



Research Publication

Addressing the Use of Drugs in Prison: prevalence, nature and context

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
RECOMMENDATIONS	iv
1. INTRODUCTION	1
2. METHODOLOGY	3
3. RESULTS	5
3.1 Background characteristics	5
3.1.1 Demographics	5
3.1.2 Criminal history	5
3.1.3 Social background factors	5
3.2 Drug use behaviour	6
3.2.1 AOD-related offending	6
3.2.2 Patterns of drug use	8
3.2.3 Injecting drug use: community and prison	8
3.2.4 First occasion of prison drug use	10
3.2.5 Last occasion of prison drug use	10
3.2.6 The sharing of injecting equipment in prison	10
3.2.7 Drug treatment profile	13
3.2.8 Problematic psychostimulant use	13
3.3 Associated health issues	14
3.3.1 Suicide and self harm	14
3.3.2 Tattooing and piercing	14
3.3.3 HIV and hepatitis C awareness	14
3.3.4 Social functioning	14
3.3.5 Throughcare	14
3.4 Prison subculture	15
3.4.1 Inmate initiation process	15
3.4.2 Inmate drug code	15
3.4.3 Drug trade: exposure and estimates	15
3.5 Prisonisation	16
3.5.1 Prisonisation scale	16
3.5.2 Attitudes toward staff	17
3.6 Female sample	17
3.6.1 Background	17
3.6.2 Patterns of drug use and associated problems	17
3.6.3 Associated health issues	18
3.6.4 Inmate drug code	18
4. DISCUSSION	23
5. ENDNOTES	24
6. REFERENCES	25
7. ANNEXE	26

LIST OF TABLES

Table 1: Inmates sampled and interviewed	4
Table 2: Demographic and criminal profile	5
Table 3: Primary childhood guardian	5
Table 4: Nature of the link: drugs and offences	6
Table 5: Drugs involved in offences	6
Table 6: Drugs involved in MSO	7
Table 7: Self-reported drug types related to Most Serious Offence (MSO) by MSO	7
Table 8: Drug use: both six months prior to and during current prison term (2001)	9
Table 9: Drug use: both six months prior to and during current prison term (1998)	9
Table 10: Injecting drug use	10
Table 11: Drug treatment profile	13
Table 12: Prison-based contact with AOD Services (non-medical) during current term	14
Table 13: Inmate code on drugs	15
Table 14: Drugs offered in prison during previous month	16
Table 15: Inmate perceptions on the four main forms of payment for drugs	16
Table 16: Prisonisation scale	19
Table 17: Inmate opinions on different categories of staff	20
Table 18: Drugs use by females: both six months prior to and during a current prison term (2001)	21
Table 19: Drug use by females: both six months prior to and during current prison term (1998)	21
Table 20: Quotes from inmates on the social initiation process and associated code of conduct	22

LIST OF FIGURES

Figure 1: Drug-related offences	6
Figure 2: Snapshot of first occasion of drug use in prison	11
Figure 3: Snapshot of last occasion of drug use in prison	12

EXECUTIVE SUMMARY

This study was commissioned by the Alcohol & Other Drug Service and the HIV & Health Promotion Unit (AOD/HHPU) of the Department as part of a biennial data collection series on illicit drug use in the New South Wales prison population. Continuation of the series has been supported through the 1999 New South Wales Drug Summit. The first report was published in 2000 using a sample drawn in 1998.

The primary aim of the data collection was to obtain ongoing data on the extent, level and type of drug use practised by inmates prior to and while serving a custodial sentence (Kevin, 2000). A supplementary aim of the study was to provide a greater understanding of contextual/cultural factors associated with drug use in prison.

This statistical and contextual information will be used to develop and prioritise treatment and operational initiatives to reduce both the demand for and the harm caused by drugs and also to reduce the supply of drugs within the New South Wales correctional system.

The survey sample consisted of 288 (254 males & 34 females) full-time inmates serving a sentence of at least one month who were shortly to be released to the community. The data were collected by way of personal interview during 2001. The sample was representative of the population of inmates who were released within the study's time-frame and captured more than one quarter of the actual discharge population. The study recorded a low refusal rate of 5.5%.

Snapshot of key trends

1998 & 2001

- # The prevalence of pre-prison heroin use remained relatively constant across the two collections.
- # Across the two collections, the prevalence rate of pre-prison amphetamine use was almost as common as heroin use and this was by a closer margin in 2001.

- # In 2001, the prevalence of pre-prison cocaine use (23.2%) was double that recorded in 1998 and ecstasy use (16.1%) was four times higher.

- # Across both collections, cannabis was the most commonly used drug in prison by a large margin, with more than half the inmates reporting cannabis use.

- # A slight increase in self-reported amphetamine use in prison was observed in 2001 (9.1% versus 5.9% in 1998).

- # In 2001, pre-prison heroin users showed a lower incidence of continued heroin use in prison (one third of users) when compared with those in 1998, of whom half continued to use heroin in prison.

- # The prevalence of injecting drug use both in the community (half of inmates) and prison (less than one quarter of inmates) was shown to be relatively constant across the two collections. Incidence data indicated that it was unlikely that injecting drug use could be sustained on a regular or consistent basis in prison.

- # Across both collections, the majority of those sharing injecting equipment (needle/syringe) in prison applied the recommended cleaning procedure on both first and last occasions of injecting drug use.

- # Prison subculture themes were consistent across the two collections with "a lack of trust" being indicated as the defining marker of the inmate code of practice.

- # In the current survey there were indications that inmates were more accepting of the case management approach than previously recorded.

2001 findings: male sample

Background characteristics

- # The male sample showed a median age of 29 years. Reportedly, 14.5% were of indigenous descent. Most resided outside the Sydney metropolitan area

prior to their current imprisonment episode. In the six months prior to imprisonment, 41.7% reported some form of employment.

- # Six months was the median sentence length currently being served by the male sample. Almost three-quarters (71.7%) had been sentenced to prison in the past, showing a median of three prison episodes. Whilst 29.8% had a history of juvenile detention, serving a median of 11 months detention in total.

Alcohol & other drug-related offending

- # More than three-quarters (81.5%) of males stated that the offences for which they were currently imprisoned were alcohol and/or other drug-related (AOD-related).
- # Of those with AOD-related offences, 54.4% stated that more than one type of drug was involved. Heroin (42.6% of inmates), alcohol (40.6%), and to a lesser extent, cannabis (19.8%) and amphetamines (18.9%) were the drugs most commonly cited as associated with current offences.

Drugs use during a current prison term

- # Of males, 61.0% reported drug use (excluding tobacco and prescription medication for self) on at least one occasion during their current term.
- # Cannabis (54.8%) was the drug most commonly used by males.
- # There was a marked drop in the prevalence of use of harder drugs (heroin, amphetamines & cocaine) during imprisonment. Heroin was used by 19.7% of inmates and 13.8% used pills (not prescribed for self).
- # Of those who used heroin prior to imprisonment and did not continue to use heroin in prison, more than half (61.0%) used cannabis whilst in prison.
- # With the exception of cannabis, drug use frequency levels (*how often*) declined sharply during imprisonment.

Injecting drug use

- # Of males, 69.7% reported a lifetime history of injecting drug use. About half (53.9%) the sample injected drugs in the six months *prior to imprisonment* and 21.3% injected drugs *during their current term of imprisonment*.
- # Of the prison injectors, approximately three-quarters had shared injecting equipment (needle/syringe) on at least one occasion during their current prison term. More than half of those who shared injecting equipment in the community went on to share injecting equipment in prison.
- # Of those male inmates who had injected drugs in a previous imprisonment episode, 62.1% went on to inject drugs during their current imprisonment episode.

Treatment profile

- # Of males, 81.1% reported having a drug (including alcohol) problem at some stage in their lives. Interestingly, for most with a problem history, at least six months had been spent abstaining from drugs.
- # Half the male sample reportedly experienced drug withdrawal syndrome on reception for their current term of imprisonment.
- # Three quarters of the male sample had participated in AOD treatment (*excluding pharmacotherapies*) in the past.
- # Half the male sample used the AOD Services of the Department during their current term of imprisonment, with a median of four occasions of service.
- # Of the male sample, 27.6% had received methadone maintenance treatment at some time in their past. Further, 24.8% had received methadone maintenance during their current prison term and 16.0% were on methadone at the time of interview.

2001 findings: male sample cont.

Prison drug culture

- # An initiation process is a marker of subculture. Most inmates (69.1%) believed there to be an inmate imposed initiation process on reception to prison. Prison drug users were more likely to believe there to be such an initiation process.
- # The dominant themes arising from the inmate drug code appeared to be in relation to debt avoidance and the necessity to maintain secrecy from other inmates about drug possession.
- # Cannabis (69.8%) was identified as the drug most commonly available in prison.
- # Most prison drug users (68.3%) reported that they had declined offers of drugs during their current term.

Associated health issues

- # Of males, 3.5% reported that they had thought about harming themselves and 5.9% reported that they had suicidal thoughts at some time during their current prison term. No statistical association was found between self-reported self harm or suicidal thoughts and self reported drug use or injecting drug use before or during the current prison term.
- # Of males, 9.1% had received a tattoo, 1.2% had received a piercing and 2.8% had received both during the current prison term.
- # The majority of inmates (64.2%) reported that they had modified their behaviour during their current prison term to avoid contracting a blood-borne virus, such as hepatitis C or HIV.

Throughcare

- # Staff evaluation ratings indicated increased acceptance by inmates toward case officers in 2001 when compared with 1998 ratings. Of note is that one third stated that they had no contact with case officers.

- # More than half the inmates (66.7%) had at least weekly contact with someone in the community in the month before interview.
- # More than three quarters of inmates had post-release accommodation plans.
- # In terms of livelihood, more than half the inmates stated that they had no plans in place for release. A further 38.6% reported that they had employment arrangements, 4.7% had study plans, 3.1% were enrolling in a treatment program and 2.8% had plans in more than one of the above areas.

2001 findings: female sample

- # Three quarters of the female sample were imprisoned for AOD-related offences. Heroin was identified by more than half this group as related to current offences.
- # When compared with 1998 drug use patterns, in 2001 there was higher prevalence of pre-prison amphetamine and cocaine use and a lower prevalence of pre-prison heroin use by the female sample.
- # Of the female sample, 64.7% used drugs during their current prison term. Cannabis and pills were the drugs most commonly used. Just under one quarter injected drugs in their current prison term.
- # Just under one quarter of females (20.6%), reported that they had suicidal thoughts and 17.6% reported that they had thoughts of self harm at some stage during their current prison term.
- # In terms of post-release plans, all but three women (91.2%), had accommodation arrangements in place.
- # The female sample's drug-related statistics showed a similar level of occurrence to those of the male sample and descriptions on the social context of prison were also consistent.

RECOMMENDATIONS

These strategies are intended to reduce drug-related harm in the NSW correctional system and to enhance inmates' throughcare prospects. The strategies build on those put forward in the first report in the publication series¹.

1. As a matter of priority, a strategy needs to be developed to identify prison injecting drug users on reception and during their imprisonment and to offer this population a more intensive range of services.
2. Screening procedures for inmates on reception include questions designed to flag inmates who have either injected drugs during a prior prison episode or shared injecting equipment in the community. These inmates be referred to the AOD Services and the Corrections Health Service for a coordinated treatment plan.
3. There must be increased integration between the operation and rehabilitation divisions of the Department with regard to inmate management. Operational and treatment policies need to be coordinated and the use of behaviour management principles with inmates increased, such as structured incentives for pro-social behaviour.
4. Legal responses and prison sanctions be used to maximise therapeutic effects and minimise anti-therapeutic consequences.
5. The role of the urinalysis program (both random and target) be broadened with a view to the identification of injecting drug users for the coordination of an intensive case management and treatment plan.
6. All inmates identified through interdiction operations as injecting drug users (either through possession of drugs or injecting equipment) be referred by their Case Officer to both the AOD Services and the Corrections Health Service for a coordinated treatment plan.
7. The AOD Services develop a distinct approach/programming stream for those with psychostimulant-related problems.
8. The AOD Services select and pilot a number of drug self-recovery software programs for installation in correctional centre libraries.
9. AOD Workers facilitate group sessions in correctional centre libraries where the self-recovery software programs are made available. This strategy would be designed to target those inmates who choose to address their drug-related problems independently and to motivate those drug users who are contemplating behavioural change.
10. Expansion of the specially designated drug treatment units, based on structured incentive regimes. Early outcomes on the existing units indicate both rehabilitation benefits for inmates and operational benefits for the correctional system.

RECOMMENDATIONS cont.

11. Support and enhance the Case Management approach in which officers perform a service delivery function. Inmate ratings indicate increased acceptance of this managerial style.
12. Continue to develop policies which distinguish between drugs on the basis of harm reduction principles and which also promote therapeutic objectives, such as the Differential Sanctions Scheme for cannabis use.
13. Conduct further research to develop predictive models on the behaviour of injecting drug users and behavioural differences within that population and the behaviour of community drug users who discontinue drug use in prison.
14. A range of data collection methods (including drug testing) be adopted in the next data collection in this series with a view to aggregating findings and providing a complete picture of the problem.
15. The drug-related measures collected by the Level of Service Inventory Revised (LSIR) be linked and cross-analysed with those obtained in this data collection series in order to measure the specificity and sensitivity of the LSIR procedure in identifying the target population of inmates with drug-related problems.

1. INTRODUCTION

The first report in this series (Kevin, 2000) provided a review of published work on the estimated prevalence of prisoner drug use and perspectives on the prison drug scene and the broader prisoner social system.

This current report cites further research on prisoners' drug use and brings together the estimates and themes from the first data collection in this series.

Substantial numbers enter prison as regular drug users. It has been said that prison acts as a modifier of drug using behaviour (Shewan, et al., 1994). Generally, drug use prevalence and frequency rates decline with imprisonment (*with the exception of tobacco*). It is interesting to note that positive behaviour change of this kind is an outcome of imprisonment. Accounts from New South Wales (NSW) inmates who have discontinued opiate use in prison have them quoted as saying "it's a chance to get clean", "a chance to get fit". That said, the main reason given by inmates in NSW for not using drugs in prison was the lack of drug availability (Kevin, 2000).

For the most part, it has not been found that prison introduces people to injecting drug use. That injecting drug use drops significantly on imprisonment and that prisoners are spatially confined would, to some extent, account for the relatively low HIV seroconversion rates amongst prisoners in NSW. However, for those who continue to inject drugs in prison, it is a high risk environment. It poses risks to the injecting drug user, the prison community and the broader community.

Internationally, similar rates of both drug use and injecting drug use among prisoners have been recorded. A study in Scotland (Shewan, et al., 1994) found three-quarters of the prisoners used cannabis during their current prison term and one-tenth reported injecting drug use. Three-quarters of the above Scottish prison injectors had shared equipment. In a Welsh study (Bird, et al., 1997) three-quarters of the prisoners reported using drugs in prison. Those drugs most commonly used were cannabis (68%),

amphetamines (25%) and heroin (10%). A 1997 study in two Scottish prisons (Lowmoss & Aberdeen prisons) found that overall about one quarter of prisoners had injected in prison, with 15% and 22% of prisoners from the two respective prisons having done so within the previous month (Keene, 1997). In 1999, a study on a representative sample of prisoners in Greece (Koulierakis, et al., 1999) found that 20% had injected in prison and half of this group had shared injecting equipment.

Not all prison drug use is equally problematic in terms of health risks. The first survey in this series (Kevin, 2000) found a majority of 'soft' drug users (cannabis) and a small minority of high risk drug users (injecting drug users) in prison. It appeared that this prison-based drug use in NSW had more to do with nature of the population and their pre-prison behaviour than the prison environment. In prison, even though the kind of drugs used remained the same, drug use was not sustained on a regular or consistent basis, reportedly due to the lack of availability. The survey found that about half the pre-prison injectors continued to inject in prison and that about three-quarters of the prison injectors shared injecting equipment. A substantial majority of those who shared injecting equipment reportedly cleaned the equipment with water and bleachⁱ (*Note: bleach for the cleaning of injecting equipment is available in all wings of NSW correctional centres*).

Recent studies have more closely examined injecting risk behaviours in an attempt to identify patterns and risk profiles within injecting populations. In 2001, a Scottish longitudinal study (Shewan, et al., 2001) examined chaotic and high risk injecting behaviour of prisoners on release from prison. The authors reported that there was an initial flurry of injecting behaviour on release, which became more variable over time and that overall, post-release risk behaviour among the sample was relatively low. The best predictors of ongoing injecting behaviour were found to be prior frequency of injecting and higher levels of opiate use. Further, the authors concluded that rather than release from prison being the key situational factor in

levels of risk behaviour, more local enduring factors may be equally influential. These included the opportunities that are present in the social and geographical setting of where the inmates are released.

As evident in offender risk assessment profiles, the best predictor of current behaviour is past behaviour. In the first survey in this series (Kevin, 2000), the factor most significantly associated with injecting drug use in the current prison episode was injecting drug use in a previous prison episode. Further, just over half of those who shared injecting equipment in the community went on to share injecting equipment in their current prison episode.

In NSW, inmates with drug-related problems definitely do seek drug treatment in prison. More than half the inmates reported that they had used the Alcohol & Other Drugs Services of the Department during their current prison term and more than ten percent had received prescription methadone through the Corrections Health Service during their current term (Kevin, 2000).

According to the first data collection in this series, a lack of trust was indicated as the defining marker of the inmate code of practice for inmates in NSW. When referring to prison-based drug use, debt avoidance and secrecy from other inmates were put forward by inmates as the dominant codes of behaviour. These social risks associated with using drugs in prison would pose some degree of deterrence for inmates. Further, these risks associated with the inmate drug trade would further account for the reduction in the use of harder drugs on confinement, which was found to be predominantly due to the lack of availability of these drugs.

Rationale

The primary purpose of this research was to evaluate the pervasiveness and nature of illicit drug use in the NSW correctional system.

Due to the importance of the information for effective treatment delivery, the research now forms part of the Department's biennial data collection series.

This research plays an invaluable role in the monitoring of inmate drug use trends and the review of service responses over time. The NSW Department of Corrective Services is actively using this timely information in the development and prioritisation of treatment and operational strategies to reduce drug-related harm in the inmate population.

2. METHODOLOGY

Aim

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

Due to the importance of the information, the research now forms part of the Department's biennial data collection series. A fundamental role of the research is to monitor inmate drug use trends and review service responses over time.

Following are the specific objectives of the research:

1. Obtain data on the prevalence, type and nature of drug use by inmates prior to and during their current custodial sentence.
2. Examine the prevalence and nature of injecting practices by inmates prior to and during their current custodial sentence.
3. Examine participation rates in community and prison drug treatment programs and episodes of abstinence from drugs by those with drug-related problems.
4. Identify whether an inmate imposed initiation process occurs on reception to prison.
5. Explore perceptions on the social patterns between inmates.
6. Investigate the social context of drug use in prison.
7. Measure inmate attitudes towards staff and perceptions and adjustment to the correctional environment.

Sampling Frame

The methodology replicated the research design adopted in the first survey.

The discharge population for a recent two month period was stratified by region and correctional centre security classification to ensure representation (see Annexe). Inmates with sentences under one month were excluded as they were unlikely to be reached within the time-frame of the study and also because of the limited amount of time in which they were exposed to the prison environment.

The population of sentenced inmates who were due to be released to freedom within the upcoming two month period were identified. Remandees were excluded on the basis that their matters were still before the courts. A sample was drawn and sampling was random within each stratification (approx. 1 in every 2). The following centres were included in the study on the basis of their representation in the sampling frame.

- Bathurst
- Cessnock
- Glen Innes
- Goulburn
- Grafton
- John Morony
- Junee
- Lithgow
- MRRC
- MSPC
- Parklea
- Parramatta
- St. Heliers
- Silverwater
- Mulawa - centre for women
- Emu Plains - centre for women

Data Collection

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

- Brief coverage of demographics, criminal history and drug-offence links;
- Patterns of drug use in the six months prior to imprisonment, reasons for drug use, problem history and treatment participation rates;

- ❑ Patterns of drug use in prison, including a detailed examination of first and last occasion of drug use in prison;
- ❑ Perceptions on prison life, including general conditions, social initiation and practices and drug trade;
- ❑ Scales on prisonisation (Grapendaal, 1990) and adjustment to staff (Winfree, et al., 1994).

Procedure

In 1998, the initial structured interview had been piloted at John Morony and Mulawa correctional centres with inmates shortly to be discharged to freedom to test for methodological flaws and for setting time-frame estimates.

This study was conducted across the State over a two month period during 2001. The procedure adopted in 1998 was replicated. Inmates were interviewed on a one to one basis using the standardised interview schedule. The inmates were not advised in advance of the study. They were called up for an interview on the day the interviewers (n=2) were in attendance at the centre and asked if they would like to participate. The average length of time to complete the interview was 45 minutes.

The achieved sample (n=288) comprised more than one quarter of the total population of discharges for the two-month period of the study (n=1071). As Table 1 shows, the study captured 87.0% of the 331 inmates sampled.

Analysis

The analysis was predominantly descriptive. Medians have been reported as the measure of central tendency where distributions were found to be skewed. As a first step, T-tests have been applied to compare mean differences between groups on continuous variables and Chi-squared tests have been applied to detect correlations between categorical variables. Open-ended responses have been content analysed by two researchers for inter-rater reliability.

Table 1: Inmates sampled and interviewed

	No.	%
Interviews	288	87.0
Refusals	18	5.4
Non-responses*	25	7.6
TOTAL	331	100.0

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

3. RESULTS: MALE SAMPLE (n=254)

3.1 Background characteristics

3.1.1 Demographics

The male sample showed a median age of 29 years. After Australia (83.1%), the United Kingdom (2.4%), New Zealand (2.4%) and Lebanon (2.4%) were most commonly cited as the country of birth (Table 2). English was reported as the first language spoken by 84.6% of the sample. For the nominal sub-sample (3.9%) who were currently not speaking English at home, a range of languages were spoken. Of the sample, 14.5% identified themselves as an Aboriginal or Torres Strait Islander person. In terms of educational achievement, just over half (56.7%) reported obtaining the School Certificate (Year 10) or above. An average of 9.28 years of education was received. A tertiary qualification (any trade ticket/certificate/diploma or degree) had been gained by 54.7% of the sample. During the six months prior to the current prison episode, 41.7% were employed on either a part or full time basis. Further, just under one third of the sample (29.9%) resided in the Sydney metropolitan area just prior to the current prison episode.

Table 2: Demographic and criminal profile

[Base= total male sample]

Factor	%.
Australian born	83.1
Indigenous descent	14.5
Educational level achieved School Certificate or above	56.7
English language usually spoken at home	96.1
Last residence in Sydney metropolitan area	29.9
Employed prior to custody	41.7
Prior prison term as adult	71.7
Prior detention as juvenile	29.8

3.1.2 Criminal history

For males, the median time served for the current term of imprisonment was six months. Those with a previous sentence term represented 71.7% of the sample (Table 2), showing a median of three previous prison episodes. For those with prior episodes, the age of first imprisonment was 19 years (median) and the total prison time served was 36 months (median). Of the sample, 29.8% reported a history juvenile detention, showing a median of 11 months detention. Those who practised injecting drug use (IDUs) in the six months prior to imprisonment showed a higher proportion with prior prison terms ($\chi^2=14.932$, $df=1$, $p<.001$) and a higher proportion with a history of juvenile detention ($\chi^2=4.94$, $df=1$, $p<.05$).

3.1.3 Social background factors

The survey collected the following information due to requests from social welfare agencies. Half the males reported being raised primarily by both biological parents (Table 3). One quarter (24.5%) reported that there had been some form of intervention by child welfare services during their childhood and 6.3% reportedly had been Wards of the State.

Table 3: Primary childhood guardian

[Base= total male sample]

Guardian	%.
Both biological parents	49.6
Biological mother	24.8
Biological father	3.5
Adoptive parents	3.5
Biological mother & stepfather	3.5
Grandmother	2.8
Biological relative (other)	2.8
Institution	2.8
Foster Care	2.4
Grandparents	1.2
Other (various)	3.2

3.2 Drug use behaviour

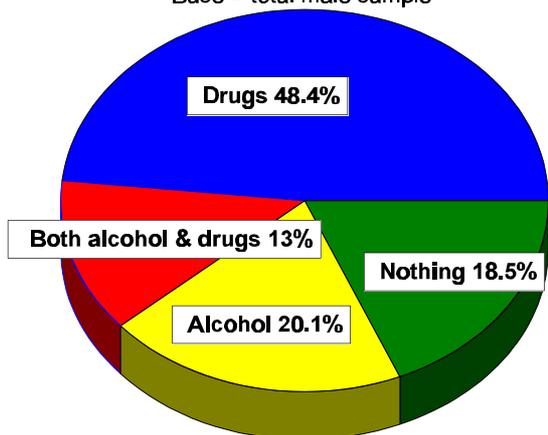
3.2.1 AOD-related offending

In 2001, 81.5% of males stated that at least one of the offences for which they were currently imprisoned was associated with their use of alcohol or other drugs (Figure 1). These findings were consistent with those recorded in 1998 in which a high majority (83.6%) of males reported that their current offences were alcohol or other drug related (AOD-related). In terms of the nature of the association, Table 4 shows that the most commonly reported types of association (for at least one of the offences) were “intoxication from drugs”, “money to buy drugs” and “intoxication from alcohol” (68.6%, 46.9% and 38.7% of respondents respectively).

Table 4: Nature of the link: drugs & offences

Figure 1: Drug-related offences

Base = total male sample



Type of relationship	%
Intoxication from drugs	68.6
Money to buy drugs	46.9
Intoxication from alcohol	38.7
Withdrawal from drugs	15.9
Money to buy drugs for other	8.7
Money to buy alcohol	3.4
Withdrawal from alcohol	1.0

Base= AOD-related male offenders (n=207), multiple responses as a percentage of total cases.

Of those with AOD-related offences, 54.4%

stated that more than one type of drug was involved. The response set enabled inmates to identify up to six drugs in relation to their current offences. The different types of drugs identified by male inmates as associated with at least one of their offences are shown in Table 5. Heroin (42.6% of respondents) and alcohol (40.6%) were the drugs most commonly cited as associated with current offences. To a lesser extent, cannabis (19.8%), amphetamines (18.9%), pills (16.9% and cocaine (12.1%) also featured.

Table 5: Drugs involved in offences

Drug type	%
Heroin	42.6
Alcohol	40.6
Cannabis	19.8
Amphetamines	18.9
Pills	16.9
Cocaine	12.1
Methadone	2.4
Ecstasy	1.8
Other opiates	1.5
Hallucinogens	0.5

Base=AOD-related male offenders (n=207) multiple responses as a percentage of total cases.

Only three inmates with drug-related offences were reportedly serving a sentence for just one offence. Table 6 shows the drugs which inmates identified as related to their most serious offenceⁱ (MSO). More than one third (41.2%) of those with a drug-related MSO linked heroin to the committal of their MSO. A similar number linked alcohol (37.3%) to their MSO.

Table 7 shows the drugs identified by inmates as related to their MSO by the MSO applying to their current sentence. The response set enabled inmates to identify up to six drugs in relation to their MSO. Hence, column percentages do not total to 100%. Percentages are based on number of respondents.

Table 6: Drugs linked to MSO

Drug type	%
Heroin	41.2
Alcohol	37.3
Amphetamines	18.6
Cannabis	18.6
Cocaine	11.3
Pills	10.3
Ecstasy	3.4
Methadone	1.5
Other opiates	1.5
Hallucinogens	0.5

Base=AOD-related MSO (n=204) multiple responses as a percentage of total cases

As expected, the most common offence category was property (34.5%). After property, assault (18.2%), breach of order (15.8%) and driving (15.3%) featured. Consistent with prior surveys on the New South Wales prison population, alcohol loaded on assault and driving offences and heroin loaded on property offences.

Approximately one third of these inmates with a drug-related most serious offence identified more the one type of drug as involved in that offence only. The interpretation is associational rather than casual. What the findings' highlight are the polydrug use patterns of these inmates with drug-related offences across the offence categories.

Table 7: Self-reported drug types related to Most Serious Offence (MSO) by MSO

	Assault %	Robbery %	Property %	Driving %	Order %	Drug %
Alcohol	64.9	22.2	12.9	80.6	40.6	6.7
Heroin	27.0	44.4	58.6	6.5	43.8	53.3
Cannabis	27.0	16.7	28.6	16.1	25.7	26.7
Amphetamines	13.5	16.7	22.9	19.4	15.6	20.0
Pills	8.1	0.0	20.0	0.0	12.5	0.0
Cocaine	5.4	16.7	21.4	0.0	9.4	0.0
Methadone	2.7	0.0	1.4	0.0	3.1	0.0
Other opiates	0.0	0.0	4.3	0.0	0.0	0.0
Hallucinogens	0.0	0.0	1.4	0.0	0.0	0.0
Ecstasy	2.7	5.6	2.9	0.0	9.4	0.0
TOTAL	37	18	70	31	32	15

[Base=AOD-related MSO for males, n=203 (1 missing case), set=mult. responses as a percentage of cases]

3.2.2 Patterns of drug use

Table 8 shows a comparison of drug use six months prior to and during the current term of imprisonment. It also presents, in median number of days, the last occasion of use for each drug type both in the community and in prison. This information is also presented for 1998 (Table 9). The pattern for community-based amphetamine use to be almost as common as heroin use was by a closer margin in 2001. When compared with the observed rate in 1998 (30.0%), community-based amphetamine use (39.4%) was markedly higher in 2001. Just over half of those who used amphetamines also used heroin. In 2001, the prevalence of pre-prison cocaine use (23.2%) and ecstasy use (16.1%) was markedly higher than that reported in 1998 (11.4% & 4.1%) respectively. In 2001, about three quarters of those who used cocaine in the six months prior to imprisonment also used heroin during the same period.

In 2001, 61.0% reported drug use (excluding tobacco and prescription medication for self) on at least one occasion during their current term of imprisonment. Cannabis (55.9%) was the most commonly reported drug. Consistent with 1998 data, when compared to community-based use, there was only a slight drop in the prevalence of cannabis and pill use during imprisonment in 2001. As expected, when compared to community-based use, there was a marked drop in the prevalence of use of the harder illicit drugs (heroin, amphetamines and cocaine) during imprisonment. Further, the prevalence of tobacco and medication (*not prescribed for self*) rose slightly on imprisonment. In 2001, just over one third (36.7%) of those who used heroin prior to imprisonment, also used heroin on at least one occasion during imprisonment. This rate is lower than that reported in 1998 in which almost half went on to use heroin in prison. In 2001, of those who used heroin prior to imprisonment and did not go on to use heroin in prison, more than half (61.0%) used cannabis in prison. This pattern is consistent with that identified in 1998. Consistent across collections is that with the exception of cannabis, the frequency (*how often*) of drug use declines sharply during imprisonment. This is

illustrated by the longer periods between use in prison for heroin and amphetamine users compared with their pre-prison use.

3.2.3 Injecting drug use: community and prison

Of the total sample, 69.7% reported that they had injected drugs on at least one occasion during their past (*ever*). For this group, the median duration of injecting drug use was six years. Reportedly, just over half the sample (53.9%) injected drugs in the *six months prior to imprisonment* (Table 10). Of this group, 35.8% went on to inject drugs during their current prison term. Of all males, 21.3% injected drugs in prison during their current term. Five of the prison-based injectors (9.3%) had not injected in the six months prior to imprisonment. Seven inmates (2.8% of community injectors) had shared injecting equipment prior to imprisonment and 39 inmates (72.2%) of prison injectors had shared equipment during their current prison term. Four of the seven inmates who shared needles in the community went on to share in prison. All five prison injectors who had not injected drugs in the six months prior to prison, engaged in polydrug use in prison. The current findings are not markedly different to those observed in the 1998 collection (Table 10). The prevalence of injecting drug use both in the community and prison was shown to be relatively constant across time. A slight increase in the self-reported sharing of injecting equipment in prison was observed between the 1998 and 2001 collections.

Of those who had been sentenced to prison in the past ($n=182$), 31.9% had reportedly injected drugs during a prior imprisonment episode. Further, of the total sample of males, 7.5% reported that the first time they had injected drugs was during an imprisonment episode. Of prior prison injectors, 62.1% went on to inject during their current episode. Prior prison injecting (*of those with prior sentences*) was found to be significantly associated with injecting drug use in the current prison term ($\chi^2=44.3, df=1, p<.001$). That is, if inmates had previously injected in prison, they were more likely to inject in prison again.

Table 8: Drug use: both six months prior to and during current prison term[†] (2001)

[Base=total male sample]

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

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

Table 9: Drug use: both six months prior to and during current prison term[†] (1998)

[Base=total male sample]

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

Table 10: Injecting drug use

(Base=total male sample)

	2001 (n=254)		1998 (n=220)	
	No.	%	No.	%
Community*				
Injecting drug use	137	53.9	113	51.4
Sharing injecting equipment	7	2.8	11	5.0
Prison†				
Injecting drug use	54	21.3	48	21.8
Sharing injecting equipment	39	15.4	25	11.4

Note: * 6 months prior to imprisonment

† median current term of imprisonment=6 months

3.2.4 First occasion of prison drug use

As was the case in 1998, cannabis (74.8%) was the most commonly used drug by males on the first occasion of drug use in prison in 2001 (Figure 2). To a lesser extent, heroin (16.1%) and non-prescribed pill (4.5%) use were also reported. Amphetamines, alcohol and methadone were used by a nominal number of inmates. Once entering prison, the median period of time which elapsed before inmates first used a drug was 14 days. This time-frame matched that observed in 1998. Hence, a fortnight would appear to be a relatively reliable indicator of the average time period before drug use takes place after imprisonment. The majority of inmates were held in maximum security during their first occasion of drug use. Most had shared the drugs in the company of just one other inmate.

Of those who injected drugs (14.2%) on their first occasion of drug use in prison, just under three-quarters shared needles. Almost all of this group who shared needles also used the approved cleaning method (*water x 2 + bleach x 2 + water x 2*). Those remaining (n=2), carried out the water, bleach & water cleaning procedure, but failed to complete the procedure twice.

3.2.5 Last occasion of prison drug use

Of the male inmates who reported using

drugs in prison 7.7% did so on only one occasion. As Figure 3 shows, for those who reported continued drug use (n=143), once again cannabis (79.7%) was by far the most commonly used drug. After cannabis, pills (9.1%) and amphetamines (4.2%) were the drugs most commonly reported, however in much smaller numbers. At the time of interview, only three days (median) had elapsed since drug use and most had shared the drugs in the company of just one other inmate. As expected, the majority of these inmates were held in minimum security environments. Injection as the mode of administration was reported by six inmates (4.2%). All the injectors shared needles and all practised the approved cleaning method.

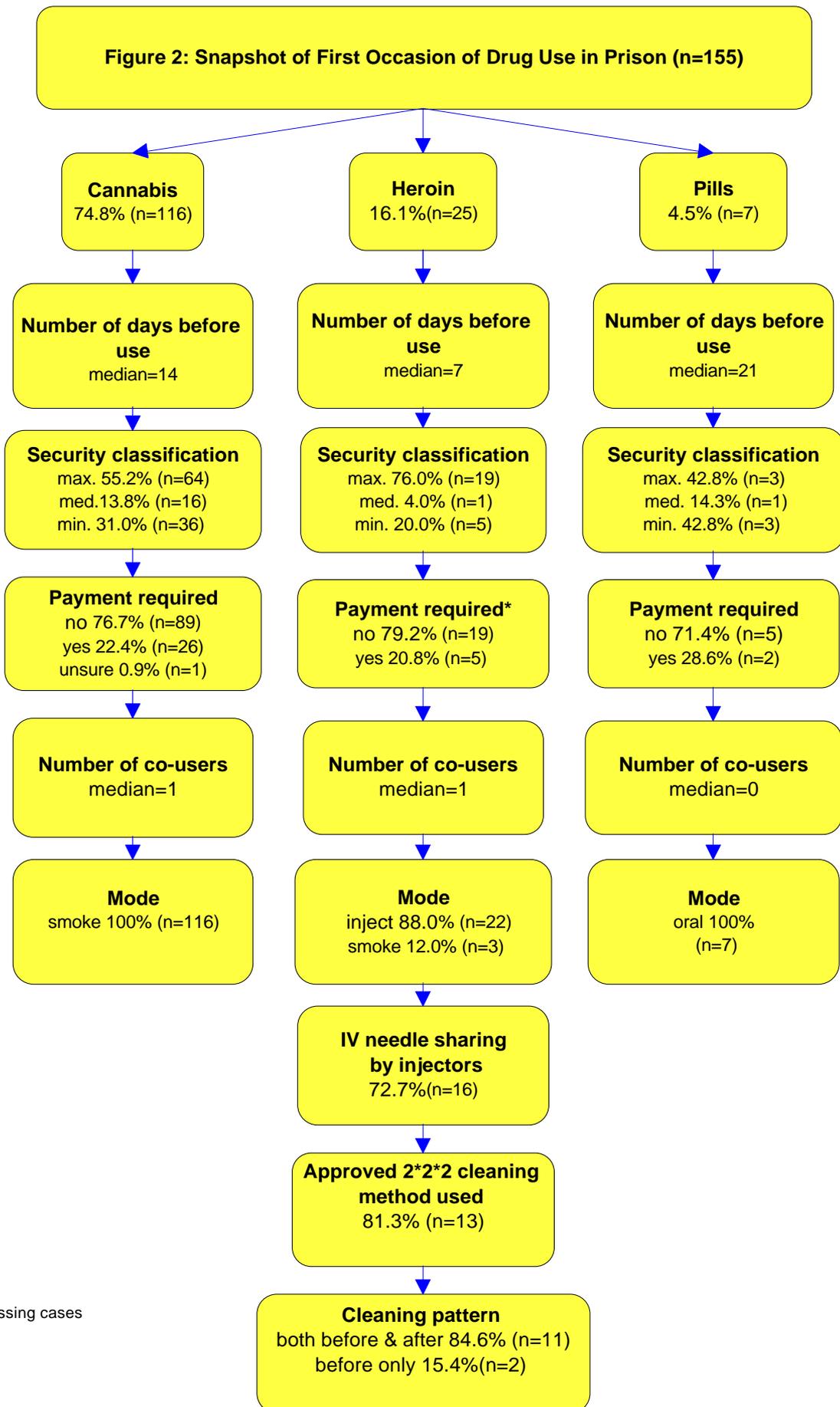
When comparing inmates' descriptions of their first and last episodes of drug use in prison, some differences were found. Self-reported heroin use declined and there was a small increase in pill and amphetamine use over time.

When comparing the findings of the 2001 and 1998 surveys more similarities than differences were observed. The exception to this was a decline in the incidence of prison-based heroin use in 2001.

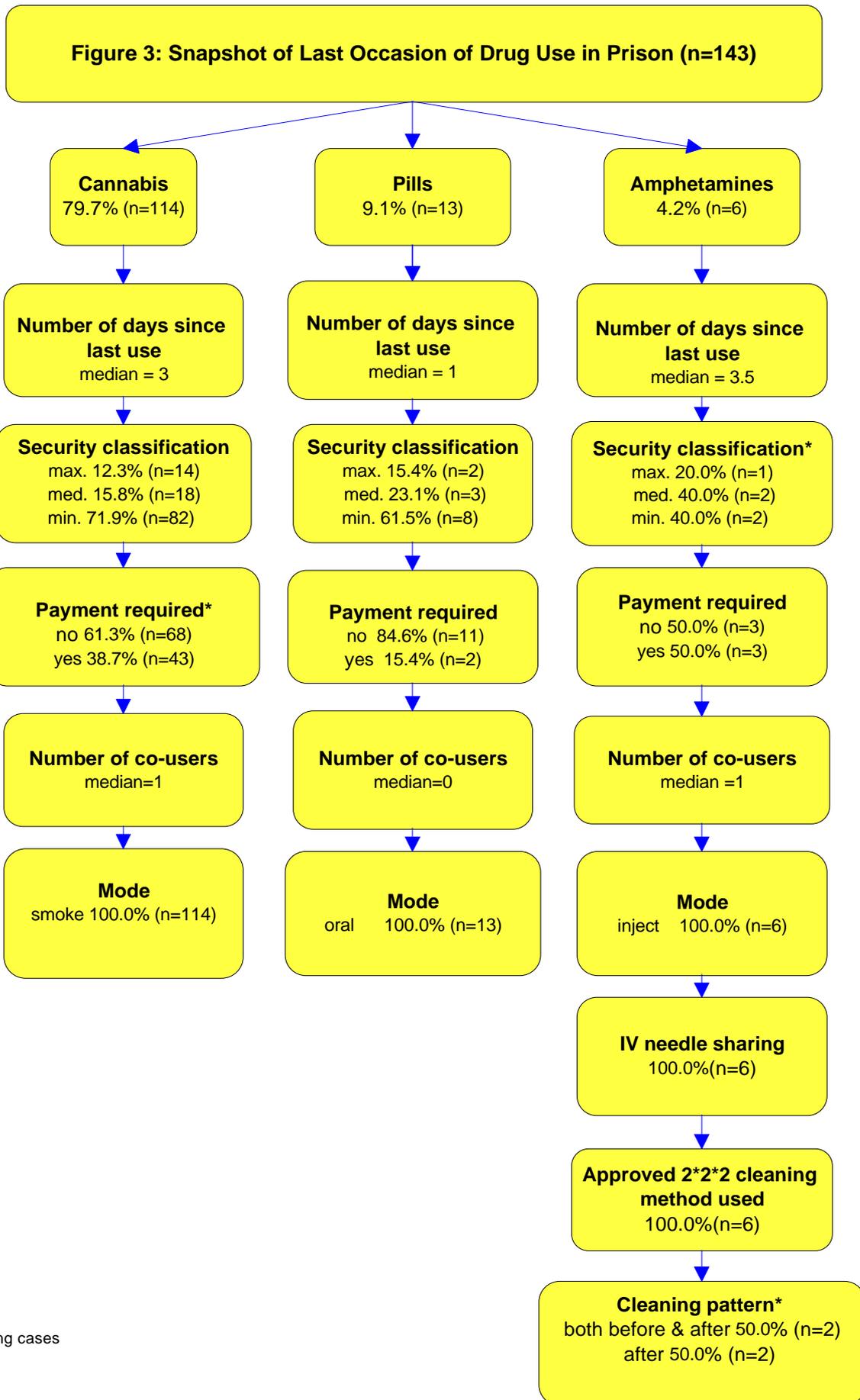
3.2.6 The sharing of injecting equipment in prison

Just over half of the low number who shared injecting equipment (needle/syringe) in the community in the six months prior to prison went on to share in prison. Therefore, more than three-quarters of those who shared injecting equipment in prison (n=39) had not shared in the community. Of this group, only three inmates used just the one type of drug in prison. The majority of this group were polydrug users with 59.0% reporting the use of three or more different drug types in prison. Cannabis (87.2%) and heroin (84.6%) were the drugs most commonly used. Pills (41.0%) and amphetamines (33.3%) were also reported and 20.5% had used illicit methadone.

All but one of the 39 inmates who shared needles reportedly attempted to clean the injecting equipment.



*missing cases



*missing cases

3.2.7 Drug treatment profile

Most males (81.1%) reported having a drug (incl. alcohol) problem at some stage in their lives. Reportedly, the median age at which the problem first developed was 18 years. A large majority of those with a problem history had experienced periods of abstinence both in the community and prison (Table 11). In the community, the median time spent abstaining from drugs was six months, while in prison it was seven months. Hence, for most males with a problem history, at least six months was spent abstaining from drugs.

More than three-quarters had participated in non-medical (*excluding pharmacotherapies*) AOD treatment in the past. A median of three months was spent in community-based treatment and three months in prison-based treatment.

Half of the male sample reported that they had experienced drug withdrawal syndrome on reception to prison for their current term. Of this group, 41.3% reportedly received medication for their symptoms and just over half received counselling for their withdrawal syndrome.

More than one half (60.7%) of the male sample had undergone non-medical AOD treatment in prison during their current term showing a median of four occasions of service. The response set enabled inmates to cite more than one form of service received by the prison-based AOD Services (Table 12). A substantial majority of the group had received one to one counselling (78.4%), 35.2% participated in groups, 24.0% had session/s pertaining to the preparation of court/parole reports and 11.2% received some additional form of assistance.

Of all males, 27.6% had received community-based methadone maintenance at some time in their past showing a median of eight months in treatment. Similarly, more than one quarter of males (28.3%) had received methadone maintenance during their current term of imprisonment. At the time of interview, 16% were receiving methadone maintenance. Community-based heroin users who went on to receive methadone maintenance in prison were not

found to be less likely to inject drugs in prison when compared to those heroin users who did not receive methadone. However, it is possible that those receiving methadone differed on some other factor (such as problem severity) to those who did not receive methadone.

3.2.8 Problematic psychostimulant use

One of the objectives of this study was to gather more information on inmates with psychostimulant related problems. Of the total sample, 22.8% perceived that they had personal problems relating to their use of psychostimulants. The group showed a mean age of 28 years and most (55.2%) described their problem as serious in the six months prior to their current imprisonment. Most (87.9%) were injecting drug users in the six months prior to imprisonment and 31.0% had injected drugs during their current prison term. When asked what form of prison-based treatment would help, if any, the most common response was “*nothing*” (as it was generally perceived as up to the individual).

Table 11: Drug treatment profile

	No.	%
History of periods of abstinence¹	196	95.1
- community	163	79.1
- prison	190	92.2
Non-medical AOD treatment¹		
- community	133	64.6
- prison (current term)	125	60.7
Methadone treatment²		
- community	70	27.6
- prison (current term)	72	28.3
Opioid pharmacotherapy (other)²		
- community	13	5.1
- prison (current term)	4	1.6

¹ Base=those with history of problematic drug use (n=206)

² Base=total sample

Table 12: Prison-based contact with AOD Services (non-medical) during current term

Type of Treatment	No.	%
One to one counselling	98	78.4
Standardised group program	44	35.2
Report interview/s (for court or parole)	30	24.0
Assistance (other)	14	11.2

Base= AOD Services usage (n=125)
[Set= multiple responses as cases]

3.3 Associated health issues

3.3.1 Suicide and self harm

Of the male inmates sampled, 3.5% reported that they had thoughts of self harm and 5.9% reported that they had suicidal thoughts at some time during their current term of imprisonment. When these factors were cross-analysed with (i) drug use; (ii) injecting drug use; and (iii) drug withdrawal at reception to prison, no significant patterns were observed. Consistent with the 1998 survey, there was no association found between self-reported self harm and self-reported drug use in prison.

3.3.2 Tattooing & piercing

Anecdotal reports had suggested that tattooing and piercing were common practices amongst inmates. Of males, 9.1% reported that they had received a tattoo, 1.2% reported that they had received a skin piercing and 2.8% reported that they received both during their current prison term. When these factors were cross-analysed with (i) drug use; and (ii) injecting drug use no significant patterns were observed.

3.3.3 HIV & hepatitis C awareness

When asked if the risk of contracting a blood-borne virus, such as Hepatitis C or HIV had changed their behaviour during the current sentence, the majority of inmates (64.2%) stated that it had. There was no

observable difference on this factor between injecting drug users who discontinued injecting once in prison and those who went on to inject in prison. Approximately, three-quarters of both these subgroups stated that they had changed their behaviour.

3.3.4 Social functioning

As a brief measure of social functioning, inmates were asked to estimate how many different inmates they had been able to talk to, in a relaxed manner, in the previous month. The majority (73.5%) stated that they had been able to talk to more than five inmates. On average, there were 15 other inmates with whom they could talk. A small number (2.8%) stated that there was no one with whom they could talk.

3.3.5 Throughcare

Inmates were asked how often they had been exposed to some form of community-based contact (*letter, phone call, visit*) in the month before the interview and just prior to their release (*pre-release*). The majority (66.7%) reported at least weekly contact. Of the males sampled, 13.1% had not had any community-based contact in the previous month.

Of those inmates (87.8%) who had made post-release accommodation arrangements, the majority (82.5%) were of the opinion that the accommodation would be for a period of more than one month. The most commonly cited forms of housing were: rental (30.3%); own home (29.9%); and public housing (18.9%). A further, 12.2% were unsure about where they would be residing. When asked about post-release cohabitants, inmates were most likely to nominate partners (29.9%) and parents (26.0%). A further 19.3% planned to live alone and 6.7% were unsure.

In terms of livelihood, 50.0% of inmates stated that they had no employment plans in place for release. A further 38.6% reported that they had employment arrangements, 4.7% had study plans, 3.1% were enrolling in a treatment program and 2.8% had plans in more than one of the above areas.

Drug users, injecting drug users and non-users were compared on these pre-release

factors and with one exception, no patterns were evident. Although not statistically significant, community-based injecting drug users were less likely to have employment plans on release when compared to other inmates. Of note, is that injecting drug users who continued injecting in prison, were significantly less likely to have employment plans for release when compared with those who discontinued injecting in prison ($\chi^2=9.05$, $df=1$, $p<.005$).

3.4 Prison subcultureⁱⁱⁱ

As with the prior survey an attempt was made to examine inmates' perceptions on the social context of imprisonment and to examine prison drug use behaviour within this context. Some items from the original data collection have been either refined or omitted mostly due to opinion that repeated administration would fail to offer any new or meaningful information. Further, the results of some items which were repeated have not been reported due to insubstantial findings. The categories listed within the tables are those most frequently cited. The perceptions of prison drug users are separated from those of non-users to examine differences.

3.4.1 Inmate initiation process

An initiation process on prospective members has been defined as a marker of subculture (Grapendaal, 1990). The question of whether an inmate initiation process takes place was not specifically addressed in the previous survey, but was derived from content analysis of open-ended responses on the perceived inmate code of conduct. In the current survey inmates were asked specifically whether on reception to prison there was an initiation or testing time that an inmate typically experiences before being accepted by other inmates. Interestingly, when compared to non users (55.0%), prison drug users (69.1%) were more likely to believe that an initiation process existed. This difference was statistically significant ($\chi^2=5.775$, $df=1$, $p<.02$). The perceived general duration period for initiation ranged from two days to

two weeks. Inmates were further asked to describe the process in their own words. The quotes featured in Table 20 have been selected to represent the most common themes which emerged from the inmates' descriptions of the initiation process and the inmate code of conduct.

3.4.2 Inmate drug code

Table 13 shows the perceptions of inmates (prison-based drug users versus non-users) on the social code of conduct as it applies to using drugs in prison. Consistent with the first data collection in this series, the dominant theme arising from the inmate drug code appeared to be in relation to avoiding defaulting on payment for drugs due to foreseen adverse consequences. Other frequently cited codes were not to share needles and also, to maintain secrecy from other inmates and full possession (*of one's drugs*). Prison drug users more frequently cited debt avoidance, no needle sharing behaviour and secrecy as codes when compared to non-users. Not surprisingly, non-users most frequently cited 'not using drugs at all'. Of prison drug users, there were no observable differences in the drug code identified between injectors and non-injectors.

Table 13: Inmate code on drugs

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

	User* %	Non-user %
Don't get into debt	67.1	46.0
Don't share needles	43.0	34.5
Don't tell others about it	31.5	24.1
Don't use drugs at all	30.9	57.5
Clean fits (needle/syringe)	21.5	23.0
Keep drugs to yourself	15.4	10.3
Don't promise to supply	15.4	8.0

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

3.4.3 Drug trade: exposure and estimates

Table 14 shows the drugs which reportedly the inmates were offered during the previous month and separates prison drug users from non-users. The format of this question was closed response (*each drug type was*

presented to respondents). Cannabis was the drug most commonly cited as offered (69.8% of males). After cannabis, inmates were most commonly offered tobacco (65.5% of males). Consistent with the prior survey, across drug types, drug users more commonly reported being offered drugs when compared with non-users. It is noteworthy that 33.1% of users reported being offered cannabis and 7.8% of users reported being offered heroin at least a few times a week during the previous month.

Also of note is that 68.3% of prison drug users stated that during their current sentence there had been times when they had declined drugs when offered to them.

Table 14: Drugs offered in prison during previous month

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

	User* %	Non-user %
Cannabis	85.7	44.9
Tobacco	72.7	49.0
Heroin	39.6	14.3
Pills	34.4	7.1
Amphetamines	22.1	5.1
Alcohol	14.3	5.1
Other's medication	13.6	6.1
Other's methadone	10.5	1.0
Cocaine	9.8	2.0
Steroids	3.9	2.0
Hallucinogens	3.3	2.0
Solvents	3.3	2.0
Other opiates	2.6	0.0

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

Table 15 shows inmate perceptions on the means by which drugs are paid for in prison. The format of this question was open response requiring the inmates to estimate the four most common methods of payment for drugs. Buy-ups (prison store items) and tobacco were most commonly reported.

Table 15: Inmate perceptions on the four main forms of payment for drugs

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

	User* %	Non-user %
Buy-ups (prison store item)	81.2	75.9
Tobacco	73.5	65.1
Money exchanged outside	49.4	38.6
Money deposited into other's buy-up account	38.2	36.1

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

3.5 Prisonisation

3.5.1 Prisonisation scale

A standardised scale was used to examine levels of prisonisation^{iv} or adaption to anti-institution and pro-criminal values and broader beliefs on the social structure of the institution. The scale selected (Table 16) differs to that used in the previous survey which comprised just four items. The current scale consisted of 16 items and measured three dimensions of prison subculture; opposition, exploitation and isolation. Table 16 shows the level of agreement by inmates to the statements. A high majority of inmates endorsed (strongly agree/agree) statements that highlighted the role of the inmate managed subculture. The most endorsed statements were those that measured isolation and advocated caution and independence in interactions with other inmates, presumably for fear of repercussion (items 10 & 13). Also endorsed by the majority were those statements that measured exploitation and emphasised the role of the inmate managed power structure and associated manipulation tactics (items 7, 8 & 9). Of note, is that these themes are consistent with those identified by inmates in the previous survey with "a lack of trust" being indicated as the defining marker of the inmate code of practice. There was no significant difference found between the opinions of prison drug users and non-users on the inmate subculture items.

In the current scale, responses did not load as heavily on the anti-institution statements that measured opposition, with opinion being quite spread across items. However, a majority (82.3%) strongly agreed/agreed that they would not talk to officers, unless necessary (*item 12*). A further theme of disrespect/distrust towards officers/staff was indicated, but less sharply in items 5, 14 & 15. Prison-based drug users showed significantly higher endorsement of the anti-institution statements (*a composite score of items 3, 5, 12, 14 & 15*) when compared to non-users ($t=3.445$, $df=247$, $p < .002$).

3.5.2 Attitudes toward staff

Table 17 shows the list of ten semantic differential item pairs used to indicate inmate evaluations of various categories of staff. The scale (*identical to that used in the previous survey*) made it possible to obtain an overall score (*reported as a median*) on staff acceptance. Findings on perceptions of staff were consistent with the previous survey. The majority of inmates endorsed all categories of staff as essentially decent people. With regard to perceptions on the treatment of inmates by staff and the level of assistance provided by staff, markedly more acceptance was shown toward professional staff (*indicated by lower scores*), with case officers (*correctional officers with a welfare role*) receiving more acceptance than general scale correctional officers.

Of note, is that about one third of inmates reported no contact with a case officer. Findings from those who did indicated increased endorsement (*as indicated by a lower score, i.e., 39 in 2001 versus 50 in 1998*) for case officers when compared with the previous survey. This is possibly a preliminary indicator of increased acceptance by inmates towards the case management approach.

Consistent with 1998 findings, prison drug users were more likely to reject correctional officers, when compared to non-users ($t=-3.058$, $df=249$, $p < .005$).

3.6 Female sample

3.6.1 Background

Females on discharge to freedom were over-sampled when compared with their representation in the discharge population to allow for larger numbers. One third of all female inmates discharged to freedom within the study's time-frame were interviewed, compared with one quarter of all male discharges. Females comprised 12% ($n=34$) of all respondents.

The size of the female sample is relatively small compared with the male sample and findings from such small sample numbers must be qualified with cautionary notes for interpretation. That said, the findings are based on a representative sample and hence should be able to be generalised to the population of female inmates on discharge to freedom with some confidence.

Due to the small sample, when examining sub-groups, the results are presented in both raw figures and percentages/proportions. The women showed an average age of 28 years (range=20-61 years). Consistent with the previous survey, they received an average of nine years of education. One third ($n=11$) were aboriginal or Torres Strait islander people. Less than half resided in the Sydney metropolitan area prior to imprisonment. In terms of social background, the women had been most commonly raised by both biological parents (32.4%, $n=11$) or biological mothers alone (26.5%, $n=9$), as was the case with the men.

All but one, held a minimum security classification rating at the time of interview. Two thirds ($n=22$) had been sentenced to prison in the past, showing a median of one prior sentence and almost one third ($n=10$) reported a history of juvenile detention.

3.6.2 Patterns of drug use and associated problems

Three quarters ($n=26$), were reportedly imprisoned for offences related to their use of alcohol and/or other drugs. More than half of those with drug-related offences identified heroin as related to their most serious offence. Table 18 shows that

tobacco, alcohol, cannabis and heroin, in that order, were the most commonly used drugs in the six months prior to prison. When compared with the previous survey (Table 19), it was observed that while the prevalence of heroin use had declined in 2001, amphetamine and cocaine use had increased. Most heroin users had taken heroin within the 24 hours prior to imprisonment. Two women (5.9%) reported community-based needle sharing in the six months prior to prison.

A history of drug-related problems and injecting drug use was reported by 85.3% (n=29) of women and all of this group had reportedly abstained from drug use at some time in the past since their problem first developed. Both community-based methadone treatment and general AOD treatment had been undertaken by about three-quarters of the sample. Just under half (n=16) of the sample had received methadone maintenance treatment during their current sentence and all women (n=34) had received some form of service from the AOD Service of the Department.

Of the female sample, 64.7% (n=22) reported using drugs (excl. tobacco) in prison during their current term and just under one-quarter (n=8) reported injecting drug use during their current term. Further, 8.8% of the sample reported needle/syringe sharing in their current term. As Table 18 shows, the most commonly used drugs in prison during the current sentence term were cannabis (61.8%), pills (23.5%) and heroin (23.5%). Consistent with 1998 findings (though less prevalent), when compared with community-based use, more women used medication prescribed for others in prison and this trend was more marked than it was for men. When the details of the first and last occasions of drug use in prison are compared, cannabis was used by the majority on both occasions. On the first occasion, heroin was used by one quarter of the female users, but on the last occasion heroin use was scant (n=1) with pill use featuring more commonly (one third of users).

3.6.3 Associated health issues

Of the sample, 20.6% (n=7) reported that they had suicidal thoughts and 17.6% (n=6)

reported that they had thought of harming themselves at some stage during their current prison term. In terms of post-release plans, all but three (91.2%), had accommodation arrangements in place. More than one-third intended on living with a spouse and one-quarter were to live with their parents. In terms of livelihood, most (n=22) had no plans. A small number (n=4, 11.8%) had work, 17.6% (n=6) had study plans and 5.9% (n=2) were enrolled in a treatment program.

3.6.4 Inmate drug code

As with the males, more than half the women reported that an inmate imposed initiation process occurred on reception to prison. In terms of prison atmosphere at the time of interview, just under half the women rated the general conditions of their current prison environment as either good or very good and one quarter were neutral in their response. Following are the main themes identified in relation to the inmate drug code in their respective order:

- # Don't use needles;
- # Keep quiet about possession; and
- # Keep drugs to self.

The women reported that tobacco and cannabis (three quarters had been offered cannabis) were the drugs most commonly available in prison during the last month.

Scores on the staff acceptance scales while showing a similar direction of opinion to those for males, showed more negative evaluations of correctional officers and more positive evaluations in relation to case managers and professional staff.

As found in the 1998 survey, when comparing male and female findings on the social context of prison more similarities than differences were noted.

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
	%	%	%	%	%
1. Most rules here make sense	9.8	55.5	8.3	20.9	5.5
2. All the organised activities in here are only meant to keep you quiet.	6.3	51.2	7.9	33.5	1.2
3. When prison officers are friendly there is more to it than that	22.4	26.4	10.6	38.6	2.0
4. The officers are only doing their jobs, they are not trying to make your life harder than it already is	6.7	43.5	13.4	24.1	12.3
5. Most prison officers will do anything to help you	2.0	26.2	10.3	36.1	25.4
6. I have the feeling that I spend my time in here in a useful way	11.4	46.5	7.5	25.6	9.1
7. Among inmates, there are bosses and servants	20.9	47.6	7.5	22.0	2.0
8. It hardly ever happens in here that inmates use other inmates to finish off a job	2.0	24.8	8.3	57.5	7.5
9. Inmates are often put under pressure by other inmates to do something for them	15.0	56.7	7.5	19.7	0.8
10. You have to think twice before you tell personal things to another inmate, because it can be used against you	59.1	30.7	3.5	6.3	0.4
11. The prison officers have nothing to do with what happens among inmates	13.0	43.3	7.9	30.7	5.1
12. I only talk with prison officers if I need them for something	37.8	44.5	2.4	15.0	0.4
13. It does not matter if you have a good relationship with other inmates or not, you have to do your own time	48.4	39.0	3.1	7.9	1.6
14. If a prison officer gives an inmate an order to do something s/he doesn't want to do, then s/he tries to talk the officer out of it	11.6	54.0	6.4	27.2	0.8
15. It's better to tell the staff what they want to hear than to tell them the truth	31.9	42.1	7.1	17.7	1.2
16. It's necessary to crawl if you want things	5.5	18.1	9.4	48.0	18.9

Addressing the use of drugs in prison: 2nd data collection

Table 17: Inmate opinions on different categories of staff [Base=total male sample]

	good	bad	deep	shallow	active	inactive	sensitive	insensitive	interested	uninterested	not judgmental	judgmental
correctional officers	58.7	41.3	19.0	81.0	23.8	76.2	25.4	74.6	22.6	77.4	24.6	75.4
case officers ¹	62.7	37.3	42.4	57.6	47.5	52.5	44.9	55.1	51.9	48.1	50.6	49.4
inmate development staff ²	75.4	24.6	63.0	37.0	63.0	37.0	67.8	32.2	65.9	34.1	61.1	38.9

	helpful	unhelpful	honest	dishonest	fair	unfair	competent	incompetent	MEDIAN* SCORE	SCORE RANGE
correctional officers	50.8	49.2	45.0	55.0	55.6	44.4	51.6	48.4	59	10-83
case officers	57.0	43.0	65.2	34.8	67.7	32.3	53.8	46.2	38	10-83
inmate development staff	75.4	24.6	79.6	20.4	79.0	21.0	67.6	32.4	18	10-90

* Higher scores represent more negative opinions

¹ Custodial officers with a welfare role (*n=96 missing cases reportedly due to no contact*)

² Non-custodial stream of staff, such as AOD workers, psychologists, welfare workers (*n=45 missing cases reportedly due to no contact*).

Table 18: Drug use by females: both six months prior to and during current prison term (2001)

Drug	Community no.	Community %	Prison no.	Prison %
Tobacco	30	88.2	31	91.2
Alcohol	24	70.6	1	2.9
Cannabis	23	67.6	21	61.8
Heroin	23	67.6	8	23.5
Amphetamines	19	55.9	4	11.8
Cocaine	10	29.4	1	2.9
Pills	10	29.4	8	23.5
Ecstasy	8	23.5	0	-
Other's methadone	8	23.5	5	14.7
Other's medication	2	5.9	6	17.6
Hallucinogens	1	2.9	0	-
Solvent	0	-	0	-
Steroids	0	-	0	-

Table 19: Drug use by females: both six months prior to and during current prison term (1998)

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

Table 20: Quotes from inmates on the social initiation process and associated code of conduct (total sample: n=288)

“They watch you, grab smokes from you .. it happens for a week.”

“It depends on what you wear, how you hold yourself..they prey on the weak... inmates have to adjust .. listen to others .”

“Basically he is treated like a leper until others work out what he is about .. watched to see how he talks and acts.”

“Young guys will be stood over for tobacco or shoes.”

“They see if they can get to you..try and put things over you...see how you react to things.. insult you to see if you show weakness...”

“They try to stand over you for goods... if you give in, they will do it all the time.. if you stand your ground, then they will leave you alone.”

“Depends on the size of the person, you feel them out (question), whether they have been on Protection(inmates classified to Protection conditions are physically separated from mainstream inmates), what they are in for....”

“If you stand out in any way, physical or mental, you’ll get a hard time. Unless you are physically strong looking, you will get challenged.”

“Some people fall on their feet, others get watched. There are dramas if they are cave men..” (inmates who stay in their cells).

“It takes time to get to know people. You don’t know where they’ve come from and what they have done and who they were.”

“It can happen .. it depends on how he acts .. it is part of the politics.”

“No one wants anything to do with a big mouth... people try to fit in too quickly.”

“Keep to yourself...you should still talk, but it is hard to trust .. don’t open up...”

“It is best to keep quiet.. . if you are known in here you can get bashed for doing wrong to someone before or on the outside.”

4. DISCUSSION

Trends and patterns

Generally, the 2001 drug use measures showed similar levels of occurrence to those recorded in 1998. Similar levels were recorded for drug-related crime, pre-prison drug use, within prison drug use and associated risk behaviours and treatment engagement. An exception to this was that pre-prison injecting drug use was slightly more prevalent (54.0%) in 2001. This was not matched by a corresponding rise in the prevalence of injecting drug use in prison.

Typically, drug use in prison is a continuum of behaviour rather than a consequence of being in prison. As shown by this study, in 2001 the trends in the pre-prison, community-based drug use of inmates were generally reflected in the prevalence rates of prison-based drug use. This is illustrated by the increase in pre-prison psychostimulant use which showed a corresponding upwards trend in prison. Presumably, due to the nature of confinement, this increase was not of equal measure.

Current findings on the prison social system as defined by inmates supported those recorded in 1998. A lack of trust was indicated as the defining marker of the inmate code of practice for inmates in New South Wales. This finding accords with that of the Dutch study (Grapendaal, 1990) in which isolationism (remaining independent of other prisoners, incurring as few obligations as possible and limiting contact with staff) was identified as the dominant aspect of prisoner culture.

For drug users in NSW prisons, debt avoidance was identified as the single most important consideration. To this end, financial cost and the associated dire consequences of defaulting on any loans would be a major deterrent to ongoing drug use in prison.

In the 2001 study, inmates showed increased support for case officers. Case officers are correctional officers who perform a welfare role. This finding is possibly a preliminary marker of increased endorsement by inmates

for the case management operational approach being adopted in the NSW correctional system.

The drug-related statistics for women showed similar levels of occurrence as those for men. Descriptions of the social context of prison were also consistent across gender. What the findings did suggest was a higher prevalence of emotional distress in female inmates as measured by thoughts of self harm and suicide. Also, when compared to males, females showed more acceptance of professional staff and case managers, that is, staff who perform a social support role.

Overall, across the two collections (1998 & 2001), drug-related statistics showed similar levels of occurrence. There is sufficient consistency in the measurements to indicate that the estimates from this data collection series are reliable. Also, these levels are comparable with those recorded in international correctional settings as reviewed in the Introduction section.

Methodologies for measuring drug use behaviour in prison populations

Findings from the data collection series highlight the importance of augmenting objective measures, such as urinalysis tests with self-report measures and population surveys in determining prevalence rates. Random urinalysis tests conducted on inmates in New South Wales typically identify just over one tenth of the population tested as using drugs in prison, at any one point in time. Whereas, more than half the inmates from this research self-reported drug use during their current prison term.

On this basis, it could be argued that the data derived from random urinalysis underestimates the extent of drug use in prison. In order to obtain an accurate estimate of drug use and an understanding of the associated issues, it would be preferable to adopt a range of data collection methods with a view to aggregating findings and providing a complete picture of the problem.

Drug treatment currently offered in the NSW correctional system

In 2001, there was a higher rate of participation in the methadone maintenance program, when compared with the rate recorded in 1998. Approximately one quarter of males had received methadone at some stage during their current term of imprisonment. More than half the inmates engaged in at least one treatment session with the AOD Services of the Department during their current prison term.

It can be said that drug treatment services offered within the NSW correctional system are underpinned by principles of harm reduction and social equivalence. This has been realised through the continuation of the range of services available in the broader community (*with the exception of syringe exchange programs*). The full range of services provided was documented in the first report in this research series. Since that time, funding through the 1999 NSW Drug Summit has enhanced inmate access to various harm reduction measures. This funding has made possible the implementation of specially designated drug treatment units and operational strategies to reduce the supply of drugs.

A pilot of a differential sanctions scheme for detected drug use in prison has also been made possible. This scheme differentiates between illicit drugs on the basis of the harm associated with the particular type of drug. Specifically, penalties for cannabis use commence with a cautioning and when enforcement is made are less severe than those for injectable drugs. The rationale behind the scheme was to prioritise strategies aimed at reducing injecting drug use and maintaining inmates in drug treatment. It was anticipated that this strategy would further prevent the spread of blood-borne infectious diseases, such as HIV & hepatitis C in the NSW correctional system. The differential sanctions scheme can be seen to be a form of applied therapeutic jurisprudence^v. In this way, laws and regulations are being used to promote therapeutic objectives and to maximise therapeutic effect.

Implications for drug policy in the NSW correctional system

Across prison jurisdictions, as is the case in the broader community, drug use is widespread and potentially problematic. In prison there is increased likelihood of exposure to risky populations and situations. The pragmatic, harm reduction approach adopted in the New South Wales correctional system to date has been effective in terms of both disease control and enhancing inmates' prospects for reintegration into community life. Current findings support increased integration between the operations or security arm and the rehabilitation arm of the Department in the management, care and rehabilitation of inmates. Also indicated is a further development of policies which distinguish between drugs and the nature of drug use on the basis of harm. Management and legal responses, including privileges and sanctions for behaviour, should be used to maximise therapeutic effects and minimise anti-therapeutic consequences rather than punishment per se.

5. ENDNOTES

- (i) Bleach availability: In accordance with World Health Organisation guidelines on HIV infection and AIDS in prisons it is departmental policy that inmates in all wings in NSW correctional centres have access to bleach solution for the cleaning of injecting equipment.
- (ii) The most serious offence (MSO) represents the offence with longest sentence.
- (iii) Prison subculture: some continuity in the values, norms, attitudes and expectations of the inmate community.
- (iv) Prisonisation: a culture featuring an anti-authority, pro-criminal values and behaviour code that inmates adopt and abide by upon imprisonment. Prisonised inmates are seen as opposing the institution and its representatives. (*The presence of prisonisation would seem to be at odds with the rehabilitation and resocialisation goals of prisons*).
- (v) Therapeutic jurisprudence: the extent to which the legal rule or practice promotes the psychological or physical well-being of the people it affects.

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7. ANNEXE

Discharge population frame (males)

Population frame: 15/01//01 to 10/03/01 discharges - stratification by region and security classification for a two month time period prior to fieldwork.

	Non-metropolitan				Metropolitan			
	Population	%	Achieved Sample	%	Population	%	Achieved Sample	%
Minimum	428	78.1	126	77.8	231	72.7	67	72.8
Medium	72	13.1	22	13.6	30	9.4	9	9.8
Maximum	48	8.8	14	8.6	57	17.9	16	17.4
TOTAL	548	100	162	100	318	100	92	100

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

Achieved sample capture rate

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

Males: Captured about 25.9% (n=254) of actual discharges to freedom (n=979) for the study's time period.

Females: Captured about 37.4% (n=34) of actual discharges to freedom.