

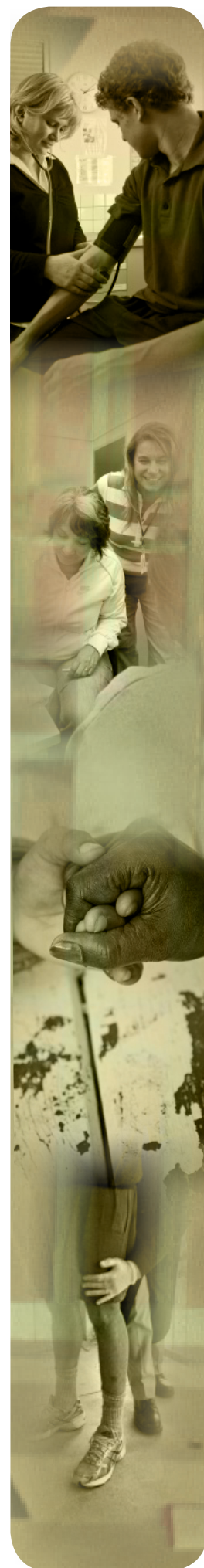


Offender Drug and Alcohol Strategy 2010 – 2014

Making a positive difference.

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EXECUTIVE SUMMARY

Tobacco, alcohol and illicit drug use contributes to significant illness, injury, disease and disability. Most of which is preventable. Violence, crime, and breakdowns in families and relationships in Australia are associated with alcohol and drug misuse.

Collins and Lapsley (2008) estimated the economic costs associated with licit and illicit drug use in 2004/05 amounted to \$56.1 billion, of which tobacco accounted for 56%, alcohol 27%, and illicit drugs 15%.

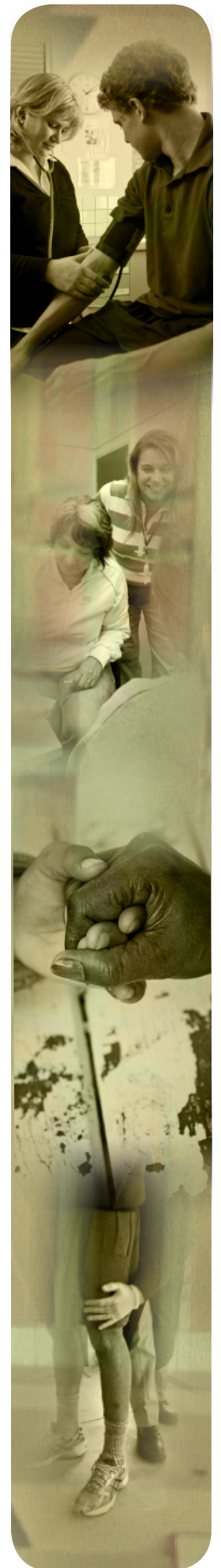
As a whole-of-government approach to reducing these costs, the Department of Corrective Services' Drug Strategy 2010-14 has been developed to address the specific needs of offenders in custody and under community supervision by providing a platform to address the harm caused from licit and illicit drug use.

The strategy will ensure a range of measures are delivered to reduce offender drug use and prevent the associated harm. The strategy has a strong law enforcement approach, in addition to a holistic rehabilitative approach, to foster behaviour change that encourages law abiding lifestyles by reducing re-offending.

The strategy will continue to build on existing initiatives implemented from the Justice Drug Plan (2003) that focused on prison-based activities as a first priority.

Major strategies implemented included:

- drug free units at Bandyup and Albany Prisons
- increased drug testing in all WA prisons
- drug detection dog teams at three regional prisons
- a comprehensive prison pharmacotherapy program across all WA prisons
- expansion of intensive addiction offending programs for high risk recidivist offenders.



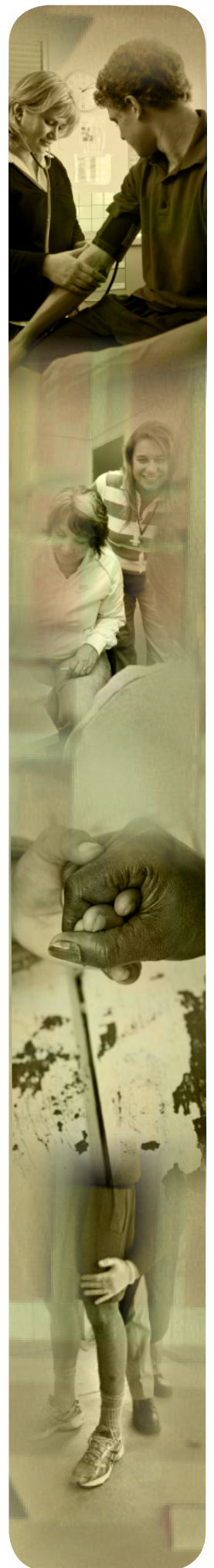
The provision of alcohol and drug interventions to offender groups offers significant benefits to the community and real opportunities for the justice sector to improve community safety. These opportunities arise from:

- the growing number of offenders with a history of misusing drugs
- the public health risks of associated blood borne communicable diseases
- the costs of drug crimes.

Under the framework of the National Corrections Drug Strategy (NCDS,2006), harm minimisation underpins the policies and practices to reduce harm caused by drug use.

The Department's drug strategy will focus on a tripartite approach of: supply reduction, demand reduction and harm reduction strategies. Advocating a balanced approach to meet the multiple and diverse needs of the offender population. These approaches are not mutually exclusive and are often used concurrently in the development and delivery of interventions to reduce drug use.

Achieving a reduction in offender drug use and drug harm is a significant challenge for the Department of Corrective Services and can only be achieved by collaborative partnerships across government, non-government and community organisations that provide a streamlined cohesive approach that reduces relapse into drug use and further re-offending.



BACKGROUND

Drug use by offenders is one of the biggest challenges facing Australia's criminal justice system. It is estimated that between 37% and 52% of offenders in Australia report that their offending is attributable to their drug problem (NCDS, 2006). In relation to young people in custody, an Australian study indicated that the misuse of drugs exacerbated offending, with 35% of Aboriginal and 29% of non-Aboriginal youths attributing their offending to their drug use (Prichard and Payne, 2005).

According to the Profile of Women Offenders (2008), the most common offences for non-Aboriginal women were drug offences and nearly all of the women's offending was related to alcohol and drug misuse. In relation to drugs and crime statistics refer to Appendix 2.

Since 2003, the Department has recognised the increasing prevalence of alcohol and drug use, both in the community and in the offender population. The Justice Drug Plan (2003) was the blueprint that saw significant commitment to reducing offender drug use. This strategy will build on existing initiatives implemented from the Justice Drug Plan that focused on prison-based measures as a first priority, acknowledging the need to deter drugs entering the prison environment.

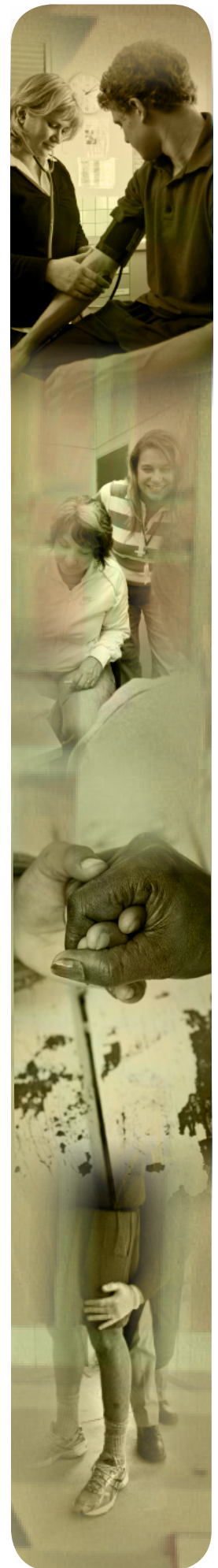
The strategy is mindful of the value of treatment for offenders identified with alcohol and drug use problems, however the focus for treatment is on offenders who are identified as high risk-high need.

Targeting this subset of offenders into treatment can result in:

- reduced recidivism
- reduced prisoner numbers and therefore reduced prison bed pressure
- fewer victims of crime
- increased Government savings in areas such as policing, courts and corrections.

The strategy aims to ensure that offenders not assessed as high risk will be encouraged and motivated to address drug using behaviour by accessing a range of health education and promotional resources, brief intervention services and individual and group support and counselling. Therefore, these services should be sufficiently varied and flexible enough to respond to the diverse needs and different levels of dependence as well as varying motivation to engage in interventions.

Interventions play a key role in the wider resettlement agenda of reducing re-offending. Until addictive or misusing behaviour can be minimised, less scope exists to offer education, vocational education and employment related skills that will assist offenders to lead law-abiding and functional lives post-release.



PURPOSE

The purpose of this strategy is to reduce alcohol and drug use, associated harm, anti-social behaviour and criminal behaviour by offenders.

Under the umbrella of the National Corrections Drug Strategy 2006, the Drug and Alcohol Interagency Strategy Framework for Western Australia 2010-2015 and other relevant supporting plans and guidelines, this strategy will embrace these frameworks guided by evidence-based theory to deliver effective interventions.

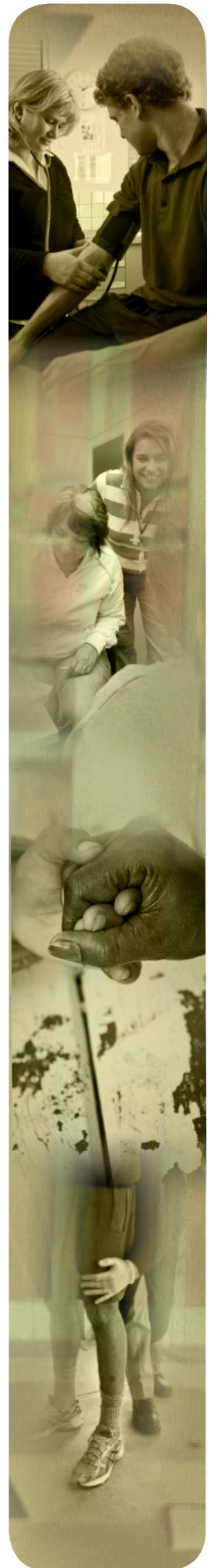
This strategy contributes to improving community safety through the promotion of healthy lifestyles, holistic gender- and culture-specific programmatic interventions and a continuum of care from custody into the community.

The community expects that rehabilitative efforts will occur during an offender's supervision period in the criminal justice system. This strategy responds to this concern by acknowledging that the time in the justice system provides a unique opportunity for offenders to achieve stability, develop pro-social behaviours and address issues influencing their alcohol and drug use and offending behaviours. Case management of offenders ensures that where appropriate, and where possible, service provision is to a level equal to those provided in the wider community.

GUIDING PRINCIPLES

In support of the National Corrections Drug Strategy 2006, this strategy will utilise the six guiding principles employed by all correctional jurisdictions. These are:

- achieve an appropriate balance between the priority areas of supply reduction, demand reduction and harm reduction
- provide services to a level equal to those provided in the wider community
- support the specific needs of Aboriginal people
- use evidence-based good practice examples
- establish partnerships across relevant agencies and support organisations
- provide a continuity of care throughout the period of sentencing and beyond.



OBJECTIVES

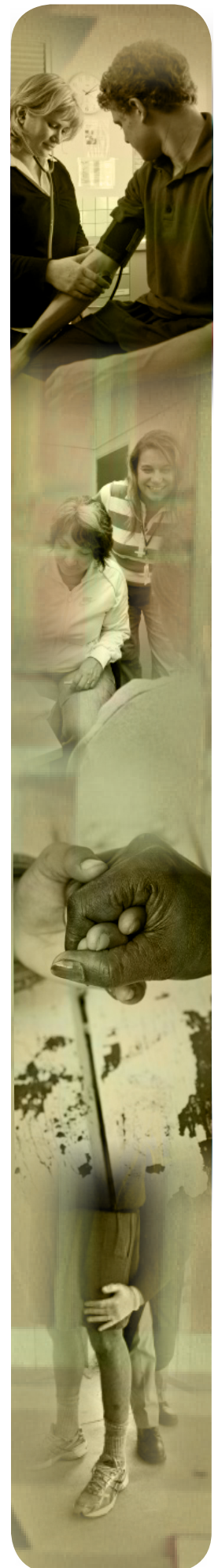
The objectives of this strategy are to:

- prevent and reduce the supply and use of illicit drugs in correctional services
- increase access to a range of age, culture and gender specific, quality prevention and early intervention, treatment and support, and continuity of care services for young people in custody and adult offenders from point of entry into the criminal justice system, through to point of exit and beyond via improved screening, assessment, program matching, counselling and community partnerships
- build capacity within the Department to support increased and improved workforce development to enable staff to better understand drug using behaviour by offenders. Ongoing education and professional development in alcohol and drug issues will provide skills and knowledge based training to better manage drug using behaviour
- reduce the risk behaviours associated with offender drug use by the provision of services (health, social, education and vocation, treatment and support) that will foster pro-social behaviours, enhancing law-abiding lifestyles that reduce drug-related harm and criminal behaviour and in turn, promote community safety.

The desired outcomes are:

- reduced alcohol and drug use among the offender population
- reduced recidivism
- improved health status of offender population
- improved community engagement of offenders returning to the community
- improved social and emotional well being of Aboriginal offenders
- enhanced collaborative partnerships with Government, non government and community organisations.

To achieve these outcomes a variety of responsible detection and deterrence, health promotion, prevention, assessment, treatment, support and rehabilitation measures will be utilised to promote continuous development and an effective service delivery approach to offenders with alcohol and drug use problems.



PRIORITY AREAS

This strategy encompasses all drugs that affect the health, social and psychological well being of offenders. However, a particular focus will be on injecting drug use given the damage and devastation caused from the transmission of blood borne viruses.

In addition, licit drugs (tobacco and alcohol) will be addressed due to the significant social, economic, health and environmental costs associated with their use. As trends in drugs change, this strategy will be dynamic to support these changes and ensure service provision is guided by evidence-based theory.

INJECTING DRUG USE (IDU)

The methods of using drugs in prisons and community-based services, particularly unsafe injecting practices due to crude injecting equipment used repetitively, can lead to health problems such as blood-borne viruses, skin infections and damage to blood vessels. In environments containing a large group of people who use drugs, peer pressure may result in offenders continuing to use drugs and even increasing, or if necessitated, varying their drug misuse depending on availability.

In a National Survey of prison entrants (Butler and Papanastasiou, 2004 and 2007), carried out in all jurisdictions, bar Northern Territory, in 2004 and 2007, the history of IDU in Western Australia was 59% (2004) and 56% (2007) respectively.

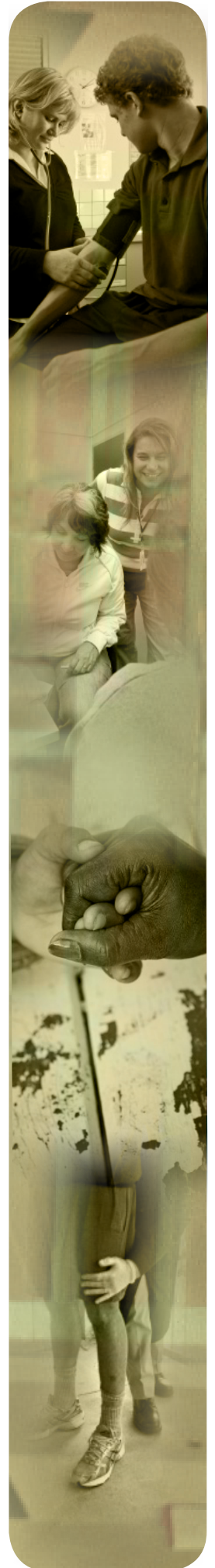
In the same survey the prevalence of Hepatitis C Virus (HCV) was 20% in 2004, and 21% in 2007. Prisoners were more likely to share injecting equipment in custody than people in the general community. Drug and alcohol dependence contributed to 9.6% of the principal causes of post-release mortality in WA prisons (Butler and Papanastasiou, 2004 and 2007).

TOBACCO USE

Tobacco smoking is the single largest cause of premature death and disease in Australia (National Tobacco Strategy, 2004-2009). Tobacco use is commonly associated with the consumption of other drugs and therefore this strategy is committed to reducing tobacco use in the offender population.

It has been estimated that in excess of 80% of persons entering the prison system are smokers, as compared to 15% of people in the general community. More than 70% of prisoners who are users of illicit drugs are also tobacco smokers, as over 50% of Aboriginal prisoners smoke. These figures have been constant for over a decade.

In 2005, the Department has developed a Smoking Reduction Strategy in adult prisons and work camps. As it is illegal to supply and cell cigarettes to anyone under the age of 18, all youth detention facilities in WA are smoke free.



This multi-faceted strategy looks at custodial operations, harm reduction and health promotion. According to the amended Smoking in Enclosed Public Places Regulations 2003 and the Occupational Safety and Health Act and Regulations 1996, the Department has a responsibility to introduce bans on smoking in enclosed areas, including prison cells.

Each prison has a multidisciplinary Smoking Reduction Reference Group, with some including prisoners as members as it was recognised that prisoners play a key role in successful smoking reduction in prisons and work camps. The information, decisions and prison requirements are forwarded to the Department's Senior Stakeholder Reference Group who meet quarterly.

Programs, resources and information about smoking reduction are also tailored to meet the needs of Aboriginal prisoners and special needs groups such as pregnant women, culturally and linguistically diverse population, poly-drug users, individuals with mental health issues and those who are illiterate.

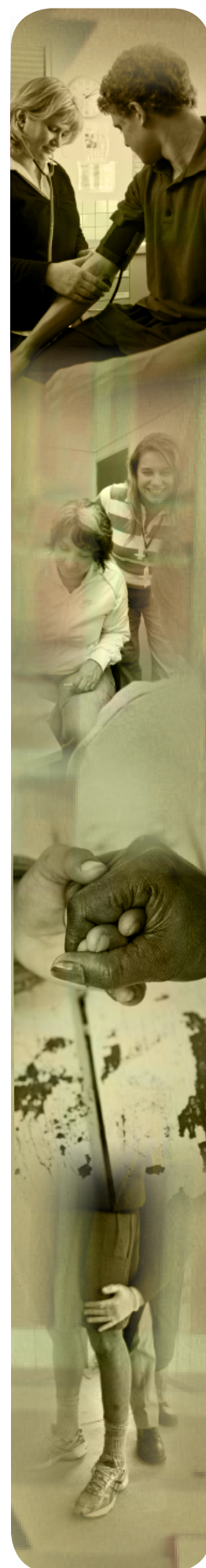
ALCOHOL MISUSE

Alcohol contributes significantly to the burden of disease and disability. Alcohol-specific screening, health education and prevention targeting at-risk populations, including young people, women and Aboriginal offenders, will better respond to reducing morbidity and mortality (motor vehicle accidents, domestic violence, hospitalisations) and organ damage.

In 2004/05, the estimated total social cost of alcohol misuse in Australia was \$15.3million, (Collins and Lapsley, 2008). Given that alcohol related problems are largely preventable, this strategy is committed to supporting a whole-of-government approach, working in partnership to support local agencies and communities that work with offenders. In particular, agencies working with offenders in their transition from prison to the community, a time when offenders use alcohol and drugs as a support mechanism during this vulnerable period.

This strategy aims to help ensure that new and existing partnerships are established to support local measures, at all stages, to reduce alcohol in the offender population but more significantly on the wider community.

Foetal Alcohol Syndrome (FAS) is associated with damage to the foetus by alcohol consumption during pregnancy. The behavioural characteristics of women affected by FAS greatly increases their chances, and their children's chances, of coming into contact with the criminal justice system. Due to FAS, their capacity to respond to programs aimed at behaviour change is inhibited by their condition. This strategy will be guided by research to address this and will work to provide quality prevention measures that increase awareness of this condition to female offenders, (Collins and Lapsley, 2008).



APPROACH

The tripartite approach of this strategy uses supply reduction, demand reduction and harm reduction measures to respond to offenders alcohol and drug problems.

The Department's Drug and Alcohol Agency Action Plan 2010-2014 provides a detailed response to the measures employed by the Department to address offender alcohol and drug use. The following is a summary of the current measures delivered under the Supply, Demand and Harm Reduction framework.

SUPPLY REDUCTION

Supply reduction strategies will continue to strengthen measures used to keep drugs out of correctional facilities through coordinated methods of deterrence and detection and by introducing new workplace practices, appropriate resources and improved technology.

The Department is committed to implementing strategies that aim to break the cycle of offending by providing innovative law enforcement approaches to eliminate, as far as possible, and control the availability of drugs and alcohol in correctional settings.

Research indicates drug testing alone is not effective in reducing re-offending, but it can assist in determining the nature and extent of offender drug use. The Department's Drug Prevalence Testing program is a random selection of prisoners (approximately 600) tested on a quarterly basis. In addition, targeted analysis testing of prisoners occurs on suspicion of use or as a compliance model for prisoners in drug-free units or returning from home leave. Offenders on community orders will be drug tested as a compliance with releasing and sentencing authorities.

The Drug Detection Unit (DDU) is a highly mobile unit of specialist drug detection dog/handler teams that provides comprehensive drug deterrence and detection services for all Western Australian correctional facilities. The operational deployment of the DDU deters offenders and visitors from trafficking and using drugs within these environments.

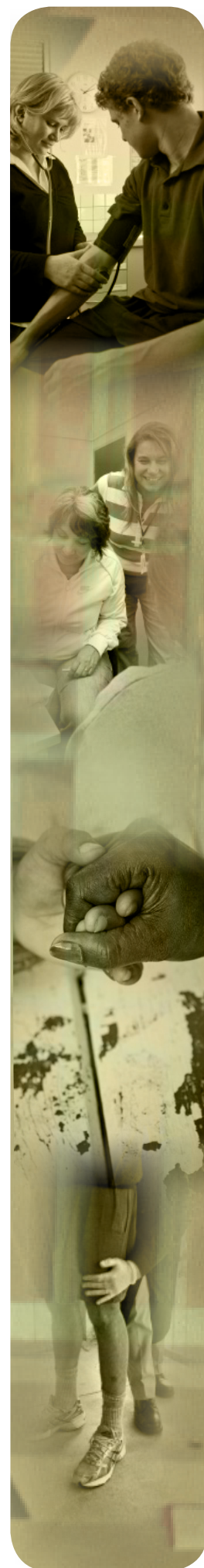
The searching of offenders, staff, visitors, vehicles and environments is pivotal to the detection of illicit drugs and contraband. Sanctions on visitors who attempt to, or are suspected of trafficking drugs into corrective services facilities, including bans from all visits, non-contact visits and police prosecution, will continue as a strong deterrent.

DEMAND REDUCTION

Demand reduction refers to strategies that aim to prevent or delay alcohol and drug use by encouraging individuals, families and communities to develop the knowledge and skills to choose healthy lifestyles.

The goal of demand reduction strategies are to assist the offender to achieve abstinence or reduce their use of drugs and alcohol by the provision of equity and access to services that address these problems.

Preventing young people from drug use and harm is a priority in WA, (DAISFWA 2010-2015). This strategy will ensure that a range of age-specific measures are delivered to assist young people in custody from becoming dependent on drugs, including access to education, health promotion, treatment and support services.



The Department is committed to providing a range of addiction offending programs in prison and in the community for those assessed as high-need and high-risk. These programs are delivered by both the Department and specialist community drug agencies, including Pathways, Making Choices, Women's Substance Abuse program (Greenough), Indigenous Men Managing Anger and Substance Use (IMMASU) and Breaking Out. A range of general offending programs available also cover alcohol and drug issues.

Therapeutic jurisprudence operates in Perth Drug Court as a pre-sentence option and offers offenders the opportunity to address their addictions by participating in the court's treatment programs. The Court Assessment and Treatment Service (CATS), in conjunction with specialist drug agencies, support the rehabilitative sentencing that works to address re-offending, by changing the behaviour, attitudes, and/or skills of the offender. Drug Court is also available in Perth Children's Court.

A medically supervised Detoxification and Withdrawal Management Regime is available to offenders entering custodial environments that are physically dependent on illicit drugs and/or alcohol.

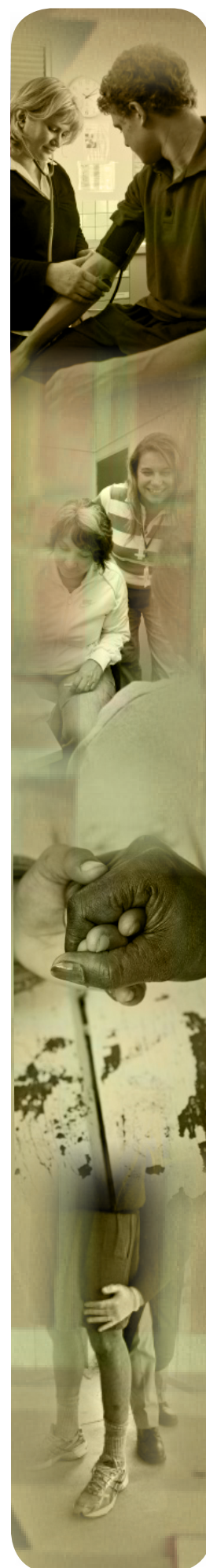
A pharmacotherapy program for adult prisoners is available to those assessed as suitable. This is supported by a range of clinically managed support services that address dependence.

The provision of drug-free units that enable prisoners to reside in a safe and supportive environment is operational in three prisons and supports prisoners to maintain drug free lifestyles pre- and post-release.

HARM REDUCTION

In response to reducing the harmful effects of alcohol and drug use, in particular the transmission of blood-borne viruses caused by injecting drug use, this strategy will help to ensure quality health interventions are delivered, including:

- a mandatory education program called HIP HOP, which is run in all adult prisons covering blood borne viruses, sexually transmissible infections and harm minimisation practices. The HIP sessions are delivered to all new entrants within two weeks of reception. The HOP sessions are delivered to all prisoners within three months of their earliest release date (ERD), unless it has been less than six months since they completed the HIP. This is delivered by external agencies in all prisons.
- All new operational staff undertake a two-day drug and alcohol training course to broaden their knowledge, skills and abilities to better understand and manage offender drug using behaviours.



MONITORING THE STRATEGY

During 2010-2014, significant work will be undertaken to investigate and capture the profile of drug using offenders in all WA correctional facilities. This would include a gap analysis as a first priority that will enable the profiling of offenders in custody and in the community by offence type, gender, age, ethnicity, cultural and linguistic diversity and drug of choice.

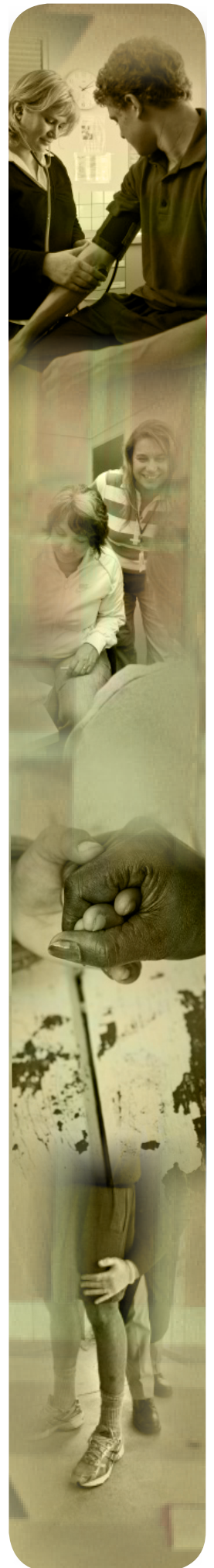
The Department's Strategic and Executive Services will conduct this work as part of an overarching framework to support and guide this strategy.

In addition, action plans resulting from evaluations of the new strategies within the Justice Drug Plan (2003) will continue to be monitored, as part of the new strategy to ensure the recommendations of all reports are addressed to achieve continuous improvement.

The Drug and Alcohol Office, as the governing body for the State strategy will coordinate this, as required in accordance with the reporting requirements of the Drug and Alcohol Interagency Strategy Framework for WA 2010-2015.

A group of senior officers within each agency will develop a Drug and Alcohol Action Plan that more specifically outlines the key activities that will be implemented to support the Drug and Alcohol Interagency Strategy Framework for WA 2010-2015. Each action plan will be updated on an annual basis.

To measure progress on the implementation of the DAISWA 2010-2014, Senior Officer Groups will be responsible for reporting against outcome-based key performance indicators and other quantitative measures on an annual basis.



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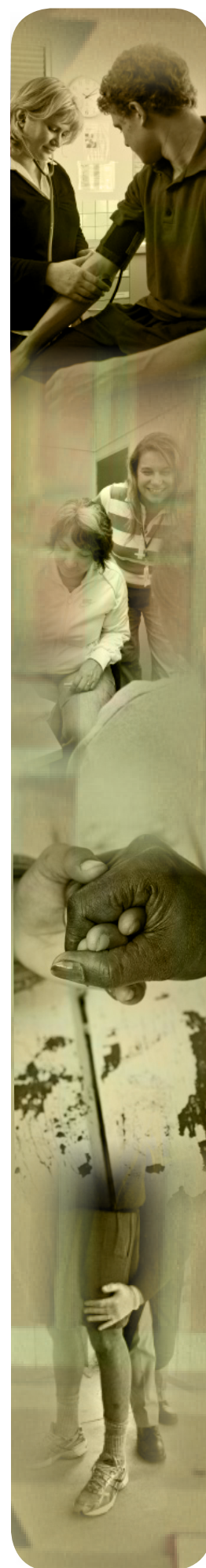
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APPENDIX A

OFFENDER PROFILE

Different offender groups have specific needs and issues that are associated with their substance misuse and offending behaviours. Targeting specific issues in the design of drug program interventions increases the potential for reducing substance misuse and crime.

Programs and services directed at preventing and/or breaking the cycle of offending aim to reduce the harm to individuals, families and the community caused by drug and alcohol use and related crime.

Particular focus must be directed towards preventing first time offenders from entering the criminal justice system by appropriate interventions to address their alcohol and drug use. For those already engaged within the criminal justice system, programs need to be available during their incarceration and under community supervision.

WOMEN

According to the Profile of Women Report (2008), the most common offences for non-Aboriginal women were drug offences (44%). Nearly all the women's offending was related to substance abuse in some way (81%), including being under the influence during the offence (71%), offending to obtain drugs (43%), and selling drugs (21%).

78% of women reported having a problem with substance abuse issues, which was particularly so among Aboriginal women (88%), compared to non-Aboriginal women (69%).

Aboriginal women most commonly said they had difficulties with alcohol (69%), while non-Aboriginal women tend to indicate they had problems with amphetamines (50%).

A majority of women said that most of their friends engaged in substance abuse (78%), although this was more common among Aboriginal women (93%), than among non-Aboriginal women (59%).

Around half of the women indicated that most of their family engaged in substance abuse (48%), with this being much more likely among Aboriginal women (76%), than non-Aboriginal women.

According to Forensicare (2008), women in prison experience higher percentage of mental health issues.

YOUNG PEOPLE IN CUSTODY

The *WA Young Offenders Act 1994* (the Act) directs that justice services for young people in custody aged up to 17 years must be delivered in ways that:

- recognise their vulnerability
- recognise developmental needs
- recognise gender
- are housed separate from the adult prisoner populations.



In the Drug Use Careers of Juvenile Offenders Report (2005), almost all young people in custody reported using alcohol (97%) or cannabis (94%), and nearly half had used amphetamines. Two thirds of young people in custody reported being intoxicated at the time of committing the offence for which they were arrested for.

The report indicated that substance use exacerbates criminal offending. For example, in the six months prior to entry into detention, 71% of youths had used one type of substance regularly and 29% of youths used more than one type regularly.

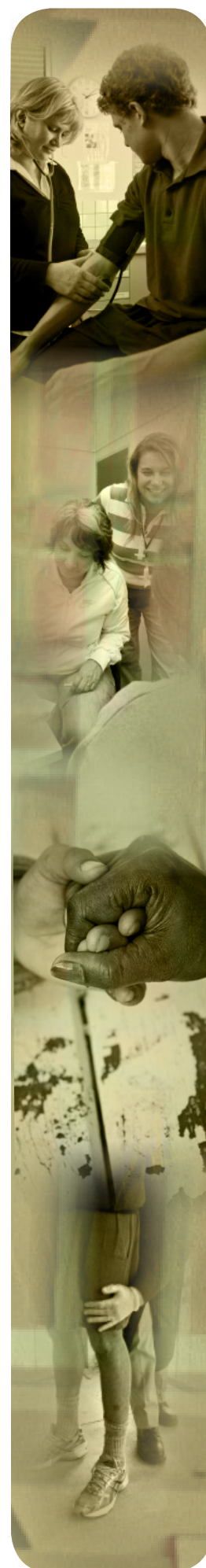
Also, six months after release from custody, those who reported using alcohol several times a week or more were 77% more likely to re-offend than those who consumed alcohol less frequently.

Alcohol has also been identified as being closely associated with male violent crime and property crime. This is thought to be due to alcohol's disinhibiting properties that can increase aggressive tendencies and risk-taking.

This strategy acknowledges that programs targeting young people need to be focused toward:

- preventing and delaying use of alcohol and drugs
- developing supportive environments
- developing community capacity to address drug and alcohol problems
- enhancing healthy community attitudes and skills
- supporting initiatives that discourage the supply of drugs and alcohol.

The realignment of Youth Justice will establish multi-disciplinary centres which will provide services across the spectrum of youth offending ranging from early prevention and diversion services, to intensive intervention services targeting entrenched and long-term offenders. These centres will include specialist services such as education, psychological services, programs and family support.



ABORIGINAL OFFENDERS

The dominant issue facing the criminal justice system is the continued over-representation of Aboriginal people, (NIDAC, 2009). In the DUMA report (2007), 67% of Aboriginal adults detained in police custody tested positive to a range of drugs, with 63.8% of people self-reporting alcohol consumption in the 48 hours prior to arrest.

In a recent NIDAC report (2008), almost 60% of Aboriginal offenders reported drug use on at least one occasion during their term of imprisonment, and approximately 33% of injecting drug users continue to inject in prison.

According to recent population surveys (NATSIHS, 2004-2005; NDSHS, 2007), the overall level of illicit drug use in the previous 12 months among Aboriginal people aged 15 years or older living in non-remote areas (28%) was more than twice the level of the general Australian population aged 14 years or older (13%).

The higher level of drug use applied across all drug types.

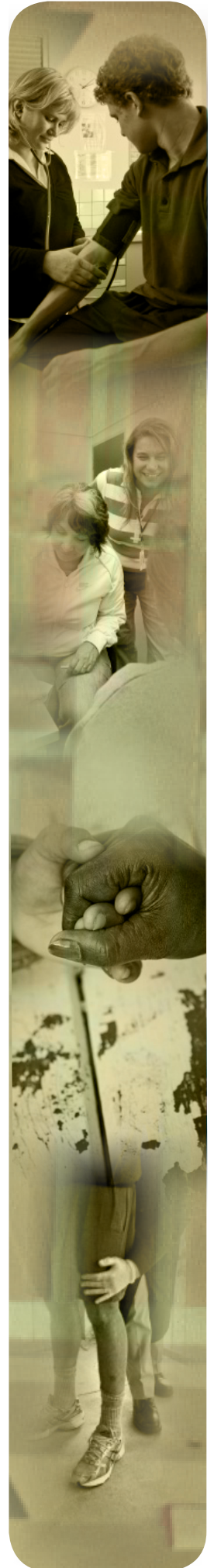
For both the Aboriginal population and the general Australian population cannabis was the most commonly used illicit drug. For Aboriginal people cannabis was followed by amphetamines, analgesics (painkillers) and ecstasy. In the general Australian population, cannabis was followed by ecstasy and then analgesics.

The overall level of illicit drug use in the previous 12 months by Aboriginal people aged 15 years or older living in non-remote areas was 4.7% higher in 2004-2005 than in 2002. This change reflects a 20% increase in the number of Aboriginal people using illicit drugs in this 2-3 year period. The increase in cannabis use (18%) was around the same as the overall increase, but the increases in amphetamine and ecstasy use were much greater, 46% and 137% respectively.

INTELLECTUAL DISABILITY

In September 2009, there were 91 prisoners (51 Aboriginal, 39 non-Aboriginal) listed with either an intellectual disability or cognitive impairment. There is a propensity for these people to experience issues with drug and alcohol problems.

The Department seeks to ensure all relevant people receive the safeguards appropriate to any form of impaired intellectual functioning, however caused. It uses an 'umbrella term' to cover the various forms of cognitive impairment, referring to them as 'cognitive disability'. Hence those (few) identified with intellectual disability, borderline intelligence and acquired brain injury are flagged in the Department's system with, what is known as, a Disability Services Unit (DSU) alert.



APPENDIX B

DRUGS AND CRIME

There is strong evidence of the connection between drug misuse and criminal behaviour. The Drug Use Monitoring in Australia Annual Report (Adams et al, 2007), which tracks the use of illicit drugs by police detainees at 10 sites across the nation, indicates high rates of drug use.

Nearly half (48%) of the adults reported that within the previous year they had been charged with an offence committed while affected by drugs. Statistics obtained at the WA East Perth Police Lockup indicate that 73% of male and 77% of female detainees tested positive for (any) drugs. In relation to alcohol use and offending, the report stated that 55% of adult male detainees and 42% of adult female consumed large quantities of alcohol in the 48 hours prior to arrest. Among those who reported heavy drinking, 65% had positive test results for at least one drug and 23% for two or more drugs.

Across the DUMA testing sites, of the 52% who had been charged with an offence during the previous year, over one-third had tested positive to heroin, methylamphetamine or cocaine.

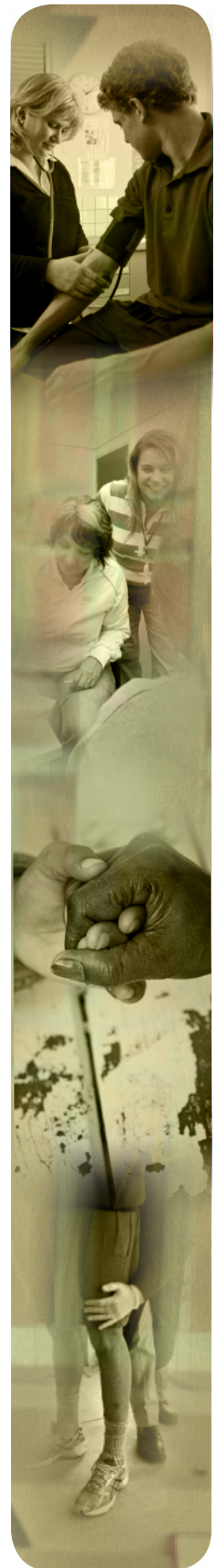
Illicit drug use generates a number of offences in the criminal courts, including possession or selling drugs and the myriad of charges caused by drug use including homicide, armed robbery, car theft, money laundering and assaults.

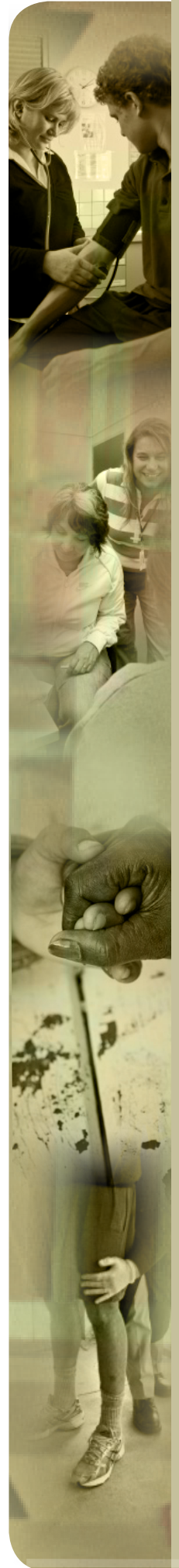
In 2005, drug offences (possession and selling drugs) accounted for 10.8% of offences tried in the higher courts and 6% in the magistrates courts.

The evidence connecting crime and drug misuse and the high social, economic, psychological, crime and health-related costs has elevated the importance of the role of correctional services in providing treatment programs for offenders assessed with drug use issues. Further support for the provision of drug and alcohol treatment services during and after incarceration include:

- increase in prison populations
- high rates of recidivism among drug and alcohol-involved offenders
- tendency for drug-involved parolees to be persistent offenders
- higher recidivism rates for drug-involved offenders than non-users.

The nature of correctional authorities and the prison environment provide unique opportunities to engage and retain individuals in treatment programs. The restricted access to drugs in prison, providing constructive conditions for enhanced outcomes.





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