Research Publication

Addressing Prisoner Drug Use:
prevalence, nature and context

3rd collection of a biennial survey of prisoners in New South Wales

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PREFACE

The extent and severity of drug-related problems among inmate populations presents significant challenges to correctional administrators. Inmates presenting with drug problems are among the most difficult to care for and manage.

The current findings suggest an encouraging trend in the rate of drug-related offending and drug-related morbidity in the NSW inmate population. Despite an increase in the NSW prison population in 2003, there has been a decrease in drug-related offending and heavy-end drug use by inmates both before and during imprisonment. Encouragingly, inmates also indicated a greater awareness of the risks associated with drug use when compared with the findings of prior collections in this series.

Even though this trend is positive, the levels of drug-related morbidity remain sufficiently high to maintain this as a priority area. The findings from this data collection series provide factual data to improve policy and strategy for this high need and high risk population. This data collection also provides a valuable and unique insight into prison life that can be used in the development of further effective management and rehabilitation programs.

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EXECUTIVE SUMMARY

This study was commissioned by the Alcohol & Other Drug Service/HIV & Health Promotion Unit (AOD/HHPU) of the Department as part of a biennial data collection series on drug-related statistics pertaining to the New South Wales (NSW) inmate population. The first report was published in 2000 using a sample drawn in 1998. The primary purpose of the collection was to obtain ongoing data on the drug-related behaviour (drug-related crime and the extent, level and type of drug use) of inmates prior to and while serving a custodial sentence (Kevin, 2000). A supplementary aim of the study was to provide a greater understanding of contextual factors associated with drug use in prison.

The survey sample consisted of 307 *(265 males & 42 females)* full-time inmates serving a sentence of at least one month who were shortly to be released to the community. The data were collected by way of personal interview during the later half of 2003. The sample was found to be representative of the population of those to be discharged at the time, with the study capturing more than one quarter of the actual discharge population. The study recorded a very low refusal rate of 3.5%. As the prevalence rates from the prior data collections in this series are relatively constant and consistent with other studies on prison populations the drug-related indicators from this data collection should be regarded as robust and reliable.

Comparing NSW inmates to the NSW general population

- NSW inmates continue to report disproportionately higher rates of drug use when compared with the general population.

- Reportedly, 78.8% of inmates (males & females) used an illicit drug in the six months prior to prison in 2003. In comparison, 14.6% of the NSW general population reported using an illicit drug in 2002. Drug use occurrence rates for the NSW general population were: cannabis (10.7%); amphetamines (3.1%); cocaine (1.2%); and heroin (0.1%). For NSW inmates drug use occurrence rates were: cannabis (68.7%); amphetamines; (36.2%); cocaine (15.3%); and heroin (36.8%).

Comparison of key trends - 1998, 2001 and 2003: male sample

- Self-reported drug-related crime was significantly less prevalent in 2003 (71.3%) when compared with the 2001 rate (81.5%).

- The prevalence of 'heavy-end' drug use (heroin, cocaine or amphetamines) was lower in 2003 when compared with 2001, both pre-prison (55.5% vs. 63.3%) and in-prison (21.5% vs. 24.4%).

- The 2001 and 2003 rates of continued heroin use (about one-third) were lower than that reported in 1998 in which almost half community-based heroin users went on to use heroin in prison.

- In 2003 less than half the sample (43.0%) reportedly experienced drug withdrawal syndrome on reception to prison which was significantly lower than the rate recorded in 2001 (52.4%).

- Across data collections (2001-2003), cannabis was, by a large margin, the most commonly used drug in prison with more than half the inmates reporting cannabis use.

- In 2003 the occurrence of tobacco and medication use *(not prescribed for self)* by inmates rose slightly on imprisonment, which is consistent with the 2001 data.

- Fourteen days remains the average period of time before drug use takes place after imprisonment *(constant across three data collections)*.

- In 2003, there were lower rates of injecting drug use when compared with

2001 rates both in the community (47.5% vs. 53.9%) and prison (17.0% vs. 21.3%).

- Of the prison-based heroin users in 2003, 18.4% used an alternative mode of administration to injection.

- In 2003, inmates indicated greater awareness of the risks associated with injecting drug use *("don't share", "clean fits", "don't inject")* than in the prior collections *(1998 & 2001)* as these themes featured more prominently in their responses.

- Enrolment in prison-based drug treatment group programs was more common in 2003 when compared with 2001 (65.8% versus 35.2% of clients respectively).

- According to inmate reports on drug availability, it appeared that most types of drugs were less available in NSW prisons in 2003 when compared with 2001 drug availability estimates.

- In 2003, the experience of prison-based violence by inmates was reportedly less prevalent than in 1998.

NSW Drug Summit – global indicators

- The aggregation of a number of indicators recorded by the study suggests that the magnitude of drug-related problems among the NSW inmate population showed a small decline between 2001 and 2003.

- In the 2003 sample drug-related offending behaviour was significantly less prevalent. 'Heavy-end' drug use (heroin, amphetamines or cocaine) both prior to and during prison was less prevalent. The occurrence of drug withdrawal syndrome on reception to prison was significantly lower. The estimated frequency of prison-based drug use declined. There was a lower rate of reported injecting behaviour both prior to and during the current prison term. Based on inmate reports, drug availability was less prevalent in 2003.

- The Drug Summit was a major state-wide drug intervention in harm, demand and supply reduction. The decline in drug use both prior to and during imprisonment could be seen to be a direct result of the large number of Drug Summit initiatives implemented by the NSW Government. However, any gains in this area must also be judged relative to the impact of the heroin shortage and positive economic indicators in NSW at the time of the research. As drug use occurrence rates were lower across most drug types the results cannot be solely attributed to dynamics within the heroin market.

2003 findings: male sample

Drug-related offending

- 72.8% of the sample had served a prior prison sentence (a median of three previous prison episodes). Those who used illicit drugs just prior to their current prison term were more likely to have a history of both prior adult imprisonment and juvenile detention when compared with non-drug users.

- Just under three-quarters (71.3%) of the male inmates stated that the offences for which they were currently imprisoned were alcohol and/or other drug-related (drug-related).

- Of those with a drug-related main offence (Most Serious Offence or MSO), 43.0% identified more than one type of drug involved in the commission of that single offence.

- In rank order, alcohol (44.6%), heroin (38.7%), cannabis (29.0%) and amphetamines (25.3%) were the drugs most commonly linked to the MSO.

- The drug-crime link was more likely to involve alcohol and amphetamines for offenders from non-metropolitan areas and heroin for offenders from metropolitan areas.

Patterns of drugs use

- In the six months prior to the current prison term, 80.0% of males had used an illicit drug and 55.5% had used a 'heavy-end' illicit drug *(heroin, amphetamines or cocaine).*

- Cannabis by far, was the drug most commonly used by males (70.2%) prior to the current prison term.

- In the month before coming to prison, 30.6% of the male sample had used heroin and 31.3% had used amphetamines. Co-occurrence of amphetamine and heroin use was reported by 12.5% of the male inmates.

- More than half of males (63.0%) reported using drugs on at least one occasion during their current prison term. This estimate was mainly accounted for by cannabis use (60.0% of males).

- When compared with pre-prison use, there was a significant drop in the occurrence of 'heavy-end' drug use (heroin, amphetamines or cocaine) during imprisonment (21.5%). Heroin was used by 14.7% of inmates.

- Of those who used 'heavy-end' illicit drugs in the community, 36.1% went on to use 'heavy-end' drugs on at least one occasion in prison. Of those who used heroin prior to imprisonment and did not continue to use heroin in prison, just under three-quarters used cannabis whilst in prison.

- With the exception of cannabis, drug use frequency levels *(how often)* declined sharply during imprisonment.

Injecting drug use

- More than half the male sample, (66.4%) reported a lifetime occurrence of injecting drug use. Just under half (47.5%) the sample injected drugs in the six months *prior to imprisonment* and 17.0% injected drugs *during their current term of imprisonment*.

- Around one third (31.7%) of those who injected drugs in the six months prior to prison went on to inject drugs during their current prison term. Of those who injected drugs in their current prison term and who also had a prior imprisonment, a large majority (95.0%) had injected in that prior prison episode.

Treatment profile

- On their most recent reception to prison, 43.0% of males were reportedly withdrawing from drugs (incl. alcohol).

- A large majority of males (82.6%), reported having a drug (incl. alcohol) problem at some stage in their lives.

- Of those with a drug problem history, 80.4% had participated in non-medical *(excluding pharmacotherapies)* drug treatment at some stage in the past.

- Of those with a problem history, 35.2% rated their problem as serious just before the current term of imprisonment. This estimate represents 29.0% of all males sampled.

Use of prison based services

- Of the total male sample, 43.0% used the AOD Services (non-medical) during their current term (a median of 4 occasions of service).

- Of those with drug-related offences, 51.0% used the AOD Services during their current prison term.

- Of the total male sample, 45.3% had completed a prison-based HIV/hepatitis C Awareness course and 10.0% had completed a Peer Educator course.

Health & safety issues

- Of the male inmates sampled, 8.0% reported that they had experienced suicidal thoughts and 4.5% reported that they had experienced thoughts of self-harm at some stage during their current prison term.

2003 findings: male sample cont.

- Of the male sample, 10.9% reported that they had obtained a tattoo, body piercing or both during their current prison term. A significant association was found between injecting drug use and tattooing and/or piercing in the current prison term.

- The majority of male inmates reported never feeling threatened or unsafe around staff (75.2%) or other inmates (58.0%).

- In terms of exposure to and experience of violence, 21.4% reported being assaulted by an inmate and 9.0% reported being assaulted by an officer during their current prison term.

- More than one third of males (35.7%) had been involved in prison fights. Those who used drugs in prison were significantly more likely to have been involved in prison fights than those who did not use drugs.

Prison subculture

- The central theme derived from the inmate social code was isolationism (distrust, maintaining independence and the need for caution in interpersonal relationships).

- A substantial majority (87.0%) of inmates stated that they adopted the code on a frequent basis during their current prison term.

- The central theme derived from the inmate drug code was the necessity to avoid drug debts. The risks associated with injecting drug use also featured prominently.

- Cannabis was identified as the most commonly available drug in prison in the month before interview, with (61.9%) of inmates reportedly being offered the drug.

- In terms of the perceived effectiveness of supply reduction strategies, urinalysis appeared to have the highest deterrence effect, with more than half of the male sample rating the impact as either medium or high. Around half rated sniffer dogs as having either a medium or high deterrence impact.

- Staff evaluation ratings by inmates indicated greater acceptance of professional staff when compared with other categories of staff in terms of job performance & service delivery. A higher level of acceptance was shown towards Case Officers *(correctional officers with a welfare role)* than general scale correctional officers across all items.

- About one third (34.4%) of male inmates reported that they had had no contact with a Case Officer during their current prison term.

2003 findings: female sample

- Of the female inmates, 66.7% (n=28) reported that their offences were drug-related. The majority identified heroin as the drug related to their main offence.

- On reception to prison for their current term, reportedly just under half were suffering drug withdrawal syndrome.

- The occurrence of 'heavy-end' drug use was markedly lower in 2003 when compared with 2001, both in the community (64.3% versus 82.4%) and prison (16.7% versus 26.5%).

- About three-quarters of those with a drug problem history had used the AOD Services during their current prison term.

- 19.0% reported that they had experienced suicidal thoughts and 9.5% reported that they had thought of harming themselves at some stage during their current prison term.

- When compared with the 2001 findings, female inmates evaluated correctional officers more positively in 2003.

RECOMMENDATIONS

The following strategies are intended to improve drug-related outputs and outcomes in the NSW correctional system and to enhance inmates' *Throughcare* prospects. It should be noted that some of these strategies have been recommended in previous reports in this series. They are listed once more because current findings reinforce their importance.

1. Correctional management take into account the findings of this research in decision-making.

2. A NSW prison drug strategy be developed that encompasses harm, demand and supply reduction principles which reflect key elements of the National Drug Strategy.

3. A specific strategy be developed to increase integration between the drug interdiction and drug rehabilitation arms of the Department with regard to inmate management. Operational and treatment policies need to be coordinated and the use of behaviour management principles with inmates increased, such as structured incentives for pro-social behaviour.

4. A standardised dedicated drug screening procedure be introduced statewide. Measures be based on current drug-related risks and needs, addressing current drug-related offending and risk behaviours, including injecting drug use in a prior prison episode and the sharing of injecting equipment in the community. The procedure should include a level of risk hierarchy to guide treatment priorities.

5. Identify those whose motivation for offending is best explained by the 'drug use drives crime' explanation by prioritising and matching these inmates with an appropriate drug treatment plan.

6. A procedure be developed to identify in-prison high-risk drug users (injecting drug users and polydrug users) with a view to providing this population with intensive case management and a treatment plan pathway.

7. A broad range of drug treatment options be provided as there exists empirical evidence to support this. The type and level of prior drug treatment enrolment be taken into account in programme planning.

8. Expansion of the specially designated residential drug treatment units. In-prison injecting drug users be given priority for enrolment in these units.

9. An intervention stream be considered to address the needs of regional offenders with drug-related problems as this population was found to be different to metropolitan offenders in the type of drug-related offending.

10. An evidenced based, structured program be piloted for those inmates with amphetamine-related problems, such as the Matrix Model.

11. The SMART (Self-Management and Recovery Training) program be piloted at a number of correctional centres around the State. Self-recovery programs are cost-effective and offer continuity in the community.

12. A number of computerised, self-administered drug recovery software programs be installed in correctional centre libraries. This strategy would target those drug users who choose to address their drug-related problems independently and to motivate those who are contemplating behavioural change. Counsellors facilitate optional group sessions in libraries where the programs are made available.

13. Harm reduction measures be strengthened, including the routine implementation of a health promotion workshop for all inmates on reception to the correctional system.

1. INTRODUCTION

Drug misuse is one of the key criminogenic factors that affects both the general community and the prison community. This is the third data collection in a biennial series designed to obtain information on the actual drug use behaviour of inmates both prior to and during imprisonment and the social context in which prison-based drug use takes place.

The drug-crime cycle represents a major challenge for correctional management practice. The extent and variety of drug use by offenders is far greater than in the general population. Across jurisdictions, the magnitude of drug-related criminal activity has been documented. It remains to be determined precisely how drugs and crime are related. A correlation between drug misuse and escalated criminal activity and also alcohol intoxication and escalated violence is generally acknowledged. For those drug-involved offenders who continue drug use in prison there are the associated health, safety and security risks. Further, drug involved inmates tend to be among the more disruptive groups in prison settings.

Prior data collections in this series

In addition to gathering data on drug use patterns and trends, this data collection series has examined aspects of prison subculture. In this respect it is exploratory research. Given that prison is both an involuntary and controlling environment, the emergence of an adaptive culture is predictable. In addition to the examination drug-related research on prison populations, the first report in this series reviewed theoretical and empirical literature on the prison social system with specific reference to the use of drugs within the social organisation of prison (Kevin, 2000). It is generally accepted that prisoner subculture is best explained by the integration of two main perspectives: **deprivation** (the isolation from usual community & the deprivation of certain needs which leads to behavioural change) and **importation** (the continuation of pre-prison experiences and behaviour). The first data collection in this series found that while New South Wales (NSW) inmates showed disproportionately high rates of pre-prison drug use, the prevalence of drug use, particularly heavy-end drugs, dropped markedly on confinement to prison (Kevin, 2000). Accounts from drug-involved inmates provided support for the importation theory of prison adaptation. Pre-prison drug use was more predictive of drug use in custody than the experience of deprivation resulting from confinement. This suggests that certain behaviours, such as prison drug use, can be largely explained by one predictive model. In respect to drug use behaviour the deprivation effects of imprisonment are not as influential as those behaviours learned on the outside.

In prison there is increased likelihood of exposure to 'high-risk' populations and situations. The report arising from the second data collection gathered in 2001 brought together the drug and health statistics from the first data collection and paid added attention to the harm reduction issues raised by the public health field (Kevin, 2003). The second literature review therefore focussed on drug use risk practices in prison, their association with the spread of blood-borne infectious diseases and the social context of these behaviours. According to the drug statistics from the first and second data collections in this series, for the most part it was not found that prison introduced people to injecting drug use (Kevin, 2000; Kevin 2003). About half the inmates were pre-prison injectors and in turn about half of these injectors continued to inject in prison. It was apparent that injecting drug use was not sustained on a regular or consistent basis in prison. Of significant concern was that about three-quarters of prison-based injectors shared injecting equipment. The majority of injectors reportedly cleaned their injecting equipment with bleach and water[1]. Comparable rates of drug use and injecting drug use among inmates have been documented internationally.

NSW inmates with drug-related problems were found to readily seek treatment during their time in prison. More than half had participated in some form of prison-based drug treatment (counselling-based services) and more than one-tenth had received methadone maintenance.

The drug-related prevalence rates on NSW inmates reported in the first and second collections were found to be constant and therefore can be regarded as reliable estimates of drug-taking behaviour for that period.

Current perspectives on drug-related offending and health issues with drug-involved inmates

The following section builds on the previous reports in this series and documents some recent perspectives on the connection between drug use and criminal activity. It also examines current empirical work on drug-related health risks in prison populations. Drug-involved offenders present significant risks and needs in both these areas.

On an international scale criminal justice agencies have launched large-scale data collection projects on drug-related criminal activity (National Institute of Justice, 1999; Makkai, 1999; Correctional Service of Canada, 2000; and Ramsay & colleagues - Home Office, 2001). Comprehensive information is being collected about the extent to which drugs are involved in criminal activity to try and fill the gaps in the knowledge base.

The causes of drug-related crime are many and varied and change over time within the individual. Current theoretical perspectives suggest that we need to move beyond the 'direct cause model' of inquiry, i.e., drug use causes crime or crime causes drug use. The connection is to be viewed as something more complex. Contrary to this is the backdrop of policies and programs usually implemented which are based on the direct cause model, i.e., reducing drug use reduces the crime rate. While the correlation between the two is accepted, the connection is one of degree (Brownstein & Crossland, 2002). One of the more recent explanations has been in the form of a 'common cause model', in which the connection between drugs and crime is seen as being a cluster of causes (White & Gorman, cited by Brownstein & Crossland, 2002). The implication of this perspective is that any response, be it policy or treatment, that works in one set of circumstances may not work in another. In other words, one model cannot be applied to all circumstances. For researchers the 'common cause model' considerably widens the area of inquiry. The diversity of effects across drug users, drugs, locations and situations and markets makes it a complex area to investigate (Brownstein & Crossland, 2002). Findings from the 1998 and 2001 surveys in this series highlighted the polydrug and polycrime offending patterns of inmates in NSW (Kevin, 2000 & 2003).

Drawing on work on the social differences between urban and rural communities, a recent study conducted in the United States addressed differences between urban and rural-based offenders in their drug-related behaviour (Leukefeld, et al., 2002). The inherent assumption is that there would be differences between these two populations of offenders. If so it would follow that these differences should translate into differences in policy and programs. In the U.S. study only marginal statistical differences were found between urban and rural inmates with drug problems. The identified difference was in type of drug involved. Alcohol and sedatives were a greater risk factor for rural inmates and rural areas provided a 'protective factor' for certain types of drugs, such as narcotics, in terms of limited availability.

The development of risk profiles can assist correctional management to distinguish between different types of offenders and in turn develop different treatment responses for these offender types. Another study from the United States surveyed 188 inmates with drug-related convictions (Kinlock, et al., 2003). The study aimed to determine whether

patterns of drug use and income producing activity were related to the variety, frequency and severity of criminal activity in the period before imprisonment. The researchers derived various predictive models of criminal activity. Male gender, unemployment and polydrug use predicted greater variety of crime. Unemployment, greater cocaine use, greater heroin use and drug dealing predicted greater frequency of crime. Male gender and younger age predicted greater severity of crime. The researchers observed that a small number of offenders committed a disproportionately large amount of violent crime. Overall, the findings underscored the relevance of vocational training and drug rehabilitation for young male offenders. The complexity of the drugs & crime equation calls for more longitudinal empirical research and greater precision in methodology.

In addition to security imperatives, correctional management is accountable for the care and safety of inmates. For some offenders, drug use and drug-related criminal activity does not cease with imprisonment. The spread of blood-borne diseases, such as HIV and hepatitis C is a recognised risk of continued drug injecting behaviour in prison. In this regard, the need to address public health concerns, such as the transmission of diseases, is another important area in data collection with prison populations. A recent European, multi-site surveillance study on HIV infection and related risk factors among injecting drug users in prison found that the prevalence of HIV was 4.0% (Rotily, et al., (2001). Noteworthy, is that the prevalence of HIV in the NSW correctional system is much lower (0.1%), yet the prevalence rate of hepatitis C is 44.0% (Butler & Milner, 2003). In the European study it was found that injecting drug users were more likely to practice other high-risk activities in prison, such as tattooing. A subsequent study investigated the causes of certain high-risk behaviours in prison, including disease transmission risks. This study draws upon the theoretical explanations of prison subculture already discussed in this review (Krebs (2002). Generally these high-risk behaviours were accounted for by an integration of deprivation and importation explanations. Explanatory power was found to vary with certain types of behaviour and certain types of inmates. Older inmates were more likely to adhere to their pre-prison behaviour (importation), while younger inmates were more likely to change and adopt a 'prisonised' or 'high-risk' style of behaviour (deprivation). Prison violence levels were more likely to be explained by the deprivation or prisonisation model (Stevens cited by Krebs, 2002).

The findings presented highlight the need for comprehensive data sets on inmate predispositions and behaviours and the contexts in which they occur. In order to improve preventive, treatment and security mechanisms, correctional management needs more information on what leads some drug using offenders to continue drug use in prison and engage in other associated high-risk activities.

Rationale for the current research

The current survey is the third in a biennial data collection series on NSW inmates. The purpose being to monitor patterns and trends of drug-related crime, drug use both prior and subsequent to imprisonment, service engagement and an examination of the broader prison subculture. For the first time, the 2003 survey examines drug-related offending patterns by geographical region. In 1999 the NSW government mounted a major drug initiative, known as the Drug Summit. This data collection series is listed as one of the global indicator data sets of illicit drug use in NSW. Due to the importance of the information gathered the research now forms part of the Department's regular collections. It is anticipated that the NSW Department of Corrective Services will use this timely information in the development and prioritisation of harm, demand and supply reduction strategies to reduce drug-related problems in prison and drug-related re-offending on release to the community.

2. METHODOLOGY

Aim

The aim of the research was to obtain data on the patterns of drug use of inmates prior to and while serving a custodial sentence. It further sought to provide a greater understanding of the social context of drug use in the New South Wales correctional system. The findings of the research were to be used in developing appropriate response strategies by the treatment and operational divisions of the Department.

Currently a fundamental role of the research is to monitor the drug use trends of inmates and review service responses over time.

Following are the specific objectives of the research:

1. Obtain data on the prevalence, type and nature of drug use by inmates prior to and during their current custodial sentence.

2. Investigate regional differences in drug-related offending.

3. Examine the prevalence and nature of injecting practices by inmates prior to and during their current custodial sentence.

4. Examine participation rates in community and prison-based drug treatment programs and episodes of abstinence from drugs by those with drug-related problems.

5. Explore perceptions on the social patterns between inmates.

6. Investigate the social context of drug use in prison.

7. Measure inmate attitudes towards staff and perceptions and adjustment to the prison environment.

Sampling Frame

The methodology replicated the research design adopted in the prior surveys.

The discharge population for a recent two month period was stratified by region and correctional centre security classification to ensure representation (see Annexe). 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. The population of sentenced inmates who were due to be released to freedom within the upcoming two-month period were identified. Remandees were excluded on the basis that their matters were still before the courts. A sample was drawn and sampling was random within each stratification (approx. 1 in every 2). The following centres were included in the study on the basis of their representation in the sampling frame.

<u>Males: regional centres</u>

Bathurst
Cessnock
Glen Innes
Goulburn
Grafton
Junee
Lithgow
St. Heliers
Tamworth

<u>Males: metropolitan centres</u>

John Morony1
John Morony2
Metropolitan Remand & Reception Centre
Malabar Special Programs Centre
Parklea
Parramatta
Silverwater

<u>Females:</u>

Emu Plains, Mulawa, Berrima, Grafton, Bolwara Transitional Centre & Parramatta Transitional Centre.

Data Collection

The structured questionnaire was designed for face to face administration (approx. 40 minutes). The following data were collected:

- Brief coverage of demographics, criminal history, drug-offence links and regional differences;
- Patterns of drug use in the six months prior to imprisonment, reasons for drug use scale (Winfree, et al., 1994), problem history and treatment participation rates;
- Patterns of drug use in prison, including a detailed examination of first and last occasion of drug use in prison and health and safety items;
- Perceptions on pre-release concerns, hardships experienced in prison, the inmate driven social and drug codes of practice, the drug trade and drug interdiction;
- Scales on prisonisation (Grapendaal, 1990) and adjustment to staff (Winfree, et al., 1994).

Procedure

The initial structured interview schedule was piloted at John Morony and Mulawa correctional centres with inmates shortly to be discharged to freedom to test for methodological flaws and for setting time-frame estimates.

This data collection was conducted across the State over a two-month period during late 2003. The procedure adopted in 1998 and 2001 was replicated. Inmates were interviewed on a one to one basis using the standardised interview schedule. The inmates were not advised in advance of the study. They were called up for an interview on the day by the interviewers (n=2) who were in attendance at the centre and asked if they would like to participate. The average length of time to complete the interview was 40 minutes.

The achieved male sample (n=265) comprised more than one quarter of the total population of male discharges for the three-month period of the study in the later period of 2003 (n=996). The entire female population released within the study's two-month time-frame were included, i.e., 45 females.

As Table 1 shows, the study captured 96.2% of 319 inmates sampled.

Analysis

The analysis was 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 associations between categorical variables. Open-ended responses have been content analysed by two researchers for inter-rater reliability.

Table 1: Inmates sampled and interviewed

	No.	%
Interviews	307	96.2
Refusals	11	3.5
Non-responses*	1	0.3
TOTAL	319	100.0

*Unavailable for the most part due to release or pre-release transfer & less commonly due to further court appearances, work commitments or illness.

3. RESULTS: MALE SAMPLE (n=265)

3.1 Background characteristics

3.1.1 Demographics

Table 2 provides a composite of key demographic and criminal history characteristics of the male sample. Consistent with the prior two surveys, 30 years was the median age of male inmates. Of males, 20.0% identified themselves as an Aboriginal or Torres Straight Islander person. After Australia (88.3%), New Zealand (2.6%), the United Kingdom (1.1%), and Vietnam (1.1%) were most commonly cited as the country of birth. English was the first language spoken by 88.3% of the sample. When compared with the 2001 data, a slightly higher proportion of inmates were not speaking English at home prior to this prison episode (6.8% versus 3.9%). For this sub-sample, Vietnamese, Spanish and Arabic were the languages most commonly spoken. In terms of educational background, an average of 9 years of education was received. Reportedly, more than half (61.3%) had obtained an educational qualification (School Certificate (Year 10), Higher School Certificate, technical certificate/diploma or degree). Another 8.8% had gained a technical college 'ticket' (e.g., forklift operation). During the six months prior to their current prison term, just under half (46.8%) had employment on either a part or full time basis, showing a median of six months employment. Just less than half the sample (44.2%) resided in the Sydney metropolitan area just prior to the current prison episode.

3.1.2 Criminal history

Six months was the median time served for the current term of imprisonment and this has been constant across the three collections. Those with a prior sentence term in prison represented 72.8% of the sample (Table 2), showing a median of three previous prison episodes. Based on self-report, for those with prior episodes, the age of first imprisonment was generally 19 years (median) and the total prison time served was 42 months (median). Of the sample, 40.8% reported a history juvenile detention. Those who used illicit drugs just prior to their current prison term were more likely to have a history of both prior adult imprisonment (χ^2=10.98 df=1, p<.001) and juvenile detention (χ^2=9.01, df=1, p<.01) when compared with non-drug users. This finding indicates that current drug use behaviour is associated with a history of prior imprisonment, both juvenile and adult. These findings were consistent with those recorded in the prior collections in this series.

Table 2: Demographic and criminal profile
[Base= total male sample, n=265]

Factor	%
▪ Australian born	88.3
▪ Aboriginal or Torres Strait Islander	20.0
▪ Years of schooling as an average	9 (yrs)
▪ Education level achieved School Certificate or above (incl. technical college diploma or certificate)	61.3
▪ English language usually spoken at home	93.2
▪ Last residence in Sydney metropolitan area	44.2
▪ Employed prior to custody	46.8
▪ Prior prison term as adult	72.8
▪ Prior detention as juvenile	40.8

3.2 Drug use behaviour

3.2.1 Analysis of drug-related offending by region

In 2003, 71.3% of males stated that at least one of the offences for which they were currently imprisoned was associated with their use of alcohol or other drugs (Figure 1). The prevalence rate

significantly differs (2-tailed α=0.01) to that recorded in 2001 in which a larger majority (81.5%) of males reported that their current offences were alcohol and/or other drug related (drug-related).

In 2003, the data were further broken down to examine any regional differences in drug-related offending (Sydney metropolitan versus non-metropolitan). Table 3 shows that the overall prevalence rate of drug-related offending was equivalent across the two regions. Note that the association was more likely to involve alcohol for non-metropolitan offenders and illicit drugs for metropolitan offenders. This difference between regions in the type of drug-related offending was statistically significant (χ^2=19.21, df=3, p<.001).

The survey further investigated why there was a perceived association between drug use and offending. Table 4 shows that overall the most commonly reported types of association (for the Most Serious Offence committed) were 'intoxication from drugs', 'intoxication from alcohol' and 'money to finance drugs' (63.4%, 44.1% and 34.9% of cases respectively). The nature of the link was also examined by the identification of type of drug involved as shown in Table 5. Overall alcohol, heroin, cannabis and amphetamines, in that order, were the drugs most commonly linked to the main offence or MSO[2]. When broken down by region, the majority of metropolitan offenders identified heroin as the drug involved. The majority of non-metropolitan offenders identified alcohol. Further, when compared with the metropolitan sample, a higher proportion of non-metropolitan offenders linked amphetamines to their main offence.

As expected, the most common main offence category was property (36.6%). After property, assault (21.0%), breach of order (14.5%) and driving (11.8%) featured in that order. Table 6 shows the drugs identified by inmates as related to their main offence (MSO) by the MSO applying to their current sentence. The response set enabled inmates to identify up to six drugs in relation to their MSO. Hence, column percentages do not total to 100%. Percentages are based on the total number of respondents. Constant across the three collections was the loading of alcohol with assault and driving offences and the loading of heroin with property and robbery offences. The findings are associational rather than causal. Across offence categories, the polydrug use patterns of inmates with drug-related offences were highlighted. It is noteworthy that of inmates with a drug-related main offence (MSO), 43.0% identified more the one type of drug as involved in the commission of that single offence.

Figure 1: Drug-related offending

Base=total male sample, n=265

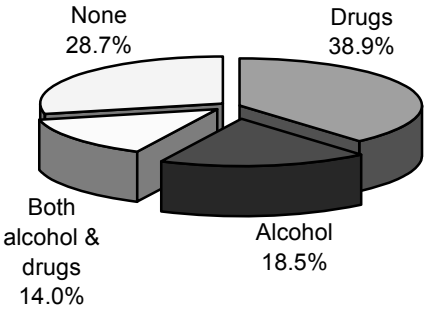

Table 3: Drug-related offences by region

	Region	
	Metro (n=117) %	Non-metro# (n=148) %
Drugs only	51.3	29.1
Alcohol & Drugs	10.3	16.9
Alcohol only	9.4	25.7
None	29.1	28.4
Total	100.0	100.0

Base = Total male sample

4.9% of inmates (n=13) resided outside NSW prior to the current prison term and this group has been classified as Non-metropolitan.

Table 4: Nature of the drug link for Most Serious Offence by region

	Region		
	Metro. (n=83) %	Non-metro. (n=103) %	Total (n=186) %
Drug intoxication	72.3	56.3	63.4
Alcohol intoxication	27.7	57.3	44.1
Finance drugs	47.0	25.2	34.9
Drug withdrawal	8.4	5.8	7.0
Finance drugs for other	8.4	5.8	7.0
Finance alcohol	1.2	1.9	1.6
Alcohol withdrawal	-	-	-

Base= Drug-related MSO (n=186), multiple responses as a percentage of total cases.

Table 5: Type of drugs linked to Most Serious Offence by region

	Region		
	Metro. (n=83) %	Non-metro. (n=103) %	Total (n=186) %
Alcohol	27.7	58.3	44.6
Heroin	54.2	26.2	38.7
Cannabis	26.5	31.1	29.0
Amphetamines	18.1	31.1	25.3
Pills*	16.9	9.7	12.9
Cocaine	14.5	2.9	8.1
Ecstasy	2.4	1.9	2.2
Methadone	4.8	-	2.2
Hallucinogens	-	1.9	1.1
Other opiates	-	1.0	0.5
Steroids	1.2	-	0.5

Base=Drug-related MSO (n=186) multiple responses as a percentage of total cases. *Pills=sedatives, benzodiazepines

Table 6: Type of Most Serious Offence (MSO) by drugs related to MSO
[Base=AOD-related MSO for males (n=186) set=mult. responses as a percentage of total cases]

	Offence						
Drug	Assault %	Robbery %	Property %	Driving %	Order %	Drug %	Other %
Alcohol	74.4	25.0	20.6	81.8	44.4	30.8	60.0
Cannabis	25.6	33.3	25.0	45.5	25.9	30.8	40.0
Heroin	15.4	75.0	52.9	9.1	37.0	61.5	20.0
Pills (sedatives/benzo.)	12.8	16.7	17.6	9.1	-	15.4	20.0
Amphetamines	10.3	16.7	30.9	18.2	40.7	23.1	40.0
Methadone	5.1	-	1.5	-	-	7.7	-
Hallucinogens	2.6	-	1.5	-	-	-	-
Ecstasy	-	8.3	1.5	-	3.7	7.7	-
Cocaine	2.6	25.0	7.4	-	3.7	20.0	20.0
Other opiates	-	-	1.5	-	-	-	-
Steroids	-	8.3	-	-	-	-	-
TOTAL	**21.0**	**6.5**	**36.6**	**11.8**	**14.5**	**7.0**	**2.7**

3.2.2 Patterns of drug use

Patterns of drug use in the six months prior to and during the current term of imprisonment in 2003 are shown in Table 7. By way of comparison, the equivalent data from the 2001 collection are shown in Table 8. The last occasion of use of a particular drug both in the community and in prison is presented as the median number of days prior (i.e., both prior to reception to prison & prior to the survey in prison just before release).

Community

In 2003, across all illicit drug types (with the exception of cannabis and medication not prescribed for self), the occurrence rates of community-based drug use were slightly lower when compared with the 2001 rates. The occurrence of cannabis use was the same in 2001 and 2003. The occurrence rates of 'heavy-end' drug use (heroin, amphetamines or cocaine) were slightly lower (55.5% vs. 63.3%) in 2003 (Table 7) when compared with the 2001 rates (Table 8). The occurrence of cocaine use was markedly lower in 2003 than in 2001 (14.3% versus 23.2%). It is worth noting that in 2003 the occurrence of amphetamine use matched heroin use.

In 2003, polydrug use of 'heavy-end' drugs was common. More than half of those who used amphetamines in the six months prior to imprisonment also used heroin or cocaine during this time.

NSW inmates reported disproportionately higher rates of pre-prison drug use when compared with the general population (Australian Institute of Health and Welfare, 2005). Of the NSW general population, 14.6% used an illicit drug in the last year. Specific drug use levels for the general population were as follows: cannabis (10.7%); amphetamines (3.1%); cocaine (1.2%) and heroin (0.1%).

In terms of recency of drug use by inmates, 30.6% had used heroin and 31.3% used amphetamines in the month before the current prison term. Co-occurrence of heroin and amphetamine use in the month before prison was reported by 12.5% of the male sample.

Community-based drug use patterns in terms of frequency of use are examined more closely in Table 9. This data was not recorded in 2001. In terms of **daily** use, the following occurrence rates were evident for males; cannabis (37.7%), heroin (20.8%), alcohol (17.0%) and amphetamines (12.1%). When frequent use was defined as *more than once per week*, the following rates were evident; cannabis (53.6%), alcohol (43.8%) heroin (28.7%) and amphetamines (22.2%).

Table 10 shows the type of drug used both in the six months before prison and during prison by the mode of administration on the last occasion of use. For heroin, amphetamines and cocaine, injection was by far the most common mode of administration both before and during prison. It is noteworthy that 17.0% of community-based pill users injected on the last occasion of use. In general, a lower proportion of male inmates injected in prison when compared with community practice. Of the prison-based heroin users, 18.4% used an alternative mode to injecting. Of prison-based amphetamine users, 26.7% used an alternative mode to injecting (smoke, ingest or free-base).

Prison

As observed in the prior data collections, when compared with community-based use, there was a significant drop in the occurrence of 'heavy-end' drug use (heroin, amphetamines or cocaine) during imprisonment (55.5% versus 21.5% as shown in Table 7). Of those who used 'heavy-end' illicit drugs in the community, 36.1% went on to use drugs on at least one occasion in prison.

In 2003, 63.0% reported drug use (excluding tobacco and prescription medication for self) on at least one occasion during their current term of imprisonment. In 2001 the rate was 61.0%. This trend appears to be due to a slightly higher occurrence of prison-based cannabis use in 2003 (60.0% versus

55.9% in 2001). In 2003, of those who used illicit drugs in the community, 75.5% went on to use drugs on at least one occasion in prison. Consistent with the 2001 data, the occurrence of tobacco and medication use *(not prescribed for self)* rose slightly on imprisonment in 2003.

Over one third (38.5%) of those who used heroin prior to imprisonment, also used heroin on at least one occasion during their current prison term in 2003. This was also consistent with the 2001 rate. The 2001 and 2003 rates of continued heroin use were lower than that reported in 1998 in which almost half community-based heroin users went on to use heroin in prison.

In 2003, of those who used heroin prior to imprisonment and who did not go on to use heroin in prison, just under three-quarters used cannabis in prison. Arguably, prison-based cannabis use was regarded as less harmful than heroin use by this group who discontinued heroin use once imprisoned. It may also be a factor of heroin availability in prison.

Last occasion of drug use data suggests that the frequency *(how often)* of drug use declined sharply during imprisonment Table 7. Using lapsed time since last occasion of drug use as an indicator, for most drug types, the frequency of prison-based drug use declined between 2001 and 2003. Increased drug interdiction activity and/or effective drug treatment programs possibly contributed to this trend.

3.2.3 Injecting drug use: community and prison

Two thirds of the male inmates (66.4%) reported that they had injected drugs on at least one occasion in their past *(ever injected)*. For this group, the median duration of injecting drug use was six years. This matched that recorded in the 2001 survey.

Of those who had been sentenced to prison in the past (n=193), 43.0% had reportedly injected drugs during a prior imprisonment episode. Of the total sample of males, 5.7% reported that the first time they had ever injected drugs was during an imprisonment episode. Just under half of the male sample (47.5%) injected drugs in the six months prior to current imprisonment and 17.0% of the sample injected drugs in prison during their current term (Table 11). Just under one third, (31.7%) of those who injected drugs in the six months prior to prison, went on to inject drugs during their current prison term.

Five of the prison-based injectors (1.9% of the total sample) had not injected in the six months prior to the current prison term. Nine inmates (7.1% of community injectors) had shared injecting equipment just prior to imprisonment and of these only five had cleaned the equipment with water and bleach. Of the prison injectors, 36 (80.0%) had shared equipment during their current prison term and of these, 33 (92.0%) had cleaned the equipment with water and bleach. Seven of the nine inmates who shared injecting equipment in the community went on to share injecting equipment in prison.

In 2003, there was a slightly lower prevalence of injecting drug use both in the community and prison when compared to the 2001 data (Table 11). Across the two prior collections (1998 and 2001) the prevalence of injecting drug use both in the community and prison was relatively constant.

Of those inmates who had a prior prison episode and injected drugs in their current prison term, the vast majority (95.0%) had injected in a prior imprisonment. Prior prison injecting *(of those with prior sentences)* was found to be significantly associated with injecting drug use in the current prison term *(χ^2=29.87, df=1, p<.001)*. That is, if inmates had previously injected in prison, they were significantly more likely to inject in prison again.

Table 7: The 2003 patterns of drug use by inmates: six months prior to prison and during current prison term [base=total male sample, n=265]

Drug	Community %	Prison[1] %	Last occasion of use **before entry to prison** [median no. days]	Last occasion of use **in prison** & before interview [median days]
Tobacco	88.3	92.1	0	0
Alcohol	63.8	5.3	1	60
Cannabis	70.2	60.0	1	7
Heroin	34.3	14.7	0	60
Amphetamines	35.1	11.7	1	60
Pills[2]	18.1	8.3	1	30
Cocaine	14.3	3.4	7	-
Illicit Methadone	7.6	2.3	14	-
Illicit Buprenorphine	1.2	7.2	-	60
Hallucinogens	2.3	1.5	-	-
Medication*	7.6	9.8	5	14
Ecstasy	15.8	3.0	30	-
Steroids	0.8	0.4	-	-
Solvents	0.4	0.4	-	-
Any illicit drug use	80.0	63.0	-	-
Illicit drug use – heavy-end (heroin, amphetamines or cocaine)	55.5	21.5	-	-

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; [1]median current term of imprisonment=6 months
[2]pills-sedatives,benzodiazepines

Table 8: The 2001 patterns of drug use by inmates: six months prior to prison and during current prison term [base=total male sample, n=234]

Drug	**Community** %	**Prison**[1] %	Last occasion of use **before entry to prison** [median no. days]	Last occasion of use **in prison** & before interview [median days]
Tobacco	89.0	91.7	0	0
Alcohol	70.1	9.4	2	21
Cannabis	69.7	55.9	0	4
Heroin	42.9	19.7	0	90
Amphetamines	39.4	9.1	2	30
Pills[2]	24.0	13.8	1	21
Cocaine	23.2	3.1	2	-
Illicit Methadone	9.4	3.1	9	-
Hallucinogens	7.5	2.8	21	-
Medication*	5.1	8.7	7	17
Ecstasy	16.1	3.1	75	-
Steroids	0.8	0.0	-	-
Solvents	1.2	0.4	-	-
Any illicit drug use	83.9	61.0	-	-
Illicit drug use-heavy-end (heroin, amphetamines or cocaine)	63.3	24.4	-	-

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; ⊥ median current term of imprisonment=6 months; [2]pills-sedatives,benzodiazepines

Table 9: Frequency of drug use in the six months prior to current prison term: 2003
[Base=total male sample: n=265]

Drug	Daily %	> Weekly & < Daily %	Weekly %	Fortnightly %	<Fortnightly %	Did not use %
Tobacco	86.4	1.9		-	-	11.7
Cannabis	37.7	15.9	4.2	2.6	9.8	29.8
Heroin	20.8	7.9	0.4	0.8	4.5	65.7
Alcohol	17.0	26.8	5.3	4.2	10.6	36.2
Amphetamines	12.1	10.1	1.5	3.0	8.3	64.9
Pills[2]	5.3	6.8	1.5	0.4	4.2	81.9
Cocaine	4.1	3.0	1.5	-	5.7	85.7
Illicit Methadone	0.8	1.9	1.5	0.8	2.6	92.5
Hallucinogens	-	0.4.	0.8	-	1.1	97.7
Illicit Buprenorphine	-	0.4	-	-	0.8	98.9
Medication*	0.4	4.9	0.4	-	1.9	92.5
Ecstasy		2.7	0.4	2.3	10.6	84.2
Steroids	0.4	0.4	-	-	-	99.2
Solvents	-	-	-	-	0.4	99.6

Note: *medication not prescribed for self [2]pills-sedatives,benzodiazepines

Table 10: Mode of administration on last occasion of drug use by type of drug: six months prior to prison and during current prison term
[Base= drug users]

	Heroin %		Amphetamines %		Cocaine %		Pills[1] %		Illicit Methadone %		Illicit Buprenorphine %		Ecstasy %	
Mode	Prior (n=91)	During (n=38*)	Prior (n=93)	During (n=31)	Prior (n=38)	During (n=9)	Prior (n=46*)	During (n=22)	Prior (n=20)	During (n=6)	Prior (n=3)	During (n=19)	Prior (n=42)	During (n=8)
Inject	85.7	81.6	88.2	73.3	65.8	55.6	17.4		65.0	16.7	100.0	84.2	7.1	
Smoke	12.1	10.5		6.7	2.6	11.1		4.5				10.5		
Free-base	2.2	5.3		3.3	2.6									
Snort		2.6	5.4		23.7	33.3							2.4	12.5
Ingest			6.5	16.7	5.3		82.6	95.5	35.0	83.3		5.3	90.5	87.5

* missing case/s [1] pills-sedatives,benzodiazepines

Table 11: Injecting drug use
(Base=total male sample)

	2003 (n=265)		2001 (n=254)	
	No.	%	No.	%
Community*				
Injecting drug use	126	47.5	137	53.9
Sharing injecting equipment	9	3.4	7	2.8
Prison#				
Injecting drug use	45	17.0	54	21.3
Sharing injecting equipment	36	13.6	39	15.4

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

3.2.4 Snapshot of first occasion of prison drug use

Both first occasion of drug use and the most recent (last) occasion of drug use in prison were examined in more detail to provide contextual information. Information on how long it takes before inmates use drugs in prison or whether first use is associated with the experience of withdrawal symptoms is useful to service providers.

As expected, cannabis (75.4%) was the most commonly used drug by males on the first occasion of drug use in prison during 2003 (Figure 2). To a lesser extent, heroin (10.8%), amphetamines (4.2%) and non-prescribed pill (4.2%) use were also cited. A range of other drugs, including illicit Buprenorphine and alcohol were used by a nominal number of inmates on their first occasion of drug use in prison (not included in Figure 2). Once entering prison, the median time period which elapsed before inmates first used a drug was 14 days. This time-frame matched that observed in both 1998 and 2001. Hence, a fortnight would appear to be a reliable indicator of the time that elapses before drug use takes place after imprisonment. Inmates were most commonly held in a maximum security centre (53.0%) during their first occasion of drug use. Most had shared the drugs in the company of just one other inmate. A high majority (83.1%) reported that they did not have to pay for their drugs on this first occasion of drug use.

Of those who injected drugs (15.6%) on their first occasion of drug use in prison, more than three quarters shared injecting equipment. However, more than three-quarters of those who shared injecting equipment also used the approved cleaning method *(water × 2 + bleach × 2 + water × 2).*

The most common reasons cited for first occasion of drug use in prison were relaxation (16.9%), availability (13.9%), anxiety relief (13.9%), and drug withdrawal syndrome relief (10.8%).

Of those males who used drugs in their current prison term, 6.6 % reported just one occasion of drug use.

3.2.5 Snapshot of last occasion of prison drug use

Of those who reported continued drug use (n=156), cannabis (75.6%) was by far the most commonly used drug. To a lesser extent, pills (10.9%) and heroin (5.8%) also featured (Figure 3). At the time of interview, five days (median) had elapsed since drug use. This was a slightly longer period of time than recorded in 2001, in which a median of three days since last drug use was recorded. Most had shared the drugs in the company of just one other inmate. The majority (59.0%) of these inmates were held in minimum security environments. Eleven inmates (7.1%) had injected drugs.

The commonly reported reasons for using drugs on the last occasion of drug use were relaxation (22.4%), anxiety relief (10.3%), insomnia (10.3%) and boredom (9.0%).

In comparing first and last occasions of drug use in prison, with the exception of cannabis use, the frequency of drug use and injecting drug use appeared to decline with time spent in prison.

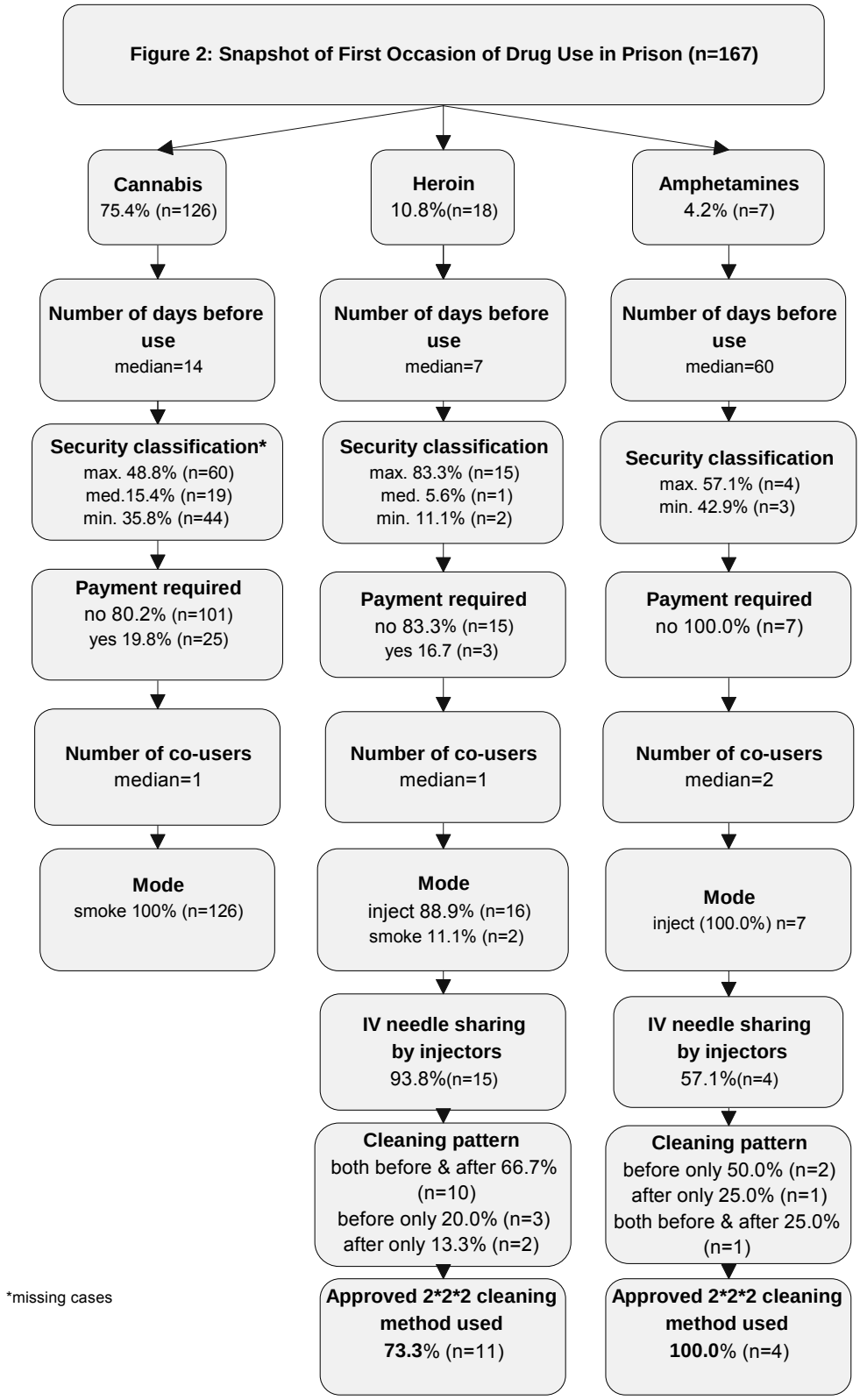
Figure 2: Snapshot of First Occasion of Drug Use in Prison (n=167)
Cannabis
75.4% (n=126)
Heroin
10.8%(n=18)
Amphetamines
4.2% (n=7)
Number of days before use
median=14
Number of days before use
median=7
Number of days before use
median=60
Security classification*
max. 48.8% (n=60)
med.15.4% (n=19)
min. 35.8% (n=44)
Security classification
max. 83.3% (n=15)
med. 5.6% (n=1)
min. 11.1% (n=2)
Security classification
max. 57.1% (n=4)
min. 42.9% (n=3)
Payment required
no 80.2% (n=101)
yes 19.8% (n=25)
Payment required
no 83.3% (n=15)
yes 16.7 (n=3)
Payment required
no 100.0% (n=7)
Number of co-users
median=1
Number of co-users
median=1
Number of co-users
median=2
Mode
smoke 100% (n=126)
Mode
inject 88.9% (n=16)
smoke 11.1% (n=2)
Mode
inject (100.0%) n=7
IV needle sharing by injectors
93.8%(n=15)
IV needle sharing by injectors
57.1%(n=4)
Cleaning pattern
both before & after 66.7% (n=10)
before only 20.0% (n=3)
after only 13.3% (n=2)
Cleaning pattern
before only 50.0% (n=2)
after only 25.0% (n=1)
both before & after 25.0% (n=1)
Approved 2*2*2 cleaning method used
73.3% (n=11)
Approved 2*2*2 cleaning method used
100.0% (n=4)
*missing cases

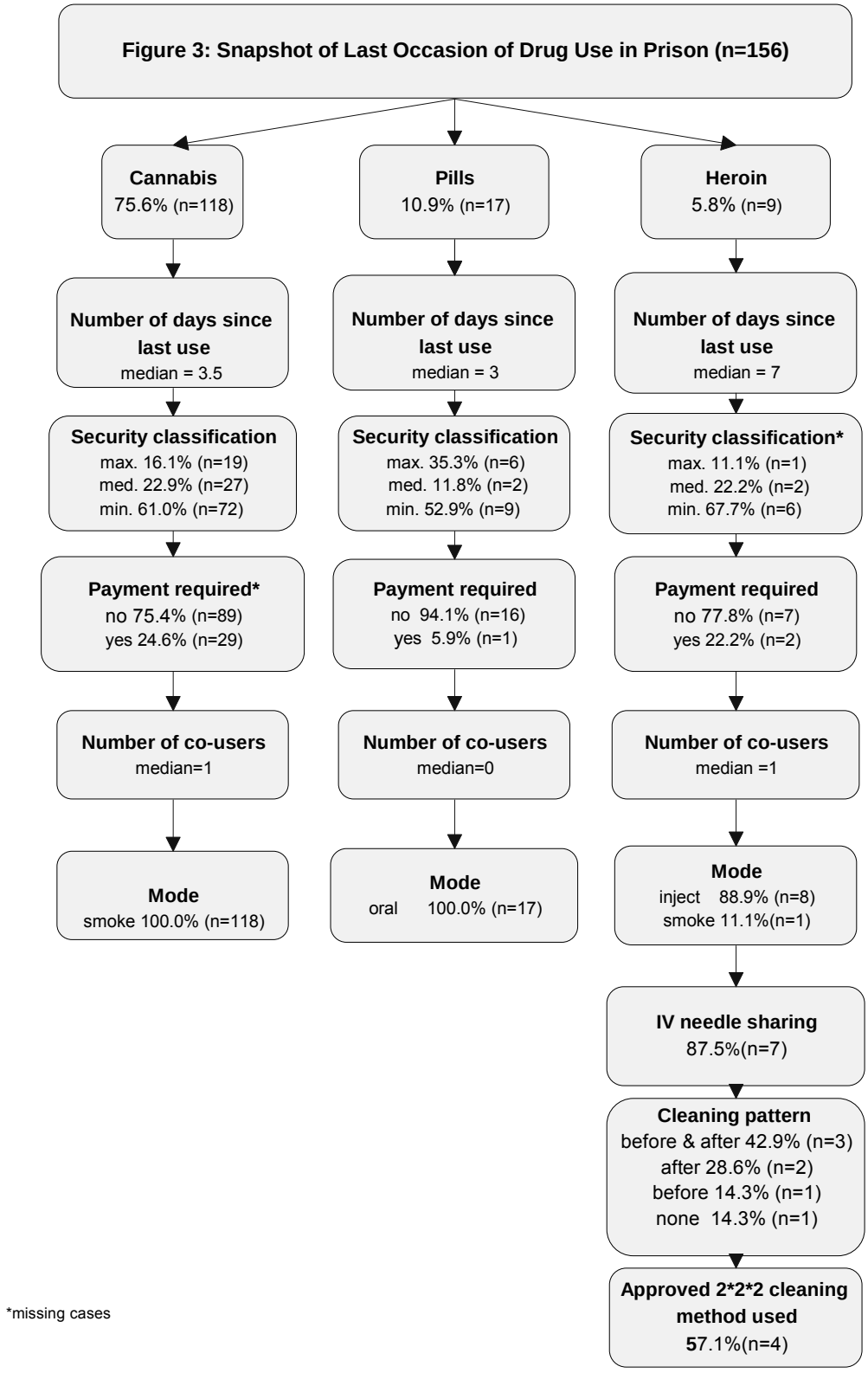
Figure 3: Snapshot of Last Occasion of Drug Use in Prison (n=156)
Cannabis
75.6% (n=118)
Pills
10.9% (n=17)
Heroin
5.8% (n=9)
Number of days since last use
median = 3.5
Number of days since last use
median = 3
Number of days since last use
median = 7
Security classification
max. 16.1% (n=19)
med. 22.9% (n=27)
min. 61.0% (n=72)
Security classification
max. 35.3% (n=6)
med. 11.8% (n=2)
min. 52.9% (n=9)
Security classification*
max. 11.1% (n=1)
med. 22.2% (n=2)
min. 67.7% (n=6)
Payment required*
no 75.4% (n=89)
yes 24.6% (n=29)
Payment required
no 94.1% (n=16)
yes 5.9% (n=1)
Payment required
no 77.8% (n=7)
yes 22.2% (n=2)
Number of co-users
median=1
Number of co-users
median=0
Number of co-users
median =1
Mode
smoke 100.0% (n=118)
Mode
oral 100.0% (n=17)
Mode
inject 88.9% (n=8)
smoke 11.1%(n=1)
IV needle sharing
87.5%(n=7)
Cleaning pattern
before & after 42.9% (n=3)
after 28.6% (n=2)
before 14.3% (n=1)
none 14.3% (n=1)
Approved 2*2*2 cleaning method used
57.1%(n=4)
*missing cases

3.2.6 Drug treatment profile

A large majority of males (82.6%), reported having a drug (incl. alcohol) problem at some stage in their lives. The median age at which the problem first developed was 17 years. In terms of presenting state, 43.0% of males reported that they were withdrawing from alcohol and/or drugs on their most recent reception to prison. This is significantly lower than the level recorded in 2001 (52.4%) (2-tailed, α=0.05).

Understanding the reasons why inmates use drugs has potential to inform program development. A standardised scale was adopted for this purpose (Winfree et al., 1994). Those with a drug problem history were provided with a range of eight possible reasons to explain why they use drugs and were asked to select five of these. Four of the items were factored as self-medication for real or perceived problems and four were factored as hedonism or pleasure seeking. Not all inmates nominated five reasons and some nominated other reasons in addition to those included in the scale. Table 12 shows the perceived reasons for using drugs by recent community-based non-injecting drug users (non-IDUs) versus community-based injecting drug users (IDUs). Responses were fairly evenly spread across self-medication and hedonism items. Generally, for both IDUs and non-IDUs more responses loaded on the self-medication than hedonism dimension. The mean score for self-medication was 2.68 versus 1.61 for hedonism. Social celebration was not a scale item, but was commonly put forward by inmates.

As a measure of recent problem severity, inmates with a drug problem history were asked to rate their problem (on a four-point scale) in the six months prior to their current prison term (see Table 13). Of those with a problem history, 35.2% rated their problem as serious before the current term of imprisonment. This represents 29.1% of the total sample.

Table12: Perceived reasons for drug use

	IDUs (n=123) %	Non-IDUs (n=67*) %
Self-medication		
Deal with bad feelings	74.8	67.2
Forget problems	69.9	58.2
Relax/unwind	69.1	85.1
Feel happier about self	52.8	65.7
Hedonism		
Intoxication	64.2	77.6
Boredom	63.4	58.2
Increase courage	26.8	19.4
Celebrate	18.7	23.9
Improve sex	17.1	17.9

[Base= male pre-prison drug users who also reported a drug problem history (injecting drug users versus non-injecting drug users); mult. responses,*3 missing cases

Table 13: Drug problem severity in the six months prior to current prison term

Problem severity	No.	%
Serious problem	77	35.2
Moderate problem	73	33.3
Hardly a problem	41	18.7
Not at all a problem	28	12.8
Total	219	100.0

[Base=males who reported a drug problem history]

Periods of abstinence and treatment

Table 14 shows that a substantial majority of males with a drug problem history had experienced periods of abstinence both in the community and prison. For most males who had abstained from drug use since developing a problem, at least one year was spent abstaining from drugs.

Of those with a drug problem history, 80.4% had participated in non-medical

(excluding pharmacotherapies) drug treatment at some stage in the past. Consistent with the 2001 data, of those who received treatment, a median of three months was spent in community-based treatment and three months in prison-based treatment.

Prison-based Alcohol & Other Drug (AOD) Services

Of the total male sample, 43.0% went to use the AOD Services (non-medical) during their current prison term. Just over half of those with drug-related offences (51.0%) had used the AOD Services during their current prison term. Similarly, 52.1% of those with a drug problem history had used the AOD Services showing a median of 4 occasions of service. This is a slightly lower level of service usage than that reported in 2001 in which (60.7%) of males with a drug problem history had used the service. Possibly, the lower level of service usage may be accounted for by the changing role of the AOD Workers. Anecdotally, a number of inmates indicated that the guarantee of confidentiality had been diminished due to the increasing role that AOD Workers had in the determination of their security reclassification during their sentence. The response structure enabled inmates to cite more than one form of service received by the prison-based AOD Services (Table 15). Enrolment in AOD group programs was more common in 2003 when compared with 2001 (65.8% versus 35.2% of clients respectively). Further, enrolment in group-based programs was almost as common as one to one counselling (70.2%). Just under a third (30.7%) had session/s pertaining to the preparation of court/parole reports and 4.4% received some additional form of assistance.

Prison-based pharmachotherapies

Just under one quarter (23%) had received community-based methadone maintenance at some time in their past showing a median of 11 months in treatment and (15.5%) received methadone maintenance during their current term of imprisonment. At the time of interview, 12.0% were receiving methadone maintenance.

Table 14: Drug treatment profile

	No.	%
History of periods of abstinence[1]		
	202	92.2
- community history	169	77.2
- prison history	193	88.1
History of AOD treatment[1]		
	176	80.4
- community history	140	63.9
- prison (current term)	114	52.0
History-Methadone Maintenance[2]		
	81	30.6
- community history	61	23.0
- prison (current term)	41	15.5
History-Buprenorphine[2]		
	32	12.1
- community history	21	7.9
- prison (current term)	8	3.0

[1] Base=those males with a drug problem history (n=219)
[2] Base=total male sample

Table 15: Prison-based contact with AOD Services (non-medical) during current term

Type of Treatment	No.	%
- One to one counselling	80	70.2
- Standardised group program	75	65.8
- Report interview/s (court or parole)	35	30.7
- Assistance (other)	5	4.4

Base= Males who used AOD Services (n=114)
[Set=multiple responses as cases - hence does not total 100.0%]

3.3 Associated health issues

3.3.1 Suicide and self-harm

As a brief measure of the experience of emotional distress and risk behaviour

during the current prison term, inmates were questioned on thoughts of self-harm or suicide. Of the male inmates sampled, 4.5% reported that they had experienced thoughts of self-harm and 8.0% reported that they had experienced suicidal thoughts at some time during their current prison term. When these factors were cross-analysed with (i) drug withdrawal at reception to prison; (ii) prison-based injecting drug use; and (iii) perceived severity of drug problem significant associations were found for self-harm, but not for suicide. Self-harm was associated with all of these factors as follows: drug withdrawal at reception (χ^2*=8.46, df=1, p<0.01*; injecting drug use in prison (χ^2*=9.924, df=1, p<0.01);* and self-perceived serious drug problem (χ^2 *=12.95, df=2, p<0.01).* These findings should be interpreted with caution as only a total of 12 inmates reportedly experienced thoughts of self-harm. Further, this finding is not consistent with the pattern observed in the previous two data collections, in which no association was found between self-reported self-harm ideation and the drug-related variables. The above analysis is bi-variate, hence there may be some other factor common to both the present factors that explains the association.

3.3.2 Tattooing & body piercing

Tattooing and body piercing are potential risk behaviours in the transmission of blood-borne viruses. It is important to monitor patterns and trends in these behaviours. Of the male inmates, 5.3% reported that they had a tattoo, 1.1% reported that they had a body piercing and 4.5% reported that they obtained both during their current prison term. The overall prevalence rate (10.9%) of these behaviours is slightly lower than that reported in 2001 (13.1%). When these factors were cross-analysed with (i) drug use; and (ii) injecting drug use, a significant association was found only between injecting drug use and tattooing and/or piercing in the current prison term (χ^2*=7.96, df=1, p<0.01)*.

3.3.3 HIV & hepatitis C education and awareness

Of the male inmates, 45.3% had completed a prison-based HIV/hepatitis C Awareness course and 10.0% had completed a Peer Educator course (training inmates to provide a peer support role in the area of health promotion). As with the prior survey, a brief measure of HIV and hepatitis C awareness was included. When asked if the risk of contracting the blood-borne viruses, HIV & hepatitis C had changed their behaviour during the current sentence, the majority of inmates stated that it had (58.3% and 52.3% respectively). More than half of both drug injectors (IDUs) who discontinued injecting once in prison and IDUs who went on to inject in prison stated that they had changed their behaviour. Although a higher percentage of those IDUs who discontinued injecting in prison reported changing. There was no significant difference on this factor between IDUs who only injected in the community and IDUs who continued to inject in prison.

3.3.4 Exposure to prison violence

Prison-based violence was examined in the first data collection in this series (1998). This information, while of importance in correctional administration, is supplementary to the main purpose of this study. It was included in the current survey to provide an indicator of the level of tension in the prison environment in comparison with 1998 findings. Tables 16 and 17 show frequency rates of perceived threat and exposure to physical violence. The majority of inmates reported never feeling threatened or unsafe around staff (75.2%) or inmates (58.0%). Around one tenth of inmates reported feeling threatened by other inmates weekly or more often. In terms of exposure to and experience of violence, 21.4% reported being assaulted by an inmate and 9.0% reported being assaulted by an officer during their current prison term (compared with 35.6% and 11.5% respectively of inmates in 1998). Most inmates had

witnessed a fight (84.2%) and 36.8% had witnessed more than five fights in their current prison term. Those who used drugs in prison were significantly more likely to have been involved in prison fights than those who did not use drugs (χ^2 = 4.6, df=1, p<. 05).

3.3.5 Throughcare

As '*Throughcare'* (pre-release and post release components) information was supplementary to the main purpose of this survey, it was limited to brief measures. These measures were nominated as questions of interest by the area of the Department responsible for *Throughcare* services.

Accordingly, inmates were asked if any staff member had assisted them with pre-release plans and also to identify their three main concerns about being released to freedom. Of the male inmate sample, 18.5% stated that they had received pre-release assistance from a member of staff at the time of interview. Table 18 shows the most commonly identified concerns put forward by the inmates. For comparison purposes, prison based-drug users were separated from non-drug users. Employment was the most common concern cited by both groups. Prison drug users more commonly cited drug relapse and re-offending as concerns than non-users. More than one tenth of both groups stated that they had no concerns.

Table 16: Inmate experience of physical and verbal violence during current prison term

[Base=total male sample]

	Occasions as a percentages						
	Never	One	Two	Three	Four	Five	More than five
Witnessed physical fight	15.8	11.7	9.8	9.0	7.5	9.4	36.8
Verbally threatened by inmate	72.6	6.0	9.8	3.0	1.1	1.1	6.4
Involved in physical fight	64.3	13.5	9.4	4.9	1.9	1.1	4.9
Physically assaulted by inmate	78.6	11.3	3.8	1.9	1.1	1.5	1.9
Physically assaulted by officer	91.0	5.6	2.6	-	-	-	0.8

Table 17: Frequency of feeling threatened or unsafe around inmates and staff

[Base=total male sample]

	Inmates* %	Staff %
Never	58.0	75.2
Less than monthly	23.1	14.3
Monthly	4.9	2.6
Fortnightly	3.4	2.3
Weekly	3.4	1.5
More than weekly	7.2	4.1
Total	100.0	100.0

*One inmate refused

Table 18: Inmate concerns on being released to freedom [total sample, mult. resp.]

	Drug user (n=155)* %	Non-user (n=92)# %
Employment	36.1	39.1
Drug relapse	29.0	10.9
Family issues	21.9	22.8
Accommodation	21.3	22.8
Re-offending	16.8	9.8
Children	11.6	10.9
Money	8.4	10.9
No concerns	11.6	18.5

*Any inmate who used an illicit drug (incl. alcohol & medication not prescribed for self) in current prison term (12 missing cases) #Non-drug users (6 missing cases)

3.4 Prison subculture

Prison-based drug use occurs in a social environment and understanding the processes involved can improve policy and service delivery. This survey attempted to obtain some insights into what inmates experience and perceive in relation to prison life. In prior surveys in this series various aspects of prison subculture[3] have been examined. The last collection (2001), examined inmates perceptions on the concept of an inmate imposed initiation process/rite of passage on reception to prison. In the current survey, some of the items used in the original collection (1998), were readministered to gather data on any differences that may have occurred over time. Included in the current data set were inmate perceptions on:

- inmate social code
- primary hardships experienced
- inmate drug code
- coping strategies
- staff
- prisonisation.

Inmate perceptions on the prison drug code of behaviour were examined in all three collections.

The categories listed within the tables are those most frequently cited. The perceptions of prison-based drug users are separated from those of non-users to examine differences.

3.4.1 Inmate social code

Inmates were asked to identify the four main rules that comprised the inmate social code. The response set was open-ended and responses were widely spread. The categories listed in Table 19 are those most frequently cited by the inmates. The most frequently cited rules suggest that the central theme of the social code is isolationism *(maintaining independence, distrust, tension and the need for caution in interpersonal relationships).* This finding is consistent with the prior surveys in this series. An inmate rule defining prison-based drug use as taboo was more commonly cited in the current survey than in the past. To determine the extent to which inmates adopted these rules in their day to day experience of the prison environment, a five-point rating scale was administered. A substantial majority (87.0%) of inmates stated that they adopted these rules frequently during their current sentence term.

Table 19: Inmate social code
[Base=total male sample, set=mult. responses as % of cases]

	Drug user (n=166)* %	Non-user (n=93)# %
Don't get involved in the politics/conflicts	50.6	51.6
Don't steal from other inmates	29.5	19.4
Maintain independence/do your own thing	25.9	29.0
Don't inform on other inmates	24.7	12.9
Show respect for other inmates/ "don't speak out of school"	20.5	21.5
Don't use drugs	19.3	25.8
Keep your mouth shut/stay quiet	14.5	22.5
Stand up for yourself if challenged	13.9	4.3

*Any inmate who used an illicit drug (incl. alcohol & medication not prescribed for self) in current prison term (1 missing case). #Non-drug users (5 missing cases)

The hardships of prison life and coping strategies

The majority of inmates cited separation from family (56%) as the dominant hardship associated with imprisonment (both prison drug users and non-users).

After separation from family, loss of freedom (44%), prison food (19.0%), separation from one's children, specifically (16%) and boredom (15%) were the next most commonly cited hardships.

The most common strategies put forward for coping with imprisonment were: physical training (42.8%); employment (41.7%); sleep (33.7%); and watching TV/listening to radio (32.6%). Community contact (letters, telephone calls & visits) was put forward by 17.8% of inmates. Consistent with prior collections, those who did not use drugs in prison were more likely to cite employment as a coping strategy than those who used drugs (51.0% versus 36.1% respectively).

3.4.2 Inmate drug code

Table 20 shows inmate (prison-based drug users versus non-users) perceptions on the social code that applies to using drugs in prison. Consistent with the prior surveys in this series, the dominant theme arising from the inmate drug code was the necessity to avoid drug debts. Purchasing drugs on credit and/or the non-payment of drug debts is viewed as potentially harmful. Prison drug users more frequently cited aspects of drug trade transactions when compared with non-users. As expected, non-users most frequently cited 'not using drugs at all' as a code of practice. In the current survey, the risks associated with injecting drug use *(don't share, clean 'fits', don't inject)* featured more prominently than in prior surveys *(1998 & 2001)*.

3.4.3 Prison drug trade: exposure and deterrence

Table 21 shows the percentage of inmates who reportedly were offered the listed drugs in prison in the last month and prior to interview. By way of comparison the equivalent data from the 2001 survey are shown in Table 22. Prison-based drug users are separated from non-users. The format of this question was closed response *(each drug type was presented to the inmates)*. Overall, cannabis was the drug most commonly cited as offered in the last month (61.9% of males). This is lower than the level reported in 2001, in which 69.8% of male inmates had been offered cannabis in prison in the previous month. In 2003 for those offered cannabis or pills, a median of four offers occurred within the last month and for those offered heroin or amphetamines a median of two offers occurred. After cannabis, inmates were most commonly offered tobacco (38.5%). As expected, prison-drug users more commonly reported being offered each type of drug, when compared with non-users. It is noteworthy that the majority of inmates (70.9%) reported that they had declined drug offers during their current prison term.

Based on these inmate reports, it would appear that drug availability was less prevalent in NSW prisons in 2003 when compared with 2001. The exception to this trend was the reported availability of amphetamines which remained constant, but low across the two collections.

Deterrence strategies

Various drug interdiction strategies are used to both detect and deter drug use in the correctional system. This survey attempted to gauge the impact of some of these strategies on the use of drugs in prison (Table 23). According to inmate opinion, urinalysis appeared to have the highest deterrence effect with more than half of all the inmates rating the impact as either medium or high. Around half the sample also rated sniffer dogs as having either a medium or high impact. Cell searches and body pat downs were perceived to have the lowest deterrence effect. Inmates may have had more exposure to urinalysis than the other strategies. Level of exposure to the various strategies was not measured in the current survey and exposure may quite possibly have influenced the perceived level of deterrence.

Table 20: Inmate code on drugs
[Base=total male sample, set=mult. resp as % cases]

Drug rule	Drug user* (n=155) %	Non-user (n=66)# %
Don't get into debt	52.9	30.3
Don't share needles	38.7	25.8
Clean 'fits' (needle/syringe)	31.6	15.2
Don't use drugs at all	25.2	57.6
Don't inject	20.0	15.2
Don't tell others about it	16.8	10.6
Don't promise to supply drugs	9.7	4. 5

#Non-drug users (32 missing cases) * Drug users (12 missing cases)

Table 21: Drugs offered in prison during previous month (2003)

Drug type	Drug user* (n=167) %	Non-user (n=98) %
Cannabis	79.6	31.6
Tobacco	44.9	21.4
Heroin	37.7	11.2
Amphetamines	22.2	7.1
Pills[1]	21.6	3.1
Other's medication	18.6	3.1
Illicit Buprenorphine	14.4	4.1
Alcohol	9.0	3.1
Illicit Methadone	7.8	1.0
Cocaine	3.6	4.1
Ecstasy	3.6	-
Other opiates	3.0	-
Steroids	1.8	1.0
Solvents	0.6	-
Hallucinogens	0.5	-

[Base=total male sample, set=mult. responses as a %. of cases]
*Any inmate who used an illicit drug (incl. alcohol & medication not prescribed for self) in current prison term.
[1]pills=sedatives/benzodiazepines

Table 22: Drugs offered in prison during previous month (2001)

Drug type	Drug user* (n=153) %	Non-user (n=98)%
Cannabis	85.7	44.9
Tobacco	72.7	49.0
Heroin	39.6	14.3
Pills[1]	34.4	7.1
Amphetamines	22.1	5.1
Alcohol	14.3	5.1
Other's medication	13.6	6.1
Illicit Methadone	10.5	1.0
Cocaine	9.8	2.0
Steroids	3.9	2.0
Hallucinogens	3.3	2.0
Solvents	3.3	2.0
Other opiates	2.6	0.0

Table 23: Drug interdiction strategies: perceived level of deterrence

	Drug user* (n=167) %	Non-user (n=95)# %
Sniffer dogs		
High	18.1	21.3
Medium	31.9	25.5
Low	50.0	53.2
Body pat down		
High	5.4	8.5
Medium	26.3	21.3
Low	68.3	70.2
Cell search		
High	0.0	7.9
Medium	11.1	27.3
Low	88.9	64.8
Urinalysis		
High	29.8	29.8
Medium	33.0	33.0
Low	37.2	37.2

[total male sample, mult. res] # (non-drug users= 3 missing cases)

3.5 Prisonisation

3.5.1 Attitudes toward staff

Inmate attitudes towards staff were measured using a standardised scale of ten semantic differential item pairs (Winfree and colleagues, 1994). The scale was applied to three categories of staff (Table 24). At total overall score of staff acceptance was calculated and reported as a median (higher scores indicated more negative opinions). The majority of inmates endorsed the three categories of staff as good people. Greater acceptance was shown towards professional staff in terms of job performance and service delivery.

A higher level of acceptance was shown towards Case Officers *(correctional officers with a welfare role)* than general scale correctional officers across all items.

The median scores on level of staff acceptance are consistent with those recorded in 2001 for all staff categories. In 2001 an increased acceptance of case officers (when compared with 1998 ratings) had been observed.

It is noteworthy that 34.4% of inmates with a sentence length of more than three months reported that they had had no contact with a Case Officer. An additional 39.0% reported that they had just one meeting with a Case Officer during their current sentence term.

Inmates who used drugs in their current prison term were more likely to reject general scale correctional officers, when compared with non-users *(t=-4.665, df =258, p < .001)*. This pattern was not evident for professional staff or Case Officers.

3.5.2 Prisonisation scale

The standardised scale used in 2001 was repeated in the current survey (Grapendaal, 1990). The scale consisted of 16 items and was designed to measure the level of prisonisation[4] or adaptation to anti-institution and pro-criminal values and broader beliefs on the social structure of prison. The scale measured three dimensions of prison subculture:

- opposition;
- exploitation; and
- isolation.

Table 25 shows the level of agreement by inmates to the statements. Consistent with 2001 findings, a high majority of inmates endorsed (strongly agree/agree) statements that emphasised the inmate driven subculture and the associated isolationism and suspicion (items no, 10 & 13). Also, the loading of opinion on these statements concurred with the inmate social code of behaviour as defined in Table 19. More than half endorsed statements that depicted exploitation in the inmate managed subculture (7, 8 and 9). It is noteworthy that these themes match those identified in the prior data collections in this series in which distrust was indicated as the primary dimension of the inmate subculture.

In terms of opposition to the institution or anti-authority statements, inmate opinion was fairly evenly spread. Specifically, anti-authority sentiments were not endorsed by the majority with the exception of item 12 (the practice of only speaking with officers if something was needed from them). About three-quarters were of the opinion that it was better to tell staff what they wanted to hear than to tell them the truth (item 15).

Those who used drugs in their current prison term appeared to be more 'prisonised' than those who did not use drugs. Prison-based drug users showed significantly higher endorsement of the anti-institution statements when compared to non-users *(t=3.96, df=261, p <. 001).*

Table 24: Inmate ratings on different categories of staff

	Good %	Bad %	Deep %	Shallow %	Active %	Inactive %	Sensitive %	Insensitive %	Interested %	Uninterested %	Not Judgmental %	Judgmental %
Correctional Officers[1]	58.7	41.3	19.0	81.0	23.8	76.2	25.4	74.6	22.6	77.4	24.6	75.4
Case Officers[2]	62.7	37.3	42.4	57.6	47.5	52.5	44.9	55.1	51.9	48.1	50.6	49.4
Offender Services and Programs staff[3]	75.4	24.6	63.0	37.0	63.0	37.0	67.8	32.2	65.9	34.1	61.1	38.9

	Helpful %	Unhelpful %	Honest %	Dishonest %	Fair %	Unfair %	Competent %	Incompetent %	MEDIAN* SCORE	SCORE RANGE
Correctional Officers[1]	50.8	49.2	45.0	55.0	55.6	44.4	51.6	48.4	59	10-83
Case Officers[2]	57.0	43.0	65.2	34.8	67.7	32.3	53.8	46.2	38	10-83
Offender Services and Programs staff[3]	75.4	24.6	79.6	20.4	79.0	21.0	67.6	32.4	18	10-90

*Higher scores represent more negative opinions. [1]Correctional officers *(n=5 missing cases)*
[2] Case Officers are correctional officers with a welfare role *(n=85 missing cases, most reportedly due to no/minimal contact)*
[3] Non-custodial stream of staff, such as drug counsellors, psychologists, welfare workers, education officers *(n=42 missing cases reportedly due to no contact).*

Table 25: Prisonisation scale (Base=total male sample)

Item	Strongly Agree %	Agree %	Neither %	Disagree %	Strongly Disagree %
1. Most rules here make sense	6.8	57.0	3.8	27.0	5.3
2. All the organised activities in here are only meant to keep you quiet	4.6	43.3	11.0	39.9	1.1
3. When prison officers are friendly there is more to it than that	14.8	35.4	11.0	36.9	1.9
4. The officers are only doing their jobs, they are not trying to make your life harder than it already is	7.6	49.0	8.7	29.7	4.9
5. Most prison officers will do anything to help you	3.8	33.5	6.8	44.1	11.8
6. I have the feeling that I spend my time in here in a useful way	6.5	44.9	4.6	34.6	9.5
7. Among inmates, there are bosses and servants	14.8	42.6	7.2	31.6	3.8
8. It hardly ever happens in here that inmates use other inmates to finish off a job	2.7	31.9	9.9	44.9	10.6
9. Inmates are often put under pressure by other inmates to do something for them	15.2	60.1	3.4	19.8	1.5
10. You have to think twice before you tell personal things to another inmate, because it can be used against you	42.6	48.7	1.9	6.8	-
11.The prison officers have nothing to do with what happens among inmates	10.7	39.5	7.7	38.7	3.4
12. I only talk with prison officers if I need them for something	21.7	59.7	1.9	16.3	0.4
13. It does not matter if you have a good relationship with other inmates or not, you have to do your own time	40.3	56.7	1.9	1.1	-
14. If a prison officer gives an inmate an order to do something s/he doesn't want to do, then s/he tries to talk the officer out of it	6.1	55.5	12.9	24.7	0.8
15. It's better to tell the staff what they want to hear than to tell them the truth	14.1	60.8	6.5	18.3	0.4
16. It's necessary to crawl if you want things	5.3	20.9	4.6	57.8	11.4

3.6 Female sample

3.6.1 Background

Females comprise 6.6% of the total sentenced population. Proportionate to population sampling would result in small numbers. Female inmates are a special needs population and it is important to understand their characteristics. To allow for larger numbers and more meaningful data an attempt was made to interview all females to be discharged within the month of the survey. That is, to interview the entire population of discharges rather than sample the population. Females comprised 13.7% (n=42) of all respondents in this data collection. That is, around double that which would have been expected if a proportionate sampling frame was used. The size of the female sample population is still relatively small compared with the male sample. Typically findings from such a small sample must be qualified with cautionary notes for interpretation. As the findings are based on the total discharge population, they can be assumed to be representative of the flow population. The associated breakdowns of data can therefore be extrapolated to the population of female inmates on discharge to freedom with confidence. When examining sub-groups, the results are presented in both raw figures and percentages/proportions due to low numbers.

Background characteristics and criminal history

The median age of women in the sample population was 28 years. A large majority (92.9%) spoke English as their first language. Just under one third (31.0%) were of indigenous descent. As was the case with the male sample, a medium of nine years of education had been completed. Just over half (57.1%) had obtained an educational qualification.

Just over half (57.1%), had resided in the Sydney metropolitan area prior to their current prison term. One third had been employed on either a full-time or part-time basis in the six months prior to their current prison term.

More than half (59.5%) of the women had served a previous sentence term in prison, showing a median of three episodes. For those with a prior prison term, the median age of first imprisonment was 19 years. Nine women (21.4%) had also served time in juvenile detention. For the entire female population, the median total time served in prison was 16 months.

3.6.2 Patterns of drug use and associated problems

Of females, 66.7% (n=28) were reportedly imprisoned for offences related to their use of alcohol and/or other drugs (drugs). More than half of those with drug-related offences (60.7%, n=17) identified heroin as the drug related to their most serious offence.

Patterns of drug use both prior to and during the current prison term are shown in Table 26. By way of comparison the equivalent data for 2001 are shown in Table 27. In 2003, 71.4% (n=30) had used illicit drugs in the six months prior to the current prison term and 50.0% (n=21) used drugs in prison. Tobacco, cannabis, alcohol and heroin, in that order, were the most commonly used drugs in the six months prior to prison. Across most drug types, with the exception of tobacco and pills, pre-prison drug use prevalence rates were lower in 2003 when compared with 2001.

The occurrence of ‘heavy-end’ drug use was markedly lower in 2003 when compared with 2001, both in the community (64.3% versus 82.4%) and prison (16.7% versus 26.5%).

More than three-quarters of those who used heroin in the community were daily users and most had taken heroin within the 24 hours prior to imprisonment. Just over half (57.1%, n=24), of the sample were injecting drug users (IDUs) in the six months prior to imprisonment and 16.7% (n=7) practiced injecting drug use in the

current prison term. Two women (4.8%) reported community-based needle sharing in the six months prior to prison and 14.3% (n=6) reported needle sharing in their current prison term.

More than three-quarters of the women inmates (n=33) had a history of drug-related problems and all but one of this group had abstained from drugs at some stage since the problem developed. Thirty (71.4%) had a history of injecting drug use. Of the female IDUs, all had commenced injecting before being imprisoned. Thirteen women inmates (31.0%) had injected drugs in a prior prison term.

Most of those with an AOD problem history (87.9%, n=29) had received non-medical drug treatment at some time in the past. Also, just less half the sample (45.2%, n=19) had received Methadone Maintenance therapy in the past and 16.7% (n=7) had received Buprenorphine in the past.

Most of those with a drug problem history perceived their problem to be serious in the six months prior to their current prison term (60.6%, n=20). On reception to prison for their current term, 42.9% (n=18) self-reported that they had been withdrawing from drugs and 4.8% (n=2) from both alcohol and drugs.

About three-quarters of those with a drug problem history (n=24) had received some form of service from the AOD Service of the Department during their current prison term. Also, 35.7% (n=15) had received Methadone Maintenance during their current prison term.

When the details of the first and last occasions of drug use in prison are examined, cannabis was reported as the drug used by more than three-quarters of drug users on both occasions. A median of 44 days elapsed before first occasion of prison-based drug use occurred. Heroin was used by just over one-tenth of drug users on the first occasion of drug use. No one reported paying for the drugs and the main reason given for first occasion of drug use was availability. A median of 21 days had elapsed since last occasion of drug use. 'Heavy-end' drug use was scant on the last occasion of drug use.

3.6.3 Associated health issues

With regard to the experience of emotional distress during the current prison term, 19.0% (n=8) reported that they had experienced suicidal thoughts and 9.5% (n=4) reported that they had thought of harming themselves at some stage. The rate pertaining to thoughts of self-harm is markedly lower than that recorded in 2001 (17.6%).

Of the women, 7.9% had received a tattoo during their current prison term. Just under half (n=17) had participated in a HIV/hepatitis C Awareness course and three women (7.1%) had participated in a Peer Educator course during their current prison term.

The most common responses put forward by the women in terms of pre-release concerns were as follows: relapsing to drug use (40.0%); accommodation (37.5%); employment (27.5%); and reuniting with their children (22.5%)

3.6.4 Social Context

When asked to identify those aspects of imprisonment that caused greatest hardship, the most common responses put forward were: separation from family (36.6%); loss of freedom (29.3%); other inmates (24.4%); loss of control (22.0%); and separation from their children (22.0%). The most commonly cited strategies for dealing with imprisonment were prison-based work (57.1%); contact with the community – letters, phone calls & visits (40.5%) and reading (38.1%).

The themes derived from the inmate social code put forward by the female sample were consistent with those of the male sample.

Following are main themes in their respective order:

Don't get involved in gaol politics;
Stay quiet/keep your mouth shut;
Remain independent/autonomous.

The main themes put forward in relation to the drug code between female inmates were as follows:

No needle/syringe sharing;
Clean injecting equipment;
Stay quiet about drug use;
Don't promise to supply for others;
Don't use drugs.

As a measure of drug availability, the women were asked what drugs they had been offered in the previous month. Just under half had been offered cannabis and under one third (28.6%) had been offered pills in the previous month. In 2001 three-quarters of the female sample had been offered cannabis in the previous month.

The scores on the staff acceptance scales showed a similar direction of opinion as those for males, however females showed a higher level of staff acceptance across all three categories of staff. Compared with the 2001 findings on female inmates, correctional officers were evaluated more positively by female inmates in 2003 (median score of 70 versus 43).

Table 26: The 2003 patterns of drug use by female inmates: six months prior to and during current prison term

Drug	Community no.	Community %	Prison no.	Prison %
Tobacco	38	90.5	37	88.1
Cannabis	25	59.5	19	45.2
Heroin	22	52.4	5	11.9
Alcohol	22	52.4	3	7.1
Amphetamines	18	42.9	3	7.1
Pills(Benzos/sedatives)	16	38.1	4	9.5
Illicit Methadone	5	11.9	-	-
Cocaine	9	21.5	1	2.4
Other's medication	4	9.5	6	14.3
Ecstasy	4	9.5	1	2.4
Illicit Bruprenorphine	2	4.8	-	-
Hallucinogens	1	2.4	-	-
Any illicit drug use	30	71.4	21	50.0
Any 'heavy-end' illicit drug (heroin, cocaine or amphetamines)	27	64.3	7	16.7

Table 27: The 2001 patterns of drug use by females inmates: 6 months prior to and during current prison term

Drug	Community no.	Community %	Prison no.	Prison %
Tobacco	30	88.2	31	91.2
Alcohol	24	70.6	1	2.9
Cannabis	23	67.6	21	61.8
Heroin	23	67.6	8	23.5
Amphetamines	19	55.9	4	11.8
Cocaine	10	29.4	1	2.9
Pills(Benzos/sedatives)	10	29.4	8	23.5
Ecstasy	8	23.5	0	-
Other's methadone	8	23.5	5	14.7
Other's medication	2	5.9	6	17.6
Hallucinogens	1	2.9	0	-
Any illicit drug use	30	88.2	22	64.7
Any 'heavy-end' illicit drug (heroin, cocaine or amphetamines)	28	82.4	9	26.5

Table 28: Quotes from inmates on their code of conduct (total sample: n=307)

General	Drugs in prison
"It is a different world in here – you just rock and roll with it or it rocks you."	***"Don't get drugs on tick (credit)."***
"If it doesn't involve you, don't involve yourself."	***"Don't do drugs, people will hound you."***
"Try and relax – have eyes in the back of your head."	***"Don't use needles – you don't know how many arms they have been in."***
"Don't walk around like you are staunch."	***"Don't buy a pre-mixed fit."***
"If you have to fight, then fight – it earns respect."	***"Smoke drugs rather than inject."***
"Always be strong, stand up for yourself."	***"Use your own fit, if not, smoke pot."***
"There is green and there is blue (don't talk to officers)."	***"Don't be a donkey, don't bring drugs in for someone else."***
"Adjusting to community life gets harder with each sentence – e.g., walking into shops."	
"It is better in here – roof over my head and three square meals."	
"There needs to be more activities that motivate inmates to join in."	

4. DISCUSSION

The present data collection provides an expanded knowledge base for correctional management practice. It enables the drug-related offending and drug use trends of inmates in NSW to be monitored and reviewed over time. It offers some insights into the inmate social system and what inmates' perceive is relevant. More importantly, it provides an empirical basis for developing and targeting prevention, treatment and interdiction strategies.

Methodological limitations

Survey data are never perfect. Certainly the reliability of the drug-related statistics could be questioned given that the behaviours being measured are illicit and the target population imprisoned. To some extent this limitation has been overcome by careful interviewer selection and training and guarantees of confidentiality. This is evidenced by the very low refusal rate. The high response rate was facilitated by the survey's attention to the well-being of inmates. Even though the survey was predominantly concerned with drug use, it had a broad enough coverage to be accessible to other inmates. Also given the broad focus, it did not stigmatise those with drug-related problems.

Another inherent problem with the reliability of self-report is the fallibility of memory and the selectivity of memory in reconstructing behaviour. This is a replication survey that has been successfully completed on prior occasions. The present findings are sufficiently consistent with data previously collected on the same target population. Therefore we are reasonably confident that accuracy was not significantly hindered by problems with recall.

To some extent the delineation of geographical region into metropolitan and non-metropolitan categories would seem to lack precision with the definition being almost a statistical artefact. Predictably there are major regional centres in NSW that have more in common on social dimensions with the city metropolitan area than with small or remote centres. In future collections the development of regional definitions based on population size will be examined.

Even though suicide and self-harm ideation were examined, a shortcoming of the present study was that the co-occurrence of drug use and psychiatric disorder (dual diagnosis) was not examined. Other studies have found high rates of dual diagnosis among inmate populations. Further, dual diagnosis may be a significant factor in the drug-related criminal activity of certain types of offenders. On this basis the inclusion of mental health measures in future data collections in this series is recommended.

The information presented on the inmate subculture is summary information. The response structures were open-ended and actual responses showed substantial variance. The inmate social system is not as simplistic as indicated by the summary tables in this report. It cannot be determined how well these questions were understood or if inmate perceptions were accurate. It is these factors that determine validity. One argument that does support the reliability and validity of the current study's summary information on subculture is the consistency in the themes put forward across the three data collections.

It has been argued that prison subculture has become more fragmented and factionalised since the early accounts were published (Irwin, 1980, cited by Kevin, 2000). This has been explained by the emergence of the drug trade and gangs. Arguably the subculture is subtle and dynamic with a number of sub-communities present. Prison subculture is a very rich area of knowledge and warrants research in its own right.

Several arguments have been presented to support the reliability and validity of the present data set with reasonable confidence. These combined with the

stratified randomised sampling procedure and the achieved response rate, suggest that the data can be considered representative of the dynamic population of inmates in NSW.

Drug-related statistics: trends and patterns

While high rates of pre-prison and in-prison drug use are still evident, they are lower than those recorded in 2001. The aggregation of a number of drug-related measures, including offending and drug use patterns, injecting drug use and dependency is suggestive of a small decline in drug morbidity among inmates in NSW. Further, according to inmate estimates drug availability was less prevalent in NSW prisons in 2003 when compared with the 2001 findings.

The 1999 NSW Drug Summit was a major state-wide drug intervention campaign, including harm, demand and supply reduction initiatives. Potentially, the Drug Summit has contributed to this decline. The impact of the heroin shortage in NSW had already occurred in late 2001, so the decline cannot be solely attributed to dynamics within the heroin market. The decline is best explained by the combination of a number of factors including Drug Summit spending. As Brownstein and Crosland (2002) observed in their review, drug use and crime patterns are affected by and in turn affect forces operating in society. It is noteworthy, that in NSW at the time of the present data collection economic and employment indicators were optimistic. A study that investigated the decline in property crime in NSW during the same period concluded that while the heroin shortage had contributed to the decline in crime, other factors such as weekly earnings and increased drug treatment enrolment had played an important role (Moffatt, et al., 2005).

Geographical differences were identified in the type of drug-related offending behaviour. Metropolitan and non-metropolitan based inmates varied on the type of drugs used. Alcohol and amphetamines featured more prominently in the offending behaviour of those from regional areas. With metropolitan offenders, heroin featured more prominently. Paradoxically, treatment and after care services are often scarce in small communities and for regional offenders, prison could be the most opportune time to enrol in drug treatment. The findings indicate that interventions should be different for regional offenders given that the types of problems and the social settings in which they occur differ from those of metropolitan offenders.

The current data collection series found that most drug-related offenders commit a variety of crimes and use a variety of drugs. Most researchers accept that the drug-connection is a broad and complex process. It is an integration of individual, situational, cultural, socio-economic and other factors. Potentially, the ongoing large-scale data collections on this topic will allow different models of drug-related offending to be derived and the relative contribution of various predictive factors to be identified.

Implications of the research

Despite the encouraging trend in the drug-related statistics on the NSW inmate population, the levels of morbidity associated with drug problems remain sufficiently high to make drug treatment an important issue for correctional administrators. The co-occurrence of heroin and psychostimulant use presents both a harm reduction and demand reduction challenge. Whilst drug substitution therapy is available for heroin dependency, there is no equivalent response for psychostimulants. As offenders have been found to differ in their predispositions, offending and drug use patterns and social environments, there exists a firm basis to provide a broad range of interventions. Clearly, the provision of a broad range of treatment options including individual counselling, group-based cognitive-behavioural

therapy (CBT), peer support, self-recovery and residential programs is the optimal approach. Intensive concurrent treatment, including drug substitution therapy and adjunctive CBT combined with peer support programs should be offered to those at highest risk of drug-related morbidity. Peer support and self-support programs are a particularly useful resource to correctional administrators as they are low cost and offer the direct option of continued aftercare in the community.

According to the findings of this data collection series and other empirical studies on offender populations, vocational training and job seeking skills are also specifically relevant for drug users.

Given the magnitude of drug-related offending and morbidity, there exists clear rationale for the introduction of a standardised, detailed, drug screening procedure for inmates on induction to prison. According to the current findings, the procedure should include measures on the level of drug-related offending and high-risk activities, such as injecting drug use in prior prison episodes.

Further, based on the current evidence it would seem prudent to distinguish between the 'addiction proneness' of inmates (Kinlock, et al., 2003[2]). That is, it is important to identify those whose motivation is best explained by the 'drug use drives crime' explanation by prioritising and matching these inmates with an appropriate drug treatment plan in prison. This strategy places the focus on those whose offending behaviour is most likely to benefit from in-prison drug treatment.

It is equally important for correctional management to address both the duty of care and the public health concerns that surround drug-related morbidity. Those inmates who are identified as practicing high-risk drug use, such as injecting drug use and polydrug use in their current prison episode should be prioritised for intensive case management and specific drug treatment. In further support of the need to prioritise this group for treatment, both current findings and other studies have found that prison injecting drug users are more likely to practice other risk behaviours in prison, such as tattooing.

Consistent with existing research, the current study found that those who use drugs in prison are disproportionately responsible for prison violence. Prison drug users were more involved in fights and were found to be more 'prisonised' in their attitudes. Treatment has the potential for changing negative attitudes, beliefs and behaviours during imprisonment. In this way, treatment can become an effective management tool. Enrolling high-risk drug users in treatment offers many potential gains to management in terms of maintaining order and lowering costs within the institution.

The appropriate matching of participants with programs is well documented as an essential component of effective programming. Accordingly, the type and level of prior treatment engagement and current responsivity/motivation for change should be assessed prior to placement in a program. Should an inmate be resistant to treatment, other behaviour management tools need to be considered, such as regular drug testing with structured incentives contingent on clean test results.

This survey examined the social mores that exist within the inmate driven subculture. It is noteworthy that according to the social and drug mores reported by inmates, there was less support for high-risk drug behaviours and more support for harm prevention practices than reported in previous surveys in this series. Also worth noting is that around one quarter of the inmates reported choosing alternative modes of administration to injection when using 'heavy-end' drugs in prison. This is a new and encouraging harm reduction development.

In terms of harm reduction, preventive mechanisms, such as condoms, dental dams & bleach are currently available in the NSW correctional system. NSW inmates are provided with health education literature, peer support training and health promotion workshops. Reaching marginalised and resistant populations such as high-risk drug users is a challenge. The risks of drug-related harm in prison could be further diminished through the routine implementation of health promotion workshops on induction to prison for all inmates.

To control the supply of drugs within the NSW correctional system a range of drug interdiction measures are implemented. In the current survey, inmates were asked to rate the deterrence effect of a number of these measures on drug use in prison. Findings indicated that these measures were perceived as having a deterrence impact. Urinalysis and drug detector dogs were rated as more effective than cell searches or body searches.

Correctional drug policy

The National Drug Strategy 2004-2009 sets out a framework for a coordinated approach to drug issues in Australia. The guiding principle of the strategy is harm minimisation which encompasses harm reduction, demand reduction, and supply reduction strategies. The National Drug Strategy has long recognised drug-involved prisoners as a target population given their substantial risks and needs. Accordingly, the NSW Department of Corrective Services receives funding under the National Drug Strategy. In this regard it is appropriate for the Department to develop an integrated prison drug strategy that reflects the key principles of the National approach. Further, an approach which coordinates the activities of the treatment and interdiction arms of the Department and which also adopts behaviour management principles such as structured incentives for pro-social behaviour would promote positive behaviour change in drug-involved inmates.

Imprisonment represents a key opportunity to intervene with drug-related offenders and potentially improve their post-release prospects. The findings presented in this series carry important policy implications in diminishing the criminogenic effects of drug misuse and the adverse health and safety effects of high-risk drug taking activities in prison.

5. ENDNOTES

1. Bleach availability: In accordance with World Health Organisation guidelines on HIV infection and AIDS in prisons it is departmental policy that inmates in all wings in NSW correctional centres have access to bleach solution for the cleaning of injecting equipment.

2. The most serious offence (MSO) represents the offence with the lowest (most serious) NSW offence code and longest sentence.

3. Prison subculture: some continuity in the values, norms, attitudes and expectations of the inmate community.

4. Prisonisation: a culture featuring an anti-authority, pro-criminal values and behaviour code which 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*).

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7. ANNEXE

Discharge population frame (males)

Sampling Frame: August and September, 2003 male discharges - stratification by region and security classification for the two-month time period prior to fieldwork.

	Non-metropolitan				Metropolitan			
	Population.	%	Achieved Sample	%	Population	%	Achieved Sample	%
Minimum	397	66.8	118	68.2	197	64.4	57	62.0
Medium	143	24.1	38	22.0	25	8.2	11	11.9
Maximum	54	9.1	17	9.8	84	27.4	24	26.1
TOTAL	594	100	173	100	306	100	92	100

Of note, is that the population frame included those inmates due for parole with an earliest date of release within the time frame who may have subsequently had their parole refused by the Parole Board.

Achieved sample capture rate

The data set excluded appellants, fine defaulters & those with sentences of less than one month.

Males: Captured 26.6% (n=265) of actual discharges to freedom (n=996) for the study's time period.

Females: Captured 42 of the actual discharge population (n=45) to freedom.