



Research Publication

Drug & Alcohol Exit Survey - Part One: Drug & alcohol background of inmates

Maria Kevin
Research Officer

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Executive Summary

This is the first of a two part report series which examines the patterns of drug use of inmates and also the effectiveness of the Drug and Alcohol Services (D&A Service) in relation to reaching and treating inmates with drug problems.

The D&A Service of the N.S.W. Department of Corrective Services requested this survey of inmates prior to their release to freedom from correctional centres. The survey directly follows another commissioned by the D&A Service which investigated patterns of drug use of inmates on reception to the correctional system. The present study was funded through a grant provided by the National Campaign Against Drug Abuse (NCADA) and this funding was administered by the Drug and Alcohol Directorate (DAD).

Following are the findings in relation to the drug-related background of the inmates. The findings in relation to contact with the D&A Service are presented in Kevin (1993).

- ▶ The sample consisted of 175 inmates about to be released to freedom during June, 1992. The sample was representative of the population of those about to be released in terms of age, gender, marital status, aboriginality and country of birth. The sample under-represented inmates with longer sentences since work release inmates could not be interviewed. There were also some discrepancies on distribution of offence type.
- ▶ Of the total sample 67% reported being under the influence of a drug at the time of their most serious offence: 34% consumed alcohol only; 23% consumed other drugs only; and 10% consumed alcohol and other drugs.
- ▶ Of those males who were under the influence of alcohol at the time of their most serious offence, 67% had drunk very heavily, i.e. more than 12 standard drinks. After alcohol, the most common drug consumed was heroin.
- ▶ The majority of those who were convicted of assault as their most serious offence reported being under the influence of alcohol at the time of their most serious offence, as did those who committed driving offences. Whereas those who committed property offences were most likely to be under the influence of other drugs.
- ▶ 66% of the sample believed that there was a relationship between their drug use and subsequent imprisonment. Some inmates cited more than one way in which they were related. The main reason given was intoxication (62%) followed by obtaining money to buy drugs (28%).
- ▶ Those drugs used by the sample most frequently (weekly or more often) prior to imprisonment were: tobacco, followed by alcohol, cannabis and heroin. The daily incidence of amphetamine use (5%) was double that recorded by the reception study.
- ▶ Prior to imprisonment 23% of the male sample reported drinking on a daily basis and over half this group drank at heavy to very heavy levels, i.e. more than 8 standard drinks a day. 46% of the male sample drank on a weekly basis (at least one occasion per week and less than daily) and 22% of this group drank at heavy to very heavy levels, i.e. more than 56 standard drinks in a week.
- ▶ Of the total sample 74% reported experiencing problems due to their use of drugs. Alcohol was cited as the main problem (36% of the total sample), followed by a combination of

alcohol and drugs (20%) and drugs only (excluding alcohol) 18%.

- ▶ The most common drug-related problem cited by those who experienced problems was gaol/police/legal (57%). After the above, problems with spouse/partner (29%) and violent behaviour (14%) were most frequently cited.
- ▶ 62% of the sample had attempted to control their use of drugs either informally (self-help, help from family/friends) or formally (treatment) prior to current imprisonment. When informal help was excluded, 39% of the total sample had undertaken some form of treatment. Of those who reported having a drug problem, 49% had undertaken formal treatment.

- ▶ To identify those inmates with drug problems several measures of interest were used: patterns of use prior to imprisonment; intoxication at time of offence; perceived relationship between drug use and imprisonment; and reported problems caused by drug use. However, it should be noted that the data obtained from these measures do not neatly fit together. For example, an inmate may have been classified as a regular-heavy user based on prior use. However, s/he may not have been intoxicated at the time of offence or believed there was a relationship between his/her drug use and criminal activity. Of those classified as regular-heavy users: 76% reported problems caused by drug use; 73% believed there was a relationship between drug use and imprisonment; and 79% were under the influence of a drug at the time of their most serious offence.

Recommendations

- ▶ In view of the magnitude of alcohol abuse among inmates prior to imprisonment the Department of Corrective Services needs to introduce a strategy to address this problem.
- ▶ A standardised screening procedure to identify alcohol/drug users should be conducted on all inmates at reception. Findings from such a procedure would provide a basis for further assessment to be undertaken.
- ▶ A standardised drug assessment procedure should be conducted on those alcohol/drug users identified through the screening as risk cases. The findings from this assessment procedure would provide a firm basis for treatment to begin and its effectiveness evaluated.
- ▶ In order for screening, assessment and treatment interventions to be effective it will be necessary for the D&A Service to establish objective, systematic criteria for classifying inmates to treatment options.
- ▶ The development of screening and assessment procedures should address the general composition of the inmate population, e.g., low socio-economic status.
- ▶ The data collected from reception screening and assessment procedures should be stored on the computerised Offender Record System. It follows that when inmates are moved between Correctional Centres, Drug and Alcohol Workers in the Service should have ready access to the drug-related background of these inmates. In this way resources would not be wasted through reassessment of inmates as there would be a record of prior assessment.
- ▶ The centralised storage of the screening information could provide ongoing and systematic data collection on the drug use and criminal behaviour patterns of offenders. For the D&A Service this would provide the opportunity to monitor and respond to changes in the inmate population over time with appropriate interventions.

Introduction

Drug use (alcohol is included in this context) by people involved in crime and the relationship between these two behaviours has been a popular topic of investigation for both researchers and criminologists. The frequency and scale of these drug use data collection studies has increased over the past decade and in association with this a more systematic process has evolved. In turning to the international arena, some government agencies have commenced large scale data collection programs on the drug use trends of people involved in crime (Correctional Service of Canada, 1991 and the Drug Use Forecasting Program conducted by the United States National Institute of Justice, 1991).

The Drug Use Forecasting Program has actually been collecting drug use data on arrestees across the United States since 1987. It combines objective (urinalysis) and subjective (self report) measures of usage. In 1990, in 18 out of the 24 data collection sites 50% or more of both male and female arrestees tested positive for a drug (excluding alcohol), ranging from 30% to 78% for males and 39% to 76% for females, across the 24 sites. Cocaine was found to be the most prevalent drug (ranging from 10% to 65% across sites). Of the total sample (n=17,753) 59% of males and 47% of females reported consuming alcohol within the 72 hours prior to arrest. Self reported alcohol use was higher than other drug use measured by urinalysis.

The data collection conducted by the Correctional Service of Canada was the first in a series and primarily undertaken

due to concerns over drug abuse in the inmate population. The patterns of drug use and criminal behaviour of 503 male inmates were measured using an assessment questionnaire via a computer assisted approach. Essentially this screening device was being piloted for use on the reception population. The study found that 44% were under the influence of alcohol at the time of at least one current offence, with 33% being under the influence of drugs and 29% under the influence of both. The Drug Abuse Screening Test (DAST) and the Alcohol Dependency Scale (ADS) were also used in this comprehensive assessment. A total of 28% of the sample were classified as having moderate to severe drug abuse problems in the six months prior to their current arrests and 19% were classified as having moderate to severe alcohol abuse problems. Further, only one-third of the sample reported no symptoms of problem use.

The existence of such data collection programs reflects two underlying premises which have been well documented. Firstly, the pervasiveness of drug abuse in offenders and secondly, that a relationship exists between drugs and crime.

In view of the above, drug use studies have the potential of providing useful information for policy, planning and implementation in relation to prevention, treatment and control in the criminal justice system and the public health milieu. For instance, if changes in drug use patterns affect criminal behaviour patterns then predictions may be made on the type and level of crime in a

particular area. Further, information on the association between the type of drug used and the type of offence committed may also be useful in developing and matching treatment interventions with drug involved offenders.

Consistent with the Drug Use Forecasting Program (1991) and the Correctional Service of Canada (1991) findings, recent Australian studies report a high frequency of drug consumption by offenders at the time of the offence (Dobinson & Ward, 1984; Miner & Gorta, 1986; Indemauro & Upton, 1988; Stathis, Eyland & Bertram, 1991).

However, when attempts are made to further define the nature of the relationship between drugs and crime, the connection ceases to be a simple equation, of the kind 'drug abuse causes crime' or alternatively 'criminal activity leads to drug abuse'. What has emerged from the literature is the identification of four types of drug-related criminal behaviour patterns:

- (i) the most direct is offence type, be it possession, use or supply of drugs;
- (ii) the offence may be committed as a consequence of intoxication (psychopharmacologically induced);
- (iii) the offence may be committed for the purpose of obtaining money to pay for drugs; and
- (iv) the drug use may be a consequence of a pre-existing criminal lifestyle.

Further attempts have been made to identify certain profiles or typologies of offender within the above relationship framework. These endeavours to broaden understanding of the process i.e. the causes, correlates, consequences of drug use and criminal behaviour, hold promise for advancements in prevention and treatment.

To date the most salient evidence indicates a relationship between the type of drug used and the type of crime committed. De La Rosa (1990) reported that during the 1950's and 1960's research investigating the relationship between drug abuse and violent crimes focussed on the behaviour of narcotic addicts. The evidence has since indicated that alcohol consumption is more likely to be associated with violent crimes, like domestic violence, child abuse, assaults and homicides. Whereas illegal drug use, such as, heroin use, is more likely to be associated with non-violent property crimes (Dobinson and Ward, 1984; Stathis et al, 1991; Miller 1990; National Institute of Justice, 1991; Correctional Service Canada, 1991).

The relationship between intoxication and criminal activity poses many methodological challenges, such as: terms of defining parameters for levels of consumption and also defining complex areas like "premeditated intention". For example, offenders may consume drugs with the intention of gaining courage to commit crime (Inciardi and Russe, 1977 and Tinklenberg, 1973 both cited by Mc Glothlin, 1979). Offenders may also commit crime as a consequence of drug-induced disinhibition, without prior intention.

To date, alcohol is the only drug for which there is clear evidence that a relationship exists between the acute effects (intoxication) and crime. The disinhibiting effect of alcohol consumption is related to crimes of violence.

Collins (1990), in his review on drugs and violence, reported that there have also been data supporting the relationship between the pharmacological effects of barbiturate, amphetamine and crack/cocaine use and violent crimes. However, he goes on to describe the methodology of the studies cited as flawed due to sampling problems and also analysis which failed to control for demographic and criminal history factors.

De La Rosa and colleagues (1990) referred to the systemic violence associated with illicit drug dealing lifestyles. Their scenario of reference was the crack/cocaine milieu and they pointed to the violent nature of the trade transactions. At present time the crack/cocaine data are not applicable to the Australian context. However, Dobinson & Ward (1984) in their study of N.S.W. property offenders reported that the violence associated with illicit drug dealing was increasing.

Some studies have attempted to address the question of temporal sequence, with heroin users in particular. The temporal sequence question is simply that of which comes first in the life of a drug abusing offender - drug using behaviour or criminal behaviour? It has been established that heroin users are likely to commit crime to pay for heroin (Hammersley et al, 1989; Miner & Gorta, 1986; Dobinson & Ward, 1984; Stathis et

al, 1991).

However, with incarcerated samples at least, it appears that criminal behaviour pre-dates heroin use (Hawks, 1976; Potteiger, 1981; Dobinson & Ward, 1984; Bertram & Gorta, 1990; and Stathis, 1990).

McGlothlin (1979) in his review of literature states that while most studies support the argument that criminal activity pre-dates heroin use, nearly all show a sharp increase in the rate of non-drug arrests and self-reported criminality after the onset of abuse. It appears drug abuse facilitates and reinforces criminal behaviour.

As these data are mainly limited to incarcerated or treatment samples it would be erroneous to assume from the findings that most users lead criminal lifestyles beyond possession and use of illicit drugs. Nurco, et al (1985) found that some addicts do not commit crime regardless of their level of addiction.

Faupel and Klockars (1987) reported that the temporal relationship between drug using and criminal behaviour is not necessarily constant throughout a drug user's career. For instance, at one time a drug user may be committing crime to pay for drugs and at another time it may be because criminal activity has become a lifestyle for the drug user.

In reviewing the data covered it is concluded that drug abuse is pervasive in the offender population and that a relationship exists between drug use and crime. Different types of drug-related criminal behaviour patterns have been

identified, but, it appears that the relationship is a complex interplay of factors in the lives of offenders. Notwithstanding this, clear evidence links the type of drug used with the type of crime committed, in that alcohol is associated with violent crime and illicit drugs, such as heroin, are associated with property crime.

Background to Current Study

This study is consistent with recommendations endorsed the NSW Ministerial Committee on Drug Strategy, of which the Minister for Justice is a member. The N.S.W. Drug Strategy, 1992 states as a priority further developments in research on patterns of drug use.

The study follows that conducted by Stathis, Eyland & Bertram of the Research and Statistics Division of the N.S.W. Department of Corrective Services, in 1991. In April-May, 1990 Stathis and colleagues surveyed a sample of 182 inmates on reception to N.S.W. correctional centres in relation to their patterns of drug use, criminal activity and drug and alcohol problems. They found that 62% of inmates sampled had current offences which were drug and/or alcohol related, 46% of inmates stated that they were dependent on either drugs or alcohol and almost half the sample wanted treatment for their drug/alcohol use while imprisoned.

Born out of these findings was a need to:

- (i) Identify whether those inmates received into prison with drug &

alcohol problems were provided with the opportunity to receive treatment and further to examine their perceptions of the treatment provided. The findings will be addressed in Kevin (1993).

- (ii) In order to achieve the above it was necessary to obtain baseline information on the drug-related background of the inmates. These findings are addressed in this first report.

Methodology

Aims

The primary aim of this study was to obtain information from inmates, prior to their discharge to freedom, on the extent of their drug and alcohol problems and also their perceptions of the D&A Service, with a view to recommending strategies by which the service can be improved. Specifically the study aimed to:

- (i) gather data on the incidence of inmates with drug and alcohol problems and their treatment history prior to imprisonment;
- (ii) investigate whether inmates with drug and alcohol problems had access to the D&A Service while in custody and what, if any, were the barriers to access;
- (iii) identify inmate expectations of the D&A Service and also their perceptions on how the service benefits them and the type of service which is of most benefit to them while they are in custody; and
- (iv) identify inmate suggestions on how the service can be improved.

The results pertaining to the first aim are addressed in this first report (Part One) while aims ii-iv are addressed in the second report (Part Two).

Sampling Frame

Based upon March 1992 inmate discharge data (see Appendix A) inmates were selected from the following

Correctional Centres:

1. Cessnock Correctional Centre
2. Bathurst Correctional Centre
3. Goulburn Correctional Centre
4. Reception Centre (Long Bay)
5. Silverwater Correctional Complex
6. Training Centre (Long Bay)
7. St. Heliers Correctional Centre
8. Emu Plains Correctional Centre
9. Mulawa Correctional Centre
10. Norma Parker Centre

The first six institutions represent the six largest Correctional Centres in N.S.W. holding male sentenced inmates (Eyland, 1992) and are also represented in the sample of Correctional Centres with the highest discharge rates for the month of March, 1992 (the 8 Correctional Centres from which more than 22 inmates were discharged during the month). St Heliers Correctional Centre and Emu Plains Correctional Centre were included because of high discharge rates. Most inmates are received into maximum security institutions, progress through medium and then into minimum security institutions. The majority of inmates are released from minimum security institutions. However, more than 10% of the March releases were from institutions with solely maximum classification, hence the inclusion of the Reception Centre which also showed a high number of discharges. There are two Correctional Centres for female inmates in N.S.W. and both Mulawa and Norma Parker were selected.

The sample included only those inmates who were due to be released to freedom with no further charges on record. That is, inmates were excluded if there was a possibility that they would be imprisoned again due to already outstanding matters.

Those with outstanding matters may have been unwilling to provide accurate details about their crime and their use of illicit drugs while the matter was still before the courts. Also, as they may have been contemplating serving further time in prison rather than life in the community they were seen to be distinct from the sample due to be released to freedom. Therefore, only those who had the opportunity to make future plans about resuming life in the community were included. Further, fine defaulters (n=82) were excluded as they are not technically sentenced to imprisonment. Fine defaulters may elect to go to prison in preference to paying fines and/or in preference to cutting out their fines by way of community service. Hence, they are quite distinct from the sentenced population. Finally, only those whose sentence was one month or more were included.

Table 1: Number of inmates - sampled and interviewed

	Count	%
Interviewed	175	84
Work Release* ¹	23	11
Other* ²	9	4
Refusal	3	1
TOTAL SAMPLED	210	100

*¹ cf. Appendix B.
 *² Unavailable due to illness, etc.

A total of 175 inmates were interviewed

in June, 1992 which represents 38% of the total population of sentenced discharges for the same month (n=468). As Table 1 shows the study captured 84% of the 210 inmates due to be released to freedom from the selected Correctional Centres. Of the remaining 16% the majority were unavailable on the day of interview. Only 1% of the sample refused to be interviewed. See Appendix B for sample breakdown by Correctional Centre.

Data Collection

The data were collected by personal interviews. Pedic (1990), in his review and recommendations of collection procedures for drug use data, emphasised the importance of face-to-face interviews. As Pedic noted, due to the personal and sensitive nature of the questions, the interviewer can explain to the respondent the objective method of selection which was used and also provide reassurance about confidentiality.

The questionnaire comprised four identifiable areas of investigation:

- (i) demographic characteristics;
- (ii) prior to current imprisonment - drug and alcohol-related background;
- (iii) current episode of imprisonment - specific to the effectiveness of D&A Service; and
- (iv) following release to freedom - personal goals and plans in relation to future drug and alcohol use, treatment and lifestyle.

Pilot Study

The interview schedule was piloted over a 2 day period at both Emu Plains (1 day) and Norma Parker (1 day) Correctional Centres. Approximately 10 interviews were conducted at both Centres. Administrative staff and Drug and Alcohol Workers (D&A Workers) at the Centres selected inmates with the following characteristics:

- (i) to be discharged to freedom within the following three weeks, due to sentence completion, licence or parole; and
- (ii) to have either used the D&A Service during their sentence or to have been identified as having drug-related offences or a known history of drug misuse.

Inmates were selected in this way so that they were able to complete most/all of the interview. Therefore, all questions were tested for methodological defects as well as indicating the approximate maximum time for an interview, the latter being pertinent in relation to the time frame specified for interviews and subsequent estimates of the time needed to complete approximately 175 interviews.

Procedure

The survey was conducted within a specified one month period. Working within the constraint of the actual number of inmates being discharged to freedom, inmates were surveyed between 2 days and 3 weeks prior to discharge. The time frame (up to 3 weeks) between interview and release was deemed necessary due to practical considerations, such as the possibility of inmates being transferred to other institutions within a day/s of release and the lower likelihood of response from

inmates who are within hours of release.

All three interviewers had social science qualifications. Between 2 and 3 interviewers spent an average of 2 days at each Centre to allow for adequate recruitment. On average, 20 release interviews were conducted per Centre. The interviewing process relied heavily on the co-operation of Correctional Centre staff. Towards this end, the Governors at all selected Centres were contacted personally and in writing to facilitate approval and co-operation. Those inmates to be released were identified in advance using a main frame data base and the Correctional Centres were provided with a list of those inmates to be recruited in advance. They in turn were able to identify the work and cell locations of the inmates. This greatly assisted in the administration of the field work.

During the early stages of the study it was decided that if the number of sentenced inmates to be released from any of the selected Correctional Centres exceeded the projection (maximum of forty inmates within a three week period) sampling would be random. However, the number of discharges fell short of this maximum and therefore all inmates who fell within the sampling frame were called. This was done by intercom and the researchers then attempted to recruit the inmates within the 1/2 day period they were in attendance at the Correctional Centre. For the most part inmates consented to be interviewed immediately. The average length of time of interview was 25 minutes. Finally, when the inmates were called for interview, officers were requested not to discuss the general nature of the interview with the inmates.

Results

1. Description of Inmates

Demographics and criminal history were examined comparing those inmates who believed that there was a relationship between their use of drugs/alcohol and their current episode of imprisonment (Drug group) with those who believed there was no such relationship (Non-Drug group). This was done in order to determine whether differences existed between the Drug and Non-Drug groups in terms of background characteristics. Where appropriate, tests of association (chi-squared) were conducted.

Sex

As already stated 175 inmates were interviewed. Of these 94% were male and 6% were female. A higher proportion of females than males stated that being in prison was related to their use of drugs. However the total number of females was too small to make meaningful comparisons (n=11).

Age

The majority of inmates (81%) were under 35 years with the average age being 29 years. As Table 2 shows, across each age group the majority of inmates thought a relationship existed between their drug use and their imprisonment. Some differences were evident between age groups in terms of 'Drug-related crime' (Drug) and the 'Non-drug related crime' (Non-Drug) classification. In the 30-34 years age group there was a high proportion in the

Drug group. Whereas in the 18-24 and 35+ age groups this proportion was much lower. Further analysis showed that 67% of the 18-24 age group reported being under the influence of a drug at the time of most serious offence. The slight trend for 18-24 year olds not to recognise a relationship between their drug use and imprisonment could be due to lower self-awareness in this age group in that they were less likely to perceive that their criminal activity was drug-related even though the majority reported being under the influence of a drug at the time of their most serious offence.

Table 2: Age breakdown

Age	Drug		Non-Drug		Total	
	No.	%	No.	%	No.	%
18-24	42	59	29	41	71	100
25-29	28	74	10	26	38	100
30-34	25	83	5	17	30	100
35 +	18	55	15	45	33	100
TOTAL	113	66	59	34	172*	100

*Three inmates were unsure about a r'ship between drugs and their criminal activity

$$\chi^2 = 8.4 \quad df=3 \quad p < .05$$

Ethnicity

Not surprisingly, a large majority of the sample were Australian-born (80%) followed by those born in New Zealand (4%) and Yugoslavia (3%). Further, using data gathered on first language spoken, 82% of the sample were from an english speaking background (ESB) compared to 18% from a non-english speaking background (NESB). Of those born in Australia 4% stated they were

from an NESB background.

A higher proportion of inmates reported that their crime was drug-related in both ESB and NESB groups, however this pattern was more marked in the ESB group (68% ESB versus 56% NESB).

Aboriginality

Of those interviewed, 15% said they were of Aboriginal or Torres Strait Islander descent. A slightly higher percentage of the Aboriginal sample reported drug-related crime (69% Aboriginal versus 65% non-Aboriginal).

Marital Status

The majority of the sample were single (58%), followed by married/de facto status (30%). The Drug group were more likely to be single (Drug 60% versus Non-Drug 52%) and less likely to be married than the Non-Drug group.

Place of Residence

The majority of inmates (52%) were residing in the Sydney metropolitan area at the time of their arrest, followed by the Hunter region (13%). Of the Drug group 55% were from the Sydney metropolitan area compared with 50% of the Non-Drug group.

Sentence History

Over half the sample (56%) had been sentenced to prison before. A minority (33%) of the sample reported that they had spent time in a Juvenile Detention Centre.

As Table 3 shows, the Drug group (64%) were more likely to have been sentenced to prison before than the Non-Drug group (42%). There was no difference between the Drug group and the Non-Drug group in relation to juvenile detention history.

Table 3: Sentence history

	Drug No. %	Non-Drug No. %	Total No. %
Prior Prison Sentence			
Yes	72 64	25 42	97 56
No	41 36	34 58	75 44
TOTAL	113 100	59 100	172*100

* Three inmates were unsure about the r'ship between drugs and their criminal activity.

$\chi^2=7.18$ $df=1$ $p<.01$

Most Serious Offence

According to Table 4 the most common most serious offence type among the sample was property (27%). After property the second most common offence type was driving (20%) and this was followed by assault (17%).

Property offences appeared to be more common in the Drug group whereas driving offences were more common in the Non-Drug group. The groups were fairly evenly matched on assaults and robbery.

Sentence Length

The most common sentence length was 3

Table 4: Most serious offence type

Offence	Drug		Non-drug		Total	
	No.	%	No.	%	No.	%
Property	33	29	13	22	46	27
Driving	20	18	14	24	34	20
Assault	19	17	11	18	30	17
Drug	17	15	7	12	24	14
Robbery	13	11	7	12	20	12
Order	10	9	6	10	16	9
Other	1	1	1	2	2	1
Total	113	100	59	100	172*	100

* Three inmates were unsure about the r'ship between drugs and their criminal activity

Table 5: Length of sentence

Sentence Length	Drug		Non-drug		Total	
	No.	%	No.	%	No.	%
1 < 3 mths	17	15	17	29	34	20
3 < 6 mths	40	36	21	36	61	36
6mths < 1 yr	27	24	10	17	37	21
1 yr < 2 yrs	14	12	5	8	19	11
2 yrs plus	15	13	6	10	21	12
Total	113	100	59	100	172*	100

*Three of the inmates were unsure about a r'ship between their drug use and criminal activity

months and less than 6 months (36%). The median sentence length was 4 months (The median was seen as a more accurate measure of central tendency as the sentence lengths were widely spread and skewed.)

Referring to Table 5, between 3 and 6 months was the most likely sentence length for both Drug and Non-Drug groups (36% of both). The Drug group was more likely to have longer sentences than the Non-Drug group.

Representativeness of Sample

Some demographic data pertaining to the present sample were compared to the population of inmates due shortly for release, taken from the N.S.W. Prison Census, 1992 (Eyland, 1992). This was

undertaken in order to get an indication of how representative the sample was of the population of inmates. The Census recorded that a large majority of the population of those shortly to be released, was under 35 years (77%) with an average age of 30 years. Similarly, 81% of inmates in the sample were under 35 years with the average age being 29 years.

The sample also compared favourably with the Census population in terms of: sex; aboriginality; marital status; country of birth; and place of residence (Appendix C).

However, there were noteworthy differences between the sample and the population on distribution of sentence

length and offence type. The Census showed a higher percentage of inmates with longer sentences. It appears that the sample under-represented inmates with longer sentences probably since the work release inmates (who had longer sentences) could not be interviewed. Consistent with the Census, the sample found property offences to be the most common offence type. However, the sample had more in the driving and drug categories and fewer in the sexual assault category (Appendix C). These differences may have been due to the Correctional Centres selected for the study as certain types of offenders can be classified to certain institutions.¹

Notwithstanding the above, demographic data arising from the sample indicated that the sample was reasonably representative of the population.

2. Intoxication at time of offence

Of the total sample 67% reported being under the influence of drugs at the time of their most serious offence (Table 6). Over half of the total female sample were under the influence of drugs (excluding alcohol) and none were under the influence of alcohol alone. In contrast, the male sample were more likely to be under the influence of alcohol (37%) than other drugs (21%). And 33% of males were not under the influence of any drug. As the female sample was of negligible size no further analysis will differentiate on the basis of sex.

Half the Aboriginal sample reported being under the influence of alcohol compared with a third of the non-aboriginal sample.

Aborigines were less likely to be under the influence of drugs other than alcohol than non-aborigines.

Across each age group the majority of inmates reported being under the influence of a drug at the time of offence. This trend was most marked in the 25-29 (79%) and 18-24 (67%) age groups.

In the reception study (Stathis et al, 1991) 70% of the inmates reported consuming drugs prior to their most serious offence. The proportions reporting drug and alcohol use prior to their most serious offence in the present study are consistent with the reception study. (The reception study breakdown was: alcohol 33%; other drugs 24%; and both 12%)

Table 6: Intoxication at time of most serious offence

Offence	No.	%
Drugs	40	23
Alcohol	60	34
Both	18	10
Nothing	57	33
TOTAL	175	100

When most serious offence is examined, over half of those with assault offences and over half of those with driving offences reported being under the influence alcohol (Table 7.)

Table 7: Drug of Intoxication by most serious offence

Offence	Under The Influence of:								Total	
	Drugs		Alcohol		Both		Nothing			
	No.	%	No.	%	No.	%	No.	%	No.	%
Property	20	50	8	13	6	33	13	23	47	27
Driving	1	2	20	33	2	11	11	19	34	19
Assault	2	5	19	32	3	17	7	12	31	18
Drug	8	20	3	5	2	11	11	19	24	14
Robbery	4	10	5	8	3	17	8	14	20	11
Order	5	13	4	7	1	6	7	12	17	10
Other	-	-	1	2	1	6	-	-	2	1
TOTAL	40	100	60	100	18	100	57	100	175	100

In contrast, property offenders were more likely to be under the influence of other drugs. When alcohol was consumed in conjunction with other drugs (n=18) there was an increase in the rate of assault when compared with solely drug use.

Type of drug

Of the 58 inmates who were under the influence of a drug (not including alcohol) at the time of offence almost half had consumed heroin (n=24). In turn, half of those who had consumed heroin had done so in conjunction with other drug(s) (n=12).

The most common 'other' drug for this polydrug using group was pills (includes barbiturates, benzodiazepines and pain killers). All 5 of those who had used pills in conjunction with heroin had committed property crimes. After heroin, cannabis was the most commonly consumed drug, followed by pills and amphetamines.

About one-quarter of the sample who were under the influence of drugs (excluding alcohol) at the time of their offence had consumed more than one type of drug. Of those who consumed both alcohol and drugs (n=18), the most common combination was cannabis and alcohol (n=10). Some had used alcohol in conjunction with more than one drug type (n=4) e.g. heroin, pills and alcohol. One inmate had reported using solvents and this was done in conjunction with alcohol.

Quantity of drug

In relation to heroin the most common quantity consumed was less than one street gram (n=9). However, consumption was fairly spread with some consuming between 2 and 5 grams (n=6).

'Pills' covers a range of different drugs with different pharmacological properties. Pill use was quantified by number of

tablets as this seemed to be the best measure which the inmates could recall. However, with some of the pills, benzodiazepines in particular, tablets may be of varying milligram weights. It is acknowledged that this was a rudimentary measure.

Allowing for the above, the majority of inmates who reported being under the influence of pills at the time of offence (n=15) had consumed more than 10 tablets (n=10).

Concerning the other narcotics, amphetamines and cocaine, the most common quantity consumed was between 1 and 2 grams. For those who consumed cannabis the quantity consumed was fairly spread with most consuming between 1 and 5 grams.

It was not possible to quantify other opiates (n=4) as they were consumed in various forms. Further, such detail was beyond the scope of this study due to its broader focus.

According to Table 8 only 8% of the males who were under the influence of alcohol at the time of offence had consumed a responsible quantity as defined by the National Health and Medical Research Council, 1992 (ie. 4 standard (std) drinks or 40 grams of alcohol per day for males).

The present study will define the quantity of alcohol consumed by the following:

- (i) Light to Moderate - 4 std glasses or less (≤ 40 grams);
- (ii) Medium to heavy - between 5 and

Table 8: Quantity of alcohol consumed prior to most serious offence

No. of Standard drinks	No. Males	No. Females	%
up to 4	6	2	10
5 - 8	3	-	4
9 - 12	7	-	9
13 - 16	8	-	10
17 - 20	7	-	9
21 - 24	3	-	4
25 - 30	7	-	9
31 - 40	6	-	8
41 - 50	6	-	8
51 - 60	6	-	8
61 - 70	1	-	1
> 70	7	-	9
Don't know	9	-	11
TOTAL	76	2	100

8 std glasses (> 40 grams ≤ 80 gms);

- (iii) Heavy - between 9 and 12 std glasses (> 80 grams & ≤ 120 grams);

- (iv) Very Heavy - more than 12 std glasses (> 120 grams).

In placing the above categories in every day context the descriptions of consumption are matched to an equivalent number of drinks: light to moderate represents a maximum of 4 middies of beer or 4 small glasses of wine or 4×1 nip glasses of spirit in a drinking occasion; medium to heavy represents a maximum of a bottle of wine (750 ml) or $2\frac{1}{2}$ bottles of beer (750 ml); heavy represents a maximum of $1\frac{1}{2}$ bottles of wine or $3\frac{1}{2}$ bottles of beer or 8 schooners; and very heavy includes quantities, such as: a 750 ml bottle of spirits; a flagon of wine (2 litres); a cask

of wine (2 and 4 litres); or a case or carton of cans, stubbies or regular bottles (750 ml) of beer.

Referring again to Table 8 and using the above categories of consumption it appears that of those males who drank prior to their offence the majority drank "very heavily" (67%). This was followed by "heavy" (9%), "moderate" (8%) and "medium to heavy" (4%) consumption levels. Further, 18% of the males reported consuming more than 50 std drinks. This represents more than a 4 litre cask of wine or a carton of beer (12 x 750 ml bottles).

3. Perceived relationship between drug use and imprisonment

Type

As already stated, 66% of the sample (n=113) saw a relationship between their drug and or alcohol use and current episode of imprisonment. Table 9 indicates that the majority of the sample identified intoxication as the way in which being in prison was related to their use. After intoxication, the second most common reason reported was obtaining money to purchase drugs. This was followed by the offence committed being directly related to drug taking e.g. possession, cultivation, or supply.

Effects of Intoxication

Inmates who said that being under the influence of drugs was related to being in prison (n=70) were asked how the drugs affected them. This was an open-ended question and the majority failed to

specify a particular feeling or behaviour, many simply said that they were "drunk" or "stoned". Of those who did identify particular effects of being under the influence (n=25) the most common response provided was feeling "invincible" followed by "violent behaviour". This group could be further divided into those who were intoxicated by alcohol and those who were intoxicated by other drugs at the time of most serious offence. Those who consumed alcohol were most likely to describe the effect as "violent behaviour", whereas those who consumed other drugs were most likely to describe the effect as feeling "invincible".

Table 9: Relationship between drug use and imprisonment.

Reason	No.	%
money-drugs	18	16
withdrawing	3	2
intoxicated	59	52
money+ withdrawing	3	3
money+ intoxicated	11	10
offence category* ¹	14	13
other* ²	4	3
unsure	1	1
TOTAL	113	100

*¹ Offence committed was directly related to drug taking.

*² Responses which did not fall under a general category

4. Patterns of drug use in the six months prior to imprisonment

Frequency

Inmates were asked about the frequency of their drug use in the 6 months prior to current imprisonment. Those who had spent less than 6 months outside prison (7.6%) were asked to specify the period of time and frame their answers around that period. Most had spent 3 months or more on the outside. The categories of use selected were consistent with those used in the reception study (Stathis et al, 1991) so as comparisons could be drawn. Table 10 shows the percentage of inmates who reported using a particular drug: 1) daily; 2) weekly and less than daily (weekly); 3) less than weekly and more than monthly (fortnightly); 4) monthly; 5) half yearly and less than monthly (half yearly); and 6) those who did not use a particular drug in the six months prior to imprisonment.

Fortnightly use is an additional category not shown in the reception study, however this does not hinder comparison between the two studies. Documenting fortnightly use may be useful for practitioners as some inmates spoke of "binge use" after receiving their fortnightly pay cheque or social security allowance.

Table 10 shows a very high frequency of tobacco use, with 82% of the sample smoking on a daily basis.

Of interest is the higher daily incidence of cannabis use (32%) compared with alcohol use (23%). When examining the

incidence of weekly use of alcohol (44%) with that of cannabis (17%), the pattern reverses.

In the reception study daily alcohol use (30%) exceeded cannabis use (23%). Therefore, the pattern of daily use of these drugs differs quite markedly between the present study and the previous. However, when comparing the pattern of 'at least weekly use' the present study showed a higher incidence of alcohol use (67%) compared to cannabis use (49%) which was consistent with the reception study findings (alcohol use, 66% and cannabis use, 46%).

Daily heroin use was lower than that recorded by the reception study (11% versus 18%). However, the difference between the two studies once again diminishes when comparing the incidence of 'at least weekly' use (19% in the present study versus 23% in the reception study).

The present study showed a higher incidence of daily benzodiazepine use (9%) compared to amphetamine use (5%). However, when 'at least weekly' usage is compared amphetamine use is slightly higher (13%) than benzodiazepine use (12%).

Further, the incidence of daily amphetamine use was higher in the present study (5%) than in the reception study (2%). This difference between the studies remains but diminishes when examining 'at least weekly use' (13% of the present sample compared with 10% of the reception sample).

Table 10: Frequency of drug use prior to imprisonment

	Frequency of use in percentage (n=175)					
	Daily	Weekly	Fortnightly	Monthly	Half yearly	Did not use
Tobacco	82	2	-	1	-	15
Cannabis	32	17	5	5	4	38
Alcohol	23	44	11	5	5	12
Heroin	11	8	3	2	3	73
Benzodiazepines	9	3	1	2	2	84
Amphetamines	5	8	1	2	5	80
Analgesics	4	2	1	2	3	88*
Other opiates	3	2	1	1	2	91
Cocaine	2	1	1	1	6	89
Barbiturates	1	1	1			97
Hallucinogens		2		1	7	90
Solvents		1	1			98

* Data not available for 1 case

The daily and 'at least weekly' incidence of cocaine use is less prevalent in the present sample than in the reception sample (2% versus 6% and 3% versus 10% respectively).

Summary

Those drugs which were used most frequently (at least weekly), in both studies, were: tobacco; alcohol; cannabis; and heroin, in that order. The present study showed a higher incidence of frequent amphetamine use and a lower incidence of frequent benzodiazepine and cocaine use. Perhaps the most interesting finding was that on a daily

basis cannabis was the second most commonly drug used after tobacco. This means there was a higher incidence of daily cannabis use than alcohol use. The reception study showed the reverse pattern.

Drug use in the general population

The patterns of drug use reported by this inmate sample were compared to that of the general population (NCADA National Household Survey, 1991). The NCADA Survey asked respondents about whether they had used particular drugs in the previous 12 months. Following is the percentage of the population who used a

particular drug in this period: alcohol (84%); tobacco (28%); cannabis (13%); tranquillisers (10%); amphetamines (3%); and heroin (1%). In comparison the percentage of the inmate sample who reported using the same drug types within the six months prior to imprisonment, follows: alcohol (87%); tobacco (85%); cannabis (62%); tranquillisers (16%); amphetamines (20%); and heroin (27%). The NCADA survey asked those who had used a particular drug within the previous twelve months how frequently they used the drug. The following comparison was made between the inmate sample and the population on the percentage who reported using a particular drug on a daily basis: tobacco (97% of inmates versus 30% of population); alcohol (26% of inmates versus 11% of population); cannabis (51% of inmates versus 12% of population); heroin (43% of inmates versus 2% of population); amphetamines (23% of inmates versus 6% of population); and tranquillisers (54% of inmates versus 25% of population). The above comparison serves to highlight prevalence and severity of drug use in the offender population.

Quantity of drug use

Table 11 shows that the majority of those who used tobacco (n=143) smoked a packet or more a day (66%).

Referring to Table 12, for those males who drank on a daily basis the majority reported drinking at a heavy to very heavy level i.e. more than 8 drinks a day. Using the National Health and Medical Research Council, 1992 guidelines on daily drinkers only 13% drank at a

moderate level, with 18% drinking at a hazardous level ($> 4 \leq 6$ drinks) and 66% drinking at a harmful level (> 6 drinks).

Using the present study's parameters of those males who drank on a weekly basis (n=76) the majority drank at a light to moderate level (55%), i.e. ≤ 28 drinks or 4 drinks \times 7 days. However, 22% reported drinking at a heavy to very heavy level, (i.e. > 56 drinks).

Table 13 shows levels of consumption for three illicit drugs: cannabis; heroin; and amphetamines. Between 1 and 3 grams was the most common quantity consumed for both daily and weekly users of cannabis and amphetamines and for daily users of heroin. In relation to weekly users of heroin, less than a gram was the most common quantity consumed which could indicate a pattern of recreational use in the weekly user group.

The majority (n=11) of those who used benzodiazepines on a daily basis consumed more than 4 tablets with some (n=5) consuming more than 20 tablets (Table 14).

Table 11: Quantity of tobacco consumed

Packet*	Percentage who used on a daily basis (n=143)
< half packet	7
≥ half packet < packet	27
1 packet	36
> 1 packet ≤ 2 packets	24
> 2 packets	6

* A packet represents between 20 -30 cigarettes.

Table 12: Quantity of alcohol consumed by males

Standard Drinks*	Daily (n=38) no.	%
≤ 4 std drinks	5	13
> 4 ≤ 6 std drinks	7	18
> 6 ≤ 8 std drinks	5	13
> 8 ≤ 12 std drinks	6	16
> 12 ≤ 22 std drinks	6	16
> 22 ≤ 56 std drinks	3	8
> 56 std drinks	5	13
Unsure	1	3

* A standard drink represents 8-10 grams of alcohol

Table 13: Quantity of drug by daily and weekly use

Grams (street weight)	Cannabis		Heroin		Amphetamines	
	Daily (n=56)	Weekly (n=29)	Daily (n=20)	Weekly (n=13)	Daily (n=8)	Weekly (n=13)
	No.	No.	No.	No.	No.	No.
< 1 gram	8	3	7	7	2	4
≥ 1 < 3 grams	23	13	10	3	4	5
≥ 3 < 5 grams	9	3	2	1	2	2
≥ 5 < 10 grams	9	4	1	2	-	-
≥ 10 < 15 grams	5	1	-	-	-	1
≥ 15 grams	2	1	-	-	-	1
Unsure	-	4	-	-	-	-

Table 14: Quantity of Benzodiazepine use

Tablets	Daily (n=15)	Weekly (n=6)
≤ 2 tabs	1	-
> 2 ≤ 4	2	1
> 4 ≤ 10	4	1
> 10 ≤ 20	2	2
> 20 ≤ 40	4	1
> 40 ≤ 80	1	1
Unsure	1	-

Regular-heavy users

Using the data on frequency and level of drug use, an attempt was made to distinguish between regular-heavy users and non-users. Well documented guidelines are readily available for alcohol consumption. Any drinker who consumed more than 6 glasses a day or 42 glasses a week was classified as a regular-heavy user. The classification of regular-heavy criteria for the use of other drugs was especially problematic in that other drugs involve more complex phenomena. Consideration of contributing risk factors such as: method of administration; economic cost; effects on health; and illicit trade transactions were outside the scope of this study. Therefore, fairly broad criteria were set, in that any individual who used any drug (excluding cannabis) on a daily to weekly basis was classified as a regular-heavy user. In relation to cannabis, users were classified as regular-heavy if they used on a daily basis. Findings from the above classification framework indicated

that 63% of the total sample were regular-heavy users of alcohol and/or other drugs.

5. Problems associated with drug use

Type of drug

Of the total sample 74% (n=129) had experienced problems due to their use of drugs and 7% of this group specified the problems as not being current.

According to Table 15 alcohol appeared to have caused the most problems for inmates (36%), followed by a combination of alcohol and drugs (20%). Those who had experienced problems (n=129) were also asked to specify which single drug had caused the most problems for them. As Table 17 shows after alcohol (55%), heroin/opiates (17%), amphetamines (6%) and cannabis (6%) were most cited. Further, 2% of this sample specified cigarettes and 1% specified solvents and hallucinogens as causing the most problems for them.

Type of problem

The main problems specified by inmates in this study are consistent those identified by McMurran and Hollin (1989) in their study of offenders. Table 17 shows the type of problems inmates identified as being related to their drug/alcohol use (n=129). The most frequently cited problem identified by the sample was legal (including gaol and police). This was an open-ended question (the categories of problems shown in Table 17 were based on the inmate responses). The proportion of

inmates identifying specific problem areas was low compared with the reception findings. However, in the reception study interviewers appeared to inadvertently

Table 15: Those who reported experiencing problems from using drugs

	No.	%
Alcohol	62	36
Other Drugs	32	18
Both	35	20
No problems	46	26
TOTAL	175	100

use probes as prompts and this question was presented as a forced choice option. The prompts used by the interviewers featured highly in the inmates' responses. This could indicate a recency bias in the reception findings.

Consistent with the reception findings was that those who consumed drugs (excluding alcohol) were more likely to cite problems with their partner and financial matters. Another finding consistent with the earlier study was that those who used alcohol as a problem were more likely to cite violence.

As shown in the reception study even

Table 16: Drug which caused the most problems

	No.	%
Alcohol	71	55
Heroin	23	17
Amphetamines	8	6
Cannabis	8	6
Pills	5	4
Cocaine	2	2
Cigarettes	2	2
Hallucinogens	1	1
Solvents	1	1
Unsure	8	6
TOTAL	129	100

though alcohol appeared to be the main problem drug, those who cited alcohol were less likely to specify related problems, than the users of other drugs. The group who used both alcohol and other drugs appeared to have the most problems.

Dependency

Of the total sample 20% (n=35) perceived they were dependent on drugs, 2% were unsure and another 2% specified that they were not currently dependent because they were not using in prison. When asked what was the drug of dependence, alcohol, methadone, heroin and cannabis were the most frequently cited drugs. Of this sample 5 inmates stated that they were dependent on more than one substance.

Table 17: Problems resulting from use of drugs

Type of problem			Drug type		
	(n=129)	%	Alcohol (n=62) %	Other drugs (n=32) %	Both (n=35) %
Gaol/legal/police	74	57	63	44	60
Partner	37	29	16	31	49
Violence	18	14	19	6	11
Finance	14	11	2	25	14
Friends	14	11	5	13	20
Self esteem	10	8	2	9	17
Health-general	10	8	3	9	14
Health-brain damage	6	5	5	6	3
Children	7	5	3	6	6
Dependency	6	5	2	13	3
Uncontrolled action	4	3	3	-	6
Work	4	3	5	-	3
Homelessness	1	1	-	1	-
Other	11	9	5	6	17

6. Prior treatment for drug use

Of the total sample 62% had attempted to control their use of drugs/alcohol in the past either formally (treatment centre) or informally (help from family/friends or self-detoxing.) When informal help is excluded, 39% of the total sample reported receiving treatment sometime prior to coming to prison.

As Table 18 shows counselling (23%) was the most common form of treatment

reported as undertaken. This was followed by treatment in a rehabilitation centre or therapeutic community (22%) and Alcoholics Anonymous (18%). Counselling was also the most common form of previous treatment cited in the reception study. However, for every comparable treatment the present study showed a higher incidence of experience. In the reception study, data on previous treatment was collected using an open ended format whereas the present study used forced choice format.

Table 18: Type of treatment received (community based)
 Base=total sample (n=174)*

	No.	%
Counselling	40	23
Rehabilitation Centre	39	22
Alcoholics Anonymous	31	18
Doctor	29	17
Psychologist/ Psychiatrist	24	14
Detoxification Centre	23	13
Methadone Program	22	13
Group Therapy	20	11
Narcotics Anonymous	18	10

* Data missing for 1 case

Of those who reported drug problems (n=129) 49% had undertaken formal treatment. In examining that group who believed that a relationship existed between their drug use and imprisonment (n=113), 50% had undertaken formal treatment.

7. Reliability of data

The accuracy of the some of the data gathered was able to be verified with inmate records held by the Department. The following data were verified: most serious offence type; sentence length; age; and correctional centre transfer information. Of the total sample 13% (n=22) had provided inaccurate data on these data items and no inmate provided inaccurate data on more than one of these items. Most of the discrepancies were in relation to most serious offence

information; findings were as follows: offence type totally different category to actual offence (n=5); offence stated was committed by the inmate, but was not the most serious (n=5); and offence stated was related/similar, but not the actual offence (n=5). These discrepancies may have been due to a number of factors, such as: memory, dishonesty or lack of understanding. The fact that no one provided inaccurate data on more than one check suggests that dishonesty was not the main contributing factor. The findings were cross-analysed with those on frequency and amount of alcohol and heroin use prior to imprisonment. There appeared to be no significant difference between those whose data showed discrepancies and those whose data matched in terms of reported prior drug use.

Interviewers were also asked to rate inmates in terms of their co-operation and truthfulness. The majority of inmates were reported to be "very co-operative" (55%), followed by "fairly co-operative" (42%). With regards to truthfulness, the majority were rated as "fairly truthful" (54%) followed by "extremely truthful" (39%), with only 5% being rated as "untruthful". When truthfulness was cross-analysed with frequency and amount of alcohol and heroin consumption prior to imprisonment there appeared to be no marked difference between those rated as truthful and those rated as untruthful.

As inmates were being asked at the end of their sentence about their use of drugs before their sentence had commenced, the reliability of drug use data could be called into question. However, the

median sentence length was 4 months and the majority of inmates were recalling their use within the previous 12 month period. A 12 month time frame for recall is consistent with other studies.

In conclusion, these measures have not provided any reason to doubt the reliability of the self response data and lend support to Pedic's (1990) recommendation for collecting drug use data by way of face-to-face interviews.

Discussion

This report is the first of a two part series. The main objective of this study was to examine the effectiveness of the Drug and Alcohol Services in reaching those inmates with drug problems, and in addition to examine the perceived effectiveness of that contact. To this end, it was necessary to identify the drug-related background of inmates by collecting data on their: drug use patterns; criminal activity and perceptions on its relationship to drug use; problems experienced due to drug use; and drug-related treatment history. Those inmates nearing the completion of their sentence were deemed to be the most appropriate to study. The findings arising from the background characteristics of this sample have been outlined in this first report.

Methodological problems arising from the study

This documentation of the difficulties encountered in measurement and the corresponding suggestions on how they can be overcome, may provide useful information in relation to developing a valid screening and assessment tool.

The most problematic area encountered was defining the parameters for levels of consumption of drug use. Collecting data on consumption levels is an essential component in the defining of patterns of drug use. Without this, relevant information essential to classification is lost. For example, one user of cannabis may use daily, but only smoke a quarter of a gram per day in a controlled manner, whereas another user may "binge" smoke

cannabis on a fortnightly basis in conjunction with other drugs and also drive while heavily under the influence of these drugs. With the exception of alcohol, precedents on the classification of consumption levels of drugs are scarce.

The classification of pill and opiate (not including heroin) use was particularly problematic. Benzodiazepines may be sold in varying milligram weights and packaged in varying quantities. It is therefore important to attempt to identify the milligram weight of the drug in addition to the number of pills or the packet quantity, whichever applies. Opiates proved difficult because different types were refined in different forms. For example, morphine and pethidine were prepared in liquid form, whereas codeine was prepared in powdered form. It would appear that the various types of opiates need to be separated in defining levels of consumption. This should also be the case with hallucinogens, i.e. ecstasy, LSD and magic mushrooms.

Over the course of the study it appeared that some of the Aboriginal inmates, in defining their level of consumption, were actually citing the amount which was consumed by their drinking group as a whole. Once this pattern was identified the interviewers were instructed to probe the inmates on the amount consumed by themselves alone.

A further pattern identified was binge drinking on a fortnightly basis after receiving the fortnightly pay cheque or social security benefit. Unfortunately, fortnightly consumption levels were not recorded in this study. However, such a

pattern points to the inclusion of fortnightly consumption levels in future work.

In terms of developing screening and assessment tools for classification to treatment, the problems encountered by this study in measuring patterns of consumption, can be overcome by adopting a rigorous approach in the early stages of the design process.

Further, accuracy in classification may be increased through defining a heavy session of use and recording the number of heavy sessions in a fortnightly period and the maximum amount consumed in a heavy session.

The above cited difficulties in the classification of drug use also point to the need for further research into the pharmacological effects of drugs. As Collins (1990) notes, the concept of pharmacological effect is not simple, therefore distinctions in drug pharmacology and the associated effects on the body, mood and behaviour are required.

Alcohol the major problem

As with the previous study (Stathis et al, 1991) alcohol was identified as the major drug problem for male inmates. Consistent with the findings of earlier studies:

- (i) intoxication at time of offence was most likely to be from alcohol;
- (ii) alcohol intoxication prior to committing offence was associated with more serious

crimes, like assaults;

- (iii) inmates themselves cited their alcohol consumption, more than any other drug, as leading to violence;
- (iv) alcohol was identified by the majority of inmates as their main problem drug; and
- (v) inmates cited alcohol, more than any other drug, as being related to their imprisonment.

Further, if the high levels of consumption reported by the inmates are accurate then the findings are most disturbing, with 67% of the sample having drunk very heavily prior to their most serious offence. Further, 26% of this sample who reported being under the influence of alcohol prior to their most serious offence, reported drinking more than 40 standard drinks on that occasion which is equivalent to more than 24 cans of beer or a 4 litre cask of wine.

As was the case with the reception sample, despite the fact that inmates identified alcohol as their main problem, when asked to identify the types of problems it caused the number of responses was quite low. This apparent limited self-awareness may in part be due to the fact that alcohol is a socially sanctioned drug and this acceptability may influence interpretations on behaviours and other problems related to its use. Assuming this is the case, then it is suggested that treatment interventions designed for problem drinkers should include a cognitive component which aims to increase self-

awareness by addressing the antecedents, processes and consequences of alcohol consumption.

A study conducted in Victoria on a cohort of drink drivers (Christie et al, 1987) found that reconviction was associated with three factors: heavy drinking, low social class, and a family history of problem drinking. The authors argued that on an individual level the amount of alcohol consumed was the only predicting factor amenable to change. Their findings indicated that the amount of alcohol consumption was one of the best predictors of future convictions and was the single most important preventable cause of future convictions. In applying their findings to the treatment scenario it would appear that education programs offering skills in reduced drinking would be appropriate. Such programs would need to be culturally and socially relevant to the inmate population.

Obviously some inmates would be in need of more intensive intervention than simply an education program and for this group a range of interventions should be offered.

Notwithstanding this last point, considering the pervasiveness of drinking problems in the inmate population standardised alcohol education programs aimed at the mass may well be justified.

Other drugs

While problems with other drugs appeared not to be as prevalent in the inmate population as alcohol, they were of sufficient size to justify attention in

relation to both screening and intervention.

Of interest was that even though the incidence of daily amphetamine use was relatively low (5%) compared to heroin use (11%) it was over twice the amount reported in the reception study (2%). An earlier study by (Harrison in Stathis et al, 1991) had found an increase in the use of amphetamines amongst offenders.

As 9% of the sample reported daily benzodiazepine use prior to imprisonment the issue of possible abuse of prescription drugs, particularly Benzodiazepines, needs to be addressed. Similarly, the incidence and frequency of prescribed drug use by inmates while in the correctional system should be monitored to determine whether problems exist. This should include drugs recognised as possible drugs of abuse, such as: benzodiazepines; barbiturates; and analgesics

Of concern was the proportion of inmates who reported having problems with more than one drug. Of the total sample 10% reported being under the influence of both alcohol and drugs at the time of their most serious offence. This group also showed a higher incidence of assaults than the group who reported using drugs (excluding alcohol). Of the total sample, 20% reported problems with both alcohol and drugs and proportionally they specified more types problems resulting from their use.

It appears that the problems resulting from drug use are significantly compounded when more than one drug is abused. As it is likely that the lives of

those who are heavy users of more than one drug type are being significantly damaged, then this group should be specifically targeted for intervention.

The present study did not distinguish on the basis of gender because the female sample was of negligible size (n=11). Significantly less females come to prison than males. However, problems with drugs (excluding alcohol) appeared to be more prevalent for females (particularly heroin and pills). Of the 11 females interviewed, 4 were using heroin daily prior to imprisonment. Also, 9 females reported being under the influence of either drugs (n=6) or a combination of alcohol and drugs (n=3) at the time of their most serious offence. Finally, 2 females reported that alcohol was their main problem drug.

Female inmates with drug problems appear to be quite a distinct group and special attention should be given to their needs. The needs of female inmates with drug problems were specifically addressed in Miner and Gorta (1986).

Screening

The findings endorse those of previous studies which report that the incidence of inmates with drug problems is very high. The routine administration of a standardised screening tool would enable detection of those in need of intervention and could also provide empirical data on changes in drug use patterns over time and the drugs and crime relationship.

If all receptions were routinely screened, then information on sub-populations, such

as females and Aborigines, could be used to make programming decisions in relation to their special needs. This would overcome the problem of studies such as the present one, which fail to achieve an adequate sample size of these groups to make meaningful interpretation of the findings.

Further, it is possible that a screening procedure can also serve as a treatment intervention in terms of raising self-awareness about drug use and its related problems. Feedback from some inmates during interviews in the present study indicated that this was the case. Indemauro and Upton (1988) argued that this procedure may be more effective than lecturing because it puts the inmate in an active role.

The pervasiveness of those in prison with alcohol problems alone is enough to warrant the screening of all receptions. That they are in prison indicates they are also having an impact on others in the community.

In overview, the value of data collection in this area cannot be underestimated, as it is contributing to a process of identifying ways to reduce the prevalence and severity of drug abuse and crime.

Endnotes

¹ Sex offenders are often classified to Cooma Correctional Centre.

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Appendix A

Table 19: No. of Discharges for March, 1992 :
 (includes those released on sentence completion, to parole and on licence)

Correctional Centre (male inmates)	No. released		Correctional Centre (male inmates)	No. released
St. Heliers	41		Assessment	6
Silverwater	36		Broken Hill	6
Parramatta*	34		Tamworth	4
Goulburn	32		Prison Hospital	4
Cessnock	29		Maitland	3
Training Centre	29		Lithgow	2
Bathurst	28		Berrima	2
Reception	27		Cooma	2
Emu Plains	23		Remand	1
Glen Innes	22		Special Care Unit	-
Mannus	21		Newnes	-
Grafton	19		TOTAL (male)	425
Windsor	19		Correctional Centre (female inmates)	No. released
Parklea	13		Norma Parker	9
Kirkconnell	12		Mulawa	28
Oberon	10		TOTAL (female)	37

Key: ■ = Correctional centres selected for study.

* = Parramatta was re-classified to a remand prison during the course of the study and therefore was excluded.

Appendix B _____

Table 20: Breakdown of sample by correctional centre

	Expected No. Discharges	Refusals No.	Not Present No.	Interviewed No.
Cessnock	28	2	-	26
Reception	11	-	1	10
Goulburn	20	-	2	18
Training Centre	25	1	1	23
Bathurst	23	-	2	21
St. Heliers	27	-	-	27
Silverwater	42	-	23* ¹	19
Mulawa/ Norma Parker	14	-	3	11
Emu Plains	20	-	-	20
TOTAL	210	3	32	175

Key:*¹ = Silverwater is a work release centre, therefore inmates may not be on the grounds during general office hours.

Appendix C

Tables 21 to 25 show a comparison between the present sample and a discharge cohort from the N.S.W. Prison Census, 1992 on demographic and offence data.

	Sample (n=175)	Census (n=334)
	%	%
18-24	41	38
25-29	22	22
30-34	18	17
35+	19	23
Total	100	100

	Sample (n=175)	Census (n=334)
	%	%
Single	58	56
Married/ de facto	29	31
Separated/ Divorced	13	12
Unknown	-	1
Total	100	100

Table 23: Sex, Aboriginality and Australian born - sample and Census

	Sex		Aboriginality		Australian-Born		
	Sample (n=175)	Census (n=334)	Sample (n=175)	Census (n=334)	Sample (n=175)	Census (n=334)	
	%	%	%	%	%	%	
Male	94	95	Yes	15	13	80	86
Female	6	5	No	85	87	20	14
Total	100	100	Total	100	100	100	100

Appendix C cont.

**Table 24: Sentence length-
sample and Census**

Sentence length	Sample (n=175) %	Census (n=334) %
1 mth < 3	20	15
3 mths < 6	36	24
6 mths < 1 yr	21	21
1 yr < 2 yrs	11	14
2 yrs plus	12	26
TOTAL	100	100

**Table 25: Most serious offence-
sample and Census**

Offence	Sample (n=175) %	Census (n=334) %
Property	27	30
Driving	20	11
Assault	17	20
Drug ^{*1}	14	6
Robbery	12	13
Order	9	11
Sexual Assault	-	6
Other	1	3
TOTAL	100	100

*¹ Includes offences such as possession, selling, importing & cultivation.

Appendix D _____

INMATE EXIT QUESTIONNAIRE

Introduction: "Hi my name's I'm a Research Officer from the Research Division of Corrective Services and I'm conducting a survey with people just before they leave gaol, which is why I would like to interview you. The main aim of this survey is to get some feedback on the services provided in New South Wales gaols so they can be improved. I'll also be asking people about their drug use before they came to gaol and some other background information, but, mostly it is about the services offered in the gaols. It gives people in gaol a chance to have their say. Everything you say will be kept confidential and no person will be identified."

Client no. _ _ _

Sex?
Male 1
Female 2

Firstly, I'd like to ask you some background questions

Q.2 How old are you?

Q.3a What country were you born in?

Q.3b What is your first language?

Q.4 Are you of Aboriginal or Torres Strait Islander descent?(circle)
Yes 1
No 2

Q.5 Are you now: (circle)
1. single?
2. married?
3. in a de facto relationship?
4. divorced?
5. widowed?
6. separated?

Q.6 Which suburb or town were you living in when you committed the offence which you came to gaol for this time? (write)

Now, thinking about your time in gaol

Q.7a How long have you just spent in gaol for this sentence period, including any time spent on remand?(write months)

Q.7b Have you been to gaol before for other sentences, not including fines? (circle)
Yes 1
No 2

Q.7c Have you ever been in a juvenile detention centre?(circle)
Yes 1
No 2
Unsure 9

Drug & Alcohol Exit Survey: Part One
D&A background of inmates

Q.8a What was the most serious offence which you came to gaol for this time?*(prompt; the one with the longest sentence)*
(write)

Q.8b At the time of committing this offence were you under the influence of alcohol or drugs, legal or illegal?*(circle)*

Drugs	1
Alcohol	2
Both	3
Nothing	4 →Q.8c
Unsure <i>(probe)</i>	9

(if took drugs)

(i) what drugs did you take and how much?

(write in names and amount in quantities, eg. gms of heroin or mgs of tabs)
.....
.....

(if took alcohol)

(ii) how much alcohol did you drink? *(write in actual quantity)*
.....

Q.8c Do you think alcohol or drugs had anything to do with your being in gaol this time? *(circle)*

(Probe: to pay for drugs or alcohol, under the influence, "hanging out" for drugs or alcohol or some other way?)

Yes	1 →Q.8d
No	2 → Q.10a
Unsure	9 →Q.8e

(if yes)

Q.8d How is being in gaol related to your use of drugs or alcohol?...any other way? .

(Probe: to pay for drugs or alcohol, under the influence, "hanging out" for drugs or alcohol or some other way?)
(write in)
.....
.....

Q.8e *(if unsure)*
Why aren't you sure? *(write)*
.....

Q.9 Did the Court recommend that you receive drug and alcohol counselling in gaol during this sentence? *(circle)*

Yes	1
No	2
Unsure	9

Q.10a Now the next questions are about your previous drug use. Think back to the six months before you came to gaol for the sentence you have just served *(Use calendar to identify period of free time. If 6 free months cannot be identified within year before gaol then record amount of free time and frame questions around that period)*. Now how often would you have smoked cigarettes? *(read out each drug and code use in box beside each drug)* Period of free time _____

(ASK 10b ONLY FOR THOSE DRUGS USED ONCE A WEEK OR MORE)

Q.10b How much would you use in an average week?*(write amount in space beside each drug)*

Did not use	1
Used once during the six months	2
Used more than half yearly 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

(only ask if use \geq weekly, ie. code 6,7,8)
How much used per day/week(write in)

	How often used	
1. Cigarettes	<input type="checkbox"/>
2. Alcohol	<input type="checkbox"/>	st.glass
3. Pills-Pain killers(paracetamol, etc)	<input type="checkbox"/>	mgs
-Benzo's(serepax, valium, rohypnol,mogodon)	<input type="checkbox"/>	mgs
-Barb's(downers, sleeping tablets, eg.phenobarbs)	<input type="checkbox"/>	mgs
4. Amphetamines/speed	<input type="checkbox"/>	gms
5. Cocaine	<input type="checkbox"/>	gms
6. Cannabis	<input type="checkbox"/>	gms
7. Heroin	<input type="checkbox"/>	gms/wgt
8. Other opiates(incl. street methadone, phyceptone)	<input type="checkbox"/>	mils/mgs
9. Hallucinogens	<input type="checkbox"/>
10. Sniffing Solvents(glue, petrol, thinners)	<input type="checkbox"/>
11. Other(write)	<input type="checkbox"/>

(If crime is not related to D&A use and use in free 6 months was non-existent and s/he states during the previous questions s/he has never consumed alcohol or drugs -> go to Q.13a

Q.11a Has your use of drugs or alcohol ever caused you any problems?(circle)

- Yes 1
- No 2 ->Q.11e
- Unsure(probe) 9

Q.11b Which drugs have caused you problems?what about alcohol?
(write all drug names stated)

-
- drug 1
- alcohol 2
- polydrug (more than one drug) 3

Q.11c Which of these would you consider to be your main problem?
(write drug name)

Q.11d What sorts of problems did your use of drugs/alcohol cause?
.....

Drug & Alcohol Exit Survey: Part One
D&A background of inmates

Q.11e Are you dependent on any drug....what about alcohol?
 Yes 1
 No 2
 Unsure(*probe*) 9

If yes

Q.11f What ones?

Q.11g Have you ever done anything about cutting down or stopping your drug
 or alcohol use outside of gaol? any treatment? (*circle*)
 Yes 1
 No 2 -Q.12a
 Unsure (*probe*) 9

(if yes or unsure)

Q.11h I'll read out a list of things that people can do in order to cut down or stop their
 drug or alcohol use. Can you tell me if you have ever tried any of these things
 outside of gaol? (*circle each method tried*)

1. methadone	1
2. counselling	2
3. group therapy	3
4. doctor	4
5. psychiatric or psychological treatment	5
6. therapeutic community or rehab. program	6
7. detoxification unit	7
8. Alcoholics Anonymous(AA)	8
9. Narcotics Anonymous(NA)	9
10. self-detox	10
11. help from family/friends	11
12. something else(<i>write</i>)	12

(ask 11i if inmate had formal treatment, not incl: self-detox & family. Otherwise go to Q.12a)

Q.11i What was the most recent treatment you had and when(*year*) was it? (*write*)

Q.12a And thinking back to when you arrived in gaol for this sentence were
 you "sick" or "hurting" from lack of drugs or alcohol? (*circle*)
 Yes 1
 No 2 -Q13a
 Unsure (*probe*) 9

Q.12b From which ones?(*record names*)

Q.12c Were you given any treatment for this? (*circle*)
 Yes 1
 No 2 -Q.13a

Q.12d What sort of treatment did you receive?(*write*)

Now talking about what is offered in gaol for inmates !

- Q.13a When you first came to gaol for this sentence, which gaol were you received into and what was your security classification? *(write in)*
- Q.13b And was there a Drug and Alcohol Worker at your reception meeting? *(circle)*
- Yes 1
No 2
No reception meeting 3
Unsure/don't remember 9
- Q.13c At reception or shortly after were you given a drug and alcohol assessment, that is, were you asked about your use of drugs and alcohol? *(circle)*
- Yes 1
No 2
Unsure 9
- Q.14a Have you been on the Prison Methadone Program while in gaol this time? *(circle)*
- Yes 1 →Q.14b
No 2 →Q.15
- Q.14b When was this? *(write)*

Ask Q.15 if inmate:
has a problem (refer to Q.10a and Q.11e);
or sentences were D&A related Q.8b and Q.8c)

→ Otherwise go to Q.27

- Q.15a I am going to ask you some more questions about being in gaol this time.
- Thinking of this time in gaol, which of the different gaols have you spent more than one week in? (enter 1 beside each gaol attended in space provided and then go onto Q.15b).
- Q.15b As far as you know, is there a drug and alcohol counselling service available in N.S.W. gaols? *(circle)*
- Yes 1
No 2 →Q.23a
Unsure *(probe: have you ever seen a D&A worker?)* 9
- Q.15c At which gaols did you use the Drug & Alcohol Service?
- | | 15a
Held
in | 15c
D&A
used |
|----------------------|--------------------------|--------------------------|
| 1. Bathurst | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Berrima | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Broken Hill | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cessnock | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cooma | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Emu Plains | <input type="checkbox"/> | <input type="checkbox"/> |

7. Glen Innes	<input type="checkbox"/>	<input type="checkbox"/>
8. Goulburn	<input type="checkbox"/>	<input type="checkbox"/>
9. Grafton	<input type="checkbox"/>	<input type="checkbox"/>
10. Kirkconnell	<input type="checkbox"/>	<input type="checkbox"/>
11. John Morony(Windsor)	<input type="checkbox"/>	<input type="checkbox"/>
12. Lithgow	<input type="checkbox"/>	<input type="checkbox"/>
13. Assessment(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
14. Reception(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
15. Remand(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
16. Prison Hospital(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
17. Special Care Unit(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
18. Special Purpose Prison(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
19. Training Centre(Long Bay)	<input type="checkbox"/>	<input type="checkbox"/>
20. Maitland	<input type="checkbox"/>	<input type="checkbox"/>
21. Mannus(Brookfield)	<input type="checkbox"/>	<input type="checkbox"/>
22. Mulawa	<input type="checkbox"/>	<input type="checkbox"/>
23. Norma Parker(Parramatta)	<input type="checkbox"/>	<input type="checkbox"/>
24. Oberon	<input type="checkbox"/>	<input type="checkbox"/>
25. Parklea	<input type="checkbox"/>	<input type="checkbox"/>
26. Parramatta	<input type="checkbox"/>	<input type="checkbox"/>
27. Silverwater	<input type="checkbox"/>	<input type="checkbox"/>
28. St Heliers(Muswellbrook)	<input type="checkbox"/>	<input type="checkbox"/>
29. Tamworth	<input type="checkbox"/>	<input type="checkbox"/>
30. Newnes(Young Offenders)	<input type="checkbox"/>	<input type="checkbox"/>

If Inmate:

- did not use D&A service go to Q.22;***
- used D&A at only one gaol go to Q.16A;***
- used D&A service in more than one gaol ask Q.15d***

Q.15d At which gaol did you find the D&A Service most helpful and why?(write in)
.....

(ONLY ASK Q.16 OF THOSE WHO USED D&A SERVICE OTHERWISE GO TO Q.22)

Q.16a How did you come to use the D&A Service, were you referred by someone in the gaol or did you make enquiries yourself?
(circle)

Drug & Alcohol Exit Survey: Part One
D&A background of inmates

- Prison Medical Service . . . 1
- Reception meeting 2
- D&A call up 3
- Other referral (*specify*) . . . 4
- Self-referred 5 →Q.16c

Q.16b Was it compulsory for you to attend?

- Yes . . 1
- No . . . 2

Q.16c What did you hope to get out of the Drug and Alcohol Service? (*write*).. (*probe*)

.....

Q.16d And did you get this? (*circle*)

- Yes . . 1
- No . . . 2
- Unsure (*probe*) 9

Q.17a Did you attend any of the following drug and alcohol programs (*read out each program and probes if required → circle those received*)

- (1) 1 to 1 counselling with D&A Worker? - (*just you and the D&A worker*) 1
- (2) AA? (*Alcoholics Anonymous*) 2
- (3) NA? (*Narcotics Anonymous*) 3
- (4) group therapy? (*D&A groups with a D&A worker and other inmates, e.g., relapse prevention*) 4
- (5) Unicomb House? (*residential program for men*) 5
- (6) inmate support groups? (*self help group run only by inmates*) 6
- (7) any other? (*specify*) 7

Q.17b How helpful did you find

(*use showcard read, out options and ask about each program used in turn. Enter responses in boxes beside treatments listed below*)

very helpful	1
quite helpful	2
not very helpful	3
not helpful at all	4

- (1) 1 to 1 counselling?
- (2) AA (*Alcoholics Anonymous*)?
- (3) NA (*Narcotics Anonymous*)?
- (4) group therapy?
- (5) Unicomb House?
- (6) inmate support groups?
- (7) any other (*specify*)

(ASK Q.17C ONLY IF INMATE RECEIVED MORE THAN ONE TREATMENT.
OTHERWISE GO TO Q.18)

Q.17c Thinking about the drug and alcohol treatments you received which,
would you say, was of most help to you while serving your sentence?
(write)

Q.17d And which would be of the most help to you towards the end of your sentence? (write)
.....

(ASK Q.18 ONLY IF INMATE HAD 1 TO 1 COUNSELLING , Otherwise go to Q.19a)

Q.18a About how often did you usually see the D&A worker for counselling? (circle)

- Only one occasion 1
- Once per 6 months 2
- Once per 2 to 3 months 3
- Once per month 4
- Once per 2 to 3 weeks 5
- Once a week 6
- More than once a week 7
- Other (write) 8

Q.18b Was this too often or enough or would you have liked more? (circle)

- Too often 1
- Enough 2
- More 3
- Unsure 9

Q.19a Generally, in what ways was the D&A Service helpful to you? (write)
.....
.....

Q.19b Did the D&A Service help you in relation to any of the following areas
(read out each area & circle no. corresponding to areas received help)

- 1. health? 1
- 2. emotions or feelings? 2
- 3. relationships with family/friends? 3
- 4. AIDS education? 4
- 5. relationships with prison officers? 5
- 6. relationships with other inmates? 6
- 7. learning of new skills?(prompt:things you can do to help you cut down) 7
- 8. changing your lifestyle? 8
- 9. reports for court? 9
- 10. reports for change of classification in gaol? 10
- 11. plans for when you are released? 11
- 12. anything else?(specify) 12

(ASK Q.19C ONLY IF INMATE LEARNT NEW SKILLS, Otherwise go to Q.19d)

Q.19c You said that you learn't new skills what were these?
(prompt: things you can do to help you cut down)

(write)
.....

- Q.19d Would you say you have changed in any way since using the D&A Service?
... in the way you think or feel or in your behaviour? (circle)
- Yes 1
No 2 -Q.20
Unsure (probe) 9
- Q.19e In what way? (write)
.....
.....
- Q.20 Have you ever experienced any problems in getting to see a D&A worker
when you've wanted to? (circle)
- Yes 1
No 2
Unsure 9
- In what way? (write)
.....
- Q.21a Was any D&A program in which you took part interrupted
or stopped by your being transferred to different gaols?
- Yes 1
No 2 -Q.21c
Unsure(probe) 9 -Q.21c
- Q.21b Tell me about when this has happened?
.....
- Q.21c Was there anything you didn't like about the Drug and Alcohol Service?
(circle)
- Yes 1
No 2 -Q.21e
- (if yes)
- Q.21d What didn't you like about the Drug and Alcohol Service? (write)
- Q.21e What improvements, if any, do you think could be made
to the Drug and Alcohol Service? (write)
.....
- (ASK Q.22 IF INMATE WITH A PROBLEM DID NOT USE D&A AT ANY GAOL)**
- OTHERWISE GO TO Q.23a)
- Q.22a Why didn't you use the Service?.....and was there any other reason?
(do not read these out but circle each reason volunteered by inmate)
1. Don't have a problem 1 -Q.27
2. No time-prison work 2
3. No time-other program 3
4. No time-Work Release 4
5. Problems with custodial staff 5
6. Waiting list too long 6
7. Other inmates said "it was no good" 7
8. No service offered 8
9. Other reason(state) 9

- Q.22b Did you try to use the D&A Service? *(circle)*
- Yes 1
 No 2 →Q.22d
 Can't remember 9 →Q.22d

(if yes)

- Q.22c In what way did you try to use the Service?*(write in)*

- Q.22d How important was it for you to use the D&A Service for your drug or alcohol problems?
(Use show card and ask "was it very important or was it quite important etc. and circle response)

- Very important 1
 Quite important 2
 Not very important 3
 Not important at all 4

- Q.22e Why is that? *(write)*

 →Q.23

I'm now going to ask you some specific questions about how you think things should be run and then we will finish up!

- Q.23a In your own words, what sort of drug or alcohol treatment programs do think could have helped you while you were in gaol? *(write)*

- Q.23b Who would be the best people to run treatment programs *(show card & read out each of these as options, ie. D&A workers or education officers or ... and circle response)?*

- Drug and Alcohol Workers? 1
 Education Officers? 2
 Psychologists? 3
 Prison Officers? 4
 Someone else from inside gaol? *(specify who)* 5
 NA? 6
 AA? 7
 Someone from outside gaol?*(specify who)* 8
 Unsure 9

- Q.23c When do you think is the best time to run treatment programs?
(read out each of these as options and circle response)

- When someone is first received into gaol? 1
 Throughout their entire sentence? 2
 Towards the end of their sentence? 3
 Another time? *(write in)* 4
 Unsure 9

- Q.23d If you were able to set up a new drug or alcohol treatment program in gaol what would it be like? *(write)*

- Q.24 While in gaol this time were you working in the gaol or on work release or any other program, what about an education program?
(write which ones)

Now thinking about when you'll be released!

- Q.25a Have you set any goals for yourself in relation to your drug & alcohol use?
(circle)
- Yes 1
 No 2 -Q.26a

(if yes)

- Q.25b What are these? *(write)*

- Q.26a How important is it for you to get treatment for your drug and alcohol use
 once you are outside of gaol?
(show card and read these as options & circle response)
- Very important 1
 Quite important 2
 Not very important 3 -Q.27
 Not important at all 4 -Q.27

(if very important or quite important)

- Q.26b What sorts of treatment will you seek?
- (do not read these out but circle each treatment volunteered)*
1. methadone 1
 2. counselling 2
 3. group therapy 3
 4. doctor 4
 5. psychiatric/psychological treatment 5
 6. therapeutic community/rehab. program 6
 7. detoxification unit 7
 8. Alcoholics Anonymous(AA) 8
 9. Narcotics Anonymous(NA) 9
 10. self-detox 10
 11. help from family/friends 11
 12. something else*(write)* 12

Just a few more questions now!

- Q.27a Have you made any plans for when you get out, in relation
 to *(read out each in turn and circle if yes).... what sort of plans?(write)*
- Work? 1
 Family? 2
 Accommodation? 3
 Living expenses?*(prompt: have you worked out a budget)* 4

- Q.28a Do you feel positive, negative or do you have mixed
 feelings about getting out? *(circle)*
- Positive 1
 Negative 2
 Mixed feelings 3

- Q.28b Why is that? *(write)*

- Q.29 Before we finish up was there anything else you would like to say

about the Drug and Alcohol Services or your time in gaol?

(write)

Thanks a lot for your time and I hope everything works out for you when you get out.

FINISH

Interviewer rating of respondent

a) **Cooperation in answering questions that applied:**

- Very cooperative 1
- Fairly cooperative 2
- Fairly uncooperative 3
- Very uncooperative 4
- Any comments:

b) **Apparent Truthfulness and Openess in completing interview:**

- Extremely truthful 1
- Fairly truthful 2
- Fairly untruthful 3
- Extremely untruthful 4
- Any Comments: