



# Research Publication

## Patterns of Drug Use amongst NSW Prison Receptions

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## SUMMARY

- \* The current study was conducted to:  
examine the extent of drug use (both legal and illegal), reported by N.S.W. inmates prior to incarceration;  
document the types of drugs offenders report using and  
outline the perceived effects (physical, social and psychological effects) of inmates' prior drug use.
- \* The sample consisted of 182 inmates received into prison over a two week period (26th April-9th May, 1990). There is no way to determine the representativeness of the sample, other than to say that the interviews were conducted at the main reception gaols within N.S.W.
- \* Almost all inmates (97%) had tried at least one of the drugs most frequently illegally used: amphetamines; barbiturates; benzodiazepines; cannabis; cocaine; hallucinogens; heroin; inhalants and other opiates.
- \* Most inmates were using drugs more frequently than once a week in the twelve months prior to imprisonment. More specifically, 85% used caffeine; 85% nicotine; 66% used alcohol; 46% cannabis and 23% used heroin. The use of amphetamines (10%) was not as high as that reported in other studies. Conversely, the use of benzodiazepines (17%) was more frequent.
- \* 70% of the sample reported using drugs in the 24 hours preceding their offence; 33% used alcohol only; 24% used other drugs only and 12% used both alcohol and other drugs.
- \* 62% of the sample stated their current offence was related to their use of alcohol or other drugs; 29% stated their imprisonment was related to alcohol only; 26% to drugs other than alcohol and 7% stated their imprisonment was related to their use of both alcohol and other drugs.
- \* 74% of inmates previously sentenced stated that either their previous or their current imprisonment was related to alcohol or other drugs.
- \* Of the inmates consuming drugs prior to their offence, those consuming alcohol were more likely than inmates consuming other drugs to report committing offences such as homicide, assault or other like offences ( $\chi^2 = 3.36$ ,  $0.05 < p < 0.1$ ). Inmates consuming drugs other than alcohol, or alcohol and other drugs in combination, prior to their offence were more likely than those consuming alcohol alone to report committing property offences or robbery with assault ( $\chi^2 = 4.90$ ,  $p < 0.05$ ).
- \* 59% of inmates stated that their use of alcohol and/or other drugs had caused them problems in the past 12 months. More specifically, 27% stated that these problems stemmed from alcohol alone, 27% from drugs other than alcohol and 5% stated their use of both alcohol and other drugs had caused them problems in the past 12 months.
- \* The problem areas were most likely to be: behavioural (53%), such as aggression or depression; financial (45%); problems with family or partner (45%); emotional (44%); problems with work or study (41%) and health-related problems (39%).
- \* 32% of inmates stated that they were experiencing or expected to experience withdrawal from alcohol or other drugs upon being imprisoned.
- \* 46% stated that they thought they were dependent on alcohol or other drugs. Almost half the sample stated that they would like treatment while in gaol.

## 1. INTRODUCTION

Over the past decade there has been an increasing interest in the drug use patterns amongst offenders. This interest is reflected in the increase in the number of studies conducted in Australia and overseas which have provided some information about the use of alcohol and other drugs amongst offenders.

Many of the recent studies in this area have suggested that alcohol abuse is quite common amongst the offender population. In Canada, Lightfoot and Hodgins (1988) interviewed 275 inmates about their alcohol and other drug use in the six months prior to gaol. The inmates underwent a structured interview and a battery of self-report tests. The study found that 75%-80% of the inmates interviewed reported drinking alcohol daily. Using the Alcohol Dependence Scale developed by Skinner and Horn, the study further found that 26% of inmates reported either substantial or severe dependence on alcohol. Another study applied the Michigan Alcoholism Screening Test (MAST) to 231 inmates imprisoned in New Zealand. This analysis resulted in 50%-60% of the New Zealand inmates being classified as alcoholics (McLean, 1988). Closer to home, White and Boyer (1985) administered the MAST to 660 sentenced prisoners in Tasmania and found that 43.5% of the inmates indicated alcoholism on the test. The authors stated that no attempt was made to define alcoholism or consider the complexities of differentiating alcohol abuse from dependence. Indemaur and Upton (1988) interviewed 926 inmates who were received into Perth metropolitan prisons over a four month period (June-September, 1987). Using the standards set down by the National Health and Medical Research Council, the study found that one-third of their sample consumed "hazardous" amounts of alcohol per day (that is, they consumed 40 grams of absolute alcohol per day). Another study found that alcohol use was a problem amongst Aboriginal prisoners. In this study 96 Aboriginal prisoners imprisoned in Western Australia were interviewed, of whom 74% classified themselves as "really drunk" at

the time of offence. A further 18% stated that they had been drinking but were not drunk (Duckworth, Foley-Jones, Lowe & Maller, 1982). Interpretation of these results is difficult because the study does not give any details on their measurement of "really drunk" or "not drunk" at the time of their offence.

Recent research studies conducted in this area have also indicated that opiate abuse (particularly heroin) is common amongst offenders. In America, Chaiken and Chaiken (1982) surveyed 2200 prisoners in three American states and found that on average 28% reported regular abuse of heroin before their imprisonment. Some studies conducted in Australia have shown that opiate abuse is greater in some areas and for some groups. Miner and Gorta (1986) interviewed 90 sentenced women in N.S.W. and found that 79% reported drug use prior to incarceration. The study further found that of those who reported prior drug use, heroin was the drug most commonly used with approximately 66% of women claiming to have used heroin alone or in conjunction with other drugs. Dobinson and Ward (1984) interviewed 225 inmates who were imprisoned in N.S.W. gaols for property offences and found that the use of heroin was quite common amongst property offenders. The inmates in Dobinson and Ward's study were classified as "users of drugs" if they had consumed either barbiturates, cocaine, heroin or other opiates at least once a week during a specified period prior to arrest, or "non-users" (people who did not use these drugs on a regular basis). Overall, 89 users and 136 non-users were interviewed. The study reported that heroin was the most popular drug consumed by users, 87.6% of users specified that this was their main drug of choice. The study further reported that 53.8% of users were under the influence of heroin and a further 28.2% of users were "hanging out" when they committed their major offence.

Other sources of information that can shed some light on the drug use patterns amongst offenders include statistics on the number of drug-related charges. In Australia, the use of this type of information has suggested that there has been a recent trend towards the abuse of am-

phetamines amongst the offender population. One report states that there has been an increase in amphetamine-related arrests from 22 arrests in 1978 to 1010 arrests in 1987 (Harrison, 1988 cited in Monaghan, 1989).

Other studies conducted recently in N.S.W. have provided further information on the extent to which the prior use of alcohol or other drugs by offenders is related to their imprisonment. Travis and Porritt (1987) interviewed 120 inmates using Personal Description Forms. This sample was drawn from receptions at two metropolitan prisons in N.S.W. and the data were collected between late June and 31st July, 1987. The study reported that 25% of inmates stated that their current charges were related to their use of alcohol, 42% stated that their charges were related to their use of other drugs while 5% stated that their charges were related to their use of both alcohol and other drugs. Similar findings were reported by another research study which interviewed 104 prisoners across 16 gaols in N.S.W. who were appearing before Program Review Committees (Johnson-Fitzpatrick, Owen, Palin, Travis & Porritt, 1988). The interviews were conducted between May and September 1986. The study found that 55% of prisoners interviewed reported that they were currently serving sentences for alcohol or other drug-related offences. While 35% of those interviewed reported that their offence was drug-related, 21% said it was alcohol-related and 3% said it was related to both alcohol and other drugs.

Whilst the **extent** of drug use amongst offenders has received some attention in the literature, little research has been conducted into the types of **problems** drug use has created for offenders, particularly in the areas of physical health, general behaviour and relationships with family and friends. Amongst an offender population it is proposed that this area of investigation is important. Knowledge of the problems that drug use can create for the offender's life can further aid in the planning of appropriate treatment programs and services that can target these problems whilst inmates are incarcerated. The studies which have examined this area have found that a majority of

inmates have experienced physical, psychological and social problems that related to their use of drugs. Lightfoot and Hodgins (1988) in their study of 275 inmates in Canada (discussed above) found that 78.5% of inmates surveyed reported at least one problem as a consequence of their use of alcohol. The most frequently reported problems included legal problems (67%), problems with family and friends (57%), problems in education and employment (37%) and health problems (25%). White and Boyer (1985) in their study of 660 sentenced prisoners in Tasmania (discussed above) reported that inmates perceived that their drinking patterns had caused them obvious social problems. While 54.1% of the inmates interviewed stated that they were regularly involved in fights whilst drinking, 23.2% stated that they had suffered health problems and 11.7% of prisoners believed that they had lost a job through drinking. Further, 22.4% of the inmates who were married or living in a de-facto relationship (35.5% of the inmates interviewed) admitted to being perpetrators of spouse and/or child abuse.

Another Australian study has suggested that drug abuse creates problems for inmates released from gaol. This study researched 250 parole files from a total of 1283 N.S.W. parolees released in 1974. The study reported that 22% of parolees at that time had experienced problems with alcohol, while 5% had experienced problems with other drugs. Of parolees who were regarded as having an alcohol problem, 40% had breached their parole, while 34% had had their parole revoked. Of those who were regarded as having problems with other drugs, 50% had their parole revoked while 42% had breached their parole (Gorta, Cooney, George & West, 1982).

The research studies discussed so far have provided useful information concerning offenders' drug using patterns and some of the effects arising from prisoners' use of drugs. However, there is clearly a need for further research which can provide us with more comprehensive and up-to-date information into these areas. The primary aim of the present research study was to update and extend upon

earlier studies conducted in N.S.W. (Dobinson & Ward, 1984; Miner & Gorta, 1986; Travis & Porritt, 1987; Johnson-Fitzpatrick, Owen, Palin, Travis & Porritt, 1988) on the use of alcohol and other drugs by offenders.

Specifically, the aims of this study were to:

(i) examine the extent of drug use (both legal and illegal) reported by N.S.W. prisoners, prior to incarceration;

(ii) document the types of drugs offenders report using;

(iii) outline the perceived effects (including physical, psychological and social effects) of inmates' prior drug use.

## 2. METHOD

### 2.1 Sample

A total of 182 inmates (48%) of the 378 new receptions who had been received into eight N.S.W. gaols over a specified two week period (26th April - 9th May, 1990) were interviewed. This sample included 171 men and 11 women. Approximately half of the inmates interviewed were prisoners on remand (50.5%), the remainder (49.5%) were sentenced prisoners. The gaols in which the interviews were conducted included three prisons based at the Long Bay Prison Complex (Assessment Prison, Remand Centre and Reception Prison), Parramatta Gaol, Bathurst Main Gaol, Maitland Gaol, the main gaol at Goulburn Training Centre and Mulawa Training and Detention Centre for Women.

Five of the gaols in which the interviews were conducted were classified as maximum security institutions (Assessment Prison, Remand Centre, Reception Prison, Goulburn Training Centre and Maitland Gaol), while three prisons were classified as medium security (Bathurst Gaol, Mulawa Training and Detention Centre and Parramatta Gaol). Mulawa Training and Detention Centre holds the majority of women prisoners in N.S.W.

On the 22nd April, 1990 (four days before the study commenced), the total number of prisoners in the eight gaols was 2680. On this day there were 5249 prisoners in full-time custody, therefore the gaols sampled held 51.1% of all prisoners contained in N.S.W. gaols.

It should be stated that the new receptions interviewed in this study were either inmates who had been received from court and were coming to prison to serve a gaol term, or remand prisoners received from court who were awaiting a committal hearing or trial. The new receptions did **not** include inmates who had been transferred from other gaols, inmates who were appearing in court for one day and returned to gaol the same day, inmates who were participating in work release schemes or any other event

which involved inmates being released from gaol for a day.

The inclusion of the gaols in this research study was determined by three factors. Firstly, seven out of the eight gaols chosen for inclusion in this study were classified as reception gaols. These gaols receive all of the inmates who are coming into gaol to serve a gaol term, or prisoners on remand awaiting trial. In N.S.W. there are 12 gaols that are classified as reception gaols. One gaol chosen to participate in this study, the Assessment Prison at the Long Bay Prison Complex was not classified as a reception gaol. However, during the time of the study this gaol was receiving new receptions who were transferred directly from the Remand Centre at the Long Bay Prison Complex, due to overcrowding. Secondly, it was felt important to only include the reception gaols which received moderate to large numbers of new receptions each week. That is, gaols which received more than 10 new prisoners each week. Thirdly, it was only possible to include gaols which currently had a Drug and Alcohol worker employed at the institution, as the Drug and Alcohol workers were to administer the questionnaire to the inmates. At the end of this process, eight gaols in N.S.W. fitted all of these requirements and these were the gaols that were selected to participate in this study.

Table 1 provides the total number of inmates received and the percentage of inmates interviewed between 26th April 1990 and 9th of May 1990, for each of the eight gaols. During this two week period there were 378 new prisoners received into the eight gaols which participated in the study. It should be stated that it is possible that the total number of new receptions over this two week period (26th April 1990 - 9th May 1990) may be lower than the total number of new receptions received in these gaols in other two week periods. In the beginning of the week in which the study commenced (beginning the 23rd April) a riot broke out amongst prisoners at Parramatta Gaol. This resulted in a "freeze" on new receptions into Parramatta Gaol for approximately one week, with many prisoners being held in police cells during this time. This riot had consequences for other gaols such as

the Remand Centre in the Long Bay Prison Complex. It was reported that following the riot, the Remand Centre was mainly receiving prisoners who were being transferred from Parramatta Gaol and therefore the number of new receptions into the Remand Centre was limited for this week. However, after the riot the Remand Centre did receive a large influx of inmates which led to the transfer of inmates to the Assessment Prison. The table also shows that 48% of the total number of inmates received into these eight gaols were interviewed. Although a greater number of new receptions were interviewed at some gaols, the overall number of new receptions interviewed could be

at Parramatta Gaol was conducted in this time. In the pilot phase, problems in gaining access to the new receptions were experienced by the two Drug and Alcohol workers at Parramatta Gaol. This difficulty mainly involved a lack of communication between the Drug and Alcohol workers and the Officer(s)-in-charge of the new receptions, who were not properly informed and prepared for the study to take place. Consequently, only a small number of inmates were able to be interviewed during this pilot phase.

Following the pilot phase, a letter was drafted by the Department's Co-ordinator of Drug and Alcohol Services. This letter was sent out to the Superintendents and Drug and Alcohol workers

**Table 1: Number of new receptions interviewed and the total number of new receptions received**

	New receptions interviewed	Total new receptions	% interviewed
Reception Prison	42	55	76.4
Parramatta Gaol	35	55	63.6
Goulburn Training Centre	23	34	67.6
Assessment Prison	18	26	69.2
Bathurst Gaol	18	29	62.1
Maitland Gaol	18	61	29.5
Remand Centre	17	79	21.5
Mulawa Training & Detention Centre	11	39	28.2

considered to be quite low. Some reasons for this shortfall will be discussed below.

## 2.2 Procedure

A standardised interview schedule was used to interview the new prisoner receptions who participated in this study. A set of cards with the names and pictures of 13 different types of drugs was also used to assist in the interview procedure.

Approximately one month before the main data collection commenced, a pilot study was carried out at Parramatta Gaol. Interviews were conducted with inmates received into Parramatta Gaol over a one week period. Supervision by the first author of the administration of the questionnaire by the two Drug and Alcohol workers

at each of the eight gaols, informing them of the proposed study. Telephone calls were made to each Superintendent and Drug and Alcohol worker to make sure that they had received this letter and were willing to participate in this study. All Superintendents and Drug and Alcohol workers approached consented to participate. A written recommended set of guidelines outlining the necessary arrangements that should be made by each Drug and Alcohol worker taking part in the study was sent out to each worker. These guidelines outlined that adequate consultation and communication between the Drug and Alcohol worker, the Superintendent and Officer(s)-in-charge of the new receptions were needed so that the study could take place. Shortly before data collection, multiple copies of the questionnaire and a set of cards was sent



out to each Drug and Alcohol worker (see Appendix A for questionnaire). Each Drug and Alcohol worker was asked to read through the questionnaire several times to familiarise themselves with the questions.

Between the 26th April, 1990 and the 31st May, 1990 each Drug and Alcohol worker interviewed inmates who were received into their gaol. Due to the riot at Parramatta Gaol, the two Drug and Alcohol workers in this gaol commenced data collection approximately one week later. Although the Drug and Alcohol workers at Parramatta Gaol commenced the data collection at a later date, they still attempted to interview all the new prisoners who were received into their gaol for the specified two week period. The average time taken to interview the inmates was approximately 35-40 minutes. During the interviewing phase, phone calls were made to each Drug and Alcohol worker to review the progress of the research and to answer any inquiries or problems experienced with the administration of the questionnaire. The Drug and Alcohol workers in each gaol were asked to keep a record sheet of both the new receptions interviewed and those not able to be interviewed who were received into their gaol during the data collection phase. Time constraints in this study made it necessary to limit the data collection phase to prisoners received during a two-week period and cease interviewing on the 31st May, 1990. All completed interviews and record sheets were to be posted by the Drug and Alcohol worker to the researcher at the completion of the study.

As we have discussed previously, the number of new receptions interviewed was not very high. One reason for this was that despite the set of guidelines outlining the procedures to be taken in order for the interviews to take place, difficulties in gaining access to new receptions were still reported by some Drug and Alcohol workers. This happened primarily at the Remand Centre. This difficulty mainly involved prisoners not responding when the Drug and Alcohol worker paged them. In addition, many Drug and Alcohol workers have demanding workloads within the gaol and many workers expressed difficulty in finding time to do the

interviews. A greater number of new receptions were interviewed at Parramatta Gaol and at the Reception Prison at Long Bay Prison Complex. This was primarily due to the fact that these prisons had two Drug and Alcohol workers employed.

### **2.3 Prisoner Questionnaire**

The questionnaire administered to the prisoners consisted of six sections, which are briefly outlined below:

#### **1. Demographic Information:**

Inmates were asked their age, country of birth, whether they were of Aboriginal or Torres Strait Islander descent, their marital status, whether they had been sentenced previously and if so, how many times;

#### **2. History of Drug Taking Behaviour:**

Inmates were first asked if they were currently taking prescribed medication and if so what type and how long had they been taking this medication. The history of inmates' drug use, including age started and frequency of drug use prior to coming to gaol was investigated. Inmates were asked specifically about the frequency of their drug use in the period prior to their current imprisonment (approximately one year or less, depending on the length of time the inmate had been outside of gaol). The pattern of drug use was examined separately for each of the following types of drugs: caffeine, nicotine, alcohol, minor analgesics, benzodiazepines, barbiturates, amphetamines, cocaine, cannabis, heroin, other opiates, hallucinogens and inhalants;

#### **3. Drug Use and Crime:**

Inmates were asked more specifically whether they had used alcohol or other drug(s) in the twenty-four hours preceding their most serious offence and whether they perceived that their being in prison was related to alcohol or other drugs;

**4. Perceptions of Drug Dependency and Drug Problems:**

Inmates were asked whether they had experienced or expected to experience withdrawal from alcohol or other drugs and whether they perceived that they were dependent on alcohol or any other type of drug(s);

**5. Perceived Problems of Drug Use:**

Inmates were asked whether their drug use had caused them any problems in the past 12 months. The one drug that inmates were most concerned about was examined. Inmates were then asked whether the use of this drug had affected their physical health, their mental and/or emotional well being, their relationships with their family and/or friends, their behaviour in any way, their ability to work or study and their ability to save money;

**6. Past Treatment for Drug Use and Present Treatment Goals:**

Inmates were asked whether they had ever sought any help or treatment for their use of drugs and if they had, whether this had helped them. Inmates were then asked whether they would like to receive help or treatment for their use of drugs whilst in gaol and which type of treatment they would like to receive.

### 3. RESULTS

#### 3.1 Description of sample

##### a) Sex

Of the inmates interviewed 94% were men, while 6% were women.

##### b) Age

The average age of the inmates interviewed was 28 years of age. Table 2 illustrates the proportion of inmates in each age group. Three-quarters of the sample were under 35 years of

Age group (years)	Inmates interviewed (N=181*)	%
< 25	70	38.7
25 - 29	41	22.7
30 - 34	28	15.5
35 - 39	20	11.0
40 +	22	12.2

*\*Information from one respondent was unavailable.*

age.

##### c) Ethnicity

The majority of our sample were Australian born (79.1%). While 6.2% were born in Europe, this included Greece (3), Romania (2), Cyprus (1), Germany (1), Holland (1), Malta (1), Poland (1) and Yugoslavia (1); 4.4% were born in the United Kingdom and 4.4% were born in New Zealand. The rest of the sample were born in: Asia, including Malaysia, Timor, East Thailand (1.6%); Asia Minor, including Lebanon and Turkey (1.6%); South America, including Chile and Brazil (1.1%); Papua New Guinea (1.1%) and Africa (0.5%).

##### d) Aboriginality

It was felt important to investigate how many inmates in our sample were of Aboriginal descent, due to the reported high level of alcohol use amongst Aborigines. It was found that 12.2% of inmates in the sample claimed to be of Aboriginal descent. The estimated percentage of Aborigines received in April and May was between twelve and twenty-four per cent thus, the sample may be an underestimate of the percentage of Aborigines received during this two-week period.

##### e) Gaol History

This section outlines the percentage of inmates who had been sentenced to gaol previously and the percentage of inmates who were on remand. In examining Table 3, it can be seen that 50.5% of inmates were on remand, while 49.5% of inmates were sentenced.

	Number Interviewed	%
Currently sentenced	92	49.5
Currently unsentenced	90	50.5

Inmates on remand are generally in a vulnerable position. It was thought that being on remand may influence inmates' responses to sensitive areas of discussion such as drug use and criminal history. Therefore, as a validity measure, the responses of those who reported being sentenced were compared to the responses of those on remand. Inmates' status did **not** affect the number of inmates claiming their imprisonment was related to their drug use nor the likelihood of inmates reporting drug use in the 24 hours prior to their offence.

More than half of the inmates interviewed had been sentenced to gaol previously (59.3%). This includes one-third of the sample (30.2%) who had been sentenced to gaol only once previously, 13.2% who had been sentenced to

gaol two or three times before and 15.9% of the sample who reported having been sentenced to gaol more than three times. The remainder of the sample (40.7%) stated that this was their first time in prison.

There were no differences between recidivists and those committing their first offence on the following variables: the number of inmates stating they used alcohol or other drugs in the 24 hours prior to the offence and the number of inmates stating that their current imprisonment was related to their use of alcohol or other drugs.

### **3.2 Inmates' drug use history**

The use of both legal and illegal drugs was examined. These included: caffeine; nicotine; alcohol; minor analgesics; benzodiazepines; barbiturates; amphetamines; cocaine; cannabis; heroin; other opiate drugs; hallucinogens; inhalants and anti-depressant drugs. Throughout the report the use of various types of drug are documented. Frequently the use of alcohol is compared to "other drugs". This comparison is based on the assumption that the non-prescribed use of these drugs is illegal. "Other drugs" refers to: amphetamines; benzodiazepines; barbiturates; cocaine; cannabis; heroin; other opiates; hallucinogens; inhalants and anti-depressants. Excluded are: caffeine; nicotine; minor analgesics and alcohol.

#### ***a) Experimentation and drug use***

Table 4 provides the percentage of inmates who reported that they had ever tried the various types of drugs and the average age they said they started using these drugs. The table overleaf shows that all of the inmates had tried at least one type of drug. Most inmates (97.3%) reported having tried the drugs that are most often illegally used (this excludes caffeine, nicotine, alcohol and minor analgesics). In examining the use of these drugs, it seems that cannabis is the most frequently reported drug ever used with 76.8% of inmates stating that they had tried this drug. Quite a high proportion of inmates reported having tried amphetamines

(43.1%), benzodiazepines (42.0%), heroin (39.8%) and hallucinogens (38.7%). Less than a third of inmates reported having tried cocaine (27.1%), barbiturates (26.5%) and other opiate drugs (22.1%). A smaller number of inmates reported having tried inhalants (13.8%) and anti-depressant drugs (1.7%). Almost all of the respondents stated they had tried caffeine (93.9%), alcohol (93.4%) and nicotine (92.3%). This would be expected given these drugs' easy accessibility and availability.

It appears that inmates first tried both legal and illegal drugs in their pre-teen to mid-teen years. The inmates reported having tried caffeine, minor analgesics, inhalants, nicotine and cannabis at a younger age than the other drugs. However, the inmates' first use of the other drugs that are most commonly illegally used, was also quite young. With the exception of those who had tried anti-depressants, the majority of inmates had tried each of the different types of drugs by age 20.

The findings of our study on the average age inmates first used drugs, are in line with studies conducted in America which have suggested that the use of drugs follows a sequential pattern. A longitudinal study of high school students conducted in New York found that students most often reported having tried legal drugs prior to their use of illegal drugs. These students most often tried alcohol, progressed to marijuana, then to the use of other illegal drugs. The study reported that although this does not mean that the use of a particular drug invariably leads to the use of other drugs further along in the sequence, very few students progressed from using alcohol to so-called "hard" drugs (i.e. hallucinogens, amphetamines, heroin) without trying marijuana first (Kandel, 1975 cited in Atkinson, Atkinson and Hilgard, 1983).

**Table 4: Percentage of inmates who report having ever used each type of drug and the average age they reported commencing use**

	No. inmates (N = 181)*	%	Average age began using (in years)
Caffeine	170	93.9	11.5
Alcohol	169	93.4	16.0
Nicotine	167	92.3	14.0
Cannabis	139	76.8	15.5
Minor Analgesics	102	56.4	12.0
Amphetamines	78	43.1	19.0
Benzodiazepines	76	42.0	20.0
Heroin	72	39.8	18.0
Hallucinogens	70	38.7	17.5
Cocaine	49	27.1	20.0
Barbiturates	48	26.5	20.0
Other opiates	40	22.1	20.0
Inhalants	25	13.8	13.5
Anti-depressants	3	1.7	28.5

*% Who ever used drugs most frequently illegally used\*\**

97.3%

*\* Information from one respondent was unavailable.*

*\*\*This percentage includes those inmates who reported ever using any of the following drugs: cannabis; amphetamines; benzodiazepines; heroin; hallucinogens; cocaine; barbiturates; other opiates; and inhalants.*

#### **b) Drug use in the year prior to gaol**

In order to gain some insight into their patterns of drug use, we asked the inmates how often they used the fourteen different types of drugs in the year prior to their current imprisonment. Table 5 provides the percentage of inmates who reported using each drug daily; at least once a week but not daily; at least once a month but not weekly; less frequently than once a month and those who did not use these drugs in the year prior to imprisonment.

Table 5 suggests that the reported use of caffeine and nicotine on a daily or greater than once a week basis was very high amongst inmates. In regard to the other drugs, inmates were more likely to use alcohol (65.7%), cannabis (46.4%) and heroin (22.7%) on a daily or greater than once a week basis, than the other drugs prior to coming to gaol. In addition, a sizeable proportion (17.1%) reported frequent use of benzodiazepines in this period. Many research studies have shown that the frequent use of alcohol and/or heroin is quite common

amongst offenders (Indemauro and Upton, 1988; McLean, 1988; Miner and Gorta, 1986). As well, the drug cannabis has been long known to be a drug used socially and recreationally not only amongst inmates, but by the general population. For example, two studies conducted in 1985 and 1988 by the National Campaign Against Drug Abuse found that 28% of Australians had tried cannabis (Department of Community Services and Health, 1988).

However, our results do not seem to agree with recent studies that note an increase in the use of amphetamines amongst offenders (Harrison, 1988). Although 9.9% of the sample reported using this drug daily or more frequently than once a week, the results of the present study suggest that the use of benzodiazepines is more common.

When comparing the proportion of inmates who stated ever using a particular drug with the proportion of inmates who reported using these drugs regularly in the year prior to imprisonment, it appears that those received into gaol

had continued their use of cannabis, alcohol, caffeine and nicotine in the community. Approximately half those who had ever tried heroin and benzodiazepines were using these drugs at least weekly in the year prior to their imprisonment. Most inmates who reported having ever tried hallucinogens, barbiturates and inhalants did not report regular use of these drugs in the year prior to imprisonment.

intoxicated when these drugs are used in combination with other drugs.

### 3.3 Drug use and crime

Recent studies have shown that there is a relationship between the use of drugs and crime. In order to examine the relationship between the use of drugs and crime, inmates in

**Table 5: Frequency of drug use prior to gaol**

Frequency of use in percentages (N = 181)\*

	Daily	Weekly	Monthly	Yearly	Did not use
Nicotine	79.0	84.5	84.5	85.1	14.9
Caffeine	69.1	85.1	86.8	89.5	10.5
Alcohol	29.8	65.7	78.4	83.4	16.6
Cannabis	23.2	46.4	55.8	60.2	39.8
Heroin	17.7	22.7	24.9	27.6	72.4
Benzodiazepines	8.8	17.1	21.0	27.1	72.9
Other opiates	6.6	9.4	12.2	13.3	86.7
Cocaine	5.5	9.9	13.3	18.8	81.2
Minor Analgesics	2.2	10.0	27.1	44.2	55.8
Amphetamines	2.2	9.9	17.6	24.8	75.2
Barbiturates	2.2	7.2	11.1	13.3	86.7
Anti-depressants	1.7	1.7	1.7	1.7	98.3
Inhalants	1.1	1.1	2.2	4.4	95.6
Hallucinogens	0.6	2.3	5.6	13.3	86.7

\* Information from one case was unavailable

### c) Prescribed medication

Over one-fifth of the inmates (21.3%) stated they were using prescribed medication on the day they came to gaol. Interestingly, the most frequently mentioned types of medication were benzodiazepines used by 25 inmates (13.8%), methadone used by 8 inmates (4.4%) and other drugs including anti-depressants used by 6 inmates (3.3%). These drugs are those that inmates frequently report using prior to their offence or stating that their use of these drugs caused them problems. Of the inmates on prescribed medication, most (81.7% of those using prescribed medication) reported using drugs or alcohol in the 24 hours prior to committing their offence. Offenders may be affected by the drugs they are prescribed or may become

our study were asked whether they had used alcohol or any other type of drug(s) 24 hours preceding their current most serious offence. As well, inmates were asked whether they perceived that their current charge or offence was related to alcohol or other drug(s). The results of this analysis are discussed below.

**Table 6: Reported drug use 24 hours prior to most serious offence**

	No. inmates (N = 180)*	%	% of men (N = 170)	% of women (N = 10)
Alcohol	82	45.6	47.1	20.0
Heroin	29	16.1	15.3	30.0
Benzodiazepines	20	11.1	11.2	10.0
Cannabis	17	9.4	10.0	-
Amphetamines	4	2.2	2.4	-
Cocaine	1	0.6	-	10.0
Other opiates	5	2.8	2.9	-
Anti-depressants	3	1.7	1.8	-
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Alcohol only	60	33.3		
Other drugs only	44	24.4		
Alcohol and other drugs	22	12.2		
No drug used	54	30.0		

\* Information was unavailable for 2 cases

**a) Use of drugs 24 hours preceding most serious offence**

A large proportion of inmates (70%) reported using alcohol or other drugs in the 24 hours preceding their most serious offence/charge (see Table 6). Alcohol was reportedly used almost three times more often than heroin in this period. It is difficult to compare the differences between male and female inmates because of the small number of women interviewed. However it appears that males were more likely to report having used alcohol (47.1%) than females (20%). Conversely females were more likely to report using heroin (30%) than males (15.3%).

One hundred and twenty-six inmates reported using drugs in the 24 hours prior to committing their offence. Of these, 88 (69.8%) reported using alcohol either alone or in combination with other drugs. Inmates were equally likely to report using drugs in the 24 hours prior to their offence regardless of whether they were of Aboriginal descent. However of those who reported using drugs 24 hours prior to their offence, inmates of Aboriginal descent were more likely to report using alcohol prior to their offence (89.5%) than inmates of non-Aboriginal descent (60.4%). This difference was statistically significant ( $\chi^2 = 5.98, p < 0.025$ ).

**b) Reported most serious offence**

Self report data were collected about the inmate's current most serious offence. Table 7 outlines the offences reported by inmates and offence patterns related to drug use. Inmates were most likely to report being charged or sentenced with property offences (37.7%). When this category is expanded to include the more serious offence of robbery with assault (8.2%) almost half the sample reported committing these types of offences. Homicide and assault offences were reported by 18.1% of the sample.

Seventy per cent of the sample reported consuming drugs or alcohol in the 24 hours preceding their offence. (Patterns of drug use were discussed in more detail in the previous section.) The reported offence patterns were similar for inmates regardless of whether or not they reported consuming drugs in the 24 hours prior to their offence. That is, the type of offence committed does not appear to be associated with whether an inmate used drugs or not. However, there does appear to be an association between the type of drug used prior to an offence and the type of offence committed. In particular inmates were more likely to report committing property offences or robbery with assault if they stated consuming "other drugs"

such as heroin or benzodiazepines (56.8%) than if they reported consuming alcohol (35.0%). This difference was statistically significant ( $X^2_1 = 4.90, p < 0.05$ ). This was also the case when comparing those consuming both alcohol and other drugs (77.3%) to those using alcohol alone (35.0%). Again the difference was statistically significant ( $X^2_1 = 11.57, p < 0.001$ ).

**c) Inmates' perceptions of whether their imprisonment is related to alcohol or other drugs**

In this section we investigated inmates' perceptions of whether their imprisonment was related to alcohol or other drugs. Two-thirds of the sample (62.0%) who had been imprisoned

**Table 7: Drug use in the 24 hours prior to the Inmates' most serious offence**

	Total % (N = 182)	Inmates using drugs in 24 hrs prior to offence			
		Total% (N=126)	Alc. % (N=60)	*Drugs % (N=44)	*Both % (N=22)
Property	37.7	42.1	28.3	47.7	68.2
Homicide/Assault	18.1	20.6	31.9	15.9	-
Rob.with Assault	8.2	7.9	6.7	9.1	9.1
Drug-taking	8.2	6.3	3.3	11.4	4.5
Driving	6.0	7.1	11.7	2.3	4.5
Against Order	4.4	4.8	6.7	2.3	4.5
Other	4.4	2.4	-	4.5	4.5
Fraud	3.3	4.0	3.3	6.8	-
Sexual Offences	2.2	1.6	1.7	-	4.5
No information	9.3	3.2	6.7	-	-

\* "Drugs" includes: Benzodiazepines, Amphetamines, Cocaine, Cannabis, Heroin, Other opiates and Anti-depressants. The "Both" category includes both alcohol and other drugs.

Inmates who reported using alcohol prior to their offence were more likely to report committing homicide, assault or like offences (31.9%) than those who used "other drugs" (15.9%). This difference was not quite statistically significant ( $X^2_1 = 3.36, 0.05 < p < 0.1$ ).

Property offences and robbery with assault were more likely to be committed by inmates under 30 years of age (59.4%) when compared to the proportion of older inmates committing these types of offences (27.1%). This difference was statistically significant ( $X^2_1 = 3.90, p < 0.05$ ). Inmates who were under 30 years and consumed drugs other than alcohol or alcohol and other drugs in combination were more likely to commit property offences (77.5%) than other inmates (40.0%). This difference was statistically significant ( $X^2_1 = 9.29, p < 0.005$ ). Drug use and age interact to a certain extent with the type of offence committed.

before, claimed that their previous imprisonment was related to alcohol or other drugs. A similar proportion of inmates perceived that their **current** imprisonment was related to alcohol or other drugs (61.7%).

Table 8 outlines a more concise picture of inmates who stated that their imprisonment was related to alcohol and other drugs. Approximately one-quarter of the sample stated that their imprisonment was related to alcohol only and a similar proportion stated their imprisonment was related to other drugs only. Seven per cent of inmates stated their imprisonment was related to both alcohol and other drugs. These findings are similar to previous studies in N.S.W. mentioned in more detail in the introduction. However, the current results indicate a lower use of drugs other than alcohol.

Twenty-four inmates (13.3% of the sample) stated that they used alcohol or other drugs prior to committing their offence but that their drug



**Table 8: Percentage of Inmates who reported that their imprisonment was related to their drug use**

	No. Inmates (N = 180)*	%	% Men (N=170)	% Women (N=10)
Alcohol	64	35.6	37.6	-
Heroin	33	18.3	17.6	30.0
Benzodiazepines	15	8.3	7.6	20.0
Cannabis	10	5.6	5.9	-
Barbiturates	1	0.6	0.6	-
Amphetamines	6	3.3	3.5	-
Cocaine	6	3.3	2.4	20.0
Other opiates	2	1.1	1.2	-
Anti-depressants	1	0.6	0.6	-
<b>Total</b>	<b>138</b>			
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Alcohol only	52	28.9		
Other drugs only	47	26.1		
Alcohol and other drugs	12	6.7		
Not related	69	38.3		

\* Information from 2 cases was unavailable

use was not related to the offence. Conversely approximately seventeen per cent of inmates stated that although they were not using drugs within 24 hours of their offence, their offence was related to drug use.

Inmates of Aboriginal descent were more likely to perceive that their imprisonment was related to their drug use (81.8%) than inmates of non-Aboriginal descent (58.6%). This difference was statistically significant ( $X^2 = 4.39$ ,  $p < 0.005$ ). In particular, inmates of Aboriginal descent were more likely to state their imprisonment was related to alcohol use (88.9%) than inmates of non-Aboriginal descent (51.1%). This difference was statistically significant ( $X^2 = 8.79$ ,  $p < 0.005$ ).

When asked to specify how their offence was related to drug use, half the respondents stated simply that they were under the influence of drugs at the time of the offence (52.5%), 19.4% of inmates stated they committed the offence to obtain money for drugs and 14.8% of inmates stated they were both under the influence and needed money for drugs. The remaining 13% of inmates did not specify how their charge or offence was related to drug use.

Of the 106 inmates who had been sentenced before, the majority who stated that their previous sentence was drug related also stated that their current sentence was related to their use of drugs and twenty-eight inmates stated that neither their previous nor their current sentences were drug related.

**Table 9: Percentage of Inmates stating their imprisonment was related to drug use**

	(N=106)	%
Both current & previous/sentence	58	54.7
Current charge/sentence only	8	7.5
Previous charge/sentence only	12	11.3
Neither sentence	28	26.4

### 3.4 Perceptions of drug dependency

Inmates were asked whether they had experienced or expected to experience withdrawal from alcohol or other drugs due to imprisonment and whether they considered themselves dependent on any types of drugs.

**a) Withdrawal**

One-third of the sample stated that they were experiencing or expected to experience withdrawal from alcohol or other drugs upon being imprisoned. Table 10 provides more information. Inmates were most likely to state that they experienced withdrawal or anticipated withdrawal from heroin (16.2%). This was followed in frequency by withdrawal or anticipated withdrawal from alcohol (12.8%). Of interest to note is that inmates were three times more likely to report using alcohol than heroin prior to committing an offence (Table 6). Despite this difference, the percentage of inmates stating that they were experiencing withdrawal from either alcohol or heroin is similar.

Inmates were asked to specify which drug they believed they were most dependent on. Eight inmates stated they were dependent on more than one type of drug (excluding alcohol) and nine inmates stated being dependent on alcohol and another drug. There was a drop in the number of inmates stating they were dependent on alcohol when inmates who stated they were dependent on more than one drug were asked to specify their drug of greatest dependence. The same drop occurred to a lesser extent, in the number of inmates reporting benzodiazepines as their drug of greatest dependence. It appears that for these inmates heroin is the drug on which they are most dependent. This is of interest as alcohol and

**Table 10: Percentage of inmates' experiencing/anticipating withdrawal from drugs**

	No. inmates (N=179)*	%
Heroin	29	16.2
Alcohol	23	12.8
Benzodiazepines	9	5.0
Other opiates	3	1.7
Cocaine	2	1.1
Cannabis	2	1.1
Amphetamines	1	0.6
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Other drugs	34	19.0
Alcohol	20	11.1
Both	3	1.7
No withdrawal	122	68.2

\* Information from 3 cases was unavailable

**b) Dependence**

Inmates were asked if they thought they were dependent on any drugs. Almost half the sample (45.8%) stated that they thought they were dependent on alcohol or other drugs. Table 11 provides more detail. Inmates were most likely to report being dependent on alcohol and/or heroin. Half the inmates who stated that they were dependent on drugs (including alcohol) also stated that they thought this dependence had occurred by the time they were eighteen years of age.

benzodiazepines are in theory more accessible in the community than heroin. Inmates' perceptions of dependence may be related to accessibility. Inmates may not be aware of the extent of their dependence because they have not had to do without drugs such as alcohol in the community.

Ninety-seven inmates stated that they were not dependent on either alcohol or other drugs. Of these inmates forty-four (45.4%) stated that although they were not dependent, their prison sentence was still related to their drug use. Twenty-five of these inmates (25.8%) reported

using alcohol prior to their offence. That is, a number of inmates perceived alcohol to be related to their imprisonment. These inmates did not, however, identify themselves as being dependent on alcohol.

Also of interest to note is that 4.5% of the sample expected to experience withdrawal from drugs but did **not** consider themselves dependent on drugs. A further thirty-three people (18.4%) stated they **were** dependent on drugs but did not anticipate withdrawal. Inmates appear to be differentiating between the physical and psychological aspects of withdrawal.

problems. Problems associated with heroin use were also frequently mentioned. Table 12 illustrates the percentage of inmates reporting problems with particular drug types in more detail.

The age inmates reported first experiencing problems with their drug use was similar to that of the age inmates reported experiencing dependence. One-third of those experiencing problems with drugs stated these problems had begun by sixteen years of age. Half of those with problems reported experiencing these problems by eighteen years of age. The type of

**Table 11: Inmates stating they are dependent on drugs**

	Dependence on drugs		Drug of greatest dependence	
	No. inmates (N=179)*	%	No. inmates (N=179)*	%
Alcohol	36	20.1	26	14.5
Heroin	33	18.4	32	17.9
Benzodiazepines	10	5.6	4	2.2
Opiates	8	4.5	7	3.9
Cannabis	4	2.2	-	-
Nicotine	4	2.2	4	2.2
Amphetamines	3	1.7	1	0.6
Cocaine	3	1.7	2	1.1
Analgesics	1	0.6	1	0.6
Antidepressants	1	0.6	1	0.6
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Alcohol only	27	15.1		
Other drugs only	46	25.7		
Alcohol/drugs	9	5.0		
No dependence	97	54.2		

### 3.5 Perceived problems of drug use

Inmates were asked if alcohol or other drugs had caused them problems in the last twelve months. More specific questions were then asked to differentiate the problem areas. Most of the sample (59.2%) stated that they had experienced alcohol or other drug-based problems in the past twelve months.

#### a) Drug use which caused problems

Alcohol was most frequently mentioned by inmates as the drug causing problems and more specifically the drug causing the most serious

drug inmates report experiencing problems with does not appear to be associated with the age inmates report that these problems began.

Inmates were asked to identify the drug causing most serious problems for them. Approximately one-quarter of the sample stated alcohol was causing them the most serious problems. A similar number of inmates stated other drugs were causing them most serious problems. A small percentage of inmates (5%) stated that they experienced problems with both alcohol and other drugs. Inmates were more likely to identify their drug use as "a concern" or state that they experienced "problems" because

of their drug use than to talk about "dependence" on drugs.

Inmates gave a variety of responses as to why they continued their drug use despite the problems it caused. The analysis of these responses is presented below.

Of those inmates who reported that heroin had caused them problems, a large proportion reported an inability to stop using simply because they were "addicted" to heroin. Those who provided any elaboration on why they continued their drug use fell into several distinct groups:

- those who were worried by the physical consequences of not using; "to stop being sick", "pain relief", "gets rid of migraine headaches in two seconds";
- those concerned with psychological factors; "gets rid of my fears", "makes me feel good/better", "for the high", "psychologically need it to survive", "escape reality", "need it to get through the pressure of the day";
- those who located the need external to their own control; "peer pressure", "no way to get out of the lifestyle" and
- those who apparently hadn't really thought about their drug use at all (let

alone it being a problem) "if it's there I'll take it", "something to do", "nothing else to do", "because it's there".

These areas were mirrored, to an extent, by those who stated alcohol had caused them problems. However, the answers provided, on the whole, tended to be more thoughtful and insightful. Inmates spoke about continuing use "to dodge facing problems" and "to wipe bad thoughts and feeling from (my) head". Others stated: "I drink when I get upset" and "when I'm worried I drink". A large proportion still saw their "problem" in positive terms: "because I like the feeling", "I enjoy it", with ten respondents reporting that they continued to drink for "relaxation". Those with a self identified alcohol problem also reported a strong link between drinking and being part of a group: "to be part of the crowd", "to be part of the gang", "the boys ask so I go", "good times", "to keep interaction with peers". This was amplified by other comments which included a need "to overcome shyness", and to escape their "loneliness".

The other drug categories reflected use in terms of either the clinical reason that is often cited for beginning prescription use, or the physical and psychological dependency that is often associated with these drugs:

**Table 12: Percentage of inmates stating their drug use had caused them problems in the past 12 months**

	Problem drugs		Most serious problem drug	
	(N=179)*	%	(N=179)*	%
Alcohol	58	32.4	51	28.5
Heroin	35	19.6	35	19.6
Benzodiazepines	10	5.6	6	3.4
Cannabis	10	5.6	3	1.7
Amphetamines	7	3.9	4	2.2
Cocaine	4	2.2	3	1.7
Opiates	4	2.2	1	0.6
Anti-depressants	1	0.6	1	0.6
Nicotine	2	1.1	2	1.1
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Alcohol only	49	27.4		
Other drugs	48	26.8		
Alcohol/other drugs	9	5.0		
No problem	73	40.8		

*\*Information from 3 cases was unavailable*

- serepax - "to slow down";
- rohypnol - "depression relief";
- amphetamines - "makes me motivated", "hooked on it";
- cocaine - "to feel good", "to cope with everyday hassles", "to rage";
- cannabis - "takes your worries away", "makes you laid back";
- valium - "physically dependent".

As is the case with all content analysis of open-ended questions, at one extreme there are as many categories of answer as there are people who answered. The "addiction" reported by the heroin users sampled would often seem to be firmly based on full acceptance of its use "because I love it", although the need to "escape reality" brings a harsh reminder that certain users often see that they have limited choices to make in this regard, they feel they have "no way to get out of the lifestyle".

The responses by those who use alcohol demonstrate their reasons for continued use in terms of the "socially acceptable" framework that surrounds their use, "it's just natural" to use it for "relaxation". It was interesting to note a tendency by those who used alcohol to stress the gregarious nature of their alcohol use whereas the other drug users invariably related their drug use to an individual experience rather than group activities.

**b) Types of problems inmates reported experiencing as a result of drug use**

Inmates were asked in more detail about the problem areas associated with their drug use. This included both open-ended and forced-choice responses. Table 13 illustrates the responses to the closed questions. One-hundred and six inmates stated that their drug use had caused them problems. Of these, 49 inmates stated their problems were from alcohol only, 48 inmates from drugs other than alcohol and 9 inmates from both alcohol and other drugs. Seventy-three inmates stated that they had not experienced problems from drug use.

Despite a greater number of inmates stating that alcohol was the drug causing the most serious problems for them, these inmates were less likely to outline the specific problem areas caused by drug use. Inmates stating that drugs other than alcohol (or both alcohol and other drugs in combination) caused them the most problems were more likely to state experiencing problems with their health ( $X^2_1 = 7.932, p < 0.005$ ) and emotional problems ( $X^2_1 = 4.031, p < 0.005$ ).

Inmates nominating heroin as the drug causing most serious problems were also more likely than other inmates to state that their drug use caused problems with their family relationships ( $X^2_1 = 4.181, p < 0.005$ ), relationships with friends ( $X^2_1 = 11.676, p < 0.001$ ) and financial difficulties ( $X^2_1 = 7.808, p < 0.01$ ).

**Table 13: Areas causing problems due to drug use**

Problem area	(N=179)*	%	Drug use causing problems (N=106)		
			Alcohol only (N=49) %	Other drugs (N=48) %	Both (N=9) %
Behavioural	95	53.1	81.6	89.6	77.8
Financial	81	45.3	65.3	81.3	66.7
Family/partner	80	44.7	69.4	83.3	55.6
Emotional	79	44.1	63.3	79.2	88.9
Work/study	73	40.8	53.1	79.2	88.9
Health	71	39.7	49.0	77.1	66.7
Friends	51	28.5	34.7	60.4	44.4
No Problems	73	40.8			

\*Information from 3 cases was unavailable

The open-ended questions allowed inmates to provide more detail about the problem categories listed in Table 13. An analysis of the open-ended questions is presented below.

Inmates were asked: "During the past year has your use of (problem drug) affected your behaviour in any way?".

The responses to this question must be viewed with caution. Due to an administrative problem, probes to this question that were included for the interviewer were in fact used to prompt the respondent. As a result there was a recency effect operating with this question in that the last probe (printed on the questionnaire) "more aggressive" was reported by 15 heroin users and 30 alcohol users. Other probes also featured very highly in the response with 5 heroin users reporting feeling "more lethargic" (the first printed probe) and 7 stating they felt "more relaxed" (the middle printed probe). Five respondents with an alcohol problem also reported feeling "more relaxed". Heroin users also used a series of synonyms for the probes in reporting behaviour change which included "lazy" (2), "apathetic", "passive" and "disinterested".

It is unfortunate that this question was affected in this way as the information sought would have been of great interest. As it is, the question should be considered to be of a forced-choice type question as the probes featured so highly. It is assumed that the interviewers inadvertently used the probes as a form of "tick-a-response" dialogue. Appropriate caution should be exercised in interpreting the results.

Inmates were asked: "During the past year has your use of (problem drug) affected you financially in any way?"

Response to this question was limited to a relatively few categories. Heroin users invariably reported that they used "all (their) money plus more to pay for drugs" (17 cases). This was substantially matched by those who reported an alcohol problem who "spent all (their) money on alcohol" (9 cases). However alcohol users reported more frequently that their alcohol use "caused debts" (8 cases) compared to heroin users (3 cases).

Inmates were asked: "During the past year has your use of (problem drug) affected your relationship with your family or partner in any way?".

Heroin users most often reported a break down in communication with members of their family or partners as a consequence of their drug use, also frequently reported was a general increase in the number of arguments they had. Heroin users also reported the more specific problem of their families or partners no longer wanting to have anything to do with them because of their drug problem: "they don't want to know me anymore". Apart from an increased "lack of trust" by family members felt by heroin users, the other dramatic effect of their drug use appeared to be the enforced separation of the user from their family by the fact of their imprisonment. It is interesting to note the perception that it is the imprisonment itself that is blamed for the "strained relationships" with family rather than the actual drug taking behaviour which led to their imprisonment. Similarly there is a perception of one-way cause and effect of drug use leading to family problems rather than family problems leading to drug taking.

In contrast, those who reported an alcohol problem seem to readily acknowledge that their addiction to alcohol has directly led to family problems. "Marriage fell apart", "separated", "girlfriend left", "ended de-facto relationship", are all seen as direct consequences of the individual's use of alcohol. These types of direct response were not present in the replies from the heroin users.

Those who considered they had problems with the other drug categories also reported similar responses of problems in communication with their families and the resultant lack of support that they now felt was directed towards them.

Inmates were asked: "During the past year has your use of (problem drug) affected your mental/emotional wellbeing in any way?".

A large range of changes in mood state were reported by heroin users who provided an answer to this question. These fell into areas ranging from:

- heightened states of awareness, "more relaxed", "felt hopeless", "depressed,

anxious, low esteem", "makes me more confident", "more aggressive", "sends me aggro", "more passive", "makes me feel invincible", (a spectrum of response in its own right)

to

- a lack of awareness of their own actions, "don't care about the consequences", "you don't care about anyone/anything else", "don't talk to people", "I'm scattered", "I don't think straight", "mentally unstable".

Several inmates reported on the pressures to commit crime, "makes you commit crime (3)", "turned me into a deviant", "more criminally oriented".

Those reporting problems with alcohol seemed to centre on feeling more aggressive (11) and the realisation that alcohol had just generally caused them problems, including feeling depressed (9).

Inmates were asked: "During the past year has your use of (problem drug) affected your ability to work or study in any way?".

Eleven heroin users and 12 alcohol users stated that they were "unable to hold down a job" (the last printed probe). When this is combined with a response by 10 heroin users and 4 alcohol users that they were "unable to concentrate" (the first printed probe), very little unprompted data were obtained.

Several interesting responses by heroin users stressed that it would be virtually impossible for a heavy heroin addict to obtain sufficient funds by simply working at a normal job for example: "I was spending \$300 a day on drugs ... you can't make that in a week working", "you can't work ... you have to steal to support (a) habit".

Four respondents with an alcohol problem were quite direct in stating that they "lost (their) job through drinking", with one other respondent now being "on a pension" because of his alcohol use.

Inmates were asked: "During the past year has your use of (problem drug) affected your physical health in any way?".

For those whose problem drug was stated to be heroin, the vast majority (twenty) of those

who answered, reported weight loss as a consequence of using heroin. It is assumed that neglect of proper food intake either in order to obtain more heroin or simply because heroin use makes them unconcerned about eating is why this weight loss occurs rather than any intrinsic property of the drug itself.

Although the loss of weight was reported as affecting the individual's physical health, possibly through a sub-standard intake of vitamins leading to other related physical ailments, other specific physical problems were also reported and included:

- liver damage;
- kidney problems;
- blurred vision;
- general muscle aches and pains;
- loss of energy/run down.

Inmates who stated they were having problems with amphetamines, benzodiazepines, rohypnol and nicotine also reported weight loss problems. A cocaine user reported sinus, liver and skin problems, while a speed user reported sleep problems.

Inmates who stated having problems with alcohol reported a series of specific physiological troubles that included:

- liver damage;
- skin problems;
- nerves;
- mental blackout/memory loss;
- heart problems;
- a more general response of feeling "not fit".

Inmates were asked: "During the past year has your use of (problem drug) affected your relationship with your friends in any way?".

Most heroin users reported that they had lost all their friends (13 cases), although of those few who said that their drug habit had not affected their friendships nearly all admitted that these friends were also heroin users. However, one heroin user also reported that "no real friendship exists between addicts".

A majority of those with an alcohol problem reported that they were more "aggressive towards their friends". Several also reported

losing their friends although an individual reported that "all my friends drink with me".

Inmates were asked: "Are there any other ways that your use of (problem drug) has affected you in the past year?"

This question produced several unique responses by the heroin users in particular. Major problems reported by heroin and alcohol users alike included the fact that they were "sent to prison" (heroin 7 cases, alcohol 2 cases). Individual heroin users reported:

- "a negative self-image";
- "loss of self-esteem";
- "unable to show feelings and emotions";
- "confined me to live on the street";
- "unable to communicate with people ... especially straights".

**c) Perceived health risk of drug use**

Inmates were asked to nominate the health risk they thought would occur with the daily use of particular drug types. Table 14 illustrates inmates' responses. Health risk was calculated using a five point scale ranging from an "extremely high health risk" to "no health risk". The drugs most likely to be seen as an extremely high health risk included heroin, inhalants, hal-

lucinogens, other opiates, cocaine and amphetamines. Between half and three-quarters of the sample stated that these drugs were an extremely high health risk.

Most of the inmates thought that barbiturates, benzodiazepines, alcohol and nicotine were a high to extremely high health risk. One-third of the sample stated that marijuana was a high to extremely high health risk. In comparison, approximately only one-fifth of the sample thought caffeine and minor analgesics were a high to extremely high health risk.

**3.6 Past treatment for drug use and present treatment goals**

Over one-third of inmates in the sample (38.5%) reported having previously sought treatment or having asked for help regarding their use of alcohol or other drugs. This was two-thirds (65.1%) of those stating that they had experienced alcohol or other drug problems in the last twelve months. Table 15 below lists the type of help or treatment inmates reported experiencing. The most frequently mentioned treatment types were counselling, Narcotics Anonymous, Alcoholics Anonymous and a detoxification unit.

**Table 14: Perceived health risk associated with the daily use of drugs**

Drug type	Health risk (N=182)					missing
	1	2	3	4	5	
Heroin	73.6	9.3	1.6	4.4	10.4	0.5
Inhalants	70.3	12.1	3.3	1.1	9.9	3.3
Hallucinogens	65.9	15.9	3.8	1.1	9.9	3.3
Cocaine	59.3	21.4	4.9	2.7	9.3	2.2
Other opiates	59.3	17.6	5.5	5.5	9.3	2.7
Amphetamines	51.1	28.6	7.1	1.6	9.3	2.2
Barbiturates	41.8	32.4	10.4	3.3	8.8	3.3
Benzodiazepines	40.7	28.0	15.9	3.8	8.8	2.7
Alcohol	31.3	31.9	19.8	9.9	6.6	0.5
Nicotine	22.0	39.0	20.3	9.9	8.2	0.5
Cannabis	15.9	18.7	21.4	24.2	19.2	0.5
M. Analgesics	10.4	13.2	20.9	29.1	23.6	2.7
Caffeine	3.8	12.6	25.3	33.0	25.3	-

1=Extremely high health risk; 2=High health risk; 3=Moderate health risk; 4=Low health risk; 5=No health risk.



**Table 15: Type of help or treatment inmates had tried**

Treatment	No. inmates (N = 179)*	%
Counselling	32	17.9
Narcotics Anonymous	24	13.4
Alcoholics Anonymous	24	13.4
Detoxification	22	12.3
Family support	20	11.2
Doctor	18	10.1
Therapeutic community	18	10.1
Clinic	15	8.4
Group therapy	13	7.3
Methadone maintenance	13	7.3
Friends' support	13	7.3
Hospital	10	5.6
Relaxation	8	4.5
Methadone withdrawal	4	2.2
Hypnosis	2	1.1

\*Information from 3 cases was unavailable

Generally inmates were positive about their treatment, that is, 62.3% of those who had sought treatment stated that they had benefited by it. Treatments were said to be of benefit for a variety of reasons. There was, however, no apparent association between the type of treatment received and the benefit felt. This is not surprising given the general nature of the question.

To stay straight (usually specified as short-term) or to decrease drug use was mentioned most frequently (by 23 inmates) as a benefit of treatment. Two inmates stated they had remained sober for several years. Several inmates (12) stated that the treatment they received gave them "insight into the problem", "led to a more positive attitude" and "self-awareness". Eight inmates spoke more specifically about the benefits of communication they experienced during treatment, the "identity with others", "talking to people who understand" and "being able to talk one-to-one with people". Three inmates commented that treatment provided them with medication for withdrawal.

Almost half the sample, (79 inmates) stated that they would like treatment while in gaol. Most of these inmates suggested one-to-one counselling as preferential. However, inmates appear to have limited imagination in the types

of drug treatment that they would find beneficial, generally opting for those which are currently available in the prison system. Table 16 outlines the types of treatments inmates stated they would like to receive while in prison.

Fourteen inmates commented on ways which treatment did not help them. The responses are not representative of all inmates who had tried treatment. Due to an administrative problem, information was only analysed for inmates who had also stated that the treatment had affected them positively in some way. Analysis of the negative effects of treatment would have been biased as this information was only recorded for those who also stated treatment had a positive effect.

**Table 16: Types of treatment inmates would like to receive while in prison**

	No. inmates (N = 179*)	%
One-to-one counselling	57	31.8
Group therapy	28	15.6
Methadone	23	12.8
Narcotics Anonymous	18	10.1
Alcoholics Anonymous	18	10.1
Therapeutic community	10	5.6

\*Information from three cases was unavailable

## DISCUSSION

The present study had three aims; to examine the extent of drug use (both legal and illegal) by N.S.W. prisoners prior to incarceration, to document the types of drugs offenders report using and to outline the perceived effects of this drug use on inmates. The extent of drug use was examined using a number of measures including: frequency of drug use in the year prior to imprisonment; drug use in the twenty-four hours prior to the offence and inmates' perceptions of whether their imprisonment was related to their drug use. These questions also provide information about the types of drugs used. Specific questions were then asked to determine whether inmates perceived that their prior drug use had caused them any physical or psychological problems.

The study was based on self-report data from a sample of 182 new receptions into N.S.W. prisons over a specified two-week period. We have no way of determining the representativeness of the sample other than to say that the gaols at which the interviews were conducted were the major reception gaols in the state. Further, there are a number of inherent problems in conducting research in the area of drug use: no centralised documentation of use, the sensitivity of the topic area, particularly illicit drug use and practical barriers to data collection due to the management of the prison (for example, gaining access to inmates, co-ordinating staff and lack of available staff). As it stands, the research project should be considered a pilot study. That is, a base of information from which future research may be directed to obtain more specific and accurate responses.

Before discussing the implications of the findings of this study, several points must be made regarding the administration and methodology of the study. Firstly, greater time and planning with the key staff involved in the study (primarily the Drug and Alcohol workers and the officers in charge of new receptions) was needed. It is thought that a face-to-face meeting with the staff involved, outlining the aims and reasons behind

the study would have ensured greater co-operation. To eliminate interviewer bias, a training session with the interviewers should have taken place. This would have allowed familiarisation with the questionnaire, an explanation of the rationale and a chance to emphasise interviewing techniques such as recording the subjects' responses verbatim. Secondly, a greater number of interviewers was required. This would have enabled more questionnaires to have been completed. The drug and alcohol workers may have tried to conduct interviews in addition to their existing workloads and as a result, in some gaols the response rate was low. Finally, if comparisons between men and women are of interest, a larger sample of women inmates is necessary. This could have been achieved by having at least one extra interviewer at the women's prison to increase the response rate. It is thought that these steps would have helped provide more timely and accurate data in the current project and, that these are necessary steps to be taken in conducting future research.

### EXTENT OF DRUG USE

Research studies generally agree that the extent of drug use, particularly alcohol and heroin use, is high amongst offenders. These studies have explored drug use with a variety of methods: structured interviews, scales and self-report data. As different methodologies have been used, frequently these studies are not directly comparable. Further, while a number of in-depth studies have been conducted into the impact of use of a particular drug, few general studies have been conducted obtaining an overall picture of drug use and its impact on inmates.

If the findings of this study can be taken at face value, it appears that almost one-third of the sample used alcohol, one-quarter of the sample used cannabis and one-fifth of the sample used heroin at least daily in the year prior to committing their offence. Alcohol use in this sample is much lower than that reported by Lightfoot and Hodgins (1988) who found that 75-80% of their Canadian sample of inmates reported drinking daily. Almost three-quarters of the sample reported using alcohol or other drugs in the 24 hours prior to their offence.

Two-thirds of the sample stated that their current offence was related to their use of alcohol or other drugs. The number of inmates stating that their imprisonment was related to their use of alcohol (29%), or both alcohol and other drugs (7%) was similar to that reported by Travis and Porritt (1987). Travis and Porritt reported a greater number of inmates stating their imprisonment was related to the use of drugs other than alcohol (42% compared to 26%).

The current study included inmates' perceptions of withdrawal and dependency as an indication of the extent of drug use. The results of this study are not directly comparable to others on this measure. Inmates in this study were asked simply whether they thought they were dependent on drugs and if so, which drugs. A similar question was asked of withdrawal. Of those studies which have investigated dependence and withdrawal, it is usually alcohol that has been studied, using scales such as MAST or the Alcohol Dependence Scale. Inmates in the current study were most likely to report having experienced or be anticipating withdrawal from heroin (16%) and/or alcohol (13%). Inmates were also most likely to report being dependent on alcohol (20%) and/or heroin (18%).

Despite inmates reporting similar patterns of dependency and withdrawal from alcohol and heroin, when looking at drug use more generally, inmates were less likely to identify themselves as being dependent on alcohol than other drugs. For example of the sixty-four inmates who stated their current offence was related to their use of alcohol, only thirty-six inmates stated being dependent on alcohol. In comparison fifty-nine inmates stated their offence was related to their use of drugs other than alcohol while fifty-five inmates stated being dependent on drugs other than alcohol. Inmates appear to define their use of alcohol differently from their use of other drugs.

### **FREQUENCY OF DRUG USE**

Alcohol and heroin were the drugs reported as being used most frequently amongst inmates in this sample. As mentioned in the introduc-

tion, other studies indicate an increase in the use of amphetamines amongst the offender population in Australia. The findings of this study do not however agree. Although a number of inmates reported having tried amphetamines (43%), only 10% reported using amphetamines regularly, that is, more frequently than once a week in the year prior to imprisonment. Only 2% of the sample stated using amphetamines in the 24 hours prior to their offence.

What is rarely addressed in the literature, but findings from this study indicate, is the more frequent use of benzodiazepines. Forty-two per cent of inmates reported having tried benzodiazepines. This is similar to the number who reported having tried amphetamines. A number of inmates (17%) reported using benzodiazepines at least weekly in the year prior to imprisonment and 11% in the 24 hours prior to their most serious offence. Despite this, only 6% of inmates stated that their use of benzodiazepines caused them problems.

The use of and problems associated with benzodiazepines may be underestimated. Interestingly, 8% of inmates reported they were prescribed benzodiazepines prior to their imprisonment. Inmates may not have needed to address the problems associated with their use of benzodiazepines as they may not have had to address an obvious indicator of difficulty associated with drug use, the lack of availability of the drug.

### **PROBLEMS ASSOCIATED WITH DRUG USE**

The present study indicated that 59% of inmates stated their drug use had caused them problems in the past 12 months. The frequency of these problems was spread equally between alcohol and other drugs (predominately heroin). This is lower than the results reported by Lightfoot and Hodgins. Three-quarters of their Canadian sample stated experiencing at least one problem as a consequence of their alcohol use. The data from other Australian studies are not directly comparable as they outline different problem areas associated with alcohol use.

The use of alcohol seems to be associated with aggression. Inmates were twice as likely to state that alcohol made them feel aggressive when compared to the number of inmates stating that heroin made them feel aggressive. (As stated earlier this particular statement must be viewed with caution as it was these behavioural results that suffered interviewer bias.) The theme of aggression continues when those with alcohol problems were asked about the impact of alcohol use on their mental/emotional well-being and their relationships with their friends. Further, inmates who reported consuming alcohol prior to their offence were more likely to commit crimes against person such as homicide, assault or related offences than other inmates. (This difference was not quite statistically significant.) Despite a large proportion of inmates in the present study stating that their use of alcohol had caused them problems, these inmates were less likely than inmates stating they experienced problems with drugs other than alcohol to identify specific problem areas. This was particularly the case in identifying health and emotional problems.

Those with alcohol or heroin problems were equally likely to report difficulty in holding down a job. Twice as many heroin users stated that they spent all their money on drugs but those with an alcohol problem were more likely than heroin users to state that their drug use caused them debts. Financial problems appear to be associated directly with the level of consumption of drugs, that is, inmates spend most of their money and more on financing their drug habit. Access to work in prison would enable inmates to use their time constructively and ideally give them both a financial base and job skills when leaving prison.

A large number of inmates appear to have alcohol and other drug-related problems when observing inmates' perceptions of whether drug use was related to the offence and the perception that drug use had caused problems in the past twelve months. These problems, although most likely to be associated with alcohol or heroin, cover a wide variety of drugs used either in combination or alone. Approximately two-thirds of inmates with alcohol or other drug

problems have attempted to address these problems, usually through one-to-one counselling, Narcotics Anonymous or Alcoholics Anonymous.

Most of these inmates report that their drug use causes problems that relate to personal development. That is, the behavioural and emotional problems and the problems in relationships that inmates report experiencing with either their family, partner or friends, were usually expressed as difficulties in communication, the expression of emotion, particularly anger, and other inter-personal skills. Although inmates state that their drug use causes these problems, it may be that inmates turn to the use of drugs to mask the problems they are unable to solve. General programmes addressing areas of personal growth and communication may enable inmates to develop skills to acknowledge and begin dealing with the problems they state experiencing. Inmates state that they want access to programmes such as Narcotics Anonymous, Alcoholics Anonymous and counselling. These programmes should be made available to inmates in all prisons.

In conclusion, the findings of this study are in tune with other studies which indicate that a sizeable proportion of inmates are using drugs frequently prior to their imprisonment and believe their imprisonment is related to their drug use. Further, many of these inmates can identify specific problem areas in their personal and social lives that result from drug use. Typically the drugs most frequently used are heroin and alcohol. Given the extent of drug use amongst inmates and the apparent willingness of these inmates to attempt to address their problems, inmates should have access to a wider variety of personal development programmes in addition to general alcohol and other drug-related programmes. There remains wide scope to further explore both existing drug services and inmates' knowledge of and attitudes to these services.

## RECOMMENDATIONS

The current study was a pilot study, that is, an update and extension on previous research and an attempt to outline possible direction for future research. Even so, a number of basic recommendations can be made from the results of the report.

1. Continued collection of basic drug usage statistics is necessary. This includes information on the frequency and types of drugs used prior to committing an offence and prior to imprisonment, whether drug use is related to imprisonment and the problems caused by drug use. This information should be collected by the Drug and Alcohol workers based in prison. A meeting with the workers should take place to allow standardisation of this collection procedure.
2. The collation of drug use statistics would enable the more accurate identification of: trends in drug use within the prison population and of drug-related crime; changes in usage patterns over time and identification of needs in treatment.
3. An increase in time and financial resources should be allocated to alcohol and other drug services within prison to ensure that at the very least inmates have access to regular individual counselling, Narcotics Anonymous and Alcoholics Anonymous on request.
4. An increase in the availability of group therapy programmes is necessary. These programmes should address, in particular, personal development and communication skills. The areas covered should include: expression of emotion, particularly anger, problem solving skills and relaxation techniques.
5. Future research could be directed at the availability and utilisation of existing services, together with a more in-depth look at the needs of those with drug problems in prison.

This would ensure the most efficient use of limited resources. The information collected should be stored centrally, for example on a computer database.

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# APPENDIX A

## Drug Use Questionnaire

Hi, I'm.....,

Over the past decade there has been a lot of interest in the use of drugs in our society. Almost everyone uses some kind of drugs, whether it's coffee, tea, aspirin, alcohol, illegal drugs, or drugs prescribed by a doctor. We are conducting some research on the use of drugs amongst people who come to gaol. We would like to find out what kind of drugs you've used and how much you know about drugs generally. All your answers will remain anonymous and will be used for research purposes only. No names are on the questionnaire. The questionnaire will only take thirty minutes to complete, and if there are any questions you don't want to answer you don't have to. Is that OK with you?

Please ensure that respondent knows the questionnaire is **confidential and voluntary**.

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Interviewer's name: .....

Prisoner sentenced/on remand: .....

Gaol: .....

Date: .....

Q.1. Sex (please circle)

Male  
Female

Q.2. What is your age in years? .....

Q.3a. What country were you born in? .....

Q.3b. Are you of Aboriginal or Torres Strait Islander descent? (please circle)

Yes  
No

Q.4. Are you now: (please circle)

- 1. Married
- 2. In a de facto relationship
- 3. Single
- 4. Other .....

Q.5. Were you on any type of prescribed medication on the day before you came to gaol? (please circle)

Yes  
No

*If no, go to Q.6.*

(i) If yes, which type(s)? .....

(ii) How long have you been on this medication? .....

(iii) What is it prescribed for? .....

.....

.....



**Q.6.** I am now going to show you a list of drugs. For each drug I would like you to tell me whether you think it would be a health risk to have it every day. We are just interested in your opinion, no answer is right or wrong. For each of the following drugs would you say that it was an extremely high health risk, a high health risk, a moderate health risk, a low health risk or no risk at all to have every day.

Extremely high health risk	5
High health risk	4
Moderate health risk	3
Low health risk	2
No health risk	1

OK, If you had caffeine everyday (show drug card), would you say that it was: (show card with levels of health risk).

*(Do the same for each drug).*

- 1. Caffeine .....
- 2. Nicotine .....
- 3. Alcohol .....
- 4. Minor analgesics .....
- 5. Benzodiazepines .....
- 6. Barbiturates .....
- 7. Amphetamines .....
- 8. Cocaine .....
- 9. Cannabis .....
- 10. Heroin .....
- 11. Other opiates .....
- 12. Hallucinogens .....
- 13. Inhalants .....

Please assure respondent that this question is not a knowledge test, we are only interested in perceived health risk.

Q.7. Now I'd just like to ask you whether you have used any of the following drugs and how old you were when you first used these drugs.

OK, how old were you when you first used caffeine? (show drug card) (*Do the same for each drug*).

	Age started (in years)	
1. Caffeine	.....	<input type="text"/>
2. Nicotine	.....	<input type="text"/>
3. Alcohol	.....	<input type="text"/>
4. Minor analgesics	.....	<input type="text"/>
5. Benzodiazepines	.....	<input type="text"/>
6. Barbiturates	.....	<input type="text"/>
7. Amphetamines	.....	<input type="text"/>
8. Cocaine	.....	<input type="text"/>
9. Cannabis	.....	<input type="text"/>
10. Heroin	.....	<input type="text"/>
11. Other opiates	.....	<input type="text"/>
12. Hallucinogens	.....	<input type="text"/>
13. Inhalants	.....	<input type="text"/>
14. Other (please specify) .....	.....	<input type="text"/>

Q.8. Have you been sentenced to gaol before? (please circle)

Yes   
No

*If no, go to Q.9.*

(i) If yes, how many times before?

.....

(ii) Was your last sentence drug or alcohol related? (please circle)

Yes   
No

(iii) Please think back to the time that you were last released from gaol. Have you been outside of gaol for at least a year before you came here?

Yes   
No

(iv) If no, how long were you outside gaol before you came here?

.....



Q.9. Please think back to while you were outside gaol for \_\_\_\_\_ (the last year or less if appropriate).

During that time, I'd like to know how frequently you used each of these drugs.

Please note that we are **only** interested in finding out about the respondents use of drugs in the **past year or less.**

OK, so in the \_\_\_\_\_ you were outside of gaol (the last year or less) how often would you use caffeine? (show drug card) (*Do the same for each drug.*)

- 1. Caffeine .....
- 2. Nicotine .....
- 3. Alcohol .....
- 4. Minor analgesics .....
- 5. Benzodiazepines .....
- 6. Barbiturates .....
- 7. Amphetamines .....
- 8. Cocaine .....
- 9. Cannabis .....
- 10. Heroin .....
- 11. Other opiates .....
- 12. Hallucinogens .....
- 13. Inhalants .....
- 14. Other (please specify)..... .....

Please code responses in the space provided above, into one of the following categories:

Did not use	1
Used once a year	2
Used more than once a year but not every month	3
Used once a month	4
Used more than once a month but not every week	5
Used once a week	6
Used more than once a week but not every day	7
Used every day	8

**Q.10a.** I'm going to ask you about whether you'd had any drugs or alcohol at the time of your alleged offence, but first I need to know what was your most serious offence/ charge that you have come to gaol for this time?

.....

--	--

**Q.10b.** In the twenty four hours preceding your most serious offence had you taken any alcohol or any drugs, legal or illegal? (please circle)

Yes  
No

--

*If no, go to Q.11.*

(i) If yes, what had you taken and how much? (please encourage subject to quantify intake)

.....


(ii) If you'd had any alcohol, how much had you consumed? (please encourage subject to quantify intake)

.....


**Q.11.** Do you think that your being in prison is related to alcohol or other drugs? (please circle)

Yes  
No  
Unsure

--

*If no, go to Q.12.*

(i) If yes or unsure, which drug(s)?

.....

--	--

(ii) If unsure, why aren't you sure?

.....

.....

--	--

(iii) If yes, how is your being in prison related to alcohol or other drugs?

.....

.....

--	--

Not related	[ ]
In for possessing	[ ]
In for dealing	[ ]
Crime committed to pay for drugs	[ ]
Was under the influence of drugs	[ ]
Other (please specify)	[ ]

**Q.12.** Have you experienced or are you expecting to experience drug or alcohol withdrawal as a result of coming to gaol this time? (please circle)

Yes   
 No

(i) If yes, which drug(s)?

.....

**Q.13.** Would you say that you are dependent on alcohol or other drugs? (please circle)

Yes   
 No

*If no, go to Q.14.*

(i) If yes, which drug(s)?

.....

(ii) Which drug are you most dependent on? (please stress to respondent that we are interested in the **one** drug that they are most dependent on)

.....

(iii) At what age did you become dependent on this drug?

.....

**Q.14.** Did your use of alcohol or other drugs cause any problems in the last year? (please circle)

Yes   
 No

*If no, go to Q.15.*

(i) If yes, which drug(s)?

.....

(ii) Which drug has caused the most serious problems? (please stress to respondent that we are interested in the one drug that has caused them the most problems)

.....

(iii) At what age do you think that you first started having problems with this drug?

.....

Q.15. What is the one drug that you are most concerned about? (the primary problem drug)

.....

*If there is no primary problem drug please go to Q.25.*

For the primary drug that the respondent states she/he has a problem with, please ask the following questions. Firstly please specify primary problem drug \_\_\_\_\_.

Q.16. Why do you think you continue to take \_\_\_\_\_ (problem drug)?

.....

.....

.....

.....

Q.17. During the past year has your use of \_\_\_\_\_ (problem drug) affected your physical health in any way? (please circle)

Yes

No

If yes, in what way?

.....

.....

.....

.....

Q.18. During the past year has your use of \_\_\_\_\_ (problem drug) affected your mental/emotional wellbeing in any way? (please circle)

Yes  
No

If yes, in what way?

.....  
.....  
.....  
.....

Q.19. During the past year has your use of \_\_\_\_\_ (problem drug) affected your relationship with your family or partner in any way? (please circle)

Yes  
No

If yes, in what way?

.....  
.....  
.....  
.....

Q.20. During the past year has your use of \_\_\_\_\_ (problem drug) affected your relationship with your friends in any way? (please circle)

Yes  
No

If yes, in what way?

.....  
.....  
.....  
.....

Q.21. During the past year has your use of \_\_\_\_\_ (problem drug) affected your behaviour in any way? (ie: more lethargic, more relaxed, more aggressive) (please circle)

Yes

No

If yes, in what way?

.....  
.....  
.....  
.....

Q.22. During the past year has your use of \_\_\_\_\_ (problem drug) affected your ability to work or study in any way? (ie: unable to concentrate, taking days off, unable to hold down a job) (please circle)

Yes

No

If yes, in what way?

.....  
.....  
.....  
.....

Q.23. During the past year, has your use of \_\_\_\_\_ (problem drug) affected you financially in any way? (please circle)

Yes

No

If yes, in what way?

.....  
.....  
.....  
.....



**Q.24.** Are there any other ways that your use of \_\_\_\_\_ (problem drug) has affected you in the past year? (please circle)

Yes   
No

If yes, in what way?

.....  
.....  
.....  
.....

--	--

**Q.25.** Have you ever asked for help regarding your use of alcohol or other drugs? (please circle)

Yes   
No

*If no, go to Q.26.*

(i) If yes, what have you tried?

.....  
.....

--	--

family	[ ]	N.A.	[ ]
friends	[ ]	A.A.	[ ]
doctor	[ ]	other group therapy	
hospital	[ ]	therapeutic	[ ]
clinic	[ ]	community	[ ]
detox. centre	[ ]	counsellor	[ ]
methadone		relaxation therapy	[ ]
maintenance	[ ]	hypnosis	[ ]
methadone		acupuncture	[ ]
blockade	[ ]	other (specify)	[ ]
methadone			
withdrawal	[ ]		

(ii) Have any of the methods or treatments you have tried helped you in any way? (please circle)

Yes   
No

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(a) If yes, which one(s)? \_\_\_\_\_

--	--

(b) If yes, in what way did they help you?

.....

.....

.....

--	--

(c) If no, why not?

.....

.....

.....

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**Q.26.** Would you like to receive assistance or treatment while you are in gaol regarding your use of alcohol or other drugs? (please circle)

Yes  
No

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(i) If yes, what type of assistance or treatment would you want?

.....

.....

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methadone	[ ]	group therapy	[ ]
individual		therapeutic	
counselling	[ ]	community	[ ]
N.A.	[ ]	other (specify)	[ ]
A.A.	[ ]		