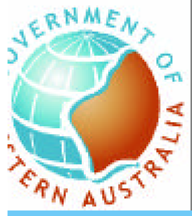

Putting People First

AGENCY DRUG AND ALCOHOL ACTION PLAN

DEPARTMENT OF JUSTICE

2003 - 2005

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FOREWORD

The Western Australian Government will be adopting a range of leading-edge initiatives to tackle the problem of drug use by offenders.

The Government's determination to drive ground-breaking reform was galvanised with a Drugs Roundtable it hosted in Perth in February 2003.

The Roundtable – an initiative of the Attorney General that included input from experts from around Australia – considered a range of strategies to address management of drugs and drug-related offences.

The wealth of expertise, knowledge and wisdom in drug management was brought together to specifically draw on what works in treatment interventions – both medical and non-medical – for offenders in custody and the community.

The Drugs Roundtable resulted in a strong commitment to consider and implement innovative and improved strategies to reduce drug-related harm. Issues considered included:

- Pharmacotherapies;
- Blood-borne communicable diseases;
- Treatment and rehabilitation in custody; and
- Treatment and rehabilitation in the community.

The new strategies will complement measures already in place to reduce drugs entering prisons and expand the range of treatments available to reduce demand for drugs and the harm they cause.

The Western Australian Drug and Alcohol Strategy, endorsed in Parliament in August 2002, provides the framework for the Justice Drug Plan, which will see a significant increase in services to prevent and reduce drug-related harms.

Finding solutions to the scourge of escalating drug use is one of the biggest challenges confronting Government and the community.

The justice system has traditionally been regarded as the "end of the line" for criminals with drug problems. This must change, with the Department of Justice becoming a critical, proactive player with a comprehensive range of prevention and treatment strategies to tackle the issue.

It is estimated that the economic impact of crimes associated with drug use costs the Western Australian community nearly $220 million each year. It is impossible to estimate the social cost of the broken lives that drug-related crime leaves in its wake.

A disturbing factor to emerge in recent years is the increasing prevalence of hepatitis C and other blood-borne communicable diseases. Every year in Australia, approximately 16,000 people contract hepatitis C infections, with an estimated 91 per cent of these related to injecting drug use. Custodial facilities have long been viewed as "incubators" for blood-borne communicable diseases. The risk of transmission is high – not only for the offenders but also for prison staff and for the communities to which offenders return. In the WA community, the prevalence of hepatitis C is just 1%. However, in our prisons, an estimated 30% of male offenders and 60% of female offenders have hepatitis C. Once again, the economic cost is alarmingly high, with hepatitis B, C and HIV infections costing the community between $14,000 and $100,000 per infection.

With a significant amount of all crime in the State attributed to drugs, the justice system must do everything it possibly can to prevent relapse and re-offending.

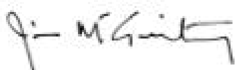
It is critical that the cycle of relapse into drug use and re-offending is broken. Given the disturbingly high number of offenders with a lifetime of chronic drug problems, the Department of Justice has the opportunity to play a pivotal role in helping offenders turn their lives around.

However, the Department of Justice is not working with offenders for their individual benefit – but more critically, for the future wellbeing of the whole community as a result of reduced re-offending.

There is clear evidence that:

- Drug treatment reduces criminal activity;
- Those who attend treatment do better than those who do not; and
- Treatment does not need to be voluntary to be effective.

This Drug Plan is dynamic and will continue to evolve and change with experience. In combination with other Departmental initiatives designed to reduce recidivism, the plan is ultimately about creating a safer and healthier community. It is about reducing drug-related crime. As such, it is vitally important to everyone, but particularly to victims of crime and the families of drug-related offenders.



JIM McGINTY
Attorney General;
Minister for Justice and Legal Affairs

May 2003

KEY ELEMENTS OF THE DRUG PLAN

1.0 Law, Justice and Enforcement

- Expand the number of drug detection dogs by adding four dogs and four dog handlers. This will bring the total team to 15 dogs and 13 handlers.

- Deploy drug detection dogs to prisons where drug testing shows higher levels of drug use.

- Deploy a permanent drug detection dog at Bandyup.

- Incrementally introduce multi-purpose response dogs as an alternative to single-purpose dogs.

- Double the random drug testing of offenders in the metropolitan maximum-security prisons from twice a year to four times a year.

- Introduce instant urine tests (cup, pipette or dipstick methods) for preliminary testing at all prisons.

2.0 Support and Treatment

- Introduce a comprehensive pharmacotherapy program including methadone, Buprenorphine and Naltrexone, enabling up to 150 offenders to be engaged in this treatment at any time.

- Expand Treatment Programs for high-risk offenders with an additional 15 programs per year, catering for an extra 150 offenders.

- Introduce two new drug-free units in WA prisons, with one additional unit in a metropolitan prison and one in a regional prison.

- Investigate the efficacy of a prison-based therapeutic community.

- In partnership with Government and non-government agencies, introduce a comprehensive transition program for offenders re-entering the community to address health, housing, drug programs and counselling, training, employment and education needs.

3.0 Prevention and Early Intervention

- Introduce harm reduction measures to reduce the prevalence of blood-borne communicable diseases.

4.0 Making the Plan Work

- Establish a comprehensive monitoring framework to measure the success of the key strategies.

INTRODUCTION

Drug[1] use has been identified as one of the key risk factors contributing to re-offending. Failure to address drug use whilst in the justice system has a high correlation with the probability of re-offending.

If the cycle of relapse into drug use and re-offending on re-entry to the community is not interrupted, and offenders are not engaged in effective treatment options, the addiction and dysfunction of drug use is perpetuated – as are the associated social, health and justice costs.

The Australian Institute of Criminology's Drug Use Careers of Offenders (DUCO) Report for WA examined the lifetime offending and drug-use careers of adult sentenced male offenders in WA. It found:

- Around 80% are regular illicit drug users;
- Almost 50% have a high level of dependence;
- 80.3% had used cannabis;
- 60.9% had used amphetamines;
- More than one third (34.3%) used amphetamines regularly;
- 46.4% had used heroin at least once; and
- Almost a quarter (23.6%) indicated they used heroin regularly.

Clearly, the DUCO Report and Drug Use Monitoring in Australia (DUMA)[2] data confirms that drug misuse is prevalent in the WA offender population and poses a serious social problem. The DUMA study further suggests that more than 90% of offenders who use heroin and amphetamines do so intravenously, thereby greatly increasing the likelihood of acquiring a blood-borne communicable disease.

Of particular concern, is the alarmingly high prevalence of hepatitis C infection amongst offenders. This is directly related to the harmful using behaviours of offenders who are, or have been, injecting drug users. Currently, the community prevalence rate for hepatitis C is only 1%. However, in WA prisons, approximately 30% of male offenders and 60% of female offenders tested have hepatitis C.

The challenge is to develop a comprehensive and effective approach to reducing drug use by adult and juvenile offenders. High-risk offenders need to be targeted and provided with effective, intensive programs and supports that are proven to have a good level of success. The most at-risk offenders require more investment and support than lower risk offenders. This targeted approach must be supported by strategies that prevent access to drugs in custodial settings as well as sanctions in community justice that deter offenders from further drug use.

The Drug Plan includes custodial-based strategies as a first step to reducing drug use. However, successful transition of offenders with drug problems into the community is also vitally important and will only be achieved with extensive consultation and collaborative partnerships with Government and non-government agencies.

This approach is in line with the WA Drug and Alcohol Strategy, which was endorsed by Parliament in August 2002. The Department of Justice is acknowledged as a major stakeholder in the strategy.

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[1] The World Health Organisation defines drugs as all substances, both licit and illicit, which when administered, produce a change in biological function and possibly structure. This includes prescription drugs, volatile substances, alcohol and illicit drugs.
[2] National Drug Use Institute 2000 Drug Use Monitoring in Australia

TRENDS IN DRUG USE

Drug use trends in Australia in recent years have shown significant changes. These trends present a challenge to drug treatment services that are largely focussed on alcohol and opiate detoxification. A dramatic reduction in the availability of heroin in 2001 was associated with increased use of other drugs, particularly methamphetamine [3].

The changes have been particularly evident in Western Australia where there has been high availability and widespread use of potent forms of methamphetamine since 1999. The proportion of injecting drug users in WA nominating methamphetamine as their drug of choice increased from 23% in 2000 to 42% in 2001, while the proportion reporting that methamphetamine was the last drug injected increased from 41% in 2000 to 74% in 2001[2].

The trend is confirmed by data from the Drug Use Monitoring in Australia study in 2001 indicating that 52% of detainees at the East Perth Lockup reported having used amphetamines in the previous 30 days. This figure was significantly higher than at the six sites in other states included in the research. Amphetamine use tends to be concentrated among detainees under the age of 30. Nationally, 63% of males who tested positive to amphetamines were aged 30 or younger and 20% were aged 18-20 years [4].

Methamphetamine use is associated with increased risk of paranoia, psychosis and violence, which has major implications for public order and is likely to have a significant impact on police and correctional services.

Cannabis was the most common drug detected among police detainees in 2001, consistent with its high prevalence of use in the community. Overall, 57% of those tested for the DUMA project tested positive to cannabis, 17% of males and 28% of females tested positive for opiates, and 21% of males and 33% of females tested positive to benzodiazepines [3].

DRUGS AND CRIME – COST TO THE COMMUNITY

Drug offences carry considerable law enforcement costs, which are subsumed in the criminal justice system costs.[5] There is also substantial financial fallout from offences committed to fund a drug habit. The risks to the community of co-occurring drug use and crime can be quantified in terms of social, health and administration of justice costs. One set of measures used for cost analyses determined that, without counting the cost of lost productivity or quality of life issues, each drug crime has an average cost to the community of $7,200, with each burglary costing $16,200, each robbery costing $35,000 and each murder costing $3,207,100[6].

There is wide acceptance that drug use is often a regular and routine part of the lifestyles of offenders and is certainly a significant component of the lifestyle of persistent offenders. The direct relationship between drugs and crime is difficult to accurately quantify, but self-reports by offenders suggest that up to 35% of offences may be directly related to drug use. The direct impact of drug use is most likely to be seen in property-related crime where up to 50% of offenders indicate that drug use was a major influence in their criminal careers. There is also an indirect relationship between crime and the effects of drug use – heightened confidence and excitability, aggressiveness, irrational behaviour, impaired judgement and involvement in sub-cultures. The need to reduce re-offending and drug use is greatest in these cases.

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[3] Topp, Kay, Brown, Long, Williams, O'Rilley, Fry, Rose and Dake. (2002) Australian Drug Trends. Findings of the elicit drug reporting system, NDARC

[4] Makkai & McGregor 2002 Drug Use Monitoring in Australia. Annual report on drug use among police detainees, Australian Institute of Criminology

[5] Australian Institute of Criminology 2003, Counting the costs of crime in Australia

[6] Boardman, A. *Cost Benefit and Multi Goal Program Analysis,* GSM Executive Programs, WA 2000

Using WA imprisonment figures for 2000, the cost to the community of drug crimes was $43.8m for the year. (This figure includes 10% of burglary or robbery crimes[7] for which offenders are caught, sentenced and imprisoned.) If the number of crimes committed by an individual offender were used as a basis for calculating cost, rather than the number of crimes for which offenders are imprisoned, the cost of their crimes to the WA community is potentially five times higher, or $219m.[8]

Aside from the crime-related costs, the cost to the community of offender health issues is also significant. For example, offenders are a high-risk group for blood-borne communicable diseases. The cost to the community of hepatitis B, C and HIV infections range from $14,000 to $100,000 per infection.[9] So, if offenders are not directly targeted by strategies to reduce the prevalence of their infections, the risk of disease and contagion is increased – as well as the cost to the community.

Without effective drug treatment for offenders, the cycle of addiction and dysfunction is repeated in subsequent generations. Children learn dysfunctional coping behaviours, creating a generational effect of long-term health and social costs with a growth in the number of children in care as a result of parental drug use.

The cost effectiveness of treatment and rehabilitation for drug dependent people is supported by the work of the National Addictions Centre, UK; National Drug and Alcohol Research Centre, University of New South Wales; and the National Institute of Drug Addiction, Washington, USA.

The evidence shows that:

- Treatment improves health outcomes, reduces criminal activity and reduces the use of illicit drugs;
- People who attend treatment do better than those who do not enter treatment;
- Treatment does not have to be voluntary to be effective; and
- Among drug users, there is a $4 to $12 return on every dollar spent on treatment, measured in terms of reduction in health care and crime costs.

The "return on investment" is greater for drug-dependent offenders than for those who are non-offending drug dependents. And, because of the long-term health and social costs, the cost-benefits are greater for treatment of young offenders.

The Justice Drug Plan is committed to addressing the links between drug use and crime by adopting a collaborative approach to reduce the use of drugs in the criminal justice system.

[7] Australian Institute of Criminology analysis of the *Drug Use Careers of Offenders* data indicates 10%-12% of crime can be attributed to drugs.
[8] Australian Institute of Criminology *Drug Use Careers of Offenders* shows that inmates in WA committed a lifetime average of 70.5 offences with an average of 13.6 prison sentences
[9] Community Drug Summit, Issues Paper No 8 *Reducing Harm to the Community and Individuals Caused by Continued Drug Use*

1.0 LAW, JUSTICE AND ENFORCEMENT

Reducing the supply of drugs within the custodial system

NEW STRATEGIES

1.1 Expand the drug detection dog teams

The number of dogs in the Department's Canine Section will be increased from eleven to fifteen and the number of dog handlers from nine to thirteen. This will deter the supply of drugs into prison.

1.2 Deploy a permanent drug detection dog at Bandyup

The deployment of a drug detection dog team at Bandyup Women's Prison will help keep drugs from entering the custodial environment and will be a further deterrent to offenders and visitors contemplating trafficking drugs and drug-using equipment into the prison.

1.3 Incrementally introduce multi-purpose response dogs

Multi-purpose response dogs are more versatile and flexible in operational deployment. These dogs are trained to perform the functions of both the passive and active dogs. Three dogs will complete multi-purpose response training by September 2003 and it is intended that, over time, all dogs will be trained in multi-purpose response.

1.4 Deploy drug detection dogs to prisons with higher levels of drug use

The results of drug testing will be monitored so that drug detection dogs can be deployed at prisons where testing shows higher levels of drug use.

1.5 Increase the number of drug tests

The number of random tests in metropolitan maximum-security prisons will be doubled from twice a year to four times a year. Random drug testing has already been increased at Hakea Prison and an increase at the two other maximum-security prisons will see a significant increase in random testing.

1.6 Introduce instant urine tests for preliminary testing

Instant urine tests (cup, pipette or dipstick methods) will be introduced at all prisons. These tests provide fast results as an initial screening tool and are more cost effective than sending samples to laboratories. For medical legal reasons, a confirmation test will still be conducted before any charges are laid under the Prison Act 1981.

Other new testing technologies will be introduced as they become available and their effectiveness is proven.

These new initiatives will complement strategies currently in operation.

CURRENT STRATEGIES

1.7 Security and Surveillance

The use of security and surveillance measures in custodial facilities is crucial in the effort to keep drugs and other contraband out of these environments. Other jurisdictions are trialing new devices, including biometric scanning devices.

In February 2003, a range of entry-point controls were introduced at secure prisons across WA to improve monitoring of both staff and visitors entering and leaving prisons:

- New search policy and procedures that are consistently applied to all people (including staff) entering prisons. This allows searching of people's belongings and vehicles;
- The banning of all staff bags, with restrictions on articles and personal property entering a prison. This includes a complete ban on mobile telephones;
- Use of clear plastic bags for anybody wanting to convey authorised items into a prison; and
- The introduction of random pat-down searches for 5% of people entering a prison. This includes a search of personal property carried on the person and any authorised items they intend to take into the prison. The occurrence of these random searches is not predictable.

In terms of benchmarking technology, Acacia Prison has the most up-to-date gatehouse technology for searching and preventing contraband entering a prison. Not only does it have the latest in advanced walk-through metal detection machinery, it also has a rapi-scan x-ray machine that scans all articles entering the prison. Equipment of this sort is currently being assessed for installation in the State's maximum-security prisons.

1.8 Drug Detection Dogs

Drug detection dogs are an integral part of the measures to deter people from considering trafficking drugs or other contraband. The Department's Canine Section has a mobile dog unit that provides general deterrence with dogs that discourage drug use and drug trafficking into prisons. Dogs and their handlers conduct extensive random and targeted searches. This includes vehicles, cells, visitors, departmental staff, and offenders. In its surveillance operations, the Canine Section works with Departmental intelligence and the Police Prison Unit to optimise detection and deterrence measures.

1.9 Drug Testing

Urine drug testing has been the principal means of detecting drug use in our prisons for several years.

Random urine drug testing is undertaken with 5% of prisoners in WA's public prisons twice a year, with each prison required to undertake a specific number of tests. The primary purpose of random urinalysis testing is to reinforce amongst prisoners that, if they use drugs in prison, they are likely to be detected and that sanctions will be imposed. Random testing was carried out in September 2002 and May 2003. The following table details results prison-by-prison in September 2002:

Random Drug Testing Results September 2002						
Prison	*Number tested*	*Negative*	*Positive*	*Cannabis*	*Amphet -amine*	*Metham-phetamine*
Albany	7	7	0		0	0
Bandyup	4	3	1	1	0	0
Broome	1	0	1	1	0	0
Bunbury	3	3	0	0	0	0
Casuarina	8	4	4	3	1	0
Greenough	8	8	0	0	0	0
Hakea	16	10	6	5	1	1
Karnet	6	5	1	1	0	0
Roebourne	4	4	0	0	0	0
Wooroloo	10	8	2	2	0	0
Total	**67**	**52**	**15**	**13**	**2**	**1**

Targeted drug testing is also undertaken, involving offenders who are suspected of engaging in drug-related activities. It provides a way for prison management to act upon intelligence received from a variety of sources, both internal and external. Given that prison management only conducts these targeted tests when it has some basis for suspecting drug use, these testing results usually show a much higher rate of positive tests.

Targeted testing results for the financial year 01/02 are outlined in the following table. Of the 2824 tests done, 1077 results were positive, with some prisoners found to have used more than one drug. (The 2824 tests do not represent the number of prisoners tested as some prisoners were tested more than once during the year.)

Targeted Drug Testing Results 01/02						
Prison	*Cannabis*	*Opiates*	*Amphet-amine*	*Metham-phetamine*	*Medi-cation*	*Alcohol*
Albany	26	1	0	0	8	6
Bandyup	88	3	15	23	46	1
Broome	22	0	0	0	1	0
Bunbury	45	1	3	2	4	0
Casuarina	55	2	2	0	16	5
Eastern Goldfields	50	0	2	2	5	0
Greenough	81	3	2	2	5	9
Hakea	222	16	26	19	55	4
Karnet	59	1	2	2	13	0
Nyandi	34	0	12	10	11	0
Roebourne	29	0	0	0	8	1
Wooroloo	155	1	8	8	25	4
Total	**866**	**28**	**72**	**68**	**197**	**30**

Diverting Offenders from Custody

Law enforcement initiatives introduced over the last few years have increased the number of offenders participating in drug programs.

The initiatives mean that drug treatment intervention is started at the earliest possible stage of an offender's involvement with the criminal justice system.

CURRENT STRATEGIES

1.10 Perth Drug Court

In December 2000, the Department of Justice established the first Drug Court pilot project in Western Australia. The Drug Courts are a joint initiative of the Department of Justice and the WA Drug Abuse Strategy Office and work with the Western Australia Police Service, treatment providers, the legal profession and offenders. The aim is to limit the broad-ranging damage that substance abuse and dependency creates in the community – both for the individuals involved and the broader community.

Specialist drug courts operate in Perth from the Children's Court, the Court of Petty Sessions and the District Court. The Perth Drug Court Pilot Project provides three treatment programs:

- **Brief Intervention Regime (BIR).** This is a pre-sentence option for offenders who plead guilty to a second or subsequent charge for cannabis possession and/or possession of an implement;
- **Supervised Treatment Intervention Regime (STIR**). This is a pre-sentence option for drug-dependent offenders who plead guilty to a minor offence; and
- **Drug Court Regime (DCR).** This is a pre-sentence option for drug-dependent offenders with more serious offending or drug dependence.

The Crime Research Centre at the University of WA was commissioned in November 2002 to conduct an evaluation of the Perth Drug Court pilot project. Preliminary findings show that the Drug Court has established itself as a viable option for engaging and dealing with drug-dependent offenders and that some valuable lessons have been learnt from the pilot. The Crime Research Centre's final report is expected mid-2003.

1.11 Court Diversion

The Court Diversion Service ceased operations in the metropolitan area when the Drug Court started. However, at outlying courts, offenders identified with drug issues are referred to the Court Assessment and Treatment Service (CATS), which is an integral part of the Drug Court for assessment, monitoring, urine testing and referral to treatment programs. This is a pre-sentence option used by courts to reduce drug use and offending behaviours.

2.0 SUPPORT AND TREATMENT

Reducing demand for drugs by offenders

NEW STRATEGIES

2.1 Introduce a comprehensive pharmacotherapy program

A pharmacotherapy program will reduce the demand for drugs in prison and reduce the harms related to injecting drug use. It will be achieved by:

- Comprehensive Health Assessment and Resource Throughcare

  The health care case assessment of drug-dependent offenders entering custody will be more focussed, with the introduction of Comprehensive Health Assessment and Resource Throughcare planning (CHART). The key components of CHART include assessing all physical and mental health needs, individual care planning which addresses all aspects of their health care; implementing a multidisciplinary team approach to the offender's health care management, incorporating stabilisation and maintenance; health promotion; illness prevention; and discharge planning.

  The Department's Health Services' staff will be responsible for undertaking the comprehensive medical, mental health and drug-use assessment. Individual care plans will also be formulated to address the health deficits of some drug-using offenders.

- Testing for Blood-Borne Viruses

  An important aim for successful reduction of blood-borne communicable diseases is to achieve as close as possible to 100% testing of all people entering prison. The current testing rate for HIV, hepatitis B and hepatitis C is about 50%. This is due to a reluctance of many offenders to undergo testing, particularly for HIV. To enable appropriate treatment, it is imperative that health staff maximise the opportunity to achieve universal testing of offenders' blood-borne communicable status.

  Because of the potential legal, professional and ethical considerations surrounding compulsory testing, a strategy based on achieving increased testing through informed and educated consent is preferred. Introducing comprehensive education and counselling initiatives as part of the induction process will achieve this. An important focus will be to educate new offenders on the benefits of testing and provide appropriate levels of assurance regarding confidentiality.

  Those with positive tests will be provided with appropriate counselling, education, treatment and lifestyle management assistance.

- Education and Counselling

  Nursing staff and health educators will deliver a series of health modules in individual and group settings. The modules will be selected in accordance with participants' individual care plans and will focus on health promotion and illness prevention. An additional series of women's health modules will be presented to female offenders.

- Pharmacotherapy Treatment

  The Drugs Roundtable highlighted the need for offenders to have access to the same drug treatments that are available in the community, including access to a range of opiate pharmacotherapies.

  Part of each offender's individual care plan will include an individual treatment regime of pharmacotherapies and cognitive behaviour therapy. This will be done using a multi-disciplinary team approach.

  Pharmacotherapies will be used in three phases:

  1. Detoxification and withdrawal – this will occur on admission to the program and allows detoxification and withdrawal management. It will minimise the risks and adverse effects of sudden cessation of illicit opiate use.
  2. Stabilisation – an opiate replacement regime will apply during this phase.
  3. Maintenance – during the third phase, the regime consists of either a maintenance program or gradual withdrawal. Withdrawal and subsequent abstinence will be supported either by Naltrexone and intensive cognitive behaviour therapy or by cognitive behaviour therapy alone.

  The range of available pharmacological interventions this Plan supports is:

  - ***Methadone***

    The Plan expands the methadone program to an additional 100 offenders a year. There are currently 72 prisoners who are prescribed methadone.
    Methadone is an opiate similar in action to heroin. It will be used as a substitute for heroin to reduce the craving for it and similar illicit drugs. Use of methadone as maintenance therapy will not only result in less illicit injecting drug-use in prisons, and consequent reductions in associated harms, but it will also minimise drug-seeking behaviours, aggression, standovers, trafficking and diversion.

  - ***Buprenorphine***

    The Plan will supply Buprenorphine to 50 offenders a year. There are currently eight prisoners who are prescribed Buprenorphine.
    Buprenorphine has similar benefits to methadone, with the added advantage limiting the "desired" effects of illicit injecting drug use. Expert consultation suggests it should be the pharmacotherapy used for withdrawal and initial stabilisation of opiate users.

  - ***Naltrexone***

    The Plan will supply Naltrexone to 80 offenders per year, consisting of four groups of 20 offenders over a three-month period. Currently, Naltrexone is not prescribed to any prisoners.
    Naltrexone blocks the effects of all opiates and is ideal for patients who want to abstain from further use but need pharmacotherapy support. Naltrexone is useful leading up to discharge from custody, but has therapeutic limitations, making compliance problematic. This deficiency may be addressed by the availability of sustained release preparations and implants, but this is currently awaiting approval from the Therapeutic Goods Administration.

2.2 Expand Drug Treatment Programs for High-Risk Offenders

Treatment programs for offenders will be expanded by an additional 15 programs a year, catering for an extra 150 offenders. This will take the total number of offenders engaging in the intensive programs to 220.

Programs available to offenders in custody vary in their intensity and objectives. Literature indicates that drug treatment is most effective when directed towards medium to high-risk offenders. For those high-risk offenders considered to be high users, expert literature supports placement in high intensity therapeutic programs of at least 100 hours duration. The Moving on from Dependencies program, which is run by the Department's Offender Programs Branch, was developed with the assistance of WA's Drug and Alcohol Office and was later accredited by it. It is an intensive cognitive behaviour therapy program that includes various methods to motivate people to change their drug use and offending behaviour. These offending behaviours are specifically addressed and supports are established and encouraged for the people leaving prison.

2.3 Expand Drug-Free Units

Two additional drug-free units will be established in Western Australian prisons, one in a metropolitan prison and one in a regional prison.

Drug-free units have been implemented in a number of prisons, both in Australia and overseas, to reduce the demand for illicit substances in the prison environment. They are incentives for offenders wanting to escape the pressures associated with the prison drug culture and attract offenders with no drug-use history and those recently abstaining.

It is essential to provide a safe and supportive environment for offenders who are committed to sustaining a drug-free lifestyle away from the intimidation and standover tactics in mainstream prison. Drug-free units are an ideal option for offenders who have resolved to remain drug free and they provide a solid basis for successful release planning. However, as well as having safe accommodation, it is important to have incentives in the daily routine that include privileges and programs specially based on drug issues. To demonstrate their commitment to a drug-free status, offenders must sign an undertaking to provide a significantly greater number of voluntary urine tests. If offenders in the drug-free units are found to have used drugs other that cannabis, they are immediately removed from the unit. If cannabis use is detected, a case meeting determines the sanctions to be imposed. These sanctions can include referral to a relapse prevention program or return to mainstream prison.

2.4 Investigate the Viability of Establishing a Prison-Based Therapeutic Community

The establishment of a therapeutic community has been identified as a gap in the Western Australian custodial environment. A prison-based therapeutic community comprises a group of prisoners who live away from the mainstream and are involved in intensive drug treatment for up to one year. Peer support and group therapy are essential components. The planning and implementation of a prison-based therapeutic community will take one to two years and will require significant resources. The locations of these facilities need to be identified before the planning and implementation process can occur. It is crucial that community treatment agencies are involved in all stages of planning, implementing and delivering any therapeutic community as their experience with similar programs outside the custodial environment is invaluable.

2.5 Develop a Transition Program for Prisoners Re-entering the Community

A key initiative in the strategy for prisoners re-entering the community will be program and counselling support for drug offenders. The project will strengthen existing partnerships with Government and non-government organisations and develop new partnerships that provide effective treatment interventions. Remand prisoners and those serving short sentences will be targeted to ensure treatment options are accessible and available to them.

Through the Department of Justice's re-entry program, a number of new strategies are being developed to reduce offending:

- Develop an effective re-entry program for prisoners following release;
- Improve the quality and purpose of education and training in prisons, to provide greater employment opportunities for prisoners;
- Establish effective partnerships with Government departments and community organisations in relation to health, training, employment and housing;
- Establish a taskforce to consider the management of people with mental illness;
- Develop and implement an arrest/referral process for drug offenders;
- Explore the merits of a Justice Mediation Service;
- Develop intensive monitoring of serious drug offenders using the judiciary and/or the parole board;
- Provide support and counselling for drug users entering the community;
- Review pharmacotherapies;
- Review family friendly relationships;
- Review the Drug Court;
- Review statistical information and performance measures; and
- Review and re-align existing Department of Justice services to have a common purpose to reduce re-offending.

The re-entry strategy is not only for offenders who are supervised following release, but will be particularly valuable for those who receive no supervision or support following release from prison.

Offenders exiting a custodial facility have a myriad of practical tasks to tend to in the first few days of release. For some, this is a high-risk time for relapse into drug use. Having stable accommodation, financial independence, family and community supports and employment opportunities reduce the risk of relapse and re-offending. The Department of Justice has recently developed a model with the Department of Housing and Works for a pilot transitional accommodation and support services project. The project will help high-needs prisoners leaving custody who are at risk of re-offending because they have no suitable accommodation. The model uses Government capital funding from the State Homelessness Taskforce that identified transition from prison/detention into the community as a key area for Government action. In addition to this capital funding, recurrent funding has been allocated for case management, re-entry and mentoring services.

The re-entry strategy involves collaboration between a range of Government, non-government and community agencies to enhance access to housing, education and training, employment, family friendly support and counselling.

The Department of Justice will also progress specific initiatives to:

- Develop and implement intensive monitoring of serious drug offenders entering the community, using the judiciary and/or the Parole Board, to ensure closer surveillance and effective management, particularly in relation to relapse of drug use.
- Develop and implement a proposal to provide program and counselling support for drug users upon re-entry to the community up to a period of two years, including residential treatment.

CURRENT STRATEGIES

2.6 Reform of Treatment Programs

The reform of offender treatment programs started after the release in 2001 of the Western Australian's Auditor General's Report *Implementing and Managing Community-Based Sentences.* The reform has included development of a new model of program delivery that includes stronger partnerships with community-based substance abuse treatment agencies and prison-based programs. It is anticipated that the improved partnerships will aid offenders' re-entry to the community, align community-based programs with those offered in custody, promote throughcare and improve the range of drug counselling options for offenders. This reform will be also be beneficial for offenders in the pre-contemplative stages of change who have not previously been targeted in treatment programs.

The reform will also include a new State-wide community-based programs branch, encapsulating recommendations from the Gordon Inquiry that identified the need for improved program access and capacity in remote communities.

The new programs involve several distinct components, or modules. This enables offenders to start a program as soon as they leave prison and complete its various components at a pace that suits their individual rehabilitation needs. Components of the programs can also be repeated, if necessary. Community corrections officers and Departmental program staff deliver the programs. The first pilot of this type of program delivery started in March 2003.

2.7 Pharmacotherapy Program

At present, there is a limited pharmacotherapy program – consisting of Methadone and Buprenorphine – available in WA prisons, with current policy limiting the availability to offenders who:

- Are HIV positive;
- Are pregnant;
- Are already on an opiate pharmacotherapy program on admission to prison and are placed on a reduction regime; or
- Enter prison on an opiate pharmacotherapy program and are on a short-term remand.

2.8 Drug Testing

Offenders being supervised within the community who have known drug-use issues are often required to participate in urinalysis screening. Urinalysis is a valuable monitoring device that enables Community Justice Services' officers to provide needs-based case management. It can also be an important indicator in predicting the risk level of offenders to both themselves and the community.

2.9 Drug-Free Units

In August 2000, Nyandi Women's Prison began trialing the State's first pilot drug-free unit. A number of issues initially hampered the initiative, including lack of female officers when urine drug testing was required, the short time remaining in some prisoner's sentences when they arrived at Nyandi, and lack of suitable facilities for educational and personal development programs. Despite this, positive outcomes are being achieved, with the supportive environment proving a significant incentive for offenders to confront their drug taking.

In March 2002, the Nyandi pilot was followed with creation of a drug-free unit at Wooroloo Prison Farm. This includes an intensive 100-hour accredited addiction-offending program running as an adjunct to the unit. At this stage, the implementation of the drug-free unit at Wooroloo has been very positive. Only two prisoners have been charged with positive drug tests and removed from the unit. The initiative has also been supported by a three-day accredited training course "Practice Development Project" for staff, which is focused on action learning. Prison staff have gained insight into a wide range of issues related to drug-use behaviour and have been encouraged to further enhance their skills with ongoing training and development. Evaluation of the Wooroloo drug-free unit will be a two-stage process. Initially an evaluation of the establishment, operation and immediate impact on participants will be undertaken. A comprehensive longitudinal evaluation will then be undertaken to ascertain the effectiveness of the initiative using performance criteria including recidivism. To ensure that there is a sufficient sample to derive valid conclusions, this will be done over more than two years.

2.10 Prison to Parole Program

"Triple P" is an in-reach service to offenders identified with drug problems. To link them with community treatment providers for support and counselling pre- and post-release, four staff are employed to target offenders in the last three months of their custodial sentence. This is a crucial service to offenders, with demand for Triple P likely to exceed capacity. The Department of Justice and the Drug and Alcohol Office, in conjunction with the treatment providers, are working collaboratively to restructure Triple P so that its service delivery can be optimised.

2.11 Case Management

Case management is a core component of the Integrated Prison Regime, which is enhancing sentence management practices in prisons. Case management is structured around individual prisoners' needs and includes assessment, planning, development, coordination and monitoring of each offender. This is from point of entry right through to exit. The aim is to effectively manage prisoners to reduce re-offending upon release.

2.12 Warminda Intensive Intervention Centre

The Warminda Intensive Intervention Centre in East Victoria Park was established in 1997 to provide intensive supervision and support to high-risk young offenders between 16 and 21 years of age. The counselling is a cognitive skills-based group program aimed at addressing offending behaviour, including drug use. The program operates over a three-month period with participants required to attend thrice-weekly group sessions. In conjunction with this program, participants must undergo regular urinalysis (usually at least once a week) at the Warminda premises.

2.13 Psychological Counselling

The Department's Community Justice Services division employs psychologists to deliver individual counselling to offenders. The counselling is often advantageous in addressing drug use, as the reasons for substance use are frequently related to, or a product of, major traumatic life experiences. Therefore, substance abuse and the psychological issues often underpinning drug use can be dealt with simultaneously.

2.14 Professional Support

The Government's Drug and Alcohol Office provides training and accreditation for community corrections and juvenile justice officers in assessment, brief interventions, referral, and motivational interviewing techniques as they apply to drug-using offenders. Protocols between the Department of Justice and the Drug and Alcohol Office were established to ensure a collaborative interagency approach between Community Justice Services and Community Drug Service Teams (CDST). It was agreed that the CDST would assist in providing professional support and consultation with community corrections and juvenile justice officers within the workplace, as well as shared case management involving joint treatment delivery and clinical service delivery.

2.15 Counselling through Community Treatment Agencies

Through its partnerships with community agencies, the Department of Justice refers offenders to local agencies for substance abuse counselling. Various agencies are involved in providing counselling to offenders – including Noongar Alcohol and Substance Abuse Service Inc, Holyoake, Cyrenian House, Palmerston Association, Millya Rumurra (Broome), Salvation Army and Community Drug Service Teams.

Community treatment agencies provide a range of treatment options – from group-based therapy to individual counselling, with some services also providing options for detoxification and residential rehabilitation. Partnerships with these community agencies are extremely important and highly valued by the Department of Justice. These agencies assist the Department to maintain throughcare principles and continuity of care, as well as offering a diverse range of programs and treatment options for offenders.

2.16 Counselling and Education for Juveniles in Custody

Several agencies provide individual counselling and education to juveniles in detention. The counselling and education focusses on harm minimisation, development of appropriate community supports (by raising the juvenile's awareness of community resources) and relapse prevention. Holyoake, Palmerston Association and Yirra Outreach Program are contracted to provide these services.

The Department of Justice also employs psychologists to provide individual counselling to juveniles. With the philosophy that drug taking is viewed as a symptom of underlying issues, drug abuse is addressed in this counselling process.

3.0 PREVENTION AND EARLY INTERVENTION

Reducing the harms associated with drug use

Education about safe practices and medical support can reduce the risks from communicable diseases associated with injecting drugs. Broadening and improving pharmacological services available to addicted offenders (for example Buprenorphine and Methadone) will help reduce the harmful impacts of opiate addictions, opiate overdose and contribute to healthier lifestyles.

The Department of Justice's Health Services directorate implements numerous initiatives to reduce harm associated with injecting drug use and the transmission of blood-borne communicable diseases. Prisons have long been viewed as "incubators" for blood-borne communicable diseases. This is potentially due to a range of factors – violence, tattooing, unprotected sex/sexual assault and the unavailability of sterile injecting equipment in prisons. Incarceration is identified as an independent risk factor for hepatitis C infection, with the risk being not only to the offender but also to prison staff and the communities to which offenders return.

Although the number of people with HIV infections in WA has increased in recent years, the rate is lower than the national average. The prevalence rate of HIV infections in Australia is 66 per 100,000 (2001), with WA's recording at approximately 56 per 100,000. In WA prisons, there are currently seven offenders with HIV.

Amongst WA's Aboriginal population, the annual HIV incidence rates for the period 1994-2000 are on average 4.7 times higher than for non-Aboriginal people. In WA, a total of 5% of HIV cases notified during 1983-2000 have occurred in Aboriginal people, compared with 1% nationally. An additional factor is the current public health concern regarding clusters of new infections being transmitted through heterosexual contact in the Aboriginal community. Prison Health Services is mindful that HIV is a blood-borne communicable disease of public health significance for both staff and offenders.

It is estimated that 16,000 new hepatitis C infections occur annually in Australia, with an estimated 91 per cent of these related to injecting drug use. The number of people living with hepatitis C-related cirrhosis, cases of liver failure and hepatocellular carcinoma, and cumulative numbers of hepatitis C-related deaths are all projected to at least treble by 2020 (National Hepatitis C Projections Working Group 2002).

In 1998, the incidence-based cost per 1,000 newly infected people was estimated at $13 million over 50 years (Shiell, 1998). Given the advancement in treatments since that time, this figure could now be viewed as a conservative estimate.

NEW STRATEGIES

3.1 Harm reduction

The Government strongly supports the introduction of practical harm reduction measures – with the exception of providing needles and syringes – and a number of initiatives are being evaluated.

The former Government introduced prisoner access to condoms and dental dams more than three years ago with no adverse consequences. Proposals for a bleach availability program similar to that introduced in New South Wales in the early 1990s have now been recommended by peak public health bodies.

While bleach availability is still being assessed, its introduction has been proposed as a way to reduce the risks associated with skin penetration procedures in prisons, which include such practices as tattooing and body piercing.

Unfortunately, while increased access to pharmacotherapies, improved detoxification procedures and counselling/education will all assist in reducing drug use in prisons, there will still be prisoners who find a way to continue their drug use and/or access to prison tattoos.

Bleach availability programs have been successfully implemented elsewhere in Australia and, of the programs established internationally in the same period, no programs have been terminated and no negative consequences reported in evaluations.

CURRENT STRATEGIES

3.2 Keeping Safe Program

On entry to custody, and annually thereafter, all offenders and juvenile detainees are provided with a two-hour education and information program on blood-borne communicable diseases. Contracted service providers from agencies such as the WA AIDS Council, the Hepatitis Council of WA, Aboriginal Medical Services and community health services deliver the program.

The existing program is designed to provide offenders with basic information on blood-borne communicable diseases, including prevention, testing, disease progression, treatments and identification of support services.

It has been in place for more than three years and a comprehensive review of the program, under the auspices of an expert reference group, is reaching completion. The suggested key changes to the program will be to:

- Abolish refresher programs and concentrate on entry and exit programs;
- Shift from a generic program to one that more effectively meets the needs of women, juveniles and indigenous offenders; and
- Develop a problem-solving framework for delivery of the program.

It is envisaged that a new program will be in place by mid-2003, with all presenters receiving in-service training on the program prior to implementation.

3.3 Infection Control

The Department's Health Services directorate works on an ongoing basis with custodial staff and managers to reduce the risk of occupational exposure to blood-borne communicable diseases. This includes follow-up post exposures and periodic reviews of the appropriateness of protective clothing and equipment. A recently established Infection Control Committee provides expert advice to custodial staff, as required.

3.4 Blood-borne Communicable Diseases Training

A blood-borne communicable disease training-needs assessment has been conducted for officers and custodial management staff as a part of the Keeping Safe Review[10]. Through a grant from the Department of Health's Communicable Diseases Branch, a two-hour training update is being made available to all officers in metropolitan and outer metropolitan prisons. Staff from the West Australian AIDS

[10] Health Department of WA 2002, Review of Keeping Safe, blood borne viruses and harm reduction information in Western Australian Prisons

Council and the Hepatitis Council of WA are delivering the training. Specially trained infection control nurses from the Department of Justice's Health Services directorate are delivering the training updates for regional prison officers.

3.5 Counselling Services

Newly diagnosed offenders in the metropolitan area with a blood-borne communicable disease have the same access to counselling services as any member of the community. If the level of support and information required is not available through the health centres, the Health Services directorate arranges for outside services to see the offender. There are limits on specific counselling for blood-borne communicable diseases in regional areas.

3.6 Provision of Condoms and Dental Dams

Condoms have been available to prisoners over the age of 18 years for three years as a specific harm reduction measure. The condoms are available from dispensing machines at discrete locations in the prisons.

Women offenders are able to access both condoms and dental dams. Dental dams are available from dispensers, with the exception of Eastern Goldfields Regional Prison where they are available on request from health centre staff.

3.7 Indigenous Women's Project

The Indigenous Women's Project is a pilot program for indigenous women offenders at Bandyup and Nyandi Prisons. The Commonwealth government, through the Indigenous Australian's Sexual Health Strategy Funding Program, funds the project. The project addresses the issues of sexual and drug-use safety for women who have been victims of childhood and/or adult sexual abuse.

3.8 Vaccinations

To increase the percentage of prison officers with vaccination cover, Health Services has developed a hepatitis B vaccination promotion program for prison-based staff.

4.0 MONITORING THE JUSTICE DRUG PLAN

4.1 Measuring success

Following implementation of the Justice Drug Plan, a framework to measure the success of the key strategies will be developed. This will include, but not be limited to, evaluating and reporting on:

- Number of drug-related charges heard in the courts;
- Number of drug-using offenders being sentenced to custodial terms;
- Recidivism rate of substance-dependent offenders;
- Post-treatment supervision requirements of offenders who have participated in a treatment program;
- Rate of blood-borne communicable diseases being detected amongst drug-using offenders;
- Rate of drug-using offenders participating in treatment programs; and
- Detection of illicit drugs entering the prison system.

Overall, data will be collected from all service providers to ensure comprehensive monitoring and reporting on effectiveness of interventions. Community Justice Services will work with the Drug and Alcohol Office and service providers to achieve this.

Data collection will also identify gender differences and provide information required for program development for women, in particular Aboriginal women and young girls.

4.2 Evaluation

An outcome evaluation designed to measure the effectiveness of drug-use programs and interventions will also be conducted by an external agency.

4.3 Research

Current research projects being undertaken or planned in the Department that relate to the Justice Drug Plan are:

- ***Female Drug Use Careers of Offenders Study.*** The original DUCO study in 2001 has considerably enhanced our understanding of the links between drugs and offending. The second phase of this study started in April 2003 and will focus on the drug use and offending patterns of female offenders (Australian Institute of Criminology-funded project).

- ***Pharmacotherapies Trial Study.*** After release from prison, offenders with drug-use problems can volunteer to participate in a comparative trial of methadone, oral Naltrexone and implant Naltrexone. These offenders will be continuously followed to determine which treatment option performed best and with which offenders (University of Western Australia public health postgraduate scholarship).

- ***Data Linkages with Health Department.*** WA is in the unique position of having all health data linked with a common identifier. It is proposed to undertake a study that will link Department of Justice databases with the Health Department, allowing identification of mental and physical health outcomes (UWA Department of Public Health – CRC research application).

Other research priorities to be addressed include:

- Juveniles and their pathways to offending;
- Intervention and drug-use patterns of juveniles to inform program development, with a specific focus on researching and evaluating appropriate interventions for young girls.
- Appropriate gender-focused interventions in drug programs for young female offenders;
- Impact of drug use on matters addressed in non-criminal jurisdictions, especially alcohol and family violence; and
- Alternative Community Justice Services' initiatives for drug use.