



# Research Publication

## **Addressing the Use of Drugs in Prison: A survey of prisoners in New South Wales**

**Maria Kevin**  
Research Officer

**Research Publication No. 44**  
**May 2000**  
**ISSN 0813 5800**

**NSW Department of Corrective Services**

***“The problem with drugs in gaol is that once you put your head on show (appear intoxicated), people will standover you and then you are always robbing Peter to pay Paul.”***

[A 40 year old community-based heroin injector who did not inject drugs in custody, but did smoke cannabis: total time spent in prison 103 months]

## **Acknowledgements**

Funding for the project was provided by the National Drug Strategy and this funding was administered by the New South Wales Department of Health. The following contributions are appreciated.

Suzi Morris of the Alcohol & Other Drug and HIV & Health Promotion Services and Simon Eyland of the Research & Statistics Unit of the Department of Corrective Services contributed professional expertise and support. Mala Henderson of the Department conducted interviews and contributed to the analysis of findings. Barbara Thompson assisted with sample design and analysis of data. Simon Eyland, Suzie Morris, Antonia Barila and Kyleigh Heggie of the Department provided critical review of the report.

The valuable contribution of the inmates who participated in the study is appreciated.

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	i
<b>RECOMMENDATIONS</b> .....	iii
<b>INTRODUCTION</b> .....	1
<b>METHODOLOGY</b> .....	5
<b>RESULTS</b> .....	7
3.1 Background .....	7
3.1.1 Demographics .....	7
3.1.2 Criminal history .....	7
3.2 Drug use behaviour .....	9
3.2.1 Patterns of drug use .....	9
3.2.2 Prison-based injecting drug use .....	10
3.2.3 First occasion of prison drug use .....	10
3.2.4 Last occasion of prison drug use .....	10
3.2.5 Prison needle sharers drug use .....	10
3.2.6 Reasons for drug use .....	14
3.2.7 Treatment profile .....	14
3.3 Prison subculture .....	15
3.3.1 General social context .....	15
3.3.2 Inmate types .....	16
3.3.3 Inmate economy .....	16
3.4 Prison drug culture - estimates and opinions .....	17
3.4.1 Inmate drug code .....	17
3.4.2 Drug trade .....	17
3.4.3 Estimates on risk behaviours .....	18
3.4.4 Drug free wings in prison .....	18
3.5 General safety issues .....	18
3.5.1 Suicide and self-harm .....	18
3.5.2 Violence: defined and experienced .....	19
3.6 Prisonisation .....	20
3.6.1 Prisonisation scale .....	20
3.6.2 Attitudes towards staff .....	20
3.7 Female sample .....	22
3.7.1 Background .....	22
3.7.2 Patterns of drug use .....	22
3.7.3 Prison subculture .....	22
<b>DISCUSSION</b> .....	25
<b>ENDNOTES</b> .....	30
<b>REFERENCES</b> .....	31
<b>ANNEXE</b> .....	32

## LIST OF TABLES

Table 1: Inmates sampled and interviewed .....	6
Table 2: Type of drug involved in offences .....	7
Table 3: Drug types related to current imprisonment by most serious offence .....	8
Table 4: Drug use: 6 months prior to and during current prison term <sup>†</sup> .....	9
Table 5: Injecting drug use .....	10
Table 6: Prison-based needle sharers by type of prison-based drug use during current term	13
Table 7: Reasons for drug use .....	14
Table 8: Drug treatment profile .....	14
Table 9: Inmate social code .....	15
Table 10: Coping strategies .....	15
Table 11: Inmate types .....	16
Table 12: Coping strategies: difficult inmates .....	16
Table 13: Inmate economy .....	16
Table 14: Inmate code on drugs .....	17
Table 15: Drugs offered during current term .....	17
Table 16: Inmate perceptions on forms of payment for drugs .....	18
Table 17: Inmate estimates on the proportion of injecting drug users who share needles ...	18
Table 18: Inmate estimates on the proportion of needle sharers who clean their needles on every occasion with bleach .....	18
Table 19: Frequency of feeling threatened or unsafe around inmates and staff .....	19
Table 20: Inmate perceptions on which types of behaviours are violent .....	19
Table 21: Inmate experience of physical and verbal violence during current term of imprisonment .....	19
Table 22: Level of agreement to inmate social code scale .....	20
Table 23: Inmate opinions on different categories of staff .....	21
Table 24: Drug use by females: 6 months prior to and during imprisonment term .....	23
Table 25: Quotes from inmates on the social context of imprisonment (total sample) .....	23

## LIST OF FIGURES

Figure 1: AOD-related offending .....	7
Figure 2: Snapshot of first occasion of drug use .....	11
Figure 3: Snapshot of last occasion of drug use .....	12

## EXECUTIVE SUMMARY

The study was commissioned by the Alcohol & Other Drug and the HIV & Health Promotion Unit Services (AOD/HHPU) of the Department. The primary aim of the study was to obtain data on the patterns of drug use by inmates prior to and while serving a custodial sentence. A further aim was to provide a greater understanding of the social context of drug use in prison.

The sample consisted of 235 (220 males & 15 females) inmates serving a full-time sentence of at least 1 month who were shortly to be released to the community. The data were collected by way of personal interview during late 1998. The sample was representative of the population of inmates who were released within the study's time-frame (*refusal rate=5.5%*).

### Background characteristics

- Males were on average 29 years of age. Almost one-quarter (22.7%) reported that they were an Aboriginal or Torres Straight Islander person. Just over half resided outside the Sydney metropolitan area prior to being imprisoned.
- The median term of imprisonment currently being served was 6 months. Most (66.4%) had been sentenced to prison on a previous occasion with a median of 3 previous prison episodes. The median age of first imprisonment was 18 years and the median total time served was 18 months.

### Drug-related offending

- Over three-quarters (83.6%) of males stated that the offences for which they were currently imprisoned were alcohol and/or other drug-related (AOD-related). Of those with AOD-related offences, approximately half cited that more than 1 type of drug was involved. Alcohol (54.9%), heroin (41.3%) and

cannabis (40.2%) were the drugs most commonly cited as being related to current offences.

- Pre-prison use of amphetamines (30.0%) was almost as commonly reported as heroin use (38.6%).

### Drug use during current prison term

- Of males, 58.2% reported drug use (excluding tobacco and prescription medication for self) on at least one occasion during their current term.
- Cannabis (54.8%) was the most commonly cited drug. When compared to community-based use, there was a marked drop in the prevalence of heroin, amphetamine and cocaine use during imprisonment. Heroin was used by 21.9% of inmates and 16.9% used pills (not prescribed for self).
- Of those who used heroin prior to imprisonment and did not use heroin in prison, just over half (56.5%) used cannabis while in prison.
- With the exception of cannabis, the frequency of drug use (*how often*) appeared to decline sharply during imprisonment.

### Injecting drug use

- Just over half of males (51.4%) injected drugs in the six months prior to imprisonment and under one-quarter (21.8%) injected drugs during their current term of imprisonment. Eleven inmates (9.7% of community injectors) had shared injecting equipment prior to imprisonment and 25 inmates (52.1% of prison injectors) had shared equipment during their current prison term. Just over half of the eleven inmates who shared needles in the community went on to share in prison.

## EXECUTIVE SUMMARY

### Treatment profile

- Of males, 80.5% reported having a drug (including alcohol) problem at some stage in their lives. The majority of males with a problem history had experienced periods of abstinence both in the community and prison.
- More than half had participated in AOD treatment (*excluding methadone*) in the past with a median of four months spent in treatment and more than half had received (*non-medical*) treatment during their current prison term with a median of two occasions of service.
- Of males, 26.4% had received methadone maintenance treatment at some time in their past with a median of 12 months in treatment and 11.8% had received methadone maintenance during their current prison term.

### Prison subculture

- When inmates were asked about the general social code by which they were expected to abide as an inmate, the dominant theme emerging was the lack of trust pervading inmate relationships. The need to communicate cautiously and to adopt a tough persona to avoid victimisation from other inmates were also reported.
- Employment was the most commonly cited strategy by which inmates coped with imprisonment. Training in the gym and listening to TV and/or radio were also commonly cited. Prison drug users were less likely to cite employment as a coping strategy when compared to non-users.
- On a scale designed to measure the level of identification with the values of the inmate subculture, most inmates endorsed anti-institution statements.

- Across staff types, inmates showed most acceptance of professional staff, followed by case managers. When compared to non-users, drug users were more likely to reject officers.

### Prison drug culture

- The dominant themes arising from the inmate drug code appeared to be in relation to avoiding defaulting on payment for drugs due to violent consequences and the necessity to maintain secrecy from other inmates about drug possession. Prison drug users more frequently cited debt avoidance and secrecy as codes when compared to non-users.
- The most common reason provided by inmates for not using drugs in prison was the lack of availability.

### Safety issues

- Of males, 11.8% reported that they had felt like harming themselves and 13.6% reported that they felt suicidal at some time during their current prison term. No association was found between self-reported self-harm or suicidal feelings and self-reported drug use in prison.
- The majority of inmates stated that they never felt threatened/unsafe around both inmates (60.3%) and staff (77.7%).

### Findings on women

- Almost all identified heroin (n=12) as being related to their imprisonment.
- Around half the women (n=8) used drugs in prison, (mainly cannabis and pills).
- The perceived inmate code rules and drug rules were very similar to those identified by males.

## RECOMMENDATIONS

The following strategies are recommended as a means of reducing drug-related harm in the inmate population and enhancing inmates' prospects for re-integration into community life

### The reduction of drug-related harm

1. Commitment to the growing body of evidence which indicates that the bio-psycho-social model of intervention represents best practice for the population of inmates with AOD-related problems and relatedly integrated programming be maintained.
2. Health promotion and treatment programs relating to procedures needed to clean injecting equipment represent current best practice and in turn be fully implemented and maintained.
3. As inmates have ready and non-sanctioned access to whatever cleansing solution is considered best practice for injecting equipment at the time, this be maintained. At present, detergent is also being recommended for the prevention of hepatitis C transmission.
4. Prison injecting drug users identified through either screening interview, urinalysis testing or drug detection be referred to the AOD Services and the Corrections Health Service. These referrals be conducted with a view to developing cross-sectional treatment programs under close management.
5. As prison injecting drug users were less likely to cite employment as a coping strategy in prison than non-users, this group be targeted for employment and training programs.
6. Expansion of specially designated drug treatment units which are based on structured incentive regimes.
7. A 'drug coping skills in prison' program for group-based implementation be developed with the aim of imparting insight and skills on how to reduce drug use and related harmful practices in prison.
8. Expansion of the alcohol & other drug peer education program.
9. Development of a methadone in prison support program for group-based implementation with those inmates receiving methadone maintenance.
10. As psycho-stimulant users are featuring more prominently, evidenced-based interventions be developed, implemented and evaluated.
11. Review the severity of penalties pertaining to cannabis use in prison.
12. As the most common reason provided by inmates for not using drugs in prison was the lack of availability, interdiction practices to reduce the supply of drugs into prison be improved.
13. Harm reduction is an area where there is scope for integration of goals and unified policy between officers and inmates. Continue to promote the importance of Case Management and seamlessness of service delivery to implementing harm reduction strategies within prison in practice and in training of all staff.



## **RECOMMENDATIONS**

### **Management practice and increasing inmates' prospects for re-integration into the community**

14. Continue and support the Case Management approach in which officers perform a service delivery function.
15. Both operational and treatment policies increase the use of behaviour management principles with inmates, such as structured incentives for pro-social behaviour.
16. Continue to establish smaller managed units within prisons. Such units can serve to provide operational benefits (lower inmate alienation, opposition and conflict) and rehabilitation benefits (pro-social environments and access to intensive therapeutic environments).
17. Most officers and inmates would prefer a comfortable, predictable, non-threatening environment. In policy formulation both officer and inmate representatives be consulted and fully informed of the benefits of policy change. Effective policy is accepted, interpreted and implemented with consistency by those concerned.
18. Further development of policies and training programs designed to increase direct and constructive communication between officers and inmates. The purpose of such policies would be to mitigate the effects of the traditional factional relationship between officers and inmates and prisonisation.
19. All staff working in correctional centres receive ongoing supervision and training pertaining to the practice of ethical and legal conduct and the maintenance of professional boundaries.

### **Research and Evaluation**

20. An ongoing, biennial data collection be conducted on the prevalence and nature of drug use by inmates while in prison to monitor trends and review policies and programs.
21. In order to target resources, future research needs to systematically examine differences between those who continue injecting drug use in prison and those who do not continue injecting drug use in prison on a wide range of personal and institutional factors. Significant findings can be factored into risk assessment procedures for inmates on reception.

## INTRODUCTION

Given that correctional philosophy has once again moved away from simple denial of liberty to reducing offending behaviour and accountability measures, the consequences of prison confinement warrant closer attention.

In investigating the social organisation of prisons a core question arises. To what extent is the prison community a smaller replica of the greater society? Is it a sub-system or a completely distinct social system from that found in general society? In practical terms, upon confinement inmates are isolated from their usual communities. Inmates would share common problems and needs which need to be managed. It is therefore plausible that a culture, in the form of distinct attitudes, values and behaviours would develop in any prison setting. The work of Goffman [1] is instructive in this regard.

What are the principle factors which influence inmate behaviour? The correctional research literature shows scant coverage of the prison subculture or the relationship between culture and regime. Considering the potential significance that such knowledge holds for correctional management practices it is apparent that there currently exists a very real gap in the knowledge base.

The primary focus of this study is to examine drug using behaviour in prison. It is known that drug use prevails in prisons even though they are organised in such a way to minimise the importation, distribution and use of non-prescription drugs.

This study attempts to provide an overview of the social context of imprisonment in its examination of drug use in the correctional setting. It is only when we gain a better understanding of the social organisation

within prison that we can address that specific behaviour which we wish to study, in this case the use of drugs within prisons.

### Adapting to prison life

Participation in the prison community is involuntary and imposes rigid controls on behaviour. The emergence of an adaptive culture is predictable. Several studies have attempted to identify the primary factors which influence inmate behaviour.

The accounts of prison culture which have been documented show a distinct historical trend. Clemmer (1940) in his work "The Prison Community"[2] introduced the notion of prisonisation which was viewed as an acculturation process that individuals must undergo upon imprisonment. Hence, the presence of a distinct culture was assumed.

Prisonisation was recognised as a culture featuring an anti-authority, pro-criminal values and behaviour code that inmates adopt and abide by upon imprisonment. Prisonised inmates are seen as opposing the institution and its representatives. The presence of prisonisation would seem to be at odds with the rehabilitation and resocialisation goals of prisons today.

Two basic paradigms have been put forward to account for the pattern of prisonisation in inmates:

- deprivation; and
- importation.

Clemmer viewed prisonisation as an adaption to deprivation or alienation. Prison was viewed as a social system closed to the outside society. Deprivation is functional in orientation. Simply stated, upon imprisonment inmates are deprived of the following [3]:

- freedom of movement
- prior significant relationships
- heterosexual contact
- livelihood
- decision making ability

The explanatory power of deprivation was superceded by importation. According to importation theory prison subculture was explained by importation factors or factors which inmates brought with them from their communities. This explanation is more process oriented. A study conducted in the 1960s' [4] proposed that in addition to being imported, prison society was made up of three clearly defined subcultures: thief; convict; and legitimate.

Thieves subscribed to the central belief that the authorities should not be co-operated with or trusted. For convicts the central belief was that the system should be manipulated to their own advantage. In legitimate culture beliefs concurred with prison rules and approval was sought from authorities

In support of importation theory, a subsequent study found that inmates pre-prison behaviour explained behaviour in custody more so than deprivation on imprisonment [5]. Specifically, the level of prisonisation was predicted by the level of involvement in a criminal subculture prior to imprisonment. Across studies [6] the predominant explanatory factor in the importation model was as follows:

- participation in a criminal subculture prior to confinement

Factors, such as contacts with the community and post-release expectations could also be encompassed by importation theory.

It was found that when examined separately, deprivation and importation did not adequately explain prison subculture. An integration of deprivation and importation accounts and an examination of the relative contributions of each was subsequently addressed [7].

The notion of prisonisation and the relative explanatory power of deprivation and importation were tested in a study based in the Netherlands [6]. Prisonisation was measured using the following attitudes:

- opposition to the institution
- solidarity between inmates
- manipulation of prison officers
- exploitation of other inmates

Subject to statistical analysis of the above factors, solidarity and manipulation were removed and a third factor identified as isolation was added. Isolation was defined as independence from inmates and distance from staff. Hence, the influential factors in prisonisation were found to be:

- opposition
- exploitation
- isolation

The study found that the relationships between officers and inmates and the degree of coercion and control exercised, influenced the level of prisonisation. While findings supported the integration model, deprivation showed greater explanatory power.

From the studies reviewed it appears that the notion of prisonisation can still make a valid contribution in explaining prison communities. In addition, more recent work has noted that prison communities have become more complex, more fragmented and fractionalised due to the appearance of gangs and the drug trade [8].

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	i
<b>RECOMMENDATIONS</b> .....	iii
<b>INTRODUCTION</b> .....	1
<b>METHODOLOGY</b> .....	5
<b>RESULTS</b> .....	7
3.1 Background .....	7
3.1.1 Demographics .....	7
3.1.2 Criminal history .....	7
3.2 Drug use behaviour .....	9
3.2.1 Patterns of drug use .....	9
3.2.2 Prison-based injecting drug use .....	10
3.2.3 First occasion of prison drug use .....	10
3.2.4 Last occasion of prison drug use .....	10
3.2.5 Prison needle sharers drug use .....	10
3.2.6 Reasons for drug use .....	14
3.2.7 Treatment profile .....	14
3.3 Prison subculture .....	15
3.3.1 General social context .....	15
3.3.2 Inmate types .....	16
3.3.3 Inmate economy .....	16
3.4 Prison drug culture - estimates and opinions .....	17
3.4.1 Inmate drug code .....	17
3.4.2 Drug trade .....	17
3.4.3 Estimates on risk behaviours .....	18
3.4.4 Drug free wings in prison .....	18
3.5 General safety issues .....	18
3.5.1 Suicide and self-harm .....	18
3.5.2 Violence: defined and experienced .....	19
3.6 Prisonisation .....	20
3.6.1 Prisonisation scale .....	20
3.6.2 Attitudes towards staff .....	20
3.7 Female sample .....	22
3.7.1 Background .....	22
3.7.2 Patterns of drug use .....	22
3.7.3 Prison subculture .....	22
<b>DISCUSSION</b> .....	25
<b>ENDNOTES</b> .....	30
<b>REFERENCES</b> .....	31
<b>ANNEXE</b> .....	32

## Prison drug culture

When considering the negative consequences of confinement, drug use seems to be an obvious inclusion. Does confinement drive inmates to drug use? It could be reasonably argued that confinement is a predictor of drug use. If so, this would lend support to the deprivation explanation of how inmates adapt to imprisonment.

An early study examined the correlates of prison-based illicit drug use in attempt to determine whether drug use was more likely to be a functional adaptation to imprisonment (deprivation) or an extension of pre-prison behaviour (importation) [9]. The authors found that when compared to other inmates, there was a slight tendency for drug users to be more prisonised, however they concluded that prison drug use was largely a product of pre-prison experiences.

When compared to the general population, prison populations show much higher prevalence of prior community-based illicit drug use [10]. Even though prisons are structured in such a way as to minimise drug trade, it is plausible that this pattern would lead to prison drug trade and the associated tensions. In turn, the extent of the drug trade would shape the power structure of the prison subculture.

A more recent study on the conceptual links between drug use behaviour and prison adjustment was predicated on the belief that prison subculture had changed due to the drug trade [11]. The authors predicted that opiate and cocaine users would show higher levels of prisonisation, (involvement in the prison subculture and maladjustment). They also predicted that participation in a drug free therapeutic community would mitigate the level of maladjustment.

It was found that drug users did not show higher levels of prisonisation. However, those participating in the therapeutic community showed lower levels of prisonisation.

A number of studies have documented the prevalence and severity of prison-based drug use and associated harms [12,13,14, 15,16]. Generally it has been found, that when compared to community use, there is markedly lower prevalence and levels of drug use in custody. The following trend can be gleaned from the studies reviewed:

- pre-prison drug use is more predictive of drug use in custody than deprivation resulting from confinement

This is not to say that the structural pressures of confinement will not increase or decrease the likelihood that prior drug users will use drugs in prison. It merely lends support to the importation account of inmate adaption to imprisonment, in that when compared to those who are not predisposed to drug use, those who are pre-disposed to drug use will continue drug use in prison.

Noteworthy, is that while the prevalence and level of drug use appears to decrease upon imprisonment, drug use practices in prison are reportedly less safe and therefore more harm inducing in terms of transmission of disease [17].

## Rationale

With a few exceptions, a shortcoming of the prior work on prisonisation was that the concept was examined using the attitudes and values of inmates, but not the behaviours. This study proposes to examine the actual drug use behaviour of inmates in custody.

A decade has elapsed since the first

comprehensive study was conducted on the prison-based drug use behaviour of the general population of inmates in the NSW correctional system [12]. The authors reported that no more than 10%-25% of inmates would use drugs intravenously at any one time. However, they found that a high majority of this group shared injecting equipment.

The primary purpose of this study was to evaluate the current pervasiveness and nature of illicit drug use in the NSW correctional system. The study also proposed to examine the attitudes and values of inmates and to what extent prisonisation was related to their drug using behaviour.

It was anticipated that the NSW Department of Corrective Services would use this timely information in the development and prioritisation of treatment and operational strategies to reduce drug-related harm in the inmate population.

## METHODOLOGY

### Aim

The overriding aim of the study was to obtain data on the patterns of drug use of inmates prior to and while serving a custodial sentence. In addition, the study aimed to provide a greater understanding of the prison social context associated with drug use. The findings of the research were to be used in service planning and delivery by the relevant services. Specifically stated, the study aimed to:

1. Obtain baseline data on the prevalence, type and nature of drug use by inmates prior to and during their current custodial sentence.
2. Identify the prevalence and nature of injecting practices by inmates prior to and during their current custodial sentence.
3. Obtain data on participation in community and prison AOD treatment programs and episodes of abstinence from drugs by those with problems.
4. Explore perceptions on social patterns between inmates to determine whether a distinct inmate subculture exists.
5. Apply an inmate code adoption scale<sup>11</sup> and inmate adjustment to staff<sup>11</sup> scale to measure penetration into inmate subculture and institutional maladjustment.
6. Investigate the social context of drug use in prison and identify whether inmates who use drugs in prison show higher levels of prisonisation.

### Sampling Frame

The population of sentenced inmates who were due to be released to freedom within the upcoming two month period were identified. Those inmates with sentences under one month were excluded as they were unlikely to be reached within the time-frame of the study and also because of the limited amount of time in which they were exposed to the prison environment. Remandees were excluded on the basis that their matters were still before the courts. The population was stratified by region and correctional centre security classification (see Annexe). A sample of 235 inmates was drawn (power calculation of sample size is shown in Annexe). Sampling was random within each stratification (approx. 1 in every 2). The following centres were included in the study (n=12) on the basis of their representation in the sampling frame.

- Training Centre
- Silverwater
- Parklea
- Bathurst
- Cessnock
- St. Heliers
- Lithgow
- Grafton
- Glen Innes
- Goulburn
- Mulawa - Centre for women
- Emu Plains - Centre for women

### Data Collection

#### Interview instrument

The structured questionnaire was designed for quick administration (30-45 minutes). The following data were collected:

- Brief coverage of demographics, criminal and drug use histories;
- Current offence characteristics concerning drug-offence links;
- Patterns of drug use in the 6 months prior to

imprisonment, including motivation for drug use using a standard scale<sup>11</sup> and treatment enrolment;

- Patterns of drug use in custody, including a detailed examination of first and last occasion of drug use in custody;
- Perceptions on prison life, including general atmosphere, social practices, tensions, coping strategies, general and drug trade;
- Scales on inmate code adoption and adjustment to staff<sup>11</sup>.

**Procedure**

The structured interview was piloted at John Morony (n=10) and Mulawa (n=4) correctional centres with inmates shortly to be discharged to freedom to test for methodological flaws and for setting time-frame estimates. The study proper was conducted over a two month period during the later half of 1998. Inmates across the State were interviewed on a one to one basis using the standardised questionnaire. The inmates were not advised in advance of the study. They were called up for interview on the day the interviewers (n=2) were in attendance at the centre and asked if they would like to participate. The average length of time to complete interview was 45 minutes.

The achieved sample (n=235) comprised more than half of the total population of discharges for the two month period of the study (n=353). As Table 1 shows the study captured 92.2% of the 255 inmates in the sample.

**Analysis**

The analysis is predominantly descriptive. Medians have been reported as the measure of central tendency where distributions were found to be skewed. As a first step, T-tests have been applied to compare mean differences between groups on continuous variables and Chi-squared tests have been

applied to detect correlations between categorical variables.

**Table 1: Inmates sampled and interviewed**

	Count	%
Interviews	235	92.1
Refusals	14	5.5
Non-responses*	6	2.4
<b>TOTAL</b>	<b>255</b>	<b>100.0</b>

\* Unavailable due to either transfer, discharge, court, work or illness.



**RESULTS:** male sample

**3.1 Background**

3.1.1 Demographics

The sample comprised of 220 males with a mean age of 29 years. After Australia (87.7%), the United Kingdom (2.3%) and Vietnam (2.3%) were most commonly reported as country of birth. English (88.6%) was most commonly reported as the first language spoken. For the 5.0% who were currently not speaking English at home, Vietnamese (30.0%) was the language most commonly spoken. Of the sample, 22.7% reported that they were an Aboriginal or Torres Strait Islander person. Half (50.9%) reported receiving under 10 years of education. An average of 9.32 years of education was reported. Further, a tertiary qualification (any trade ticket/certificate/qualification or degree) had been achieved by 44.0% of the sample. Just over half the sample (53.1%) resided outside the Sydney metropolitan area prior to being imprisoned.

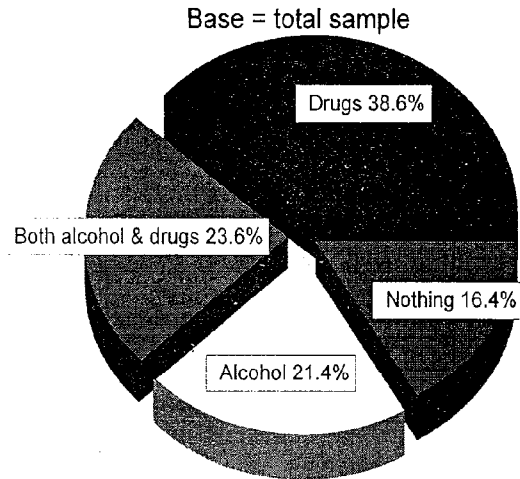
3.1.2 Criminal history

For males, the median time served for the current term of imprisonment was 6 months. A previous sentence term had been served by 66.4% of males with a median of 3 previous prison episodes. The median age of first imprisonment was 18 years and the median total prison time served was 18 months. Those who practised injecting drug use (IDUs) in the six months prior to imprisonment showed a higher proportion (75.7%) with prior prison terms ( $\chi^2=8.14, df=1, p<.005$ ).

Over three-quarters (83.6%) of males stated that the crimes for which they were currently imprisoned were AOD-related (Figure 1). Of those with AOD-related offences, approximately half cited that more than one type of drug was involved.

The types of drugs identified are shown in Table 2. Alcohol (54.9%) was the drug most commonly cited as being related to current offences. Heroin (41.3%) and cannabis (40.2%) were also commonly cited.

**Figure 1: AOD-related offending**



**Table 2: Type of drug involved in offences**  
 [Base=AOD-related offenders, mult. responses as cases]

Drug type	%
Alcohol	54.3
Heroin	41.3
Cannabis	40.2
Amphetamines	17.9
Pills	15.8
Cocaine	6.5
Methadone	3.8
Other opiates	3.3
Hallucinogens	1.6
Ecstasy	1.6

**Table 3: Drug types related to current imprisonment by most serious offence**

[Base=AOD-related offenders\*, set=multiple responses as cases]

	Assault	Robbery	Property	Driving	Order	Drug
Alcohol	72.7	35.3	34.4	94.7	62.5	11.1
Heroin	22.7	52.9	65.6	10.5	37.5	33.3
Cannabis	40.9	41.2	47.5	21.1	40.6	33.3
Amphetamines	15.9	23.5	19.7	0.0	28.1	11.1
Pills	11.4	11.8	24.6	5.3	15.6	11.1
Cocaine	4.5	0.0	14.8	0.0	3.1	0.0
Methadone	2.3	0.0	4.9	5.3	3.1	11.1
Other opiates	6.8	0.0	3.3	5.3	0.0	0.0
Hallucinogens	0.0	0.0	1.6	0.0	3.1	11.1
Ecstasy	0.0	0.0	3.3	5.3	0.0	0.0
<b>TOTAL</b>	<b>44</b>	<b>17</b>	<b>61</b>	<b>19</b>	<b>32</b>	<b>9</b>

\*missing cases=2

Table 3 shows the drugs identified by inmates as being related to their current sentence term by the most serious offence applying to their current sentence term. The response set enabled inmates to identify as many drugs as were relevant. Hence, column percentages do not total to 100%. Percentages are based on number of respondents.

The most common offence category was property (33.5%) followed by assault (24.2%). A pattern was evident of different drugs loading on different offence categories, such as alcohol loading on assault and driving offences and heroin loading on property and robbery offences.

These findings do not in anyway provide a causal link. The findings do highlight the poly drug use patterns of these inmates. For example, 40.9% of those with an assault offence identified cannabis as being related to their current sentence term. Generally, cannabis has not been associated with violent behaviour. A high majority (85.1%) of those who related cannabis to their imprisonment also identified other drugs. Three-quarters of those who committed an assault offence and related cannabis to their current sentence also identified alcohol as being related.

### 3.2 Drug use behaviour

#### 3.2.1 Patterns of drug use

Table 4 shows a comparison of drug use six months before and during the current term of imprisonment. It also presents, in median number of days, the last occasion of use for each drug type both in the community and in prison. Prior to imprisonment, amphetamine use (30.0%) was almost as common as heroin use (38.6%). Of the total sample, 58.2% reported drug use (excluding tobacco and prescription medication for self) on at least one occasion during their current term of imprisonment. Cannabis (54.8%) was the most commonly cited drug. When compared to community-based use, there was only a slight drop in the prevalence of cannabis and pill use during imprisonment. The prevalence of tobacco, medication (*not*

*prescribed for self*) and steroid use rose slightly during imprisonment. As expected, when compared to community-based use, there was a marked drop in the prevalence of use for the harder illicit drugs (heroin, amphetamines and cocaine) during imprisonment. Just under half (45.9%) of those who used heroin prior to imprisonment, also used heroin on at least one occasion during imprisonment. Interestingly, of those who used heroin prior to imprisonment and did not use heroin at all in prison, just over half (56.5%) used cannabis in prison. With the exception of cannabis, the frequency (*how often*) of drug use declined sharply during imprisonment. The incidence of heroin and amphetamine use was more sporadic in prison than in the community as evidenced by longer periods between use. Qualitative findings showed that the most common reason provided for not using drugs in custody was a lack of availability.

**Table 4: Drug use: 6 months prior to and during current prison term<sup>†</sup>** [Base=total sample]

	Community %	Prison %	Last occasion of use before entry to prison [median no. days]	Last occasion of use in prison & before interview [median no. days]
Tobacco	88.6	90.9	0	0
Alcohol	72.7	7.8	1	91
Cannabis	66.4	54.8	1	7
Heroin	38.6	21.9	1	37
Amphetamines	30.0	5.9	3	61
Pills	19.5	16.9	1	14
Cocaine	11.4	1.8	14	-
Methadone	7.3	4.6	21	25
Hallucinogens	6.8	1.8	61	-
Medication*	4.1	9.1	-	7
Ecstasy	4.1	0.5	-	-
Steroids	0.9	2.7	-	-
Solvents	0.0	0.5	-	-

Note: Due to small numbers, medians are not reported for those drugs which were used by less than 5% of the sample; \*medication not prescribed for self, <sup>†</sup> median current term of imprisonment=6 months.

3.2.2 Prison-based injecting drug use

Just over half the sample (51.4%) injected drugs in the six months prior to imprisonment (Table 5). Of this group, 38.1% injected drugs during their current prison term. Eleven inmates (9.7% of community injectors) had shared injecting equipment prior to imprisonment and 25 inmates (52.1% of prison injectors) had shared equipment during their current prison term. Just over half (n=6) of the eleven inmates who shared needles in the community went on to share in prison. Of the five prison injectors who had not injected drugs in the six months prior to prison, two injected steroids only, while the remaining three engaged in poly-drug use in prison.

**Table 5: Injecting drug use** (Base=total sample)

	No.	%
<b>Community*</b>		
-injecting drug use	113	51.4
-sharing injecting equipment	11	5.0
<b>Prison†</b>		
-injecting drug use	48	21.8
-sharing injecting equipment	25	11.4

Note: \* 6 months prior to imprisonment  
 † median current term of imprisonment=6 months

3.2.3 First occasion of prison drug use

As expected cannabis (70.4%) was the most commonly used drug on the first occasion of drug use in prison (Figure 2). Heroin (18.4%) and pills (7.2%) were also common. The remaining five inmates each used a different drug on their first occasion of drug use (alcohol, amphetamines, cocaine, hallucinogens, steroids). After entering prison, the median number of days which elapsed before inmates used either cannabis or heroin was 14 days. The majority were held in maximum security during their first occasion of drug use. Of those who injected drugs, about three-

quarters shared needles and all but one of this group used the approved cleaning method (*water* × 2, *bleach* × 2, *water* × 2).

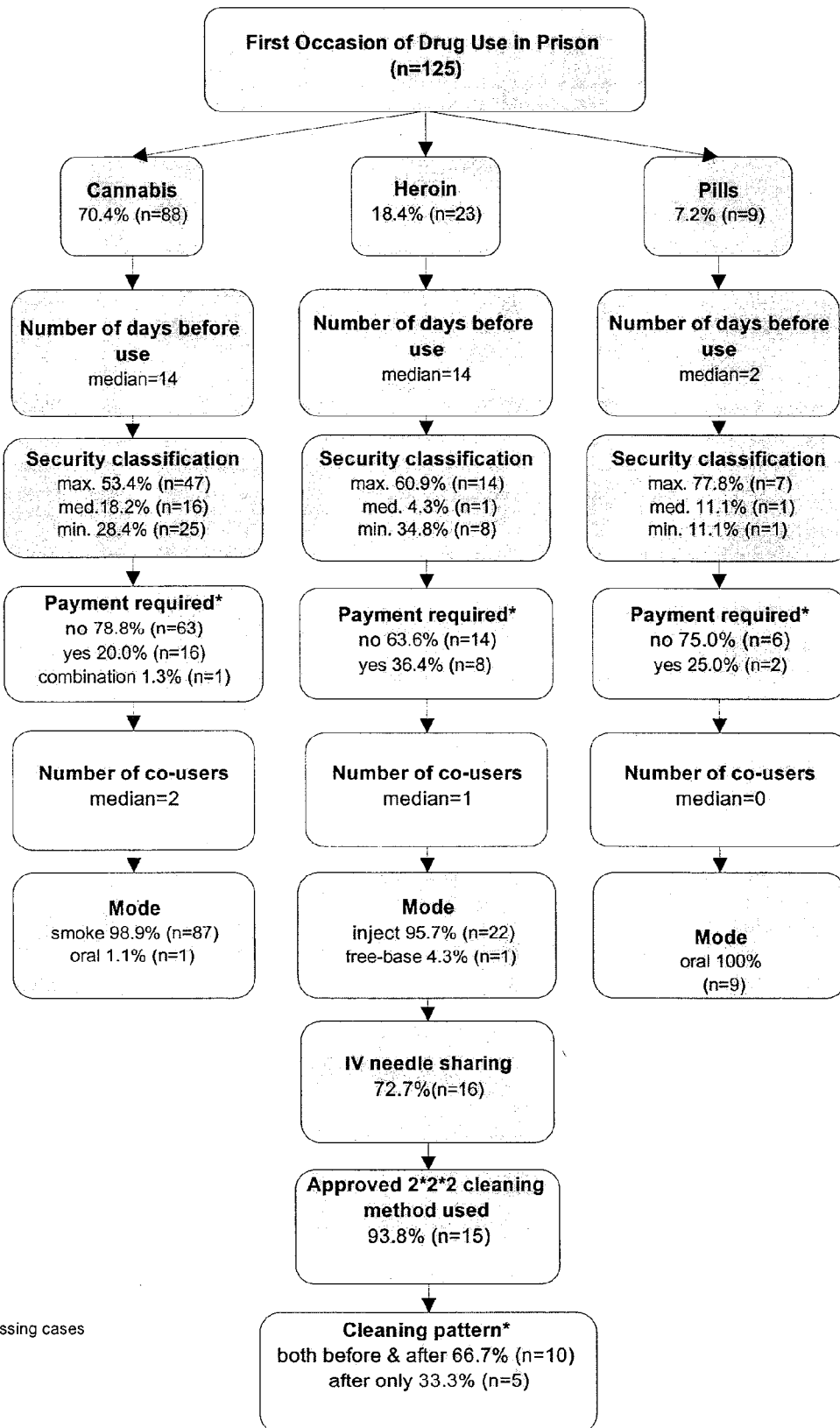
3.2.4 Last occasion of prison drug use

Eleven (8.8%) of the inmates who reported using drugs in prison did so on only one occasion. On a range of factors there were no marked differences between first and last occasion of drug use in prison. As Figure 3 shows, for those who reported continued drug use (n=114), once again cannabis (69.3%), heroin (14.9%) and pills (8.8%) were the most commonly used drugs. When compared to first occasion of drug use (Figure 2), less inmates reported heroin and cannabis use. In terms of the remaining inmates, 3.5% used amphetamines, 2.6% used steroids and 0.9% used another's methadone. As expected, the majority of inmates were held in minimum security environments during their last occasion of drug use, which was generally 14 days (median) prior to interview for cannabis and heroin users. Over half (64.7%) of the heroin users shared needles and all but one of this group used the approved cleaning method.

3.2.5 Prison needle sharers drug use

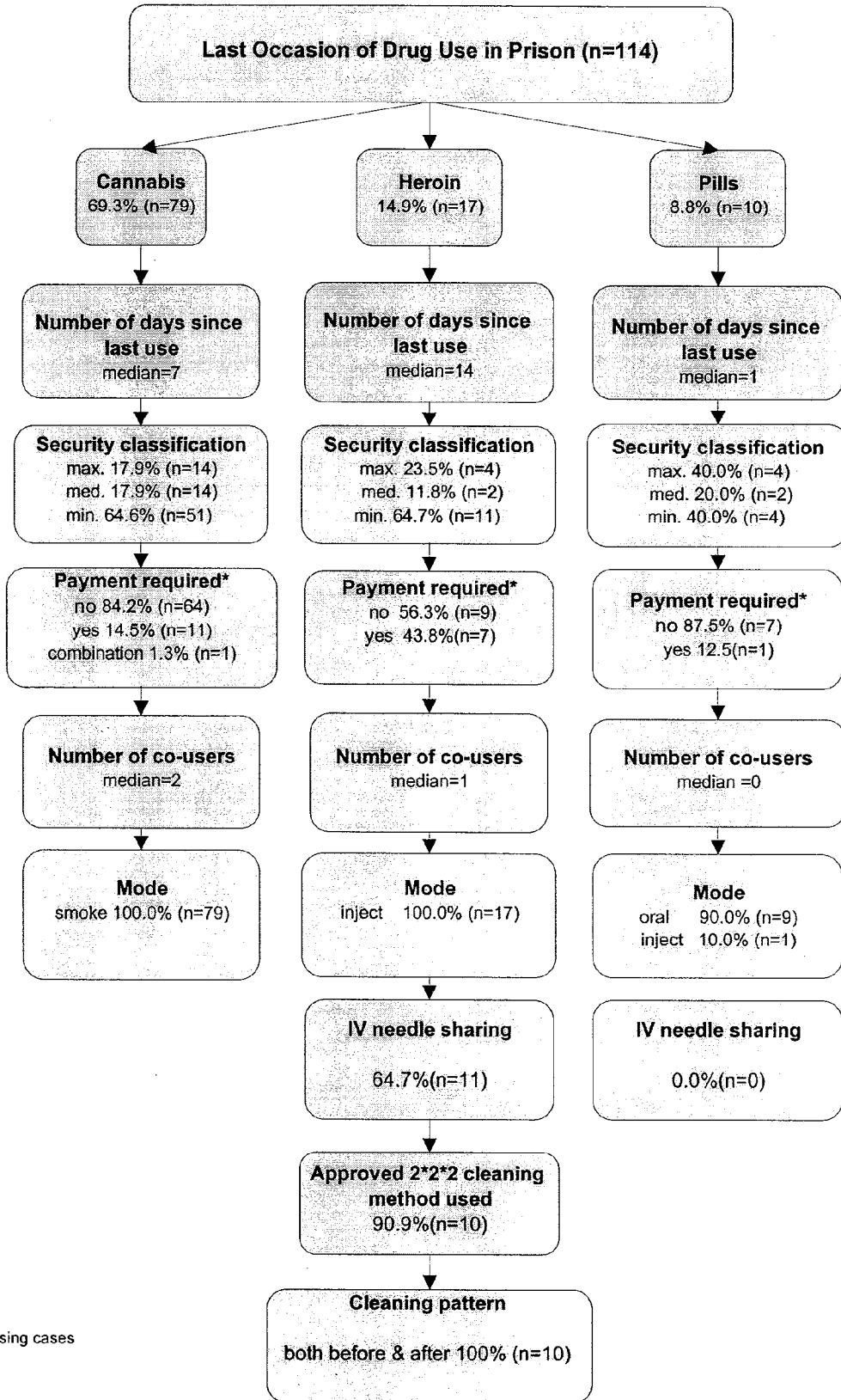
Just over half of those who shared needles in the community in the six months prior to prison went on to share needles in prison. Three-quarters of prison needle sharers had not shared needles in the community. Table 6 shows the reported prison-based drug use patterns of the 25 inmates who shared needles during their current term of imprisonment. With the exception of one steroids user and one amphetamines user, the majority of inmates (n=23) used heroin. Heroin use was typically supplemented by a number of other drugs, with more than half reporting use of three or more drugs. Nearly all (n=24) also used cannabis, with only one inmate reporting only heroin use.

Figure 2: Snapshot of first occasion of drug use in prison



\*missing cases

Figure 3: Snapshot of last occasion of drug use in prison



\*missing cases

Table 6: Prison-based needle sharers by type of prison-based drug use during current term (n=25)

Types of drugs used							
Inmate							
1.	cannabis	heroin	pills		other's medication	other's methadone	alcohol
2.	cannabis						steroids
3.		heroin					
4.	cannabis	heroin	pills		other's medication	other's methadone	hallucinogens
5.	cannabis	heroin	pills				
6.	cannabis	heroin				other's methadone	
7.	cannabis	heroin	pills				
8.	cannabis	heroin	pills		other's medication		
9.	cannabis			amphetamines			
10.	cannabis	heroin					
11.	cannabis	heroin					
12.	cannabis	heroin	solvents	amphetamines	other's medication	alcohol	steroids
13.	cannabis	heroin					
14.	cannabis	heroin	pills	amphetamines		cocaine	alcohol
15.	cannabis	heroin					alcohol
16.	cannabis	heroin	pills	amphetamines	other's medication	other's methadone	alcohol
17.	cannabis	heroin	pills		other's medication		
18.	cannabis	heroin	pills	amphetamines			
19.	cannabis	heroin	pills				
20.	cannabis	heroin					
21.	cannabis	heroin					
22.	cannabis	heroin	pills				alcohol
23.	cannabis	heroin					
24.	cannabis	heroin		amphetamines			
25.	cannabis	heroin	pills		other's medication	other's methadone	alcohol

3.2.6 Reasons for drug use

Inmates who reported problematic drug use were provided with a list of possible reasons to explain why they use drugs (*standard scale*<sup>11</sup>) and they were asked to nominate five reasons which would explain their drug use. Four of the items were accounted for by a factor defined as self-medication, while the remaining four items were factored as hedonism (Table 7). Not all inmates were able to nominate five reasons. In general, both community IDUs and non-IDUs chose a combination of self-medication and hedonism reasons. Overall, self-medication reasons showed more responses for both groups. However, when compared to non-IDUs, IDUs showed a higher proportion who reported using drugs for the effect of intoxication and to deal with boredom. The individual items were added to derive a mean score for self-medication and hedonism factors. IDUs showed a higher mean score for hedonism, when compared to non-IDUs ( $t = 2.768$ ,  $df=149$ ,  $p < .01$ ). These findings are further interpreted in the Discussion section.

**Table 7: Reasons for drug use**

(Base = problematic use, n=177; multiple responses as cases)

	IDUs* %	Other* %
<b>Self-medication</b>		
Forget problems	71.0	76.0
Relax/unwind	67.3	77.9
Bad feelings	63.6	60.3
Feel happier about self	51.4	55.9
<b>Hedonism</b>		
Intoxication	66.5	51.5
Boredom	61.7	47.1
More courage	25.2	22.1
Improve sexual performance	13.1	7.4

\* Injecting drug users

† Non-injecting drug users

3.2.7 Treatment profile

Most males (80.5%) reported having a drug (incl. alcohol) problem at some stage in their lives. For those with a history of a drug problem, the mean age of development of the problem was 18 years. As Table 8 shows, the majority of inmates with a problem history had experienced periods of abstinence both in the community and prison. In the community, the median time spent abstaining from drugs was 152 days, while in prison it was 289 days. More than half had undergone treatment (*excluding methadone*) in the past with a median of four months spent in treatment and more than half had undergone non-medical AOD treatment in prison during their current term showing a median of two occasions of service. Of this group, 37.0% received counselling, 15.7% participated in groups, 3.4% had a court/parole report prepared for them and 43.8% received a combination of interventions. Just over one tenth (11.8%) received methadone maintenance in their current term and 26.4% had received methadone maintenance in their past with a median of 12 months in treatment. Those who were currently receiving methadone were less likely to use needles in prison compared to those who did not receive methadone, however this finding was not statistically significant.

**Table 8: Drug treatment profile**

(Base=problematic use (n=177))

	No.	%
<b>History of abstinence</b>		
- prison	142	80.2
- community	121	68.4
<b>Non-medical AOD treatment</b>		
- prison (current term)	89	50.3
- community	94	53.1
<b>Methadone treatment†</b>		
- prison (current term)	26	11.8
- community	58	26.4

† Base=total sample



### 3.3 Prison subculture

A stated objective of the study was to explore inmates perceptions on the social context of imprisonment in an attempt to determine whether there was a distinct subculture present. A further objective was to obtain an indication of the presence of tension pervading social interaction and also to examine prison drug use behaviour within this context. For most of these questions the response sets were open-ended and generally the responses obtained were widely spread. The categories listed within each of the tables are those most frequently cited. The perceptions of prison drug users are separated from those of non-users to examine differences.

#### 3.3.1 General social context

Inmates were asked about the general atmosphere of the current centre where they were being held. The majority of inmates described the atmosphere as relaxed/easy going (56.5%). The atmosphere was defined as tense/heavy by 14.0% of inmates and as variable by 12.1% of inmates. Finally, 3.3% described the current atmosphere as violent. There were no marked differences between the three major security classifications on this factor. Half the sample stated that there were positive factors to being in their current prison environment. The most commonly cited factors were; freedom (17.9%), self-learning (16.0%), good correctional officers (12.3%), amenities (9.4%), no drug use (8.5%) and proximity to home (8.5%).

When inmates were asked about the general social code by which they were expected to abide (Table 9), the dominant theme which emerged was the lack of trust pervading inmate relationships. This was highlighted by the "three monkeys-see no evil, hear no evil, speak no evil" analogy put forward by a number of inmates. The need to communicate cautiously and to adopt a

staunch persona to avoid victimisation from other inmates were also reported. Table 10 shows the means by which inmates cope with imprisonment. Employment was the most commonly cited strategy. After employment, training in the gym and watching TV and/or radio were most commonly cited. Prison drug users were less likely to cite employment as a coping strategy when compared to non-users.

Table 9: Inmate social code [Base=total sample]

	User* %	Non-user %
Keep to self	39.7	35.6
Keep mouth shut	26.2	27.6
Don't get involved in others' business	23.8	17.2
Don't steal from other inmates	24.6	19.5
Don't inform on others	19.0	13.8
Don't talk to staff	14.3	5.8
Stand up for self	11.9	10.3
Don't give cheek/be smart	11.1	11.5
Be cautious when making friends	11.1	13.8

\*Any inmate who used an illicit substance (incl. alcohol & medication not prescribed for self during their current term)

Table 10: Coping strategies [Base=total sample]

	User* %	Non-user %
Employment	38.7	48.3
Gym/weights	30.3	29.0
TV/radio	30.3	25.8
Reading	25.0	23.6
Arts/crafts	16.9	13.5
Team sports	18.5	12.4
Socialising	13.7	10.1
Sleep	11.3	6.7
Walking/jogging	9.7	18.0
Calls/letters	9.7	9.0
Courses/programs	8.9	10.1
Drug use	8.1	0.0

### 3.3.2 Inmate types

Table 11 shows the different types of inmates most commonly cited by the inmate sample. This question was asked to provide a frame of reference for the subsequent question on the power structure of the social system. Other identified types were “*spinners*” (*emotionally unstable*) and “*peta -thieves*” (*petit-thieves*). When asked what type of inmate made prison life difficult, the most common response was none (42.7%). After none, inmates most commonly identified standover men as making prison life difficult (20.0%). Those inmates who did identify difficult types were asked how they dealt with the situation and the most common responses are shown in Table 12.

**Table 11: Inmate types**

[Base=total sample, set=mult. response]

	User %	Non-user %
Easy going	28.0	24.4
Stand overs	22.9	23.3
Quiet types	25.4	19.8
Hardened criminals/staunch	20.3	12.8
Junkies	12.7	19.8
Reclusives	12.7	9.3
Plastic gangsters	12.7	7.0
Those who mind their own business	12.7	11.6
Toughs	11.9	9.3
Ethnic gangs	11.0	11.6
Loudmouths	11.0	9.3
Fitness fanatics	10.2	4.7
Gronks/idiots	6.8	9.3

Just over three-quarters (77.3%) of males were of the opinion that a distinct power structure was evident amongst inmates. Those inmates identified as having the most power were described as the

toughest/staunchest/having the most heart (27.6%), long-termers (26.3%) and gangs/crews (17.3%). Content analysis identified “*having the most heart*” as the courage to fight and/or kill as the situation required.

### 3.3.3 Inmate economy

Table 13 shows the various means by which inmates reported that they acquired property during imprisonment. The format of this question was closed response (each trading method was presented). Borrowing and swapping were most commonly reported. When compared to non-users, drug users cited a greater variety of methods for obtaining property and also more commonly reported on tobacco as a form of currency.

**Table 12: Coping strategies: difficult inmates**

[Base= identified difficult types (n=126), set= mult response]

	User %	Non-user %
Ignore	34.2	40.8
Avoid	25.0	36.7
Confront	19.7	8.2
Assault	14.5	4.1
Assert	5.3	6.1
Threats	1.3	2.0

**Table 13: Inmate economy**

[Base=total sample, set=mult. response]

	User %	Non-user %
Borrow	90.6	79.5
Swap	82.7	71.2
Tobacco	74.8	53.4
Favours	55.1	60.3
Gamble	38.6	42.5
Money	33.1	24.7
Hassle/standover	20.5	11.0
Steal	4.7	4.1

### 3.4 Prison drug culture - estimates and opinions

#### 3.4.1 Inmate drug code

Table 14 shows the perceptions of inmates (prison-based drug users versus non-users) on the social code of conduct which applies to using drugs in prison. The dominant themes arising from the inmate drug code appear to be in relation to avoiding defaulting on payment for drugs due to violent consequences and the necessity to maintain secrecy from other inmates about drug possession. Prison drug users more frequently cited debt avoidance and secrecy as codes when compared to non-users. A further rule cited by some inmates was “not going on promise” (offering to supply drugs before they are in one’s possession).

**Table 14: Inmate code on drugs**

[Base=total sample, set=mult. response]

	User* %	Non-user %
Don't get into debt	36.7	30.9
Keep drugs to yourself	25.0	11.8
Don't use drugs at all	24.2	35.3
Don't tell others about it	21.7	11.8
Don't share needles	18.3	19.1
Don't go on show (appear intoxicated)	11.7	2.9
Clean fits (needle/syringe)	9.2	19.1

\*Any inmate who used an illicit substance (incl. alcohol & medication not prescribed for self during their current term)

#### 3.4.2 Drug trade

Table 15 shows the drugs which inmates reported were offered to them during their current term of imprisonment. The format of this question was closed response (each drug type was presented to respondents). After tobacco (87.7%) the majority of inmates stated that they had been offered cannabis (81.3%). Most of the sample also reported that heroin (61.6%) and pills

(51.7%) were offered to them. Across drug types, drug users more commonly reported being offered drugs when compared to non-users. Interestingly, drug users reported being offered cannabis more frequently than tobacco.

**Table 15: Drugs offered during current term**

Base=total sample, set=mult. response]

	User* %	Non-user %
Cannabis	93.7	60.5
Tobacco	89.0	85.5
Heroin	74.0	40.8
Pills	58.3	40.8
Other's medication	39.4	26.3
Other's methadone	38.6	19.7
Alcohol	37.8	11.8
Amphetamines	27.6	21.1
Other opiates	22.0	19.7
Cocaine	15.7	2.6
Steroids	12.6	6.6
Hallucinogens	11.8	5.3
Solvents	7.1	6.6

\*Any inmate who used an illicit substance (incl. alcohol & medication not prescribed for self during their current term)

Table 16 shows inmate perceptions on the means by which drugs are paid for in prison. The format of this question was closed response requiring the inmates to estimate rather than self-report the method of payment. Tobacco, buy-ups (prison store items), stand overs and personal property were most commonly reported. However, most of the means of payment put forward in the questionnaire were cited by the majority as being used. When asked to identify the problems caused by having drugs in prison the most commonly cited problems by inmates were bashings/fights (38.9%) and stand overs (29.5%). Of prison drug users, 23.4% reported that during their current term other inmates had pressured or stood over them to share their drugs.

**Table 16: Inmate perceptions on forms of payment for drugs**  
 [Base=total sample, set=mult. response]

	User* %	Non-user %
Tobacco	98.3	89.1
Buy-ups	98.3	89.1
Stand-overs	90.9	87.5
Property	90.9	78.1
Money-own	83.5	65.6
Money exchanged outside	81.8	65.6
Favours	76.9	71.9
Gambling	70.2	53.1
Work	60.3	46.9
Money borrowed-inmates	49.6	42.2
Sex	43.0	40.6
Stealing	36.4	45.3
Money borrowed-staff	12.4	15.6

3.4.3 Estimates on risk behaviours

According to Table 17, 43.2% of self-reported prison injecting drug users estimated that all prison injectors (IDUs) shared when they used needles. Referring once again to Table 5, of those who reported that they injected drugs in prison, 52.1% (n=25) also reported sharing needles.

Table 18 shows that 38.6% of self-reported prison IDUs, were of the opinion that all those who share needles, also clean their needles on every occasion with bleach.

3.4.4 Drug free wings in prison

A small majority of both users (57.8%) and non-users (52.2%) endorsed the introduction of drug free wing environments. The most common reason given for endorsement was that it was a means by which the problems associated with the drug trade could be avoided (50.4%). About a third of both groups did

not non-endorse the notion of drug free wings and the remaining inmates were unsure.

**Table 17: Inmate estimates on the proportion of injecting drug users who share needles**

[Base=total sample]

	Prison IDUs* %	Other %
None of them	2.3	0.6
About ¼ of them	4.5	5.6
About ½ of them	25.0	11.3
About ¾ of them	20.5	20.0
All of them	43.2	29.4
Unsure	4.5	33.1
Total	100.0	100.0

\*Any inmate who injected drugs during their current term of imprisonment

**Table 18: Inmate estimates on the proportion of needle sharers who clean their needles on every occasion with bleach** [Base=total sample]

	Prison IDUs* %	Other %
None of them	2.3	3.8
About ¼ of them	18.2	10.0
About ½ of them	11.4	15.6
About ¾ of them	18.2	7.5
All of them	38.6	22.5
Unsure	11.4	40.6
Total	100.0	100.0

3.5 General safety issues

3.5.1 Suicide and self-harm

Of males, 11.8% reported that they had felt like harming themselves and 13.6% reported that they felt suicidal at some time during their current term of imprisonment. These factors were cross-analysed with drug users and injecting drug users versus other inmates and no patterns were evident. Hence, there was no association found between self-reported

self-harm and self-reported drug use in prison.

3.5.2 Violence: defined and experienced

The majority of inmates reported that they never felt threatened or unsafe around both other inmates (60.3%) and staff (77.7%). However, some inmates (11.9%) reported that they felt threatened by other inmates more often than once a week (Table 19). Table 20 shows inmate perceptions on what constitutes violent acts. A high majority of inmates perceived most of the examples provided as acts of violence. Intentional property damage and threatening someone were not considered violent by about a quarter of inmates. Further, a physical fight between two opponents was not considered as violent by more than a third of inmates.

**Table 19: Frequency of feeling threatened or unsafe around inmates and staff** [Base=total sample]

	Inmates* %	Officers %
Never	60.3	77.7
Less than monthly	21.5	10.9
Monthly	1.8	4.1
Fortnightly	1.4	1.4
Weekly	2.3	1.4
More than weekly	11.9	3.2
Unsure	0.9	1.4
Total	100.0	100.0

\*One inmate refused

Table 21 shows exposure to and experience of violence during current term of imprisonment. Just under half of males reported experiencing the following: witnessed a physical fight on 5 or more occasions; threatened by another inmate; and involved in a physical fight. Finally, just over one tenth reported that an officer had assaulted them. When compared to non-users, prison drug users were more likely to report fighting ( $\chi^2 = 15.24, df=1, p < .001$ ), being assaulted by an inmate ( $\chi^2 = 8.89, df=1, p < .005$ ) and being threatened by an inmate ( $\chi^2 = 4.5, df=1, p < .05$ ). It should be noted that these findings should be interpreted with caution due to variations in: sentence length; institution and respondents ability to recall accurately.

**Table 20: Inmate perceptions on which types of behaviours are violent** [Base=total sample]

	Yes %	No %
Rape	99.1	0.9
Physical fight in which someone is outnumbered	98.6	1.4
Unprovoked physical assault	98.2	1.8
Physical hit from behind	95.9	4.1
Standing over someone/ close in a threatening way	80.4	19.6
Intentional property damage	68.0	32.0
One on one physical fight	63.5	36.5

**Table 21: Inmate experience of physical and verbal violence during current term of imprisonment** [Base=total sample]

	Never	One	Two	Three	Four	Five	More than five
Witnessed physical fight	15.1	10.6	8.7	7.3	7.3	8.3	42.7
Verbally threatened by inmate	55.5	10.1	14.2	3.2	2.8	1.4	12.8
Involved in physical fight	59.6	12.8	10.1	4.1	3.2	2.3	7.8
Physically assaulted by inmate	64.4	15.9	12.8	2.3	1.4	0.9	2.3
Physically assaulted by officer	88.5	7.3	2.8	0.5	-	0.5	0.5

### 3.6 Prisonisation

#### 3.6.1 Prisonisation scale

A standardised scale was used to measure the level of prisonisation or adaption to pro-criminal and anti-institution values. This scale consisted of 4 items<sup>11</sup>. Table 22 shows the level of agreement by inmates to the items. The majority of inmates endorsed items 1 and 2 which measured anti-institution values. These items show consistency with the open-ended responses on the inmate social code (Table 9). Prison-based drug users showed higher endorsement of the anti-institution statements when compared to non-users. The majority of inmates did not endorse items 3 and 4 which measured anti-social and pro-criminal values. Findings on item 3 indicated that a third of inmates believed it was best to adopt a provocative approach within the prison environment. A total score was obtained by adding the individual item scores. There was not a significant difference between prison-based drug users and non-users on the level of prisonisation as measured by the total score.

#### 3.6.2 Attitudes towards staff

Table 23 shows the list of ten semantic differential item pairs used to indicate inmate evaluations of various categories of staff<sup>11</sup>. The scale made it possible to obtain an overall score on staff acceptance. Across all items, the pattern was consistent, such that markedly more acceptance was shown towards professional staff (*indicated by lower scores*), with case managers (*Officers with a welfare role*) receiving more acceptance than general correctional officers. Prison drug users were more likely to reject correctional officers, when compared to non-users ( $t=-4.543, df=205, p<.001$ ).

**Table 22: Level of agreement to inmate social code scale** [Base=total sample]

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1. The best way to do time is to keep your mouth shut and never let staff know that anything is getting you down.	13.2	58.5	6.4	21.0	0.9
2. The other inmates are right when they say "Don't do anything more than you have to".	4.6	50.2	5.0	37.9	2.3
3. Around here it's best to do something to others before they get a chance to do it to you.	4.1	30.1	9.1	48.4	8.2
4. An ex-crim is a fool if he thinks he can get by on the street without breaking the law.	2.3	22.5	2.8	55.5	17.0

**Table 23: Inmate opinions on different categories of staff** [Base=total sample]

	good	bad	deep	shallow	active	inactive	sensitive	insensitive	interested	uninterested	not judgmental	judgmental
correctional officers	60.0	40.0	14.0	86.0	34.3	65.7	27.6	72.4	25.2	74.8	28.4	71.6
case managers* <sup>1</sup>	65.5	34.5	33.9	66.1	47.0	53.0	41.2	58.8	48.5	51.5	43.4	56.6
inmate development staff <sup>2</sup>	88.9	11.1	66.8	33.2	79.7	20.3	77.6	22.4	80.7	19.3	68.3	31.7

	helpful	unhelpful	honest	dishonest	fair	unfair	competent	incompetent	MEDIAN* SCORE	SCORE RANGE
correctional officers	51.6	48.4	51.6	48.4	55.1	44.9	51.4	48.6	58	10-90
case managers	55.7	44.3	68.7	31.3	51.5	48.5	64.0	36.0	50	10-90
inmate development staff	88.4	11.6	89.2	10.8	90.8	9.2	80.1	19.9	18	10-90

\* Higher scores represent more negative opinions

\* Higher scores represent more negative opinions

<sup>1</sup> Custodial officers with a welfare role

<sup>2</sup> Non-custodial stream of staff, such as AOD workers, psychologists

### 3.7 Female sample

#### 3.7.1 Background

Every woman released to freedom within the study's two month time-frame was interviewed. Women comprised 6.4% (n=15) of the total sample. This was consistent with the representation of women in the general population and the findings are consistent with those from previous studies. Even so, such small numbers should be interpreted with caution. For this reason the results are presented as raw figures. The women showed an average age of 26.7 years (range=21-52 years) and like the men had received an average of nine years of education. Just under half (n=7) were aborigines. Most (n=10) had been imprisoned for property or fraud as their most serious offence. All but one, were held in minimum security classification conditions at the time of interview. Just under half had been sentenced to prison in the past and half resided in the Sydney metropolitan area prior to imprisonment.

#### 3.7.2 Patterns of drug use

Almost all the women (n=13) reported that the crimes for which they were currently imprisoned were AOD-related. Heroin (n=12) was the drug most commonly identified as being related to imprisonment. Table 24 shows that tobacco and heroin (n=12) were the most commonly used drugs in the six months prior to prison. Most heroin users had used in the 24 hours prior to imprisonment. One woman reported community-based needle sharing in the six months prior to prison. Drug related problems were experienced by more than three-quarters (n=13) of women and nearly all (n=12) had abstained from drug use at some time in the community since their problem first developed. Both community-based methadone treatment and general AOD treatment had been undertaken by about half the women.

Around half the women (n=8) used drugs (excl. tobacco) in prison and just under one-quarter (n=3) reported using and sharing needles. As Table 24 shows, the most commonly used drugs in prison were cannabis (n=6) and other's medication (n=5). When compared to community-based use, more women used medication prescribed for others in prison and this trend was more marked than it was for men. When the details of first and last occasion of drug use in prison were examined, no one reported heroin use or injecting drug use. Pills were seen to be the most readily available drug type in prison by women. Three were on methadone maintenance treatment in prison and seven had participated in AOD counselling or group work. Three-quarters endorsed the introduction of drug free wings.

#### 3.7.3 Prison subculture

In comparing male and female findings on the social context of prison there were more similarities than differences. More than half the women reported that the current prison environment was relaxed or easy going. Just under half reported that there were positive aspects to their current prison environment. In terms of coping with imprisonment, work and socialising were the most commonly cited strategies. The perceived inmate code rules and drug rules were very similar to those identified by males. Three-quarters perceived there to be a pecking order of power amongst inmates. However, when compared to men, the use and experience of aggressive strategies in prison, were less commonly reported by women. Findings on the staff acceptance scales were similar to those for males in relation to correctional officers and professional staff. When compared to males, females showed more acceptance of case managers. Further, the mean score for females on inmate code adoption indicated a lower level of prisonisation than was apparent in the male sample.



Table 24: Drug use by females: 6 months prior to and during imprisonment term

	Community no.	Community %	Prison no.	Prison %
Tobacco	12	80.0	13	86.7
Heroin	12	80.0	3	20.0
Cannabis	9	60.0	6	40.0
Pills	6	40.0	3	20.0
Alcohol	5	33.3	1	6.7
Amphetamines	3	20.0	0	-
Other's methadone	3	20.0	1	6.7
Cocaine	1	6.7	0	-
Other's medication	1	6.7	5	33.3
Solvent	1	6.7	1	6.7
Hallucinogens	0	-	0	-
Steroids	0	-	0	-

Table 25: Quotes from inmates on the social context of imprisonment (total sample, n=235)

(By age, security classification at interview and total time served)

<b>DRUGS</b>	<b>DRUGS</b>
<i>"It is just the logical thing, what ever is happening on the streets is happening here"</i> [23 yrs, minimum security, 60 mths]	<i>"When a syringe wears down they cut off the barrel, use a thong strap as a plunger and a match to push down the strap"</i> [32 yrs, minimum security, 60 mths, prior injector who was free-basing heroin in prison]
<b>DRUGS</b>	<b>DRUGS</b>
<i>"There are not enough drugs to satisfy everyone's needs which causes jealousy and conflict"</i> [33 yrs, minimum security, 7 mths]	<i>"In gaol you get a third of the quantity for the same price"</i> [24 yrs, minimum security, 8 mths, prison-based injector]
<b>DRUGS</b>	
<i>"Gaol keeps me away from drugs"</i> [20 yrs, minimum security, 30 mths]	
<b>ADVANTAGES TO IMPRISONMENT</b>	<b>ADVANTAGES TO IMPRISONMENT</b>
<i>"Being in gaol provides me with security..gaol keeps me away from alcohol"</i> [38 yrs, minimum security, 6 mths]	<i>"Gaol is a wake-up call"</i> [48 yrs, minimum security, 12 months]
	<i>"You're safe... feel secure....after being here for a long time you get scared of the outside world ..where you fear for your life"</i> [Women 24 yrs, minimum security, 18 months]

**Table 25: Quotes from inmates on the social context of imprisonment (total sample, n=235)**  
 (By age, security classification at interview and total time served)

**INMATE RULES**

*"When you come in you should leave your possessions in property storage (to prevent standovers) and get clothes that are not full gaol issue, like a singlet (to indicate experience/power)"*  
 [40 yrs minimum security, 103 mths]

*"Train....you have to be fit in gaol"*  
 [34 yrs, minimum security, 84 mths]

*"If anyone offers you help, don't take it, it's a rort"*  
 [22 yrs, medium security, 32 mths]

**COPING WITH GAOL**

*"My uncles and brothers look after me, I just go and have a yarn with the boys"*  
 [Aboriginal man, 19 yrs, minimum security, 2 mths]

**DIFFICULT INMATES**

*"Plastic Gangsters big note themselves and make it difficult for others.. if you are threatened, you don't go to the shower block on your own"*  
 [35 yrs, minimum security, 42 mths]

*"You know the new ones, they have new shoes, new clothes, watch, other jewellery... they are asking to be stood over"*  
 [31 yrs, minimum security, 24 mths]

**POWER STRUCTURE**

*"The power bases shift very quickly... there are racial power bases...white power bases are broken up while other racial groups aren't.... how much gaol you've done gives you more respect...if someone is physically big and big notes themselves, then others leave them alone. 'Peta thieves' are not tolerated and the power brokers will intervene and get them back"*  
 [31 yrs, minimum security, 12 mths]

**POWER STRUCTURE**

*"It's like school - the bullies, the people who follow the bullies and the losers"*  
 [26 yrs, minimum security, 6 mths]

**INMATE RULES**

*"The amount of 'heart' (courage) makes the difference. Some people have no heart and end up in the 'boneyard' (Protection wing). People who have heart stand up for themselves... survival of the fittest"*  
 [29 years, medium security, 60 mths]

*"You get tested by people when you first come in and if you don't stand up for yourself then you get pushed around from then on. It's a game"*  
 [21 yrs, medium security, 5½ mths]

**COPING WITH GAOL**

*"Some do it very hard - kids, first timers, victims, the non-violent, the weak..."*  
 [40 yrs, minimum security, 24mths]

**DIFFICULT INMATES**

*"This generation of 'crim' all want a reputation like the American system, with the gangs.. It's not like the old code"*  
 [23 yrs, minimum security, 60 mths]

*"Plastic Gangsters think gaol is good, they are young, they take advantage of any situation and are trying to prove themselves to get more power"*  
 [40 yrs, minimum security, 103 mths]

**POWER STRUCTURE**

*"Power is based on time (total time served) and size (how big)...those who have the power are 'decked out' with more and better clothes (not full gaol issue) and a 'decked out' cell (more property). Those on the bottom are the 'chats' (don't wash), the 'gronks' (not bright, no prospects, fools) and the 'warrant warriors' (insignificant). Those in the middle have a bit of property, get visits and are easy, likeable"*  
 [23 yrs, minimum security, 60 mths]

**POWER STRUCTURE**

*"Cave people are on the bottom....they stay in their cell because they are scared.... no one likes a cave man"*  
 [27 years, minimum security, 84 mths]

## DISCUSSION

Prisons are secure institutions which exercise varying degrees of control, surveillance and care over involuntary populations of offenders. Foreseeably, the dominant inmate character will be oppositional to the institution. Against this backdrop, the New South Wales Department of Corrective Services has a national health mandate to reduce the risk of drug-related harm in the inmate population and a public expectation to rehabilitate offenders.

Accordingly, the Department supports a number of prison-based initiatives designed to reduce drug-related harm in custody and to assist inmates in reducing their drug-related criminal behaviour:

- screening for drug withdrawal syndrome
- diagnostic assessment for treatment planning
- a range of treatment options, including counselling, pharmacotherapies, cognitive-behavioural core programs, peer support programs, Alcoholics Anonymous and Narcotics Anonymous, drug free wings, therapeutic communities and community referrals
- health promotion campaigns
- bleach access in all wings for the cleaning of syringes by inmates
- drug detection programs, such as urinalysis testing and searches

This study aimed to examine the actual drug use behaviour of inmates while serving a custodial sentence and the social context in which drug use takes place. It was initiated with a view to using this timely information in the development and prioritisation of

appropriate treatment and operational strategies to further reduce drug-related harm in the inmate population and to assist inmates with the insight and skills to reduce their offending behaviour.

### Methodological considerations

A number of caveats should be addressed concerning the interpretation of findings. When self-reported behaviour pertains to chargeable illicit behaviour, the reliability of the information is a matter for consideration. A pattern of refusal to participate and/or under-reporting may be expected. This does not appear to be a significant concern with the current findings due to the following:

- low refusal rate (5.5%)
- high reported rate of drug use (58.2%)
- consistency with prior findings<sup>12</sup>

The reliability of the current findings has been facilitated by:

- careful interviewer selection
- proven guarantees of researcher confidentiality
- interviewing inmates towards the end of their prison term
- inmates' need and willingness to discuss the nature of their prison experience.

Pedic [18] in his review and recommendations of collection procedures for drug use data, concluded that self-reported drug use showed reliability. Pedic 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. Pedic's

review noted the reliability of self-report using face to face interviews.

Some of the scales used in the study (such as 'prisonisation' and 'reason for drug use' measures) are still in the stages of development. These scales may require further testing to ensure content validity. The scale designed to measure prisonisation featured just four items, whereas another scale [6] designed to measure the same concept, featured more than ten items over three sub-factors. This indicates that the operationalisation of the concept of prisonisation may require further work. It would be of value for future studies to test the convergent validity of the various scales. On the 'reasons for drug use' measure, there appeared to be some overlap in terms of face validity between the items defined as hedonism versus self-medication. For example, 'boredom' was defined as hedonism and 'deal with bad feelings' was defined as self-medication. Further, a common reason provided by drug users for drug use is 'celebration' and this has not been factored into the 'reasons for drug use' scale.

Documented ethnographic research on prison subculture is scant and therefore the findings on culture should be considered preliminary. A number of the items used a wholly open-ended format. The responses obtained were widely spread. In some instances, differences between respondents in the interpretation of the meaning of the questions were noted. These preliminary findings have value for future data collections whereby items may be refined and ranked.

Some of the closed response items also require further refinement. For instance, when asked if they had to pay for their drugs a majority of inmates claimed that payment was not required. Responses to other items showed that ready payment, in a variety of forms, was a major consideration when

using drugs in custody. Future research should define payment in terms of any exchange method (favours, swaps, etc.).

Allowing for the minor methodological qualifications, some general trends were able to be gleaned from inmate accounts of their social system.

### **Consequences of prison confinement**

When inmates were asked about the general social code by which they were expected to abide, the dominant theme emerging was the lack of trust pervading the inmate culture. The need to communicate cautiously and to adopt a staunch persona to avoid victimisation from other inmates were also commonly reported. It would appear that the overriding official environment of deprivation of liberty and confinement is exacerbated by a subculture in which expression of constructive feeling is contained. The subcultural themes which emerged for women matched those identified by men. The exception to this trend was reportedly more socially-based communication and less adherence to violence by women.

One of the questions which this study aimed to address was whether a distinct prison subculture existed. The findings indicated that a distinct subculture/social system was able to be defined by inmates. The general opinions, values and behaviours which emerged were consistent with those identified in prior work on prison subculture [19]. Yet, there was sufficient variance in the definitions put forward to suggest that the inmate social system may be more complex, with perceptions differing across institutions and inmate types. Whether the customs, values and expectations constitute a distinct culture is usually ascertained by their continuity in time [6]. To ensure such continuity or to preserve the culture,

communities will impose an initiation process on prospective members. An initiation process is not necessarily primitive, it may comprise of quite subtle and sophisticated phases. Initiation was not addressed in this study, but some inmates alluded to an inmate imposed initiation process on reception to prison. Reportedly, inmates on entry would be carefully watched to determine whether they would adhere to the general code and also challenged to hand over their property in order to determine whether they were prepared to defend themselves.

On the scale designed to measure level of prisonisation more than half the inmates endorsed the two anti-institution statements that were designed to measure opposition and maladjustment to the official prison environment. Whereas only about a third endorsed the two statements that were designed to measure pro-criminal and anti-social values. Therefore, opposition to the prison regime was more pronounced than identification with the values of criminal subculture.

To what extent the inmate verbal code of behaviour is generally enforced by inmates, impacts on the day to day life of most inmates or is predominantly rhetoric calls for further investigation.

### **Drug use during prison confinement**

Just over half the sample reported using cannabis on at least one occasion during their current term of imprisonment. In contrast to this, the proportion of injecting drug users dropped dramatically upon entry to prison. Further, those who did inject drugs in prison did so far less frequently when compared to their community-based use. Though the prevalence of both drug-related crime and prison-based drug use was similar for men and women, a higher proportion of women showed crime related to heroin use.

It is noteworthy that just over half the community-based heroin users did not use heroin once they were imprisoned, however most of this group did use cannabis during imprisonment. It is possible that these inmates were differentiating between drugs in terms of the perceived harm. Even though cannabis may be perceived to be less harmful, it is more likely to be detected in urine testing because it has a long half life compared to drugs, such as heroin.

The dominant themes which emerged from the inmate drug code were in relation to avoiding defaulting on payment for drugs due to violent consequences and the necessity to maintain secrecy from other inmates about drug possession. Prison drug users more frequently cited drug debt avoidance and secrecy as codes when compared to non-users.

Qualitative accounts by community injecting drug users who discontinued use in prison indicated that imprisonment served as an opportunity to cease drug use and improve their health. The violence associated with defaulting on drug debts as well as intimidation tactics from others to obtain drugs was reportedly a deterrent to continued drug use in prison. Yet, the predominant reason given for not using drugs or reduced drug use in custody was the lack of availability. This indicates that drug seizures, by reducing supply, have a significant role to play in the reduction of drug-related harm in prisons.

When compared to the community-based behaviour of the sample, sharing of injecting equipment was more likely in prison. Those who continued to inject drugs in prison (just under one-quarter of the total sample) without proper cleaning were at risk of contracting blood borne viruses (such as hepatitis C and HIV) and in turn infecting others. The stress experienced by injecting drug users in

prison would appear to be further compounded by the pressures of adhering to the inmate code of behaviour.

Current findings supported those obtained in a prior study on the relationship between drug use and adjustment to prison life [11]. Prison drug users (both injecting drugs users and non-injecting drug users) did not show higher levels of prisonisation in terms of adherence to the inmate code of behaviour. Prison drug users made less favourable evaluations of correctional officers than those who did not use drugs. This is not surprising as officers perform a policing function concerning drug use. A key finding of the prior study was that enrolment in a prison-based drug-free therapeutic community was the only factor which significantly mitigated prisonisation in inmates (anti-institution/pro-criminal attitudes).

In considering drug use behaviour in relation to prison confinement it can be argued that reduced drug use, including reduced injecting drug use is a positive consequence of confinement. Yet, for those who continue to inject drugs, the sharing of injecting equipment is a harmful consequence of confinement.

Half of those who injected drugs just prior to imprisonment did not continue injecting drug use in custody. Do those who discontinue injecting drug use in custody have more positive post-release expectations? Are they more likely to be receiving pharmacotherapy treatment during imprisonment? Present findings indicated that current enrolment in methadone maintenance treatment was associated with the discontinuation of injecting behaviour in custody. However, it may be some other factor common to those who independently discontinue injecting heroin use in custody and to those who successfully participate in methadone treatment in custody that is associated with the change in behaviour.

Given limited treatment resources (both human and material), current findings point to the need for identifying the characteristics of those at risk of continued injecting drug use in custody so as they can be offered more support in the form of intensive service delivery.

Future research needs to systematically examine the differences on a wide range of personal and institutional factors, between those who continue injecting drug use in custody and those who do not continue injecting drug use in custody.

### **Are behaviour change goals realistic?**

There is a public expectation on prisons to control, care for and change the behaviour of inmates [8]. Effecting security, care and rehabilitation goals presents a challenge to prison administrations. As do questions around the proportion of resources that should be allocated to each of these seemingly contrary goals.

Realistically, prison administrations do not have absolute control within which they can bring about change in inmates. In addition to the direct consequences of confinement and what prisons do, the likelihood and direction of change in inmates will be affected by a number of factors [3]. Inmates will bring with them pre-prison experiences and problem solving skills. They will have some level of involvement with the outside community while serving their term. Also, they will have post-prison expectations. Further, highly prisonised inmates probably will have no moral interest in meeting the goals of the institution. More than half the inmates in the current study endorsed the anti-institution statements designed to measure prisonisation.

What can the department do to mitigate the effects of prisonisation? What type of management approach is most likely to

facilitate rehabilitative goals?

A highly controlling and sanctioning managerial approach is underpinned by the view that inmates are an opposing faction who should be controlled and coerced. It would seem likely that a management approach which is highly controlling will increase the likelihood of alienation and opposition in inmates. This consequence, in turn, would be contrary to positive change in inmates. Further, alienated inmates will be more difficult to control. Hence, high control strategies may also undermine control and security goals.

It has been found that variations in operational approach, irrespective of security classification, can effect the inmate social system. Management approaches which report lower levels of conflict are underpinned by the view that prisons are social systems in which both inmates and officers would prefer a relatively easy, comfortable, predictable and organised environment [6]. Policy development is formulated on these common goals and facilitates a more cooperative approach between officers and inmates. Officers have frequent and direct communication with inmates (as with the Case Management approach). They are directly involved in the diffusion of conflict between inmates. This allows officers a service delivery function, in addition to the usual custodial role. In turn, inmates are given more control and more responsibilities in terms of maintaining a humane prison environment. Essential to the success of this management approach is coherent policy which is accepted, interpreted and implemented with consistency by officers.

When the current study examined attitudes towards different categories of staff, inmates showed most support for professional staff and least support for correctional officers. Further, when compared to correctional officers, inmates showed more acceptance of

case managers. This finding offers support to the Case Management style of inmate care currently being adopted in New South Wales. Under Case Management selected officers provide a welfare role to a case load of inmates. Such a strategy is a means by which frequent, personal and constructive communication between officers and inmates is increased and the traditional, factional relationship between officers and inmates is mitigated.

A number of strategies currently adopted in New South Wales may have de-prisonising effects for inmates. These strategies provide inmates with constructive opportunities and responsibilities as they are predicated on pro-social behaviour. Examples are early release (parole), security reclassification, paid site and off-site work, education and training, behavioural change programs and the legal acquisition of personal property through prison-based accounts.

In addition, the establishment of smaller prisons, specialised therapeutic units and drug free wings can be seen to provide managerial benefits (lower inmate alienation, opposition and conflict) and rehabilitation benefits (pro-social settings). Further, placing newly received inmates in specially designated areas, to some extent, protects them from the mainstream population while they adjust to confinement [6].

Conceivably, inmates prospects for rehabilitation will be improved by the expansion of operational and treatment strategies which offer structured incentives for pro-social behaviour while they serve their time in custody. Further, a holistic throughcare approach to assessment and intervention represents current best practice.

### **Future directions in the reduction of drug-related harm in custody**

The broad-based approach adopted in New South Wales to date appears to have had an impact on the reduction of drug-related harm in prisons. Even though in the last decade there has been an increase in the prevalence of inmates received with heroin-related offences, there does not appear to be a corresponding increase in the prevalence of heroin use in prison [10,12]. Ongoing studies need to be conducted to monitor trends and review policies.

Prison provides a unique opportunity for therapeutic intervention with those who continue to practice high risk drug use. As a priority, service providers need to identify those who inject drugs in prison and offer this group more intensive and cross-sectional service delivery. Best practice treatment options point to a holistic approach, using the bio-psycho-social model of intervention and a commitment to harm reduction strategies which provide a throughcare systemic approach.

Reducing drug-related harm in prison is about caring for the health of both inmates and staff. It is an area where there may be common goals between administration and inmates and also interdependency in achieving these goals. Workable policies need to be shared, meaningful and coherent for those concerned. The scope for integration of goals and unified policy between administration and inmates may facilitate positive health outcomes.

---

### **ENDNOTES**

- <sup>1</sup> Prison subculture: some continuity in the values, norms, attitudes and expectations of the inmate community.
- <sup>2</sup> It is departmental policy that inmates in all wings in NSW prisons have access to bleach solution for the cleaning of injecting equipment.



## REFERENCES

1. Goffman, E. (1961) *Asylums*. Penguin: London.
2. Clemmer, D. (1940) *The prison community*. Rinehart: New York.
3. Thomas, C. (1977) Prisonisation and its consequences: An examination of socialisation in a coercive setting. *Sociological Focus*, 10(1), pp. 53-68.
4. Irwin, J. and Cressey, D. (1962) Thieves, convicts and the inmate culture. *Social Problems*, 10, pp. 142-155.
5. Jacobs, J. (1974) Street gangs behind bars. *Social Problems*, 21(3), pp. 395-409.
6. Grapendaal, M. (1990) The inmate subculture in Dutch prisons. *British Journal of Criminology*, 30(3), pp. 341-356.
7. Thomas, C. Petersen, D. and Zingraff, R. (1978) Structural and social psychological correlates of prisonisation. *Criminology*, 16(3), pp. 383-393.
8. Irwin, J. (1980) *Prisons in turmoil*. Little-Brown: Boston.
9. Thomas, C. and Cage, R. (1975) Correlates of Prison Drug Use: An Evaluation of Two Conceptual Models. Paper presented at the *Southern Conference on Corrections*, Tallahassee, Florida.
10. Kevin, M. (1992) Drug and alcohol exit survey. Part 1: drug & alcohol background of inmates. *Research & Statistics Unit. Research Publication No. 31*. NSW Department of Corrective Services, Sydney.
11. Winfree, L., Mays, G., Crowley, J. & Peat, B. (1994) Drug History and Prisonisation: Toward Understanding Variations in Inmate Institutional Adaptations. *International Journal of Offender Therapy and Comparative Criminology*, 38(4), pp. 281-294.
12. Potter, F. & Connolly, L. (1991) AIDS: The Sexual & IV Drug Use Behaviour of Prisoners. *Unpublished Report, Research & Statistics Branch*, NSW Department of Corrective Services.
13. Turnbull, P., Stimson, G. & Stillwell, G. (1994) *Drug use in prison*. Avert: Horsham.
14. Mahon, J. (1996) New Inmates' HIV Risk Behaviours: The Implications for Prevention Policy and Programs. *American Journal of Public Health*. 86(9), pp.1211-1215.
15. Keene, J. (1997) Drug Misuse in Prison: Views from Inside: A Qualitative Study of Prison Staff and Inmates. *The Howard Journal*, 36(1), pp. 28-41.
16. Strang, J., Heuston, J., Gossop, M., Green, J., & Maden, T. (1998) HIV/AIDS Risk Behaviour Among Adult Male Prisoners. *Research Findings No. 82. Home Office Research, Development and Statistics Directorate*.
17. Dolan, K (1997) Aids, drugs and risk behaviour in prison: state of the art. *The International Journal of Drug Policy*, 8,(1), pp.5-17.
18. Pedic, F. (1990) *Drug Use in Prisons. Data collection procedures. A review and recommendations*. National Drug and Alcohol Research Centre: Sydney.
19. Faulkner, P. & Faulkner, W. (1997) Effects of organisational change on inmate status and the inmate code of conduct. *Journal of Crime and Justice*, Vol. XX, No.1, pp. 55-71.

ANNEXE

**Population Frame:** Stratification by region and security classification for the two month time frame of the study.

Security classification	Metropolitan				Non-Metropolitan			
	Discharge Population		Discharge Sample		Discharge Population		Discharge Sample	
	No.	%	No.	%	No.	%	No.	%
Maximum	8	8.7	5	8.8	40	15.3	25	15.3
Medium	15	16.3	9	15.8	44	16.9	28	17.2
Minimum	69	75.0	43	75.4	177	67.8	110	67.5
TOTAL	92	100.0	57	100.0	261	100.0	163	100.0

**Sample Size**

Based on a specified accuracy level of 5%, the sample size was derived by applying the following formula:

$\pi =$  0.8 represents the estimated proportion of inmates who are received into the correctional system with AOD-related crime.

$$n = (1.96/\delta)^2 \pi (1-\pi)$$

$$n = (1.96/0.05)^2 0.8(1-0.8)$$

$$n = 246$$