inmates reported beginning a methadone program was associated with a positive aspect of methadone. Inmates who stated that they began methadone at 25 years or under were more likely to state the psychological benefits of methadone (40.0%) than prisoners who reported beginning methadone when over 25 years (11.1%). This difference was statistically significant ($X^2_1 = 5.35$, $p < 0.05$).

The sex of the prisoner, the number of times they had begun a methadone program and, whether they began using methadone in gaol or in the community was not associated with what they considered to be positive aspects of methadone.

(b) Negative aspects of methadone

Forty-three per cent of the inmates stressed that the negative aspects of methadone were the physical effects. For example:

> "I don't like what it does to my body ... lost motivation to work ... (I became) aggro ... sat in my cell". (Male, 31 years);
>
> "Hard to get motivated before I had my dose ... your teeth fall out ... can't do much at all, just walk around". (Male, 28 years);

"(It does) more harm to your body than heroin". (Female, 27 years).

The "pick-ups" were claimed by forty-one per cent of those who had been on methadone as a negative aspect of the program, either because of other commitments that inmates had or because of the association with other addicts when they were picking up. For example:

"Pick-ups interfere with a job, when a person does get a job try picking up take-aways at the Chemist . . . even if my boss holds on to them. You can't leave for a holiday". (Female, 24 years);

"Depends on how far away you are from the clinic and what you want to do". (Male, 25 years);

"You saw other addicts every day. (Rankin Court) is too close to Kings Cross". (Female, 35 years);

"Having to pick up every day . . . social life is different, you can't go away on weekends". (Female, 22 years).

About one-third of the inmates (32.4%) were concerned with the fact that methadone is still a drug, for example:

"One drug to another, always an addiction . . . craving to want more". (Male, 22 years);

"Frightening that you take it as part of your life. Something to rely on, fall back on, I want to do it on my own". (Female, 28 years);

"Swapping one evil for another, still dependent on a chemical. N.A. doesn't like 'done". (Female, 35 years).

Other inmates felt the negative aspects of the program lay in the management of the program (19.4%), its length, dosage and general support levels. For example:

"No moral support in the community, the counsellor didn't want to see you unless you had a dirty urine. No immediate counselling before or after release, especially before release". (Male, 34 years);

"Always worried urines will come up dirty . . . a hold on you . . . threatening". (Female, 37 years).

Several inmates (11.1%) commented on the negative psychological factors of methadone. Examples included:

"You seem to get lazy, your self esteem goes downhill because you have to pick up every day, ashamed because you're on 'done, I got more aggressive, paranoid". (Male, 34 years);

"Real feelings deadened more, takes people longer to accept real feelings when on 'done". (Female, 37 years).

Several inmates (8.3%) said there were no negative aspects of methadone. One person stated that:

"Coming off (methadone) is harder than heroin. They brought me down too quickly, I wasn't ready". (Female, 35 years).

Finally one inmate mentioned that he was experiencing pressure from his Parole Officer about methadone and that:

"The Parole Officer's involvement, in it, (introduced) pressure (and that methadone) should be independent of Parole conditions not (an) ultimatum". (Male, 21 years).

Table 43: The percentage of inmates reporting negative aspects of methadone

	No. of people (N=37)	%
Physical effects	16	43.2
Pick-ups	15	40.5
Methadone is also a drug	12	32.4
Program management	7	18.9
Psychological	4	10.8
Nothing negative	3	8.1
Parole involvement	1	2.7

People who had begun one methadone program only, were more likely to report finding "pick-ups" a negative aspect of methadone (50%) than people who claim to have begun more than one methadone program (0%). This difference was statistically significant using the binomial distribution ($p < 0.007$).

There were no statistically significant differences between the stated negative aspects of methadone and the sex, current age of the inmate, the age inmate began methadone and whether they began methadone in gaol or the community.

(c) The reported effect of methadone in reducing crime

Over three-quarters of the inmates who had commenced a community methadone program (N=31) claimed that methadone helped them reduce the number of crimes they committed (77.4%). Two-thirds of the inmates (67.7%) stated that this was because they either stopped or reduced their habit or they no longer needed to finance their drug habit. For example:

"I was not using anymore, that was my main reason for committing crimes . . . my downfalls were not drug related". (Male, 34 years);

"If not on 'done, I use more heroin and commit more crimes. You don't have to score, commit crimes to get dope every day". (Female, 31 years);

"Temptation taken away enough so you wouldn't get sick. ('Done) gives you psychological strength". (Male, 25 years);

"The main reason, is it stops me craving for heroin, then you have a sense of security, reliability, you don't have to make money to score. The only danger is having more time, . . . we need more counselling and support'. (Female, 28 years).

The remaining inmates stating that methadone helped them reduce the number of crimes that they committed (19.4%) commented on a change of lifestyle. For example:

"I knew I was capable of getting a job . . . I didn't get there but I knew I could". (Female, 26 years);

"No drama, no police, no gaol". (Male, 31 years).

Of those who stated that methadone did not help them reduce the number of crimes they committed, three people could give no specific reason as to why this was the case. Two inmates claimed they committed offences for financial reasons, for example:

"I needed money to get bond for a flat". (Female, 23 years).

The remaining three inmates stated that methadone either did not change their lifestyle, help them

psychologically nor aid them to progress through the gaol classification system (which the inmate stated would aid his transition into the community) and consequently did not help them reduce the number of crimes they committed.

Table 44: Reported reasons why methadone helped inmates reduce the number of crimes they committed (not mutually exclusive)

	No. of inmates (N=31)	%
Decrease in crime		
Decrease drug usage	21	67.7
Change lifestyle	6	19.4
No decrease in crime		
Unspecific	3	9.7
Financial	2	6.5
Psychological	1	3.2
Stopped gaol progression	1	3.2
Lifestyle (no change)	1	3.2

There were no statistically significant differences between the stated reasons that inmates gave, explaining the effect of methadone in reducing their criminal behaviour and other variables such as age, sex, age inmates reported beginning either a methadone program or heroin use and whether inmates began methadone in gaol or the community.

(d) Reported effect of methadone in aiding inmates to stop using heroin

When asked specifically, the majority of inmates (87.1%) claimed that methadone helped them reduce or stop using heroin. This percentage was larger than that volunteered earlier (in section 3.12a) by those stating a reduction in the amount of heroin used as a positive aspect of methadone.

Inmates stated that this change in heroin use was usually due to a general decrease in both the physical and/or psychological need for heroin (58.1%). For example:

> "The craving is not there. 'Done helps you feel confident. I don't have as many worries, think more rationally when I'm straight". (Female, 24 years);
>
> "Euphoria it gives you, feeling of well being, relaxed calm. 'Done stops you using but there must be something more than 'done, (it's) a substitute ... (you) must change their life but I don't know what to do, (you) need someone to show them what to do what not to do". (Male, 27 years);
>
> "Took away the urge to use, created knowledge in my mind that I wouldn't be withdrawing, a lot of it's psychological". (Male, 34 years);
>
> "I didn't use heroin at all. Felt at ease with myself. Took away all my problems, and hassles, no pressure on me". (Male, 32 years);
>
> "Satisfied my urges, stopped negative thoughts, put positive ones in my head". (Female, 26 years).

Almost one-quarter of the inmates (22.6%) commented that methadone helped them stop using heroin because of the level of heroin they required to achieve a "stone". For example:

> "I couldn't get over the 'done I was on". (Female, 36 years).

Several inmates (12.9%) commented on the change of lifestyle that resulted because of methadone. For example:

> "(Methadone) alters your lifestyle, get stabilised because you're not using and taking medication to prevent you using so you know not to score". (Male, 31 years);
>
> "Relaxing, get a job, go home on time". (Male, 31 years).

Finally, two inmates (6.5%) stated that methadone helped them stop using heroin but they started using another drug:

> "'Done finally helped me stop using. I started using pills". (Female, 28 years).

Of the inmates who reported that methadone did not help them stop using heroin, the most frequently reported reason (12.9%) was that the psychological craving for heroin remained, for example:

> "I suffered a mental craving ... you have to want to give up for yourself, then you don't need 'done". (Male, 31 years);
>
> "I need to fill in my days to stop me robbing". (Male, 34 years).

Two inmates believed that the low dose of methadone was responsible for methadone not aiding them in stopping heroin use, for example:

> "The dosage wasn't high enough, I was hanging out after eight hours". (Female, 22 years).

One respondent gave no specific reason as to why methadone did not help him stop using heroin.

Table 45: The reported effect of methadone on heroin use

	No. of inmates (N=31)	%
Heroin use decreased		
Do not need heroin	18	58.1
Level of heroin required too large	7	22.6
Changed lifestyle	4	12.9
Changed drug of addiction	2	6.5
Heroin use did not decrease		
Psychological craving remained	4	12.9
Methadone dose too low	2	6.5
No specific reason	1	3.2

Prisoners who had begun two or three methadone programs were more likely to state that methadone helped them reduce the amount of heroin they used because it removed the physical and/or psychological craving for heroin (66.7%) than prisoners who had commenced one methadone program only (34.8%). This difference was statistically significant ($X^2_1 = 4.108$, $p < 0.05$).

The difference between the reasons inmates gave for methadone helping them to stop using heroin and other variables were not statistically significant.

3.13 Methadone and heroin

(a) Inmates' preference for methadone or heroin

When asked if they would prefer to use methadone or heroin, 30% of prisoners stated they would prefer to use methadone and 26% claimed they would prefer to use heroin. The remaining respondents (44%) reported that

they would *not* prefer to use either methadone or heroin.

Those released on methadone were more likely to state that they would prefer to use methadone (39%) compared to those not released on methadone (18%) ($X^2_1 = 3.458$, $0.05 < p < 0.1$).

When asked about their preference for heroin or methadone, over one-third of the inmates stated they would prefer to use neither, for example:

> "Both bad really, same as each other whether you drink it, snort it, eat it. Because heroin is not legalised you can't keep the same doses". (Not released on methadone, male, 23 years);

Table 46: Reported reasons why prisoners would prefer to use methadone or heroin

	No. of inmates (N=50)	Total %
Prefer neither heroin nor methadone	19	38.0
Prefer heroin/drug of choice	11	22.0
Prefer methadone/lifestyle	10	20.0
Never on methadone	5	10.0
Heroin no longer drug of choice	2	4.0
Other	2	4.0
No response	1	2.0

> "Neither. If I had to choose ... heroin, in my experience heroin is less damaging than 'done physically". (Released on methadone, male, 27 years);
>
> "Neither ... basically the same ... get stoned then tolerance ... heroin, I love what it does to me, not the lifestyle ... 'done, prefer the lifestyle". (Released on methadone, female, 26 years).

Almost one-quarter of the inmates (22%) claimed that they preferred heroin because it was their drug of choice, for example:

> "It's what I started on, a ritual for another shot, high. Only use 'done as prevention". (Not released on methadone, male, 32 years);
>
> "I like the stone. I don't like the lengths I have to go to, to get it". (Released on methadone, female, 31 years);
>
> "When on 'done you never stop thinking about heroin. Heroin is the drug I prefer to use. 'Done can be a substitute. 'Done is a positive thing as far as an addict goes". (Released on methadone, female, 35 years).

One-fifth of the inmates (20%) reported that they preferred methadone because of the lifestyle that went with it, for example:

> "... because with 'done you can live a normal lifestyle, with heroin you break the law and are in and out of gaol". (Released on methadone, female, 32 years);
>
> "It (methadone) makes you more stable. With heroin you have to run around". (Released on methadone, male, 34 years);
>
> "Heroin is my drug of choice (but I) prefer 'done ... (you) live a normal lifestyle ... heroin takes everything away". (Released on methadone, male, 31 years);
>
> "(Methadone) increases your awareness ... makes you more aware of other things, of life in general. When you're on heroin that's all you think about". (Released on methadone, male, 34 years).

Of the remaining inmates two suggested they preferred methadone because it was more practical or better for your health, for example:

> "With heroin you eventually run out of veins to use it in. It does eventually stop working. 'Done, you don't hang out ... a longer lasting dose". (Released on methadone, female, 24 years);
>
> "I know it's not going to get any worse with AIDS, not tapping into anyone else's blood. I'm safer". (Released on methadone, male, 24 years).

Finally seven inmates stated they would not prefer to use either drug as they had not experienced a methadone program or that heroin was no longer their drug of choice.

(b) The legalisation of heroin

When asked if they thought heroin should be legalised, two-thirds of the inmates (68%) stated that it should be legalised. Twenty-eight per cent of inmates stated that heroin should not be legalised and the remaining four per cent were unsure. There were no statistically significant differences between the groups.

Over half the sample (58%) claimed that heroin should be legalised because it would decrease the amount of drug-related crime and consequently the amount of time that people spend in gaol. For example:

> "(It would) stop crime and control AIDS a bit. It doesn't matter what price it is, people will use. By being legal it's not going to create a whole heap of junkies". (Released on methadone, male, 32 years);
>
> "To prevent the drug sub-culture, crime, reduce the number of addicts, benefit society, too many powerful people involved". (Released on methadone, male, 31 years);
>
> "Some people use drugs as an excuse to commit crime. It would help the community as a whole". (Released on methadone, female, 31 years);
>
> "It would stop the crime going on associated with heroin". (Not released on methadone, male, 32 years);
>
> "It would stop people thieving and murdering. You can kill someone when you're sick to get heroin". (Not released on methadone, female, 36 years).

Others in this group talked more specifically about heroin becoming decriminalised, for example:

> "Decriminalised ... go into a Park to use ... there wouldn't be kids wanting to use because it's wrong". (Released on methadone, female, 35 years);
>
> "Take criminality out of it. People would be able to go to a doctor instead of robbing a bank". (Released on methadone, male, 31 years).

Twenty per cent of respondents suggested that heroin should be legalised because it would provide a form of control and general information about the extent of

heroin use in the community, for example:

> "Be in control of the situation, who uses who doesn't. Stop selling to kids on the streets. (The number) of junkies would decrease because there would be no risk". (Released on methadone, male, 23 years);
>
> "Legalise a strict, sensible program. Ensure drugs aren't drifting back to other people in society. Clean heroin, clean syringes. Crime rate cut down. I don't believe an addict is a criminal". (Not released on methadone, male, 37 years);
>
> "We would know how many junkies we have got". (Not released on methadone, male, 32 years).

Ten per cent of inmates claimed that legalising heroin would improve the quality and/or price of the drug, for example:

> "If it was pure heroin, maybe you wouldn't get a habit (you would) have a shot then leave it alone". (Not released on methadone, male, 32 years);
>
> "It cuts out the middle man". (Released on methadone, male, 31 years).

Finally eight per cent of inmates stated that heroin should be legalised because it was an individual's right to choose to use heroin and that they would continue to use despite it being illegal to do so, for example:

> "You have to feel yourself that you want to give up. Everything I try, booze, relationships makes me feel run of the norm (normal). Heroin makes me feel (special), content with my life. Laws against drug use make someone a criminal. You have to change your behaviour to use ... doing everything else properly but still using". (Not released on methadone, male, 37 years);
>
> "If you want to use heroin you will, it (legalisation) would save innocent people". (Not released on methadone, male, 27 years).

For inmates suggesting that heroin should not be legalised (28%) the most frequently mentioned reason was because of the practicalities involved in legalising and/or decriminalising heroin, mentioned by twelve per cent of the sample. For example:

> "It's hard to work out who needs it and who doesn't. It's worth too much money. The people who have the power won't legalise it". (Released on methadone, female, 33 years);
>
> "It leaves the doors open. Heroin won't be the problem cocaine is ... heroin could be controlled but where are the limits?" (Not released on methadone, male, 35 years);
>
> "Very hard to implement a free heroin program through doctors, same situation as 'done, organised crime will take control of doctors". (Not released on methadone, male, 38 years).

Twelve per cent of respondents stated that legalising heroin would increase the number of users, for example:

> "It's more or less telling everyone to be a junkie". (Released on methadone, male, 34 years);
>
> "Young people would be straight on it if it's legal". (Released on methadone, male, 34 years);
>
> "It would get more people on it, when it's illegal it's not so easy to get". (Not released on methadone, female, 40 years);
>
> "You're accepting that heroin is a part of life. That no-one is ever going to do anything about the drug problem. The community will accept it like some medication/pain killer you can get from a doctor. (It's) wrong to accept it as a way of life. People who fight against drugs, all their work is in vain". (Not released on methadone, male, 27 years).

Finally, ten per cent of inmates suggested that legalising heroin would not stop the drug-related crime. For example:

> "Habits are going to increase, so you'll need crime". (Released on methadone, female, 26 years);
>
> "You're put on a certain amount, then you get used to it, then you commit crimes to get more". (Released on methadone, female, 27 years).

(c) Change in the perception of legalised heroin use

Two-thirds of the inmates (68%) claimed that they would want to stop using, if heroin were legalised. There were no statistically significant differences between the groups.

Table 47: Percentage of inmates stating that they would like to cease heroin use if it were legalised

	Total % (N=50)	Released on methadone % (N=28)	Not released on methadone % (N=22)
Stop using	68.0	71.4	63.6
Continue using	18.0	17.9	18.2
Do not know	12.0	10.7	13.6
Did not respond	2.0	—	4.5

The most frequently stated reason was that the inmates had simply "had enough" of the lifestyle they associated with heroin use (46%). For example:

> "It's still not stopping the misery and hardship it's causing the user and the people around them. A lot of people are affected by drugs". (Released on methadone, male, 27 years);
>
> "You grow too old, you are sick of doing something and give it away". (Released on methadone, male, 32 years);
>
> "It's (heroin) got me into so much trouble, even if it's legal I would end up in trouble". (Not released on methadone, male, 28 years).

Twelve per cent of inmates stated more specifically that they would stop using heroin even if it were legal because of the change in lifestyle they had experienced when drug free, for example:

> "I don't want to stay a junkie. There are better things in life than not knowing if things are black and white or different colours. This time I have a lot more going for me. I know ultimately I will be straight". (Released on methadone, female, 28 years);
>
> "You become plastic when using. Self awareness is important when leading a normal life ... if I keep myself motivated I don't get into a

slump and don't use". (Released on methadone, male, 23 years);

"Just what it does to you, I'm free of drugs, free of gaol. Addicted to love, (you) put so much into it and get more out of it". (Released on methadone, male, 32 years);

"(Heroin) kills your feelings, I don't want them to die again. (I) have realised what I lost ... and learned knowledge of myself". (Not released on methadone, female, 37 years).

Eight per cent of the inmates claimed they would stop using if heroin were legal because it would remove the excitement, for example:

"There would be no fun in it. Half the fun is sneaking about, the illegal aspect". (Released on methadone, male, 26 years);

"It wouldn't be so much of a thrill to try and get on". (Not released on methadone, male, 27 years).

Twenty per cent of inmates stated that they would not want to give up heroin if it were legal. This was because they enjoyed using the drug or because it was an addiction, for example:

"It will always be part of my life ... I enjoy it". (Released on methadone, male, 31 years);

"You don't use because it's legal or not, it's an addiction ... The drug takes over". (Released on methadone, female, 28 years).

One person summed up his opinion on the legalisation of heroin by stating that:

"I don't want people telling me to stop, I must motivate myself to stop using. Until I come to terms with my own shortcomings I'll still use". (Not released on methadone, male, 37 years).

4. DISCUSSION

The basis for this current investigation was to supplement a previous study, Hume and Gorta (1989), based on record data which examined among other things recidivism rates of those released on methadone. Hume and Gorta found that 47.5% of those who had been released from gaol on methadone had been reincarcerated (since release and until data collection). Seventy per cent of those released on the Prison Methadone Program had been convicted or charged in court. They concluded that methadone maintenance assisted some people to reduce their criminal activities although it was not helping others who continued to reoffend and often ended up in prison again. However, since the study was based only on information contained in government records, it was not possible to know what "went wrong" for those who were returned to gaol. Self report data were collected to supplement the record data.

There are obviously limitations with self report data in that the responses are subjective and the respondent may wish to present a particular picture or type of response. More generally, questions cover events that occurred over a wide time period and memory may or may not present an accurate record of these experiences. Self report data are necessary however, to provide a broader perspective of factors affecting the inmates' return to gaol and perceptions of the Prison Methadone Program.

Interviews with a sample of thirty-one of these people who had been reincarcerated, twenty-eight of whom had been released from gaol continuing methadone treatment and three people who had since commenced a community methadone program revealed that they considered that the methadone program helped them. Despite these people returning to gaol, most inmates (87.1%) stated that methadone helped them stop using or reduced their heroin use. Three-quarters of these inmates (77.4%) reported that methadone aided them in reducing the number of crimes they committed, either specifically because it reduced their habit or more generally because they experienced a change in lifestyle. Those released on methadone were less likely to be convicted of property offences such as robbery with major assault (14.2%) than those not released on methadone (36.4%).

While literature (e.g. Lennard, Epstein & Rosenthal, 1972) suggests that criminal activity increases during periods of illegal drug use, there is also increasing evidence (Dobinson & Ward, 1987; Gropper, 1985) to suggest that criminal activity among this group may be present despite stabilising or substituting the need for illegal drugs, as drug use in some cases is a symptom of underlying social and economic deprivation. For example, half those interviewed had been convicted of an offence(s), particularly property and juvenile offences before they began using heroin regularly. Furthermore, as discussed in Study 7, it may just be a matter of time before inmates are caught reoffending because of their relatively high exposure to detection for example, being released from gaol under supervision and in the case of those released on methadone, maintaining regular contact with the community methadone clinic.

It is important to examine what these people felt went wrong as although they report that methadone does help them reduce the number of crimes they committed, these people still returned to gaol.

It appears that the perceived problems faced by the inmates interviewed on the N.S.W. Prison Methadone Program on release from gaol are essentially the same as those of inmates interviewed who had been reincarcerated but not released on methadone. These problems include difficulties with day-to-day aspects of life after release such as finding accommodation, employment and managing finances, adjusting from the restrictions of the prison system to the general community and disassociating from the drug scene and the need to use drugs.

The fact that drug issues are mentioned by only a third of the sample as a problem faced on release, whereas other issues such as day-to-day problems and adjustment from gaol into the community are mentioned more frequently, each by fifty per cent of the sample, may be evidence to reinforce the idea that drug issues are secondary to these underlying problems. Inmates talk about being prepared to deal with their heroin addiction, being aware of the problems and pitfalls associated with it but poorly prepared to be responsible for themselves financially or emotionally and unprepared for the lack of support from the general community.

Thus, while methadone maintenance may be expected to decrease the crime committed associated with illegal drug use, it cannot alone be expected to eliminate the problems that result in people initially choosing a drug-associated lifestyle.

However, when inmates were asked to outline additional therapies or skills that they perceived would be beneficial either in gaol or in the community, their responses were pessimistic. Counselling was suggested by one-third of inmates as beneficial in gaol and by thirty-eight per cent of inmates as beneficial in the community. Twenty-eight per cent of inmates stated that nothing would help them in gaol and one-third of these inmates believed nothing in the community would help them with the problems they faced. It was difficult for inmates to envisage the options available to them outside the current range of programs or therapies being offered.

Three-quarters of the current offences were reportedly committed for financial reasons either specifically to support their habit or for more general personal financial reasons. The crimes were typically property crimes. This supports the idea that these people are experiencing financial difficulties for whatever reason. Almost three-quarters of the sample reported using drugs when committing the offences. The drugs used were primarily heroin and benzodiazepines. About half of the respondents report not having enough money to get by and a third were in debt, yet two-thirds of respondents stated finding employment.

The majority of inmates claimed that they commenced methadone to help them stop using heroin (84%), to stay out of gaol (46%) or to establish a normal lifestyle (33%). Of interest to note is that very few people (8%) reported beginning methadone to help them prevent sharing needles in gaol and consequently catching HIV. This is of interest as the focus of the methadone policy has shifted away from breaking the drug/crime cycle to an emphasis on preventing the spread of HIV and Hepatitis B in prison by generally decreasing heroin use.

It may be that inmates are not interested in commencing methadone to prevent contracting HIV or that they do not perceive methadone to be effective for this purpose, rather people perceive the essence of methadone to be for stabilising drug use. Many of those who are at risk of contracting AIDS or Hepatitis B may not commence methadone. Therefore, alternatives to methadone for preventing the spread of these viruses must be considered as the problem of needle sharing for many inmates may not have been addressed. It should not be assumed that methadone is an effective means for preventing or reducing the spread of HIV and Hepatitis B within prison, particularly when inmates' perceptions are to the contrary.

Those who began methadone in gaol were more likely to report using heroin on release than those who began methadone in the community. In particular, people who are experiencing their initial methadone program in gaol appear most vulnerable to using heroin on release from gaol. It may be that a concentration of counselling resources would be beneficial to these people.

The fact that those who begin methadone in the community are less likely than those commencing methadone in gaol to report using heroin on release from gaol, may be a reflection on the motivation of these people who actively sought treatment in the community. Alternatively, due to the greater number of treatment options available in the community, those who commence methadone in the community may be more responsive or suited to this type of treatment and have access to a greater support network.

It appears that many inmates are unaware or unmotivated to try other alternatives before commencing methadone. For example, 18.9% of the sample had tried no other therapies or programs to change their heroin use or associated lifestyle before commencing methadone. The next most frequent form of therapy used was self-detoxification (48.6%) or a therapeutic community (40.5%).

Given the negative aspects of methadone that people report such as the physical side-effects (43%) or daily pick-ups (42%) and the lack of experience with other types of therapies it may be necessary to introduce a greater variety of programs dealing with drug and alcohol issues and more comprehensive support networks into the prison system, to increase the variety of programs used both in conjunction with or as alternatives to methadone.

As age and experience with methadone programs increase, the participants' expectations of the methadone program appear to change. Rather than perceiving methadone as a cure in itself, methadone may be viewed as a tool to establish a normal lifestyle, that is an alternative to a drug centred lifestyle. This is illustrated by the different reasons inmates state for commencing methadone. In particular, inmates who are 30 years and under are more likely to state that they commenced methadone to help them stop using, whereas inmates over 30 years are more likely to state that they began methadone to help them establish a "normal lifestyle". Inmates who are 30 years and under also report spending less time on average on each methadone program they commence than inmates over 30 years.

The concept of learning to use methadone as a tool is further illustrated by reported heroin use on the community methadone programs. For example, inmates who have begun more than one methadone program were less likely to report using heroin on release from gaol than those who were experiencing their first methadone program. Those beginning two or three methadone programs were also more likely to state that methadone helped them reduce the amount of heroin they used because it removed the physical and/or psychological need for heroin.

The average age that inmates who had been released on methadone reportedly began using heroin was 16 years and 9 months. The average age of these people was now 30 years. Given the length of time these people have been involved in a drug-related lifestyle, it is unreasonable to assume that methadone will immediately restore them to a role of "model citizenship".

The findings of this study illustrate that in order to reduce recidivism and help inmates re-establish a lawful position within society we need to provide these inmates with the knowledge and resources to support themselves in the community. This could be achieved by introducing inmates to a variety of programs prior to release, covering practical living skills such as cooking, budgeting and the means of gaining access to information and services, in addition to drug and alcohol issues. That is establish methadone as one aspect of a cohesive package of rehabilitative services. Information about and referrals to community services should also be provided.

It appears that those who have experienced the Prison Methadone Program do not commence methadone treatment to prevent contracting or spreading HIV. Further evaluation is necessary to determine whether methadone does stop people sharing needles within gaol. If this is not the case, the criteria for commencing methadone should be tightened. Research is underway to determine inmates' perceptions of the role of the Prison Methadone Program in preventing the spread of HIV.

Final conclusions about the Prison Methadone Program must be based on realistic goals about the potential of methadone to benefit clients. It must be kept in mind that these people have been involved in a drug-associated lifestyle for, on average, thirteen years and although these people did return to gaol, they report that methadone helped them reduce their heroin use and decrease the amount of crime they committed. Methadone should be viewed as a tool and like any tool, experience is required to learn how to use it to its utmost advantage.

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