

Drug Strategy 2006

Tackling Drug Abuse and Addiction,
Changing Lives in Queensland
Prisons

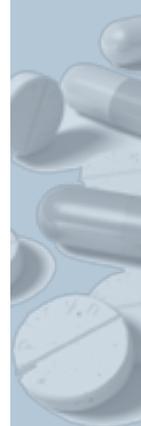


Queensland Government
Queensland Corrective Services



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Summary

The Queensland Corrective Services Drug Strategy (the Strategy) enshrines a zero-tolerance approach to drug use within a context of harm minimisation. This approach recognises that although abstinence may be a long term goal, safe drug taking practices must also take priority in the short-term to reduce the spread of blood borne virus and to reduce the possibility of overdose. By incorporating the principles of harm minimisation the Strategy is not condoning or “going soft” on the issue of drugs in prison. On the contrary, this approach will enable management to recognise the dual challenges of keeping drugs out of prison, while providing effective treatment interventions and operational strategies to reduce the harm caused by drug use.

Harm minimisation recognises that drug use cannot be completely eradicated, but that initiatives can be established to reduce the harm caused by drug activity. This is consistent with community standards, though clearly abstinence remains the ultimate goal. Harm minimisation will target the following:

- Reducing the supply of drugs using strategies to reduce the import and supply of drugs into prisons.
- Reducing demand for drugs by providing incentives for offenders to stop using drugs. This acknowledges that a variety of strategies may be used to change patterns of drug abuse.
- Reducing the harm caused by drugs through acknowledgment that drugs and the manner in which they are taken can have negative effects on users and the wider community.

The Strategy will strengthen measures used to keep drugs out of prisons by introducing new or strengthened workplace practices, appropriate resources and improved technology.

The Strategy’s supply reduction goal will include the following objectives:

- That offenders who use illicit substances are detected;
- That persons attempting to smuggle or traffic drugs into prisons are apprehended; and
- That drugs and related equipment concealed in goods, property, produce or vehicles are located and intercepted.

Improved technology, procedures, standards, co-ordination of initiatives, and analysis of intelligence will be used to achieve this goal and include:

- **Drug testing** will monitor and deter drug-misuse. Failure of a drug test will continue to be a disciplinary offence for offenders that will lead to sanctions. Drug testing will provide a trigger for referral into treatment those offenders who fail a test.
- **Identified Drug User Scheme (IDU)** will provide appropriate management measures against those offenders who are caught using drugs and will offer incentives and differential management measures to encourage offenders to cease drug use while in prison.
- **Controls in visits areas** will include x-ray scanning of personal property, personal scanning and general searching, electronic surveillance; drug detection devices; drug-detection dogs and specially trained staff to make the trafficking of drugs more difficult.
- **Sanctions on visitors** who attempt to, or are suspected of smuggling drugs into corrective services facilities will include bans from all visits, non contact visits and prosecution.

- **Staff searches** will include x-ray scanning of personal property, personal scanning and general searching using metal detection devices, drug detection devices and drug-detection dogs to make the trafficking of drugs more difficult.
- **Staff** who attempt to smuggle drugs into corrective services facilities will face disciplinary action and prosecution.
- **Intelligence operations** will target all persons smuggling, trafficking and using drugs within corrective services facilities and will include liaison with Queensland Police Service to target supply from persons outside the prison. Intelligence will continue its important role in the detection of illicit substances in corrective services facilities. QCSIG, facility management and intelligence staff will coordinate with, and cooperate with other law enforcement agencies for the sharing of intelligence and conduct of joint operations to combat the importation of illicit substances into corrective services facilities.
- **Drug detection dogs** act as a deterrent to persons considering bringing drugs into prisons and may be used in detecting drugs on visitors and offenders. Drug detector dogs and their handlers will be located at all Queensland secure custodial facilities and used for searching the perimeter of prisons, car parks, visits, all service areas and prisoner accommodation. Changes will be made to the present mix of active alert and passive alert dogs to enable an increase in the numbers of passive alert dogs.
- **Ionscan Devices** are trace particle detectors used to detect traces of drugs that are collected by either vacuuming or wiping surfaces with a specially treated filter or cloth and inserting them into the Ionscan for analysis. Ionscan devices and training in their use will be provided at all secure custodial facilities.
- **Searching presents** an important tool to limit supply and reduce prison drug activity through deterrence and detection. Staff, visitors and other people who enter prisons may be responsible for bringing drugs and drug-related equipment or paraphernalia on to prison property.
- **Information** will be provided at all Queensland corrective services facilities stating clearly that bringing drugs or alcohol into prisons is a serious offence and will be reported to police. Information will be provided in a variety of media including signage, posters print and multi-media. Information will also alert visitors to the security and health risks caused by trafficking and associated drug activity in prison and the consequences faced if caught.

The Strategy's demand reduction goal focuses on providing more treatment opportunities designed to reduce offending behaviour and minimise the harm caused by drugs. The Strategy endorses treatment that accommodates the assessed diverse needs of offenders and which provides a means of reducing or ceasing an offender's drug use. A key objective is to help offenders establish drug-free lifestyles that benefit not only the individual but also society as a whole.

Treatment services will be varied and flexible enough to respond to offender needs, their severity of dependence, personal circumstances, motivation and response to interventions. Treatment in this context will integrate identified criminological and health issues through the provision of screening, assessment, placement, testing, monitoring and supervision. Issues of gender, cultural diversity and the delivery of culturally competent services are equally essential ingredients of effective treatment.

The Strategy endorses treatment that accommodates the diverse needs of prisoners and which provides a means of reducing or stopping a prisoner's drug use. Facility-based and/or contracted

drug and alcohol treatment services will respond directly to the needs of individual offenders in relation to their substance abuse, as well as other related health and well-being needs. A range of interventions and services will be available and include: health and medical services, offending behaviour programs, counselling, mutual self-help groups and peer support, opioid substitution therapy (pharmacotherapy), and transitional support.

A graduated level of intervention providing differing levels of intensity will be delivered at the appropriate level and 'dosage' according to assessed needs. Interventions will target behavioural issues and criminogenic need. Maintenance and booster programs will be provided for offenders who successfully complete a high intensity program. These programs will enable high risk offenders to consolidate continued recovery through ongoing support in custody and in the community.

Drug treatment units will provide an environment in which the "prison culture" does not overwhelm progress toward behavioural change and allow offenders to focus on their substance abuse issues in a safe and clean environment. These units will provide supportive environments in which modelling of positive behaviours by other residents provide an ongoing model of encouragement.

A Drug Free Incentive Program (DFIP) will support the IDU scheme by enabling eligible offenders who test positive to drugs and are motivated to change their drug taking behaviour to undertake an intensive case managed process employing a series of sanctions and rewards designed to encourage drug free lifestyles.

The transition from prison to the community is a time of potential high risk and uncertainty for offenders. Analyses of relapse processes over time with various addictive behaviours show that about 66 per cent of all relapses occur within the first 90 days following release. During this time offenders must contend with situations and problems which may often lead to relapse. These problems can be further compounded by the difficulty of re-establishing suitable accommodation, finding employment, building or rebuilding personal relationships, and becoming part of the community. Aftercare therefore, is critical to effective treatment and should facilitate offenders continued treatment and/or support needs following release from custody. Accordingly transitional planning will identify and attempt to mitigate aftercare needs prior to offenders' release from custody. Facilities will facilitate offender access to adequate transitional support and aftercare before their release.

The Strategy's harm reduction goal will deliver interventions aimed at reducing the harms associated with substance use for offenders, staff and the wider community. It will include, but does not require, abstinence. The focus is on the individual's behaviour, not on the substance use itself. Effective harm reduction approaches will deliver a comprehensive range of coordinated, user-friendly, offender centered and flexible programs and services and provide a supportive, non-judgmental environment. Programs that inform about harm associated with drug use, the effects of different drug types, short and long term consequences of drug taking and issues concerning overdose and unsafe injecting practices will be available for all offenders.

The Agency will deliver numerous initiatives to reduce the transmission of blood-borne communicable diseases and other harm associated with injecting drug use. Bleach will be available to offenders through facility medical centres in an informal and consistent manner, without trigger for investigation or other repercussion. Opioid maintenance pharmacotherapy treatment will be available for remandees and eligible short sentence offenders undertaking community opioid replacement therapy at the time of reception to custody. Pregnant female (sentenced) offenders in

custody, who do not meet the previous criteria may undertake opioid maintenance pharmacotherapy for the duration of their pregnancy.

Peer education programs will inform offenders on the effects of illicit drug use and provide information aimed at reducing related harm. They will provide a valuable support service in reception and induction situations for other offenders. Peer supporter workers will provide an information based service that will value add to harm reduction interventions targeting a reduction in blood-borne virus transmission.



Introduction

The Queensland Corrective Services Drug Strategy (the Strategy) will contribute to community safety through a healthy environment by utilising a variety of responsible detection, prevention, identification, treatment, support and rehabilitation methods. The Strategy will enable continued development and delivery of an effective service delivery approach to offenders who present with issues related to their drug use.

Substance abuse is often used as a global term which may encompass the misuse or abuse of a range of substances, such as alcohol, illicit drugs and even prescribed drugs. Unless stated otherwise, the terms substance abuse or misuse as used throughout this document are interchangeable and refer to the misuse of alcohol, illicit or prescribed drugs by offenders.

In the past many different approaches have been used to try to address the issues associated with illicit substance abuse within correctional facilities. Some approaches have complemented each other while others have tended to work in opposition. Philosophical differences often prohibit collaboration or grind co-operation to a halt. Often views are polarised. Some see abstinence as the only solution while others think we need options for people who can't or don't want to stop using. Too often the interests of the individual offender and the interests of the broader community are pitted against each other.

Harm minimisation seeks to reduce drug related harm and aims to improve health, social and economic outcomes for the offender, staff and wider community. It encompasses a wide range of approaches including abstinence-based strategies. Harm minimisation is consistent with a holistic approach to reducing drug related harm by drawing a balance between supply reduction, demand reduction and harm reduction and supports the following priorities:

- to disrupt the production and supply of illicit drugs, and the control and regulation of legal substances;
- to prevent the uptake of harmful drug use, including abstinence orientated strategies and treatment that will promote individual resilience and reduce drug use; and
- to reduce the drug-related harm to individuals and communities.

The Strategy enshrines a zero-tolerance approach to drugs within prisons. It will deliver sanctions for those offenders who test positive to illicit substances and will enforce strict legal measures against any person bringing drugs into prison. The Strategy will enable a pro-active detection and deterrent methodology, clinically managed withdrawal from drugs of dependency, assessment of individual needs, effective treatment, interventions, education and information provision and ongoing support and aftercare. The Strategy will deliver a range of initiatives designed to reduce the harms associated with drug taking, in particular Hepatitis C and HIV.

The Strategy will address the links between drugs and crime by adopting an integrated approach to the dual challenges of minimising harm and reducing drug use by offenders. In doing so, it will create a healthier, safer prison environment and assist offenders to establish drug-free lifestyles within prison and the wider community. The Strategy advocates a systems approach to meeting the multiple needs of drug misusers. This will be achieved by maximising treatment gains through the provision of explicit links to health, social care and other services.

Drug use and criminality

For a number of years, Queensland has witnessed an increasing level of entrenched drug taking behaviour among offender receptions. Data obtained from male offenders incarcerated in Queensland in mid 2001 (Makkai and McGregor 2002a) established that approximately two-thirds of offenders reported that their offences were related to drug use. Similarly, approximately 80 per cent of female offenders in Queensland (DCS 2002) reported problems with drug use while nationally 80 per cent reported experimenting with drugs and 62 per cent were regular drug users in the six months prior to their arrest (Johnson 2004).

There is a widespread recognition of significant linkage between drug use and criminality. Apart from offences directly arising from possession and use of drugs themselves, linkage can arise through crimes such as theft motivated by a desire to raise money to fund addictive behaviour, crimes arising from behaviour while in a drug induced state, and crimes such as smuggling and physical violence related to drug trafficking (UK Select Committee, 1999). There is a high correlation between violent crime and excessive alcohol consumption, with research estimating that between 41 per cent and 70 per cent of violent crimes are committed under the influence of alcohol (Commonwealth of Australia 2001).

A number of studies have demonstrated a correlation between illegal drugs and property crime. These studies have found that:

- property offenders are more likely to test positive to illegal drugs, particularly opiates (Makkai and McGregor 2002a).
- drug-using property offenders have higher rates of criminal activity (Dobinson and Ward 1985; Stevenson and Forsythe 1998; Loxley 2001; Makkai 2002).
- violent property offenders report using drugs (usually amphetamines) to provide 'dutch' courage to commit their crimes (Indermaur 1995).
- the level of offending varies according to the type of drug on which the offender is dependent (Makkai 2002).

In a major Australian study of drug-using offenders conducted by Dobinson and Ward (1985) 60 per cent of heroin users reported that crime became a regular activity after their first use of heroin. Dobinson and Ward further found that motor vehicle theft was reported to have begun prior to regular heroin use whereas, armed robbery (an acquisitive violent crime) occurred on a regular basis after the regular use of heroin. Fraud was also reported as being regularly committed following commencement of regular use of heroin.

There is reasonably consistent evidence that alcohol use is associated with increased rates of aggressive and violent behaviours (White & Humenuik 1994). Violent offenders are often intoxicated when they commit offences and persons with alcohol abuse and dependence have higher rates of involvement in violence (Reiss & Roth 1993).

The chronic use of high doses of psychostimulants, such as amphetamines and cocaine, has been associated with violent acts. There are case histories of violence committed by individuals while experiencing psychotic symptoms, such as vivid hallucinations and paranoid delusions which can be produced by chronic high doses of amphetamines, especially when injected (Hall & Hando 1993).

There is increasing evidence that regular cannabis use precedes and causes higher rates of psychotic illness and lowers the chances of recovery from a psychotic episode. People with a

psychotic illness who use drugs experience more delusions, hallucinations and other symptoms. Where a predisposition to a psychotic illness, such as schizophrenia exists, use of cannabis may trigger the first episode in what can be a lifelong, disabling condition.

Challenges

Responding to alcohol and drug-related issues, both in community corrections and in custodial settings, presents a constant challenge for correctional management in Queensland. Drug activity in custodial environments has a negative impact on both offenders and staff and the wider community.

The principle of harm minimisation is to minimise the health, social, legal and economic harm caused by drugs through acknowledging that drug-taking exists and that benefits are to be gained by focusing on the harm that may result. This approach to managing drug issues represents a major philosophical challenge for correctional jurisdictions worldwide. Although abstinence may be a long-term goal, safe drug-taking practices must also take priority in the short-term to reduce the spread of blood-borne viruses. By incorporating the principles of harm minimisation the Strategy is not condoning or going 'soft' on the issue of drug use in prison. On the contrary, this approach will enable Government to recognise the challenges confronting correctional management in keeping drugs out of prison, while also providing effective treatment interventions and operational strategies to reduce the harm caused by drug use. This fundamental challenge should be viewed as the basis underpinning the Strategy.

Reducing the supply of drugs is critical to reducing the uptake of drugs. The detection and prevention of illicit substances from entering prisons presents an increasing challenge as the number of offenders entering the system with entrenched drug use behaviours continues to increase. The agency's statistical urinalysis program has recorded a decrease in prisoner drug use from 19 per cent in December 1990 to 5 per cent in December 2005. Despite this apparent success it is important to recognise that as methods for detecting drugs have improved so the methods used by those trying to bring drugs into prisons have become more sophisticated. The supply and traffic of drugs in prison occurs despite the most stringent of detection regimes and may be attributed, in part at least, to the quantities of illicit substances smuggled tending to be very small and easily concealable.

Offenders who use drugs in custodial environments present a variety of challenges for correctional management including increased risk of infection, infection transmission, overdose and continued offending. Challenges are further presented through:

- supply of drugs in custodial settings which may place visitors and fellow offenders under considerable pressure to traffic drugs or use violence to obtain drugs from others within these settings;
- drug taking methods in custodial settings such as injecting practices where for example crude injecting equipment used repetitively by more than one offender, increases the risk of health problems such as blood-borne virus transmission (e.g. Hepatitis C, HIV), skin infections and damage to blood vessels;
- negative consequences of intoxication which may include violence, depression and suicide ideation. The consequences of accumulating drug debt and involvement in the politics of prison drug activity can be highly negative and affect staff and offenders alike;

- prison drug activity which can undermine the value of treatment interventions, efforts to establish positive unit cultures and a rehabilitative prison environment. The risk of re-offending is elevated through involvement in prison drug activity with the potential to escalate future use and further offending; and
- drug use, either in prison or after release may present an increased risk of overdose through decreased tolerance to the drug and impulsive use. Depression and de-moralisation may result as an unintended consequence of breaking a personal commitment to cease drug use.

A delicate balance exists between protecting the rights of the individual and the need to be proactive in searching for and seizing drugs. This regularly presents a challenge to the detection and interception of illicit substances as it becomes increasingly important to concentrate both on eliminating the supply of drugs in the first place, and then reducing the demand for, and minimising the harm from drug use in prison.

The Strategy will incorporate an over-arching set of objectives, principles and initiatives that will contribute to its goals, strengthen its utility and enable its implementation and its ultimate success.

Objectives

- To reduce the supply and use of illicit substances in corrective services facilities.
- To prevent the uptake of drugs by offenders.
- To increase offenders' understanding of drug-related harm.
- To increase offender access to a range of high-quality prevention and treatment services.
- To reduce the level of risk taking behaviour associated with illicit drug use by offenders.
- To reduce drug-related harm for offenders, staff and wider community.
- To reduce the risks to the community of drug-related crime, violence and antisocial behaviour.
- To promote evidence-based practice through research and practice.

Principles

Drug misusers often present with myriad health and social problems, particularly in relation to physical and psychiatric co-morbidity and social care needs. Many present with: physical health problems (e.g. thrombosis, overdose, hepatitis B and C, HIV, weight loss, respiratory problems); mental health problems (e.g. depression, anxiety, paranoia, suicidal thoughts) and social problems (e.g. relationship issues, unemployment, and homelessness). This raises a very significant question as to the appropriateness and utility of treating these people simply as offenders, rather than as people with health needs that are related to their criminal behaviour.

A range of social determinants are found to contribute to drug use. These include income and social status, social support networks, education, employment, social and physical environments, personal health practices and coping skills. Offenders who take drugs, generally have complex needs and are likely to have not been engaged in, or have previously failed to respond to, community

treatment. They often require intensive support throughout custody and post release to achieve positive rehabilitative outcomes.

The Strategy will build on the successes and learning of previous strategies. It will introduce new initiatives based on current thinking, current community attitudes towards drugs, and best practice in correctional drug management from around the world. The Strategy will deliver an integrated and multi-layered approach to the complex challenges facing correctional management in addressing and managing drug use by offenders in Queensland.

The Strategy's mission is to prevent drugs entering Queensland's prisons and to minimise the harm caused by drugs to staff, offenders and society in general. This will be accomplished by strengthening efforts to prevent drugs entering prisons, providing strategies to deter drug use in prison and by providing offenders at risk of drug-related harm with opportunities to develop and maintain drug-free lifestyles whether in prison or in the community. Sanctions will be applied to all offenders who test positive to drugs in a manner that will provide incentive based behaviour change to drug free status.

This will be achieved using a complementary and balanced approach between control and detection, and treatment and rehabilitation that is directed at maintaining the good order of prisons and management of offenders. Delivery will occur in a harm minimisation context to enable a reduction in the volume of drugs entering prisons, reduce drug-related harms, reduce drug-related re-offending, and improve the health and well-being of offenders.

The Strategy incorporates the following principles:

Zero tolerance - is committed to addressing the issue of drugs in prison and will deliver sanctions for those offenders who test positive to illicit substances and will enforce strict legal measures against any person bringing drugs into prison. Measures will include staff and visitor searching, x-ray scanning, electronic surveillance; drug detection devices, drug-detection dogs and targeted and random drug testing of offenders.

The Agency has the ability to control the entry of persons to a corrective services facility. Prior to approving entry to a corrective services facility the criminal history of all potential visitors, contractors or employees will be examined and any history indicated will be considered when determining suitability.

The Agency will undertake a review of its processes relating to criminal history checking and the suitability of persons for entry to a corrective services facility during 2006 and where indicated make changes to ensure the integrity and consistency of decision making.

Harm minimisation - recognises that drug use cannot be completely eradicated, but that initiatives can be established to reduce the harm caused by drug activity. This is consistent with community standards, though clearly abstinence remains the ultimate goal in order to deliver the benefits. Harm minimisation requires:

- Reducing the supply of drugs using strategies to reduce the import and supply of drugs into prisons.
- Reducing demand for drugs by providing incentives for offenders to stop using drugs. This acknowledges that a variety of strategies may be used to change patterns of drug abuse.

- Reducing the harm caused by drugs through acknowledgment that drugs and the manner in which they are taken can have negative effects on users and the wider community.

Evidence based practice - requires that initiatives undertaken as part of the Strategy demonstrate benefits to help achieve stated goals and are effective in achieving performance objectives. Practices should be based on valid and scientific investigation as relevant to the correctional environment. Continued research into, and evaluation of the practices and procedures that comprise the Strategy, is critical to ensuring that current best practice innovations guide the implementation of future initiatives.

Effective offender management - views the management of offenders as an opportunity to intervene in problematic behaviours and promote law-abiding ways of living. Assessment will determine on an individual basis the best way to assist offenders to address their drug use and to tailor the response to the specific needs of each offender. The Strategy is sensitive to, and respectful of, the diversity of needs among offenders. Wherever possible, intervention opportunities will be provided to offenders in a culturally sensitive manner and in accordance with their assessed needs. Offender management plans will be developed in accordance with Integrated Offender Management System (IOMS) and provide a guiding vehicle for offender management.

Goals

Supply reduction

To strengthen efforts to keep drugs out of Queensland corrective services facilities through improved and coordinated methods of detection and deterrence.

Demand reduction

To provide a range of education, treatment and intervention opportunities capable of enabling a reduction in the incidence of substance abuse by offenders.

Harm reduction

To reduce health and safety risks to staff, offenders, and society through a reduction in the incidence of blood-borne communicable disease transmission, overdose and other drug related harms.

Reducing the supply

The Strategy will strengthen measures used to keep drugs out of prisons by introducing new or strengthened workplace practices, appropriate resources and improved technology. While supply reduction in the community is the primary responsibility of Queensland Police Service, Parole and Probation will support this role in their supervision of offenders, especially those convicted of drug trafficking.

The supply reduction goal will include the following objectives:

- That offenders who use illicit substances are detected;
- That persons attempting to smuggle or traffic drugs into prisons are apprehended; and
- That drugs and related equipment concealed in goods, property, produce or vehicles are located and intercepted.

To achieve this goal, improved technology, procedures, standards, co-ordination of initiatives, and analysis of intelligence will be used. Supply reduction will use a balanced range of measures to prevent supply and use of drugs in prison.

Drug testing of offenders will monitor and deter drug-misuse. Failure of a drug test will continue to be a disciplinary offence for offenders which will lead to sanctions. Drug testing will provide a trigger for referral into treatment those offenders who fail a test.

Identified Drug User Scheme (IDU) will provide appropriate management measures against those offenders who are caught using drugs and will offer incentives and differential management measures to encourage offenders to cease drug use while in prison.

Intelligence will target all persons smuggling, trafficking and using drugs within corrective services facilities and will include liaison with Queensland Police Service to target supply from persons outside the prison.

Controls in visits areas will include x-ray scanning of personal property, personal scanning and general searching, electronic surveillance; drug detection devices; drug-detection dogs and specially trained staff to make the trafficking of drugs more difficult.

Visitors who attempt to, or are suspected of smuggling drugs into corrective services facilities will be subject to a range of penalties including bans from all visits, non contact visits and prosecution.

Staff searches will include x-ray scanning of personal property, personal scanning and general searching.

Staff who attempt to smuggle drugs into corrective services facilities will face disciplinary action and prosecution.

Intelligence Operations

Intelligence operations will be provided centrally by Queensland Corrective Services Intelligence Group (QCSIG) and in each facility by intelligence staff. Intelligence operations will collect and coordinate information that will improve the detection of drug trafficking, drug use and related

behaviours statewide. Corrective services facilities will provide intelligence staff to gather information that may contribute to the detection of and monitor persons suspected of trafficking or involvement in prison drug activities.

QCSIG, facility management and intelligence staff will coordinate with, and cooperate with other law enforcement agencies for the sharing of intelligence and conduct of joint operations to combat the importation of illicit substances into corrective services facilities.

Drug detection dogs

Drug detection dogs act as a deterrent to persons considering bringing drugs into prisons and may be used in detecting drugs on visitors and offenders. Drug detector dogs and their handlers will be located at all Queensland secure custodial facilities and used for searching the perimeter of prisons, car parks, visits, all service areas and prisoner accommodation. Changes will be made to the present mix of active alert and passive alert dogs to enable an increase in the numbers of passive alert dogs.

Ionscan detection devices

An Ionscan is a trace particle detector used to detect traces of drugs that are collected by either vacuuming or wiping surfaces with a specially treated filter or cloth and inserting them into the Ionscan for analysis.

Ionscan devices will be used to detect traces of drugs both on persons and goods entering secure custodial facilities and for the detection of traces of drugs within all areas of secure custodial facilities. Training in their use will be provided at all secure custodial facilities.

Searching

Persons who enter prisons may be responsible for bringing drugs and drug-related equipment or paraphernalia on to prison property. Searching presents an important tool to limit supply and reduce prison drug activity through deterrence and detection.

The searching of staff, visitors and other persons requires individual civil rights be balanced against the goals and objectives of the Strategy and requires that the level of intrusiveness of searching should be related to the probability of detecting drugs.

Any persons found in possession of drugs or drug-related equipment will be deemed to have committed an offence under the Corrective Services Act and will be prevented from entering a facility, may be detained and will be referred to Queensland Police Service and face the possibility of criminal charges.

Visitor signage

Information will be provided at all Queensland corrective services facilities stating clearly that bringing drugs or alcohol into prisons is a serious offence and will be reported to police. Information will be provided in a variety of media including signage, posters, print and multi-media. Information will also alert visitors to the security and health risks caused by trafficking and associated drug



activity in prison and the consequences faced if caught.

Identified Drug User Scheme

An Identified Drug User Scheme (IDU) will assist to maintain the good order of prisons, help manage offenders appropriately and responsibly, reduce offender demand for drugs, and help address drug issues in correctional facilities. An IDU scheme will reduce harmful and dangerous drug activity in correctional facilities thus making them safer places for staff and offenders alike. This will be achieved by applying appropriate sanctions against those offenders who are caught using or trafficking drugs and will include management measures such as exclusion from receiving contact visits for a specified period or reduction in buy-up purchasing capability for a specified period of time.

Offenders in custodial facilities who self-report drug use in custody, or who test positive to a drug test will be attributed identified drug user status. Where this occurs a management plan will be prepared that will deliver differential sanctions, as appropriate and designed to discourage continued drug use. Management plans will recognise an offender's current drug using behaviour and apply whatever sanctions are determined. Where the offender indicates ambivalence or motivation towards positive behavioural change then he/she will be referred for assessment to the Drug Free Incentive Program.

Reducing the demand

The Strategy acknowledges the wide range of factors that contribute to drug dependency. The Strategy's treatment goal focuses on providing more intensive treatment opportunities, reducing offending behaviour, and minimising the harm caused by drugs. The Strategy endorses treatment that accommodates the assessed diverse needs of offenders and which provides a means of reducing or ceasing an offender's drug use. A key objective is to help offenders establish drug-free lifestyles that benefit not only the individual but also society as a whole.

Treatment refers to interventions that seek to improve the physical, emotional and psychological health and well-being of offenders who use or have used substances through various psychosocial and pharmacological therapeutic methods. The goal is to abstain from or to manage the use of substances. Effective treatment will be evidence-based, easily accessible and require the active involvement of those offenders being treated.

Offenders who are assessed at high risk of re-offending and drug-related harm will have access to a broad range of intervention options delivered in accordance with correctional philosophy and delivered with a clear understanding of the role of abstinence within a harm reduction framework. Abstinence will remain paramount in Queensland corrective services facilities, and for many offenders with severe or chronic histories of substance abuse in fact may offer the safest long-term option.

No single treatment is effective for all offenders. Offenders seeking treatment for substance abuse will display different patterns of risk and protective factors, and different psychological and social problems. Therefore treatment services should be sufficiently varied and flexible enough to respond to offender needs, their severity of dependence, personal circumstances, motivation and response to interventions. The rational management of substance abuse will require a balanced combination of pharmacotherapy, psychosocial rehabilitation and harm reduction interventions.

Effective treatment will integrate identified criminological and health issues through the provision of screening, assessment, placement, testing, monitoring and supervision. Issues of gender, cultural diversity and the delivery of culturally competent services are equally essential ingredients of effective treatment. Research suggests that for most offenders with substance abuse problems, the optimal treatment plan involves facility-based treatment, complementary community-based follow up treatment, and ongoing maintenance, support and after-care services (Porporino et al, 2002).

Interventions play a key role in the wider resettlement agenda of reducing reoffending. Until offenders' addictive or misusing behaviour can be minimised, less scope exists to offer education, vocational education and employment related skills that will assist them to lead law-abiding and functional lives post release (HM Prison Service Drug Strategy, 2002).

Detoxification / withdrawal

Detoxification will be provided as a medically supervised program in which drug users are withdrawn from the use of addictive substances. The goal of detoxification is to provide a safe withdrawal from the drug(s) of dependence and enable the offender to become drug free. Detoxification does not itself ensure long-term abstinence and should be regarded as a starting point for ongoing treatment, rather than as a complete treatment in its own right.

Detoxification in custodial facilities will be provided where offender symptoms of withdrawal from alcohol or other drugs are identified. Detoxification will be supervised by health and medical staff and wherever possible, will follow protocols for detoxification¹. The aim will be to provide a safe and therapeutic withdrawal environment in the correctional setting. Detoxification alone, without follow up to an appropriate level of intervention, represents an inadequate use of limited resources and linkage of detoxification to continuing treatment is very important.

A number of pharmacological treatments may be used for the management of withdrawal.

Drug testing

Drug testing will be conducted on a regular basis and may target any offender within a custodial facility or serving a community order. The purpose of this testing is to ensure that offenders are aware that if they use drugs it is likely that they will be detected and lead to consequences.

Drug Free Incentive Program (DFIP) testing will randomly sample program participants each month. This will ensure that these offenders are more frequently targeted for drug testing and are therefore deterred from relapsing into further drug use.

Targeted testing will normally sample those offenders suspected of engaging in drug-related activity. Any offender may be targeted for testing though testing will generally be undertaken to confirm the use of illicit substances as a consequence of an offender's history and associations, informant or anecdotal information and/or the offender's appearance or behaviour. Testing will be used to identify those offenders who are "current users" of illicit substances and provide important intelligence to enable identification of traffickers and other users. It will act as a deterrent to offenders who may be considering use of illicit substances, or who may be attempting to become abstinent. It further provides a good monitor of treatment progress in programs and drug treatment units.

Random testing of offenders in corrective services facilities, using a statistical valid sampling methodology, will be undertaken a minimum four times per year. Testing will be random and use a sample group determined randomly by computer and results used for statistical and rehabilitative purposes. Testing will not be anonymous and offenders who test positive will be allocated identified drug user status and subject to appropriate sanctions.

Treatment / intervention

The Strategy endorses treatment that accommodates the diverse needs of prisoners and which provides a means of reducing or stopping a prisoner's drug use. This treatment must often address a complex array of personal issues and behaviour. The challenge is to provide accessible and meaningful intervention programs which are supported by all levels of staff and delivered in a context of throughcare.

Agency and/or contracted drug and alcohol treatment services will respond directly to the needs of individual offenders in relation to their substance abuse, as well as other related health and well-being needs. A range of interventions and services will be available and include: health and medical services, offending behaviour programs, counseling, mutual self-help groups and peer support, opioid substitution therapy (pharmacotherapy), and transitional support.

The intensity and type of treatment available will be related to offenders' assessed needs and

¹ Protocols for detoxification in hospitals and detoxification facilities, Saunders J B, Yang J, Queensland Health, 2002

will seek to increase their motivation to participate. Offenders who are assessed at high-risk² of re-offending and drug-related harm will have access to intensive interventions that target their attitudes and values, as well as behaviours which rationalise drug or alcohol use and criminal activity as acceptable behaviours. Access to these interventions will be dependent upon length of sentence and recommendation by an offender management plan. These interventions will promote the development of self-help and coping skills that will assist offenders to live drug-free lifestyles, encourage responsible use of alcohol and reduce harm caused by drug or alcohol use.

Interventions that aim to reduce re-offending will typically include targeting of attitudes and values, as well as behaviours which rationalise drug use and crime as acceptable behaviours. Treatment will emphasise offenders taking responsibility for their personal actions and offending behaviour and living as positive members of our society.

A service delivery system will be utilised that ensures each decision point incorporates evidence based principles of intervention and includes:

- Thorough identification, assessment and referral processes
- Comprehensive management plans designed to reduce the risk of recidivism, frequency and consumption of drugs and alcohol
- Effective treatment/interventions/support, throughcare/aftercare
- Behavioural management techniques of rewards and sanctions to encourage compliance as a means to improve outcomes

Treatment may comprise a number of parallel or sequential interventions which should follow assessment and be delivered to meet identified needs according to a management plan. It is important that intervention and/or service delivery occurs in an integrated manner and does not result in fragmented or contradictory treatment.

A graduated level of intervention providing differing levels of intensity will be delivered at the appropriate level and dosage according to assessed needs. Interventions will target behavioural issues and criminogenic need.

Maintenance and booster programs will be provided for offenders who successfully complete a high intensity program. These programs will enable high risk offenders to consolidate continued recovery through ongoing support in custody and in the community.

Offenders who are assessed with low to medium risk of re-offending will be provided access to a range of targeted harm reduction education and information programs and support services. 12-step programs such as narcotics anonymous and alcoholics anonymous or cognitive behavioural therapy based programs such as SMART (self-management and recovery training) will be provided where resources allow.

Drug treatment units

Offenders undertaking intensive intervention in selected custodial settings may be segregated from the general prison population in drug treatment units. Segregation in this sense refers to the provision of separate accommodation from that of the general correctional facility population. Such accommodation may allow integration for activities such as sport, recreation, education

² ORNI-R score greater than any imposed cut-off

and employment. Drug treatment units will provide an environment in which the “prison culture” does not overwhelm progress toward behavioural change and allow offenders to focus on their substance abuse issues in a safe and clean environment. These units will provide supportive environments in which modelling of positive behaviours by other residents provide an ongoing model of encouragement.

Drug treatment units will utilise an abstinence based model, however offenders who are undertaking pharmacotherapy withdrawal may be included subject to meeting program enrolment criteria. Offenders undertaking a pharmacotherapy maintenance program may be included where a commitment to change is determined. In this instance a multidisciplinary panel consisting at a minimum, a medical doctor and/or health services coordinator and an experienced drug and alcohol professional person will determine suitability for inclusion in a drug treatment unit and any associated program/s. Offenders under medically supervised treatment regimes that utilise other drugs, e.g. anti-depressants, will be considered on a case by case basis. The overriding factor being that the medication does not place the offender into a mind altered state where normal cognitive functioning may be impaired.

Participation in drug treatment units will be by formal agreement between participants and management and will encourage positive change through behavioural management strategies that provide incentives for good behaviour, and sanctions for poor behaviour. All participants will sign an agreement that will outline their rights and obligations for the duration of their residency. Participants will comply with a strict regime that includes regular drug testing, cell searching, participation in targeted therapeutic interventions and compliance with other activities as identified by an individual treatment plan.

Drug-Free Incentive Program (DFIP)

This program will support the IDU scheme by enabling eligible offenders who test positive to drugs and are motivated to change their drug taking behaviour to undertake an intensive case managed process employing a series of sanctions and rewards designed to encourage drug free lifestyles. Participants will consent to undertake regular drug testing and a program of interventions and/or support activities. The DFIP will recognise the relapsing nature of chronic drug abuse and provide prompt intervention measures and incentives that seek to shift drug use patterns through:

- Incentives for offenders who demonstrate drug-free behaviour (e.g. return of contact visits).
- Access to prison industry or other employment where previous drug-use may have precluded this employment.
- Differential management measures for cannabis-related drug offences (not including trafficking).

The DFIP responds to drug activity applying differential management techniques to reflect the variances in harm associated with different categories of drugs.

Differential management

Although cannabis use is illegal, carries personal health risks, and creates problems by being a trafficable commodity within the prison system, cannabis use by offenders (but not trafficking) should be managed differently from the use of other drugs. This recognises that cannabis use in prison, by itself does not present a risk of overdose or transmission of blood-borne virus.

The Strategy seeks to implement the principles of harm minimisation into operational practice with the following rationale forming the basis for differential management measures for cannabis:

- as cannabis stays in the body much longer than other drugs, cannabis users face a significantly greater chance of being detected through urine drug testing;
- if the management measures for cannabis use are the same as for other substances (e.g. exclusion from contact visits), some cannabis users may decide to use more harmful drugs that are detected less easily, but which have much greater risks of leading to overdose and/or transmission of blood-borne viruses;
- the increased prevalence of injecting drug use leads to heightened levels of prison tension and violence, higher risks of needle stick injuries, and greater likelihood of contracting blood-borne viruses such as HIV and Hepatitis C; and
- use of other orally administered drugs, may lead to aggressive behaviour which may threaten the good order and security of the prison, staff and offenders.

Throughcare and transitional support

The transition from prison to the community is a time of potential high risk and uncertainty for offenders. Analyses of relapse processes over time with various addictive behaviours show that about 66% of all relapses occur within the first 90 days following release (Marlatt and Gordon, 1985). During this time offenders must contend with situations and problems which may often lead to relapse. These problems can be further compounded by the difficulty of re-establishing suitable accommodation, finding employment, building or rebuilding personal relationships, and becoming part of the community.

Research shows that relapse and recidivism are significantly lower where incarcerated offenders continue treatment and/or access support following return to the community. Aftercare therefore, is critical to effective treatment and should facilitate offenders continued treatment and/or support needs following release from custody. Accordingly transitional planning will identify and attempt to mitigate aftercare needs prior to offenders' release from custody. Facilities will ensure access to adequate aftercare and support provision before offenders are released (Lewis et al., 2003; Travis, Solomon & Waul, 2001).

Throughcare has been shown to maximise the likelihood of offenders successfully resettling in the community following release (Meehan, 2002). Case management will underpin effective throughcare with offending behaviour programs, education, vocational training, prison industry employment and transitioning services providing essential components.

Program and service delivery will consider an offender's whole of sentence and will be responsive to any management plan or case plan. For many offenders, efforts to cease offending constitute a long-term process, and participation in programs while in custody is only a part of the rehabilitative process. Factors such as employment and stable accommodation have a role in ensuring that gains achieved in custody are maintained following release and assist in reducing the likelihood of re-offending. Programs to assist prisoners re-integrate into the community following release from custody will be provided to cover issues such as accommodation, social security and family reunification, and provide linkage with community agencies. Access to these transitional programs will facilitate offender transitional planning, throughcare support and linkage to aftercare service providers.

Therapeutic jurisprudence

In recent years Australian courts have advanced toward a more therapeutic model of jurisprudence directed at treating the causes of crime through initiatives such as drug courts. Rehabilitative sentencing works to address reoffending by changing the behaviour, attitudes, or skills of the offender. Rehabilitation assumes that offending has specific causes and the focus is on identifying and remedying these factors.

Drug courts will enable eligible offenders to be identified and placed in the drug court program which provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services. An intense case-management approach will be supervised by a magistrate with abstinence compliance monitored by frequent alcohol and other drug testing.

The Drug Court will offer offenders the chance to take part in an intensive drug rehabilitation order (IDRO) as an alternative to prison. The IDRO involves:

- treatment by a specialist agency;
- corrections programs;
- frequent drug testing; and
- court supervision for approximately 12 to 18 months.

Reducing the harm

Harm reduction refers to interventions aimed at reducing the harms associated with substance use for offenders, staff and the wider community. It can include, but does not require, abstinence. The focus is on the individual's behaviour, not on the substance use itself. Harm reduction is a health-centred approach that seeks to reduce the individual and social harms associated with drug misuse even when total abstinence isn't achieved. It includes a broad continuum of responses from those that promote safer use or uptake to those that assist individuals achieve abstinence. Effective harm reduction approaches are pro-active, offer a comprehensive range of co-ordinated, user-friendly, offender centered and flexible programs and services and provide a supportive, non-judgmental environment.

It is estimated that 16,000 new hepatitis C infections occur annually in Australia, with an estimated 91 per cent of these related to injecting drug use (National Hepatitis C Projections Working Group 2002). Prisoner populations are noted for engaging in high-risk behaviours, particularly injecting drug use in both the community and prison setting. Consequently they are at an increased risk of exposure to blood borne viruses.

The hepatitis C prevalence rate among Australian prisoners is many times higher than that of the general population. The Queensland Women Prisoners' Health Survey conducted in 2002 found 45 per cent tested positive to hepatitis C and 92.3 per cent of those who tested positive reported a history of injecting drug use. The prevalence rate in Victorian correctional facilities of 57.5 per cent compared with 1 per cent in the general population (Public Health Association of Australia, 2005). A National Prisoners Bloodborne Virus Survey Report 2005 reported an overall prevalence rate of 34 per cent with a prevalence rate of 54 per cent among male prisoners and 83 per cent among female prisoners with a history of injecting drug use. This is potentially due to a range of factors including tattooing, unprotected sex, sexual assault and a lack of sterile injecting equipment in prisons.

Incarceration is identified as an independent risk factor for hepatitis C infection, with the risk being not only to the offender but also to prison staff and the communities to which offenders return following their release from custody (ANCD, 2004). The majority of prisoners are incarcerated for less than 12 months, after which they re-enter the community. The entire community, including offenders, can benefit from the provision of effective harm reduction strategies in corrective services facilities.

Research shows that prison related and release related programs that target the harms caused by drugs are more likely to succeed (Prendergast & Wexler, 2004) while education and information regarding basic hygiene, sexual health and safe use practices can reduce the risk of transmission from communicable diseases associated with illicit drug use. Programs that inform about harm associated with drug use, the effects of different drug types, short and long term consequences of drug taking and issues concerning overdose and unsafe injecting practices will be available for offenders in custody.

The Agency will deliver numerous initiatives to reduce the transmission of blood-borne communicable diseases and other harm associated with injecting drug use. Bleach will be available to offenders through facility medical centres in an informal and consistent manner, without trigger for investigation or other repercussion. Opioid pharmacotherapy maintenance treatment will be provided to eligible offenders in accordance with departmental priorities.

Offenders will be provided with, and have access to, information about safe drug and alcohol practices and the incidence of blood borne viruses and transmission. Peer education and support will be provided to encourage offenders to make informed decisions regarding their drug and alcohol use.

Health and medical services

Health and medical services will deliver facility based treatment to offenders in response to individual needs and in particular assist those offenders with acute health needs, particularly those with drug-related dependence or behavioural problems. Health and medical services will provide medically supervised withdrawal/detoxification services within corrective services facilities and will maintain a close involvement in the ongoing treatment, health, and mental health issues identified as a result of drug use.

Pharmacotherapy

Evidence based studies and program evaluations indicate that substitution maintenance treatment for opioid dependence (pharmacotherapy) can reduce the spread of infectious diseases, lower consumption of illegal drugs, reduce rates of criminality, increase chances of psychosocial rehabilitation and employment, and retain offenders in treatment for longer periods of time.

Pharmacotherapy may be used in a number of ways to treat substance dependence, for example, it can be used for suppressing withdrawal symptoms and drug cravings, stabilising symptoms, and blocking the effects of specific drugs.

Whilst abstinence is an important long-term goal for treatment, all evidence based treatments are deserving of support. The myriad of benefits to the community in moving dependent heroin users into treatment should not be undervalued. In particular, methadone maintenance treatment for heroin dependence is successful in its ability to stabilise and save lives and should not be considered any less desirable as an achievement. Indeed the transfer to maintenance treatment should be seen as a positive outcome of detoxification (ANCD, 2005).

Opioid pharmacotherapy maintenance treatment will be available for remandees and offenders serving sentences of less than 12 months where they were undertaking community opioid replacement therapy at the time of reception to custody. Pregnant female (sentenced) offenders in custody who do not meet the criteria above may undertake opioid replacement treatment for the duration of their pregnancy. Partnership arrangements will be developed with Queensland Health (ATODS) to enable continuation of opioid maintenance pharmacotherapy for offenders following their release.

Offenders undergoing opioid withdrawal or maintenance using pharmacotherapy will be provided access to therapeutic interventions and other programs where an assessed need is demonstrated, motivation to change and cognitive functioning is considered appropriate. Many offenders are interested in receiving treatment for their opioid dependence but are either unwilling or unable to discontinue their pharmacotherapy. The stabilising effect of the pharmacotherapy can render opioid dependent offenders capable of making significant improvements in their substance use behaviour, thereby reducing the likelihood of future substance abuse and re-offending.

Peer education and support

Peer education programs will inform offenders on the effects of illicit drug use and provide information aimed at reducing related harm. Peer education and support can be an effective way of changing drug-related behaviour by offenders in custodial settings. Offenders serving peer support roles and who have already made significant personal changes in their lives are powerful examples of the possibility of change and hope. They know through experience the pitfalls which can result in re-offending and can provide a bridge to staff for further help and support.

Peer based education and/or support programs will provide a valuable bridge to other treatment/interventions for offenders in Queensland corrective services facilities. They will provide a valuable support service in reception and induction situations for other offenders. Peer supporter workers will provide an information based service that will value add to harm reduction interventions targeting a reduction in blood-borne virus transmission.

Implementing and Monitoring the Strategy

An implementation plan will be developed detailing a staged process of implementation. Implementation progress will be measured using milestones identified in the implementation plan.

The Drug Strategy Unit will monitor strategy implementation to determine its impact upon:

- effectiveness of barrier control activities
- prevalence of drug use in corrective services facilities
- patterns and trends of drug use in corrective services facilities
- numbers of offenders engaged in therapeutic interventions and treatment
- offender referrals to post release services
- in-prison overdoses

A Drug Strategy Reference Group will oversee implementation, provide advice and monitor and assess progress.

Progress reporting will be in accordance with implementation plan requirements.



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